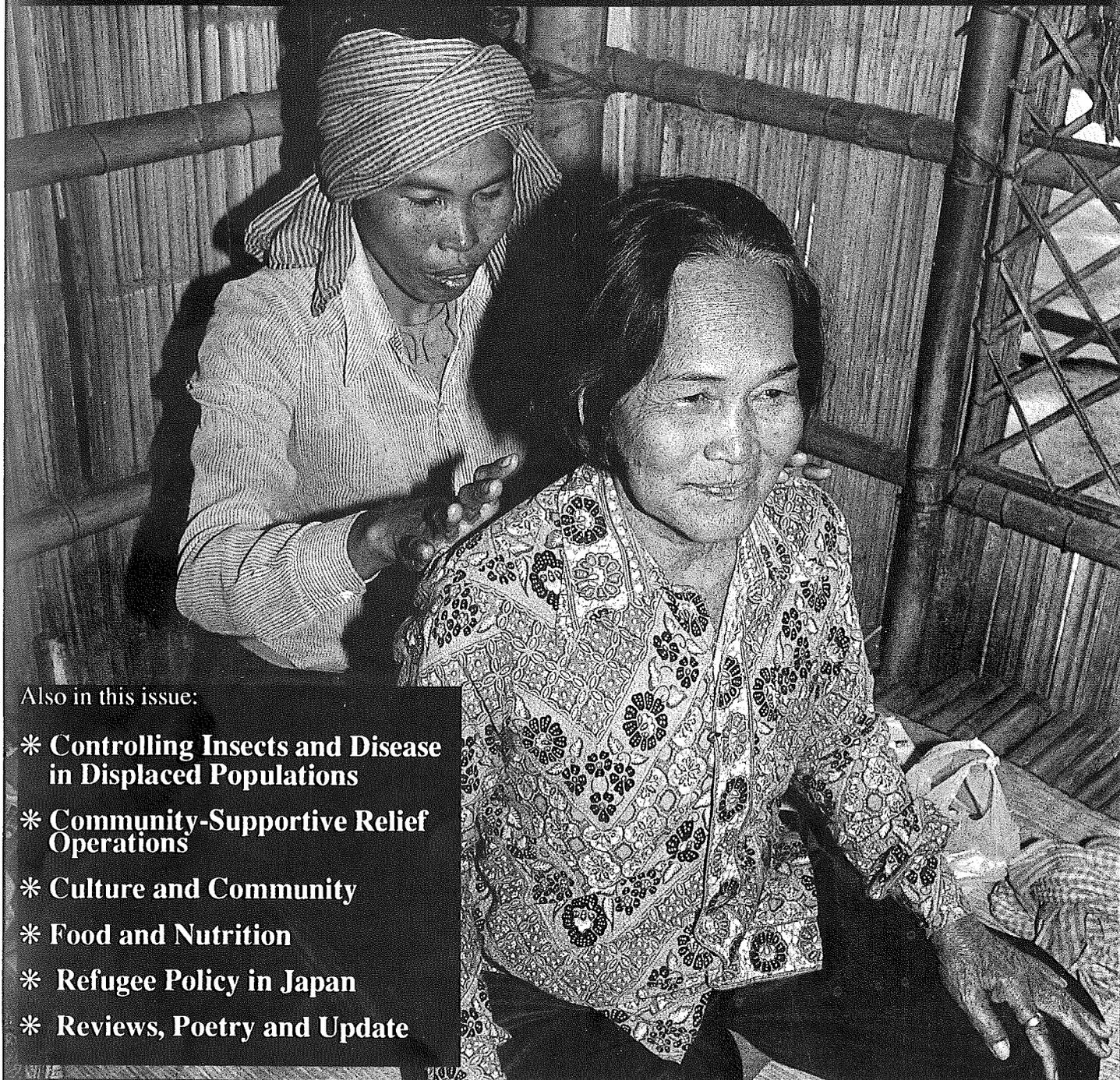


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DO TRADITIONAL HEALERS HAVE A ROLE IN REFUGEE HEALTH CARE?



Also in this issue:

- * **Controlling Insects and Disease in Displaced Populations**
- * **Community-Supportive Relief Operations**
- * **Culture and Community**
- * **Food and Nutrition**
- * **Refugee Policy in Japan**
- * **Reviews, Poetry and Update**

Traditional midwife practising massage at the Traditional Medicine Centre in Khao I Dang camp.

Photograph by A. Hollmann/UNHCR.

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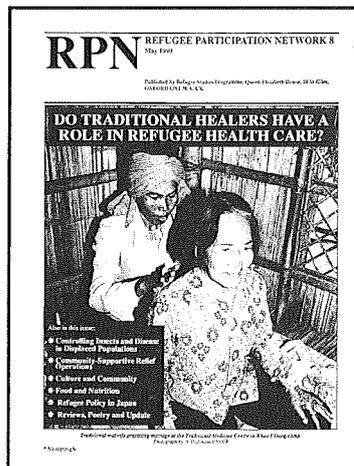
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THE REFUGEE PARTICIPATION NETWORK (RPN), published quarterly by **The Refugee Studies Programme**, aims to provide a forum for the regular exchange of practical experience, information and ideas between people who work with refugees, researchers and refugees themselves. The RPN is currently mailed, free of charge, to approximately 1300

members in 75 different countries around the world. If you are not already on the mailing list and would like to become a member of the RPN, please fill in the application form found on page 38 of this issue and return it to the address given below.

The Guest Editor for this issue of RPN is **JoAnn McGregor** assisted by **Mary Kilmartin**. The layout, design and printing is by **OXFAM**.

As the success of any network depends on the participation of its members, short articles and other information which will be of value to the wider community involved in refugee work are always needed. Contributions to the RPN - articles, letters, poetry, responses, comments, information - are all very welcome. Please send us feedback on past issues and suggestions for future RPN's. Write to:

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HEALTH

DO TRADITIONAL HEALERS HAVE A ROLE IN REFUGEE HEALTH CARE?



Khao I Dang: Two Krus burning tobacco and sesame seed in bamboo pipes for traditional remedies for various skin diseases

Photograph by A. Hollmann/UNHCR

The role of traditional healers in health care systems is a controversial one. The following article draws on the experience of one integrated programme in Thailand, where healers are now fully involved. Co-operation was negotiated bit by bit, and took shape slowly in the face of considerable opposition at each stage.

Introduction

The idea of 'co-operating' with traditional practitioners and of how to involve them in health care systems is constantly being debated by aid workers. But co-operation has a different meaning for everyone. Some feel it is enough to turn a blind eye to the healers' practice and merely tolerate it. Others maintain that healers should adjust to the classical medical model and undergo scientific training, but thereafter continue to prescribe only herbal remedies. Some want healers to be supervised by a doctor, nurse or health worker, and see patients only when they are referred. Others will allow healers to practise as long as they do not use 'magical' healing methods, (as some fundamentalist

Christians argue that this constitutes worshipping false gods or making pacts with the devil). Some puritans have forbidden the use of certain therapeutic methods such as traditional communal massage and herbal steam-baths.

But true co-operation means recognizing that traditional and scientific medicine are complementary rather than competitive; the two have different things to offer. The system which we have developed in several refugee camps in Thailand - Sakaeo, Kamput I, Kamput II, Khao I Dang, Phanat-Nikhom, Ban Napho and Ban Thad - aims to allow medical practitioners with very different backgrounds, knowledge and expertise to work together without losing their originality and identity. The challenge was to respect traditional ways of healing and to develop good standards of medical care in the camps.

Background

In late 1979, hundreds of thousands of Khmers fled their country and sought refuge in camps in Thailand. Traditional medicine has always been popular in Cambodia and there were

many practitioners amongst the refugees. At that time I was medical coordinator for the International Committee of the Red Cross (ICRC) in Thailand. I had a personal interest in Asian traditional medicine and was convinced that refugees would benefit not only from western medicine, but also from the skills of their traditional healers called *Kru*. Moreover, previously most Khmers had little or no contact with western medicine and trusted their own healers more than the many doctors and nurses who came during the emergency. This was a situation many of the western-trained medics found frustrating.

It seemed obvious to involve traditional healers in the camps' health care system formally rather than to try to suppress their activity and confine them to hidden private practice. However, it was not easy to achieve due to opposition from most western medical workers as well as from various fundamentalist religious groups who were active in the camps. It was fortunate that as ICRC medical coordinator I had decisional power, and was backed by a respected institution, otherwise it is doubtful if these programmes which are now so well accepted, would have been set up. It was the presence in the camps of mentally disturbed patients which really convinced me of the need to work with traditional healers. Rather than simply transposing the standard model of a western psychiatric clinic which many were advocating, I felt it was more appropriate to entrust the care of mentally disturbed refugees to traditional healers.

Many medics have a strong and deeply rooted resistance to traditional healers which prevents genuine cooperation. They find it difficult to rely upon people who may be uneducated, even if they are highly knowledgeable and experienced in their field. The key to our successful system of cooperation has been to work closely with the *Krus*, in a climate of mutual trust, esteem and understanding, sharing information and ideas, and making decisions together. The *Krus* have often pointed out potential problems themselves. Once, for example, they asked for a simple pill-making instrument, but after we showed them the machine and how it worked, they told us immediately that it could also easily be used for making bullets. We agreed with them that we could run into trouble if this instrument was stolen from the centre. Consequently, they thought it preferable to make pills by hand. We, in turn, told them of the problems we foresaw with their approaches. Flexibility and respect were needed on both sides to reach solutions.

In organizing these programmes, we had to look at each method from both a scientific and ethical standpoint. Instead of banning outright any specific practice, we simply told them how we thought other westerners, doctors and nurses would react. The healers were eager to safeguard their reputation and the reputation of their centres. Consequently they always found a substitute if the opposition to a particular practice was well-founded. Some controversial ways of healing are nevertheless practised in the centres, provided that they do not constitute a real danger and we have good enough reasons to justify their use. An example is that of the traditional therapy of burning which is popular in Cambodia. The burns are generally small,

superficial and done in limited number (three to five), and septic substances are never applied. There have been no reported cases of tetanus in the camps following this treatment and the risk of infection has not been a real problem in practice. However, the scars which are left have been a source of concern to many who in some instances have reacted emotionally, feeling that patients had been tortured. But in this case we believed it would actually have been more dangerous to exhibit a hostile attitude toward this practice and attempt to suppress it, as it could have frightened patients away from the out-patients department and the hospital. They might then have opted for the same therapy performed elsewhere in the camp.

Traditional Medicine Centres

In order to allow the healers to work both independently and in conjunction with the camps' medical facilities, we have set up 'Traditional Medicine Centres' (TMC). People who come to a TMC clearly indicate that they want to consult a healer and receive traditional treatment, or else they would have gone to an out-patient department. The healers refer patients to the hospital whenever they feel that a case is particularly serious or beyond their ability. This is of course a critical point. Obviously there are dishonest and incompetent people among the healers, just as there are among western-trained practitioners, but genuine healers with long experience often have a real clinical sense and are well aware of their limits. They will not be tempted to take undue risks if we do not force them to compete with us and recognize our way as superior. This does not arise, as long as we acknowledge the value of their therapy. Those who fear most that healers are over-possessive are precisely those who would never refer a case to them.

In the TMCs, healers with different specializations and expertise agreed to work together in a large treatment room. These have included experts in magical treatment, in herbal remedies, in special techniques such as 'blowing', burning, 'coining', massage, and in the treatment of particular diseases. A patient may receive one treatment at a time, or may be treated by several healers simultaneously. Several often combine their efforts in taking care of a patient whose suffering is attributed to black magic or an offended spirit.

After working together for a while, the refugee staff elected one *Kru* to be head of the centre. They always chose the most respected healer. The role of the TMC's head is to organize the work of the refugee staff, solve problems which arise and chair the weekly meetings which everyone attends: non-refugees and refugees including the in-patients. But he can only do this job if we show that we respect him and support his decisions. In one centre, an excellent and devoted healer, who had been elected 'chief' of the centre, later became dishonest, proud and self-important. Probably he had become too famous with journalists and westerners, who had turned him into their favourite fortune teller. In the end, we were obliged to ask him to retire. Under the influence of a new chief, the centre regained the dynamism that it had lost under its previous leader.



Khao I Dang: Group of mentally ill patients grind herbs into powder for the preparation of traditional remedies

Photo by A. Hollmann/UNHCR

Alongside the *Krus* and the traditional midwives, the centres are staffed by refugees who work as translators, clerks and helpers. Their duties include chopping wood, lighting fires, boiling decoctions and grinding herbs into powder. However, they always work under the supervision of *Krus* who specialize in herbal remedies. In every centre many psychotic patients (and in Phanat Nihom, opium-dependent hill-tribe refugees as well) work as helpers and contribute to the functioning of the centre and, when necessary, they may stay there as in-patients. Unlike the ordinary patients, these residents receive both traditional medication and drugs in the centre itself. In one camp, Khao I Dang, during February 1990, the average number of hospitalized patients was 104. With the accompanying family members, this amounted to almost 300 persons staying in the centre. An average of 30 new patients a month are currently referred to the TMC from the various Khmer Border Camps. They all suffer from severe psychiatric complaints but a very small number of non-refugee staff is easily able to care for them, thanks to the support given to the therapeutic community by the healers, traditional midwives, helpers, medics, families and the patients themselves.

Traditional healers working in hospitals

In some camps, the healers in the TMC do daily rounds in hospital wards. But cooperation with the staff in charge of the wards had to be built up slowly, step by step. In Khao I Dang camp hospital TMC healers were first involved in the paediatric ward, where there had been the problem that significant

numbers of very ill children who had been admitted were being taken away from the hospital by their mothers. Although these patients had chosen western treatment by going to the hospital in the first place, they would later doubt the wisdom of their choice when the condition of their children did not immediately improve. We solved this problem by providing children with modern and traditional treatments at the same time. Doctors and nurses in the paediatric ward agreed to have the *Krus* come to their ward every day. At first, the *Krus* were restricted by the staff to doing only magical treatments. Sometimes they would make a special offering to a child's protective spirit when they believed the spirit had been offended and had abandoned the child. Many Khmers believe that no medicine, modern or traditional, can cure a child who has lost his guardian spirit. Thereafter patients had no reason to escape into the camp to consult a healer. Depending on the paediatrician in charge, the *Krus* may or may not prepare their own medicine and give it to the children in addition to the treatment they receive from the hospital.

Later on, healers came to make daily rounds in all hospital wards. The primary purpose of these regular visits was to provide psychological comfort and support to patients, many of whom were unfamiliar or uncomfortable with western health care and its treatments. For a long time, although the daily activities of the traditional healers in the hospitals had expanded considerably, the healers' function was arguably still primarily psychological. The most common treatment involved blowing:

the *Krus* chew a type of wild ginger root or betel leaves and areca nuts and then blow a spray of sap from these plants over some part of the patient's body. With the blowing, the healer recites *mantras*, or magic formulae which are specific to a particular disease or injury. This treatment is given to patients suffering from fractures, sprains, fever, pain, convulsions, some skin infections and so on. In the surgical ward, many patients ask the *Krus* to blow on their cast or bandages. Surgeons and nurses have learned to tolerate the sight of clean bandages being stained with brownish or yellowish liquid, and patients usually report less pain after the blowing.

Another popular treatment is massage. Khmer traditional birth attendants are expert at giving massage during pregnancy to adjust the position of the foetus. After delivery they use massage to expel 'bad blood' from the uterus and to help the womb return to its former size. They can also massage the breasts to improve the flow of milk. Traditional midwives can also massage both men and women for muscle pains, joint pains, back pains and headaches.

The healers accepted their limited role in the hospital as

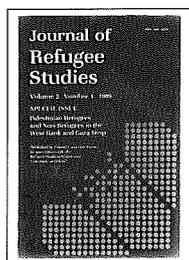
providers of moral support to the patients and it was only occasionally that they would produce a specific medicine for a patient who expressed a strong desire for traditional treatment. They had understood that, at this stage, they were neither expected nor allowed to do more. Later on, there was a steady increase in the number and variety of herbal medicines used in the hospital by the TMC healers. One stimulus came from some western-trained practitioners who wanted the *Krus* to make herbal remedies for certain hospitalized patients. Sometimes the motive was curiosity, sometimes concern that the patient would return to a place where their prescriptions may not be available. Herbal options are particularly used for mild forms of hypertension, asthma, oedema, diabetes or chronic skin ailments. Then, there have been cases where practitioners asked the *Krus* to treat patients who were not responding to their treatments. Often patients receive both chemical and traditional treatment and the results are sometimes astonishingly good. It is impossible and probably unimportant to try to determine to what extent success was due solely to the intervention of traditional medicine. In a therapeutic process, there are multiple interactions which involve not only chemical substances but also psychological and cultural dynamics.

Our policy has always been to inform people of the healers' ability while at the same time leaving them free to choose. Depending on the personality of the members of medical teams, exchanges between them and the healers can be either very close or more distant. But, whatever the relationship, many patients are referred to the healers from the out-patients department and from the hospital, not only in the case of psychosomatic complaints, but also for physical problems. In the TMCs themselves, the working relationship between the whole group of healers and the non-refugee staff has always been very close and in any given day we frequently feel the need to consult each other about the management of particular cases. In our work, we should always try to remember how important it is that patients receive careful medical assistance from people who understand their anxiety and suffering and have an holistic approach to their problems.

Dr J.P. Hiegel

Dr Jean Pierre Hiegel is a French psychiatrist and psychoanalyst who joined the ICRC as medical coordinator in Thailand in 1979. In July 1989, the programmes he had promoted and developed were taken over by les Oeuvres Hospitalières Françaises de l'Ordre de Malte (OHFOM), the relief agency of the French branch of the Sovereign Order of Malta. At present, Dr Hiegel is still the Medical Director of these programmes.

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Edited by Roger Zetter, Refugee Studies Programme, Oxford

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OXFORD JOURNALS

RESOLUTIONS OF THE WORLD FEDERATION FOR MENTAL HEALTH

The following resolutions were adopted by the World for Mental Health (at the Congress held in Auckland in 1989). They were drawn up with refugees in the Thai border camps particularly in mind, but have important implications for other groups of refugees and displaced people around the world.

- * The situation regarding victims of forced migration around the world constitutes an international crisis and should be treated as an emergency.
- * UN member states should honour their obligations under the terms of all the UN Declarations, Charters, Covenants, and Protocols concerning these people (such as the UN Declaration on Victims of Organized Violence, or the conventions on cultural survival).
- * Each and every category of person (such as refugee, displaced person, exile, victim of torture, asylum seeker and other victims of forced migration) should be provided for within the terms of reference.
- * Member states should develop specific guidelines, policies, and strategies for implementing these principles at national, provincial and local levels, including clearly specified performance indicators which can be monitored.
- * Responsibility must be vested with the national governments of member states such that proper intersectoral and cross-portfolio responsibilities are defined.
- * Structures must be established which can ensure the gathering and dissemination of all aspects of refugee mental health within the framework of the WHO's 1978 Declaration of Alma Ata and the definition of health as encompassing the totality of peoples' health and welfare, rather than simply the absence of disease.
- * Mental health of refugee communities should be defined in terms which recognize their own indigenous frameworks of mental health and illness, and social policy should be consistent with these terms.
- * All international agencies and NGOs should be enabled to work closely, effectively, and without hindrance within member states.
- * All government departments concerned with services related to any aspects of mental health of refugees (within the broad definition encompassed by the World Health Organization) should be responsible for the development of an Access and Equity Plan specifically addressing the mental health needs of refugees as defined above.
- * Organizational structures should be established to enable the gathering of information and the development of culturally relevant research, training and education for those within government and communities who deal with refugees.
- * All structures with a refugee mandate should develop their policies in close consultation with members of the refugee community.
- * Policy and performance evaluation should be accountable through a programme unit as well as through other measures which ensure that refugee communities have a proper voice for self-determination, wherever they may happen to reside (in camps, countries of asylum, detention centres or countries of resettlement).
- * All community development, professional education, in-service training, refugee community development and other programme aspects should be properly informed from a relevant multidisciplinary base including psychiatry, medical and cultural anthropology and cross-cultural psychology, to ensure that cultural relevance is achieved and that monitoring is carried out using culturally valid measurement.
- * Mental health services for refugee communities should be sensitive in promoting an appropriate blend of culturally aware mainstream services with ethno-specific services, with the necessary flexibility to respond to the changing needs of refugee communities at various stages in their local situation.
- * Host countries should consider the mental health implications for refugees when developing policies for reception and resettlement (at every step in the process of resettlement).
- * The WFMH principle of upholding a basic minimum of human rights, transcending political, social and cultural boundaries, should be upheld at the same time as the principle of cultural appropriateness in developing refugee health, including mental health services is followed.

CONTROLLING INSECTS AND DISEASE IN DISPLACED POPULATIONS



Ethiopians on the move. Displaced populations may be particularly susceptible to malaria

Photo by J.M. Goudstikker/UNHCR

Diseases carried by insects are often a hazard for displaced populations. Frequently their importance is exacerbated when compared to local people populations (Table 1). As the majority of displaced populations are in Africa, Asia and Latin America, some of the commonest insect-borne diseases include malaria, typhus, sleeping sickness and dengue. Yet there is very rarely discussion or research on the control of insect vectors (insects which carry disease) in refugee health care.

Malaria

80% of the world's 14 million refugees, and a very large proportion of displaced people, are in areas where malaria is endemic. Leading NGOs include it as one of the five major causes of illness and death of refugees and displaced people (Nieburg *et al* 1989). The following examples illustrate why refugees and displaced people are particularly at risk.

The long and dangerous trek from Kampuchea through the jungle to the Thai border brought many Khmer refugees into contact with the highly infective forest mosquito. After 1983, many Khmer refugees were moved to the Kampuchean side of the border within the forested habitat of these vectors. Outbreaks of fighting sometimes resulted in the evacuation of these camps, but where monitoring was possible, it showed that in some cases, relocation of camps resulted in dramatic reductions in malaria transmission. This illustrates the potential for avoiding malaria where camps can be appropriately sited. As resistance to both chloroquine and Fansidar (prophylactic drugs) is widespread in this area, mosquito control in the camp environment is considered essential in reducing transmission, and therefore drug-resistant parasites (Meek 1989).

Afghan refugees who have fled into the North Western Frontier

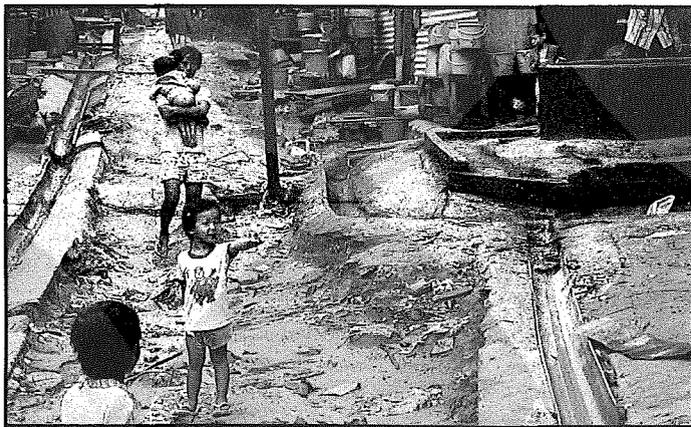
Table 1.

Why insect-borne diseases may be exacerbated in refugee/displaced populations

1. Refugees may move from a non-malarious area into a malaria zone (or from one malaria zone to another where the parasite strains differ) and therefore lack the levels of immunity experienced by the local population.
2. Refugees may flee through an area which is infested with certain insect vectors (e.g. tsetse flies which transmit human and cattle sleeping sickness or sandflies, the vectors of kala azar).
3. Refugees may have to settle on land which local people do not inhabit because of insect vectors (e.g. blackflies, the vectors of river blindness).
4. Refugees may lose their livestock (in which case insects which bite both humans and animals will only feed on humans).
5. Refugees may live in unhygienic and crowded camps where certain vector populations may dramatically increase (e.g. clothing lice, the vectors of louse-borne typhus and relapsing fever and filth flies which transmit diarrhoeal diseases and trachoma).

Such problems may be compounded by the breakdown of national vector control programmes during such periods of stress.

Province of Pakistan have much higher rates of malaria than the local people population. They were victims of their own lack of immunity, but poor understanding of the epidemiology of malaria led local health authorities to believe wrongly that the refugees were a dangerous source of infection for the local population (Suleman 1988). Malaria has also been a serious problem for Ethiopians and Eritreans who had to descend from the hills to mosquito infested valleys in order to avoid the ravages of war.



Water storage containers in a Vietnamese refugee camp in Malaysia: the breeding site of Aedes mosquitoes which transmit dengue
Photo by A. Hollmann/UNHCR

Control measures

1. Environmental control in preference to chemicals

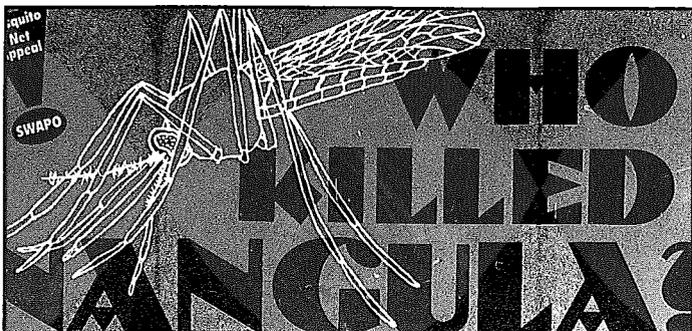
Prior to the 1950s, nearly all control programmes were based on environmental management with particular emphasis on the destruction of potential vector breeding sites. But environmental management was all but forgotten after the spectacular early successes of chemical control with DDT in the 1950s and 1960s. Now, widespread insect resistance to insecticides (in particular DDT) and the relatively high cost of new alternative chemicals (such as pyrethroids) have renewed interest in community-based, environmental control programmes. Such programmes can involve filling in or

draining habitats of the mosquito larvae, introducing larvae-eating fish to ponds, wells and rice fields and using traditional insect repellents, such as the burning of citrus peel.

In refugee situations, however, chemical control is sometimes tried as a first measure, rather than as a last resort. The water supply systems provided by aid organizations or the national authority can act as new breeding sites for mosquitos and increase risk to refugees, as for example in the dry season in parts of Africa. There is such a risk wherever water is left standing, as for example in water tanks, or through leakage and poor maintenance. If appropriate action is to be taken, water engineers and maintenance personnel must appreciate the importance of such breeding sites in malaria transmission.

2. Back to bednets

Bednets are widely used throughout the world, which is indicative of their popularity. They have also become important in some refugee health care programmes, as illustrated by the appeal for bednets put out by the South West African People's Organization on behalf of Namibian refugees when they were in Angola. Whilst they do reduce the nuisance of mosquitoes, bednets alone may not be very successful at protecting individuals and communities from malaria (Table 2). Currently there is a surge of interest in bednets impregnated with insecticide (usually pyrethroid). Widespread trials throughout the world (including China, Vietnam, Solomon Islands, Papua New Guinea and Gambia) have shown it to be a valuable technique which is effective against both nuisance biting and malaria transmission (WHO 1989). Pyrethroid insecticides are attractive as they have low toxicity for humans and are safe even for infants (permethrin-treated bednets have been endorsed by WHO Expert Committee for Malaria). Impregnated bednets may also reduce pests and vectors other than mosquitoes. If newly impregnated nets are left to dry on



Malaria epidemics in refugee camps in Angola prompted this SWAPO appeal poster for bednets
Photo by M.C. Thomson

Table 2.

Why bednets alone may not protect people from malaria

1. Mosquitoes may bite people before they go to bed or when they leave their beds during the night.
2. Mosquitoes may enter bednets from underneath the bed or where bednets are improperly tucked in or are torn.
3. Parts of the body which lean against the net are exposed.
4. Hungry mosquitoes deprived of feeding from one person are likely to feed on their unprotected neighbour.

the beds, then bedbugs may be eradicated. Headlice may also be eliminated if they come into contact with the impregnated net while the host is sleeping. Impregnated beds are attractive as the impregnation can be done at a local level by community or health workers or, in emergencies, before dispatch from the factories.

Mosquitoes also transmit a number of arboviral diseases such as dengue as well as parasitic worms such as those which cause elephantiasis, although the type of mosquito involved, its ecology and hence control differ for each disease. A very readable text on the subject (aimed at health planners and epidemiologists) has been published by WHO 'Geographical Distribution of Arthropod-borne Diseases and their Principle Vectors' (WHO/VBC/89.987)

Sleeping Sickness

Sleeping sickness in domestic animals (transmitted by the tsetse fly) is a major constraint on livestock production throughout much of Tropical Africa. National tsetse fly control programmes tend to break down in times of war (eg in Zimbabwe during the Independence struggle, and currently in Mozambique and Uganda), and tsetse flies can recolonize previously controlled land reintroducing both animal and human sleeping sickness. Refugees may be forced to move with their cattle into a tsetse-fly belt which can result in the decimation of their herds if emergency veterinary services are not made available.

National control programmes are usually based on extensive spraying of adult resting sites with insecticide. But, an ingenious technique for trapping tsetse has recently been developed in which the flies are attracted to a trap or insecticide impregnated trap, by synthetic cow smells. This method has been widely used in Zimbabwe, but local testing of the technique is needed before it can be introduced in a new area as a control measure, since the behaviour of the insects tends to vary from one place to the next.

Kala azar

Kala azar is transmitted by sandflies in sub-Saharan Africa. An epidemic of the disease has recently been reported in Southern Sudan where it is estimated that tens of thousands of people have died in the last few years. The epidemic apparently started in 1984, but had gone unnoticed by outsiders for several years, hidden by the inaccessibility of the war-zone in the South of the country. The disease was first observed amongst displaced people arriving in Khartoum who had fled the South. The cause of the epidemic is as yet unknown but the movement of displaced people may be enhancing its spread, as infected people bring the parasite into areas where the vectors are found. As with sleeping sickness control, measures against the vectors (usually the spraying of resting habitats with insecticides) are extremely difficult in the midst of a war.

Lice

Epidemics of typhus and relapsing fever are common in refugee camps. The clothing (body) lice which transmit these diseases thrive in cool climates where people are crowded together, unable to regularly wash themselves or their clothes. Recently such epidemics have occurred in refugee camps in Ethiopia, Somalia and Sudan. As both diseases can be fatal, lice control in potential epidemic conditions is essential.

Control measures

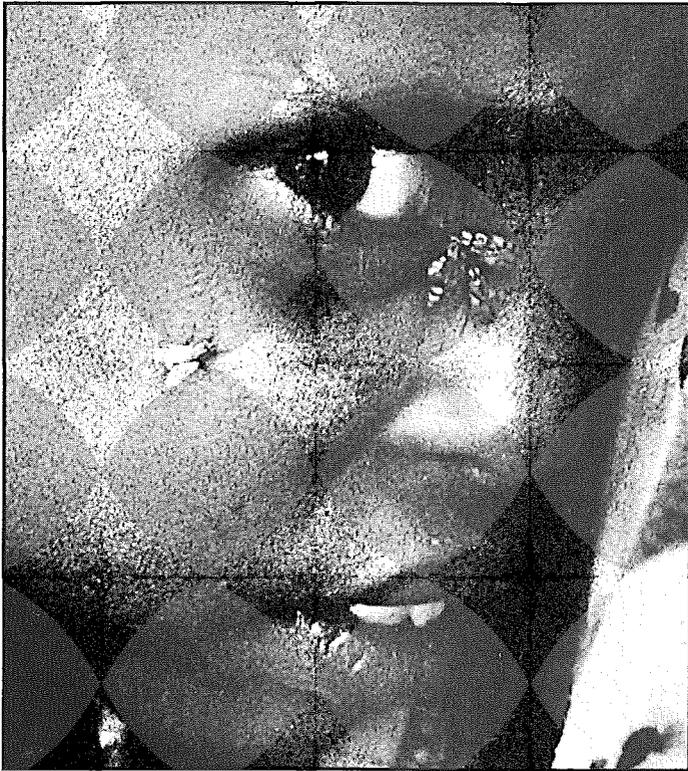
There are three types of lice all of which may be found amongst refugee communities - head, crab and clothing (body) lice. While the first two may be a nuisance it is the clothing lice which pose a serious health risk as they transmit both relapsing fever and typhus. Shaving children's heads to control lice is a common practice in many parts of the world, but it will have no effect on typhus or relapsing fever transmission and there is therefore no call for authoritarian head shaving regimes in refugee camps.

Lice are extremely sensitive to drying out and the temperatures required to kill adult lice and their eggs are remarkably low (at least 54 °C dry heat for 5 minutes). However, it can be difficult to get this temperature to penetrate throughout clothing, particularly to seams and hems where clothing lice tend to congregate and lay their eggs. Heat treatment, involving either steaming or boiling clothes, is a common technique used to control clothing lice in refugee camps. Wet heat is less effective than dry heat and is expensive in terms of fuel. An alternative system for heating clothes, which is effective and which uses little or no fuel desperately needs developing.

Insecticides may be essential in eliminating clothing lice when there is the threat of typhus or relapsing fever epidemics, but their effectiveness is limited by widespread resistance to DDT, Lindane and Malathion. The efficacy of such programmes will depend on which insecticide is used (some are better than others) and the care with which they are applied. Mass treatment against clothing lice usually involves the use of insecticidal dust, about 50g of which is puffed into the clothes through the neck opening, up the sleeves and from all sides down the loosened waist or trousers. Thorough and careful application in a way that is socially acceptable, is more effective than excessive random dousing with insecticide and should always be accompanied by public education on the dangers of clothing lice and the need for their control. Since lice control is one of the few situations where insecticide is deliberately applied to human beings, chemical formulations of low toxicity are essential.

Filth flies

Filth flies which breed in human faeces and organic waste have become major pests in refugee camps in northern African and in Palestinian camps in Lebanon. Under certain conditions an estimated 42,000 larvae can be produced per kg of human faeces! Some species are particularly attracted to wounds, mucous and eye exudates and can play an important role in the



Filth flies transmit eye infections Photo by L. Astrom/UNHCR

transmission of eye infections such as trachoma as well as diarrhoeal diseases. The presence of filth flies is clearly indicative of poor sanitation, a feature which characterises many refugee settings.

Control measures

Latrines which are properly constructed, maintained and used are the most effective long term method for reducing filth flies. They can be designed to minimize fly populations (see Curtis *et al* 1990).

Localized insecticide use can be effective in killing adult flies where they are likely to transmit disease - eg in surgeries, feeding stations and abattoirs. General insecticide spraying campaigns against adult filth flies in refugee camps are not uncommon but are not always successful as filth flies are notoriously quick at becoming resistant to insecticides (as for example in the Palestinian camps).

Requirements of insect vector control programmes

The large number of insect-borne diseases and the large range of insects involved, each with its own ecological and behavioural characteristics, mean that insect control is often the domain of an insect specialist - the entomologist. However, in refugee health care, non-specialized medical or sanitary personnel may be required to consider localised insect control programmes. Environmental control measures combined with public health education should always be the first route of

attack, but in practice, enough training and finance is rarely given to support such projects.

Insecticide use, which may be essential in epidemic situations, also has its pitfalls. Spraying may be seen as an end in itself and the effectiveness of spray programmes is rarely monitored. The wrong insecticide, inappropriate application, poorly maintained machinery and absence of spare parts will all reduce the effectiveness of a spray programme, even to the extent that no control what-so-ever will be achieved.

The key to a successful campaign is good, well-informed management, good collaboration between medical and sanitary personnel and refugees themselves, good training and appropriate control techniques which are in line with national control strategies. Access to relevant information is essential and local and national resources must be immediately tapped.

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A number of Non Governmental Organizations (NGOs) and UN agencies, along with national ministries of health, have become involved with the control of insect vectors in refugee health care, but much of the work undertaken is not written up for publication. The author would therefore welcome any information from readers.

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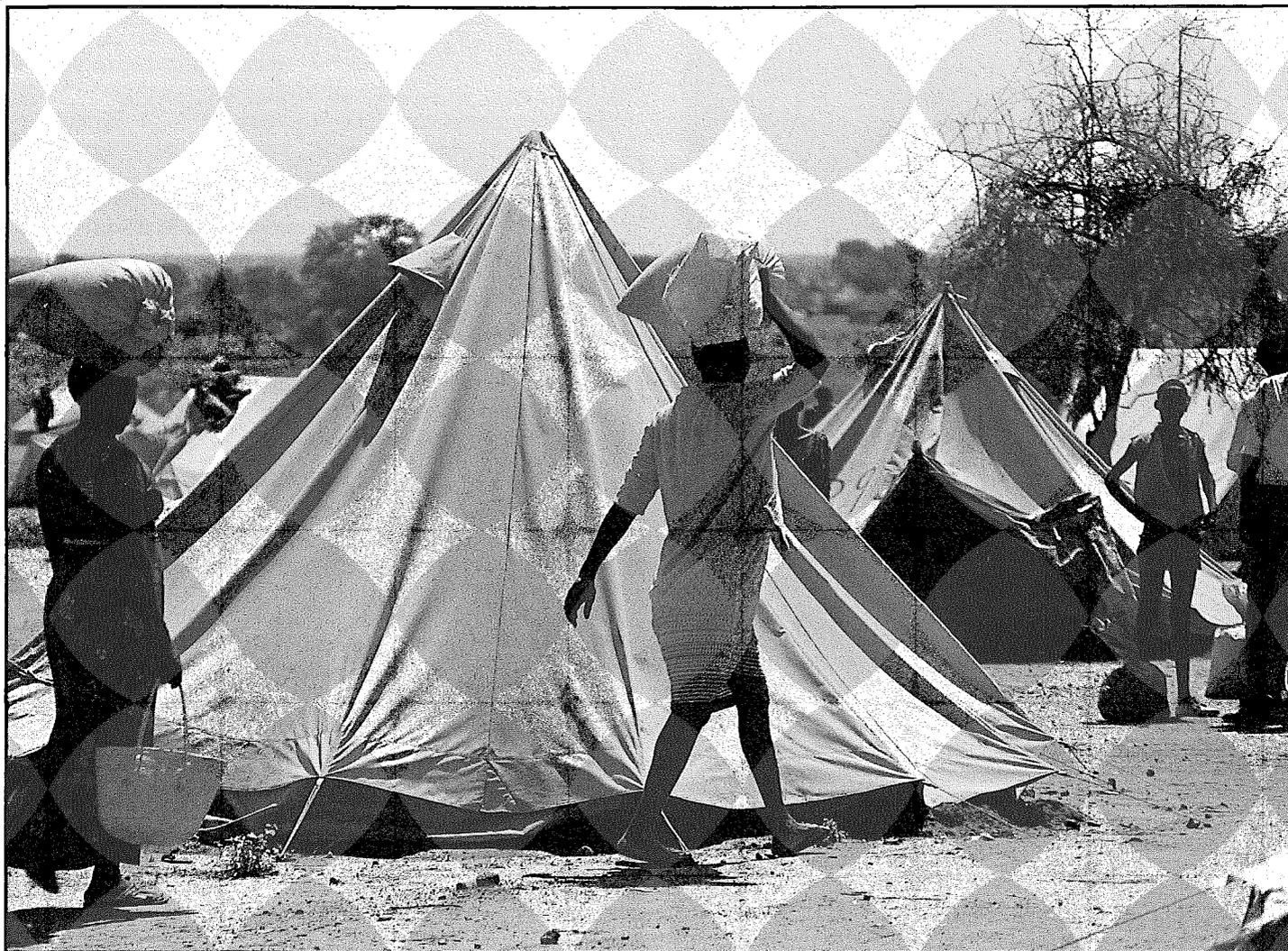
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COMMUNITY-SUPPORTIVE OR COMMUNITY-OPPRESSIVE RELIEF OPERATIONS?



Mundari Women returning to their tents with food

Photo by OXFAM

Relief operations are frequently run in an authoritarian way and principles of development, such as supporting the communities' own initiatives are often temporarily shelved. It is assumed that agency-managed operations are more efficient and that refugee communities are not able to organize themselves adequately in an emergency. In the following two articles this assumption is questioned. The first example from Southern Sudan reviews both agency- and community-managed approaches and concludes that a middle way is needed between the two. The second, a case study from Zimbabwe, is an example of an emergency operation which was initially managed entirely by the local hosts and refugees themselves. In the Sudanese case, the agency-managed systems that were tried generated

considerable opposition. The authors interpret this as a 'culture clash' causing misunderstandings between the displaced people and the agency. An alternative interpretation would be that conflict was generated because the beneficiaries found the social control which accompanied food distribution unacceptable. Finally, an example from Ethiopia illustrates how minimal agency involvement in organizing relief proved to have a positive outcome.

RPN would welcome the experience and views of others, as there is little published material which discusses these issues. We would like to thank OXFAM for sharing the experience of their operations.

FOOD DISTRIBUTION - ON WHOSE TERMS? A CASE STUDY OF AGENCY-MANAGED AND COMMUNITY-MANAGED SYSTEMS

In 1986, five thousand Mundari pastoralists, displaced by the spread of the civil war since 1984 were moved to a tented camp in Juba town. They continually resisted OXFAM's initial attempts at registration and distribution as conducted by the agency. Several different systems were tried in quick succession, the last of which was managed by the Mundari, and ran relatively more smoothly and efficiently than the others. The community-managed system was more in line with general development thinking and acceptable to those receiving the food, but nevertheless there were drawbacks which will be discussed below.

The first registration attempt

OXFAM's first attempt at registration involved seven Mundari food monitors who drew up lists of people in the camp and cross-checked their accuracy with an estimate of the camp population based on an average number per tent and a count of the tents. Relief food was then distributed by the food monitors according to these lists.

This system soon broke down. Large numbers of people on the lists were not present at distributions, but family members still insisted on collecting rations for them. Also, under great social pressure, the monitors had added names to the lists. There were complaints from some that they and/or their relatives were not on the lists. Distribution times regularly deteriorated into chaos and people literally fell upon the supplies of food and carried them away.

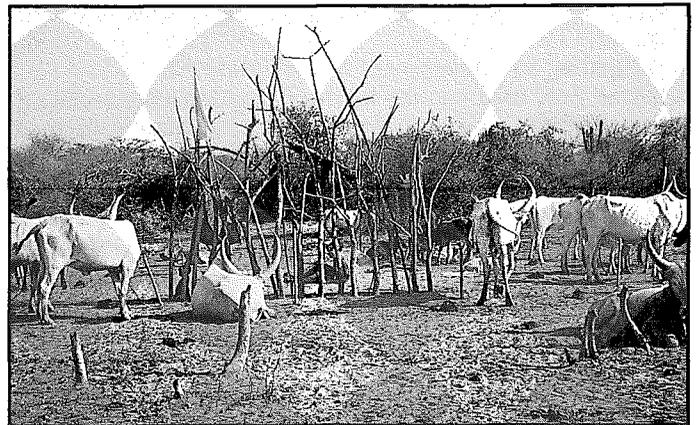
A second attempt

The second system attempted was based on ration cards. These were duly printed in Juba and given out to the women who were asked to come with their children to a registration day. The children were to be counted, marked with Gentian Violet to prevent them being 'borrowed' by other women, and their names were put on the card. Thereafter, one card would indicate the entitlement of one woman and her children. The cards ready, a registration day was announced. Nobody turned up. All the women boycotted the registration day.

OXFAM then went ahead and tried to use the cards as the basis for a family ration. But once again, the system broke down. People claimed to have lost their cards or presented themselves as 'new arrivals', in order to get supplementary cards. Multiple card holding soon became another problem; distributions continued to be chaotic.

The third attempt

Finally, OXFAM staff decided to hand over responsibility to the Mundari themselves. They asked for eight representatives to be chosen by the various groups in the camp to be given direct responsibility for registration and distribution. These group leaders distributed available food at their own discretion and accounted to OXFAM by producing lists of people to whom they had distributed. This system seemed to work. At least distributions were more orderly and there was much less conflict with OXFAM staff.



The Mundari who still had cattle were involved in movement outside the camp
Photo by OXFAM

Why were OXFAM's initial attempts unacceptable?

1. Entitlement depended on physical presence

OXFAM wanted everybody receiving food to be physically present and counted at registration and at each distribution. But mobility is crucial to the Mundari. Although they were displaced, they did not merely stay in the camp: those who still had cattle were involved in movement outside the camp in search of good grazing land and water, others earned additional income by collecting firewood and selling it in Juba. The camp was not merely seen as a place to hang around waiting for food handouts. Rather, it was used as a base - various family members were left to stake a claim to relief food on behalf of the wider family. Family members present in the camp were representing people outside the camp.

So when OXFAM drew up lists or gave out cards they were confronted by demands to register other family members by proxy. This conflicted with the registration by individual presentation and head-counting that all agencies, including OXFAM generally favour.

2. New leadership

The agency-managed systems also involved giving power to people not formerly recognised by the Mundari as their leaders, i.e. the seven Mundari food monitors who were meant to liaise between OXFAM and the Mundari camp population. Their position was a difficult one: they lacked authority and were not trusted by the Mundari population they were serving. At the

same time, they were supposed to be accountable to OXFAM who paid for their services, and thus had to take the blame for any problems which arose.

3. Individual rather than group entitlement

Oxfam's intentions were to distribute what limited food there was fairly and according to individual need. However, what constituted a fair distribution to OXFAM staff was unacceptable to the Mundari. They considered it fair for food to be given to groups rather than individuals.

Features of Registration and Distribution on the Mundari's Terms

1. Targetting and Assessment of Individual Need

In putting bulk food into the hands of the Mundari community leaders, OXFAM could not be sure if food aid was reaching the most needy, as OXFAM would have identified them.

2. Accountability

With the community managing its own food distribution, OXFAM also lost its ability to record food receipts with the detail and precision often required by donors. This made reporting of the programme problematic.

3. Monitoring

Because food was now being distributed according to Mundari social norms, OXFAM had to learn their system. It was difficult to get a quick and detailed understanding of how food was being distributed and on what basis. This made the monitoring of the programme problematic. [Presumed] sources of corruption were also difficult to identify and control.

OXFAM's experience with the Mundari illustrates the problems faced by agencies in organizing relief operations and the clash of cultures which can result. Current thinking is polarized between those who say that the right to distribute lies either with the agency or with the community. OXFAM staff in this situation were not convinced by either system and feel a middle way should be worked out. This would involve the Mundari learning to monitor themselves in a way that would meet the overall objective of helping those most in need and thus also satisfy donors.

More research needed into community-managed relief

More research is clearly needed on NGO experiences in this field. Understanding of the conflicting priorities of recipients, relief agencies and donors needs to be deepened, so that the various parties can work to accommodate their various requirements and make giving less confrontational, more appropriate and less costly.

With smaller groups which are likely to be regular recipients and may have advance warning of a crisis, we feel that community-managed systems should be explored. These would also be appropriate in situations where direct agency access is difficult, as in war zones. To date, donors as 'givers' have generally assumed the right to manage relief operations. This right is based on their role as 'experts' who have better information on how, when and for how long food relief should be given. But, people in need are increasingly recognized as the greater experts in judging when they need food aid and how best to fit it in with their other resources.

However, we do not feel that the rights in the distribution process are exclusive to the receiving communities. These communities also have obligations to the giver which could probably best be incorporated through better monitoring.

When disasters are sudden and involve large numbers who are not organized, some initial kind of outside, agency-managed registration and distribution may be necessary. We also believe that outside registration systems will be required in refugee crises where international legal status and protection are at stake (UNHCR 1982). But in general, a new emphasis should be placed on allowing people to manage their own relief, on their own terms and according to their own priorities.

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A fuller version of the above article will be published in September in *Disasters* 14/3

COMMUNITY-SUPPORTIVE CRISIS MANAGEMENT IN ZIMBABWE

The initial large scale influx of Mozambicans to Eastern Zimbabwe following 1983 was managed by a spontaneously formed local Zimbabwean Management Committee in conjunction with specifically created institutions within the refugee community. The efforts of external donors were controlled and channelled by these local organizations during the emergency relief phase. Dr Richard Laing (the Medical Director for the Eastern Province) and Mrs Laing (a community health worker) were involved in this process of organization within the Zimbabwean community and were part of the Management Committee. Here they describe some of what happened before the refugees were resettled in permanent agency-managed camps and in so doing demonstrate how a participatory approach can be very effective in emergency relief operations.

Determining needs

Although we and other members of the Zimbabwean Management Committee were coordinators for the camps, we were already in full time employment, so relied heavily on the refugees. We told them to elect leaders, organize a representative committee and decide specifically what they needed. After lengthy discussions, this was finalized. The camp thereafter had its own community leadership, on whom we depended to define what they needed. We then took their requests back to the local Zimbabwean executive committee. Within the committee there were distinct areas of responsibility, so needs identified by refugees were a clear indication of where the Committee was not fulfilling its duty. Refugee requests acted as an assessment of the assistance they were receiving.

Registration procedure

One of the first problems was registration. As we in the host society have no welfare system, the local poor would come to the camp wanting to benefit. For example, the commercial cotton farms in the area rely on a migrant labour force, and it was difficult to distinguish refugees from elderly Zimbabwean labourers who had lost their jobs. Assisting foreigners and turning locals away would inevitably have resulted in conflict.

A 'vetting time' was, therefore, instituted, during which people would be fed, but would not be given clothing or shelter, until the route by which they had come and how long they had been in the country had been determined. The Zimbabwean community had nothing to do with this process, Mozambicans themselves vetted their own people.

Feeding Tents

The refugees themselves decided how they wanted to organize feeding: men would line up separately from women and the

children also had their own queue. They organized their own monitoring, and had people to keep the line straight and stop pushing. They also divided people up into vegetarians and meat eaters. Initially we were unaware of this, and only discovered it later while observing the feeding. The use of instant cereal mix and high protein biscuits and dried skimmed milk in supplementary feeding was highly criticized by the refugees on the grounds that it taught bad habits. But as there was no money, insufficient firewood, and no drums for cooking, there was little alternative. However, this was supplemented by a local traditional protein drink called *mahere* made from roots of an indigenous plant which was given to the children twice a day.

Distributing Clothing

Clothing was a very big problem. How to register exactly people's needs and what they have been given is a huge task. For example, when there is a delivery of coats it is necessary to register who has received a coat, but that they still need a pair of trousers. Care must be taken to fit a person with something that is useful, of the right size and an appropriate colour - if an old woman was given a gaudy, striped blouse from the West she might feel out of place. It is very important to allow them to choose, within limits, what they would like to wear, but monitoring such a system involves a great deal of manpower. Consequently, the local churches got involved: each Sunday after the service a different church would help with the distribution. Later, donors were persuaded to give material, needles and pins so that the Mozambicans could make their own clothes, and local Zimbabwean women came to help and teach them how to sew.

Discipline

The whole camp was run on the basis that if individuals did not respect what was offered, if they failed to maintain the standards of normal village life, then they would be expected to leave the camp. For example, if anybody created trouble over the food or began fighting with cooks, the punishment was expulsion. In this way the Committee was able to discipline individuals who caused problems. Refugees and their leaders sorted out marital disputes, child beating, even some of the sexual problems that arose. Other conflicts were settled in conjunction with the local Zimbabwean committee.

Building Camp Infrastructure

The camp leaders divided their population into teams. For example, teams were set up of ten men to take charge of toilets. These different toilet teams would compete with each other to see how many toilets they could make. We used to give rewards, such as clothing, for every 10 toilets made. This proved successful as individuals were motivated to provide for their families and their needs. The team idea also meant better working relations between camp members. On occasions, we would point out individuals who were not working, but were soon told that everybody able to work was employed; that if an individual was idle, it was because there had been a death in the family and therefore inappropriate for him to work. Many false

EXTERNAL AID MUST MEET PEOPLE'S NEEDS AS THEY THEMSELVES DEFINE THEM.

assumptions can be made without communication with the refugees themselves.

Trying to relate external donations to local need

There was strong competition between the camps for aid from external donors. This was bad for morale and could result in movement between camps if the outcome was inequitable. To cope with this an independent Zimbabwean voluntary 'Drought Operations Committee' was set up and a meeting was organized. Aid personnel attended to discuss what they could do for each camp. The result was that several small aid groups decided to adopt a camp and meet its specific needs. Only if those needs could not be met, would they ask one of the bigger organizations to supplement their efforts. Initially the big agencies were unwilling to cooperate with such local management, but the Zimbabwean Committee was in a strong enough position to persuade them that if assistance was not specifically geared to needs determined by the refugees themselves, discontent would be generated within the camps.

Resiting of camps and limiting refugee participation

Most of the camps were run by the refugees themselves in the early stages although later they were resettled by UNHCR into more formal camps. The sites were chosen and army trucks sent in to move people. The refugees were suspicious of the operation and fled into the bush, refusing to move. Our Zimbabwean Committee was in the strong position of having a good relationship with the refugees and we negotiated our own terms: movement could only be done if the refugees were involved. But, organization changed in the new camps: control was no longer with the refugees, and we felt that there could have been more consultation with refugees on how they wanted the camp to be organized. For example, uniform sites were allocated to families irrespective of the size of the family. Also agriculture had to follow communal organizational principles laid down by the agency involved. The system had become less flexible.

When we started, we had no experience of managing refugees, we knew nothing about refugees. Our experience was in setting up primary health care programmes. This background has taught us that there are two approaches: community-supportive and community-oppressive. The community-oppressive is prescriptive, telling people what they must do, while the community-supportive tries to support the community's own initiatives and meet the needs they have defined. We feel that big agencies have a valid role in raising money and providing food where it is needed, but refugees themselves, through representation, can decide how best to use the resources available.

This article is based on edited extracts from a seminar transcript presented at the Refugee Studies Programme in June 1986 by Dr and Mrs Laing.



Mursi men at a community meeting

In the late 1970s and early 1980s, the recipients of emergency food in the Mago Valley of Ethiopia organized how it was used themselves. David and Pat Turton explain why this operation, although *ad hoc*, was preferable to the more typical agency-managed camps for food relief, both in the short and long term. The famine relief that was provided for the Mursi was effective in mitigating some of the worst effects of drought and because the Mursi themselves were in control of the operation, it did not disrupt or undermine their long term livelihood strategies.

A temporary distribution point was set up during 1979 and 1980 on the east bank of the Mago River, by the Relief and



Photo by David Turton

Rehabilitation Commission of the Ethiopian Government. Once the food had arrived by lorry at the distribution point, it was divided into individual loads and given out to all comers who then carried it back to their home settlements. This procedure was, presumably, adopted out of sheer necessity, there being insufficient staff and equipment available to set up elaborate distribution centres of the 'soup kitchen' variety - but its benefits were obvious. Firstly the food was distributed with maximum speed, secondly those most in need of the food were not forced to make a long and potentially fatal journey to the distribution point, and thirdly because they were not forced to remain at a feeding station to receive daily handouts, people were not taken away for long periods from their essential subsistence activities.

The fact that the Mursi came through this experience with their social and economic institutions shaken but intact and with an

undiminished sense of their own cultural identity must be partly attributed to the failure of the aid agencies to come to their assistance with a full-scale programme of relief and rehabilitation.

The help the Mursi did receive was effective because it relied on existing mechanisms for the distribution of scarce resources and did not therefore lead to the creation of a permanent camp of uprooted and dependent people. The reasons for this success were fortuitous - the distribution of food in the Mago Valley was, by the normal standards of relief agency practice, a pretty 'hit and miss' affair. Had more staff, equipment and emergency food and medical supplies been available, there is little doubt that a 'famine camp' would have been set up, to which virtually the whole Mursi population might have gravitated.

In the long term, the Mursi found a permanent solution to drought which involved migration and resettlement on higher ground. Although previously pastoralists, they adopted new livelihood strategies with greater priority given to agriculture. This entailed settling old disputes with neighbours, and negotiating entitlement to new resources.

Recognizing the purely accidental success of this operation, however, is one thing; using it to influence relief agency policy is quite another. We have in mind both the practical problem of information gathering, and ideological resistance from the relief agencies themselves.

In order to achieve by design what was achieved by accident, one would need information about local conditions which was detailed enough both to give a reliable early warning of need, and to make a sensible decision about when to cease the emergency food distribution. Information of this sort is, of course, rarely, if ever available, especially for populations as 'isolated' as the Mursi. Even when it is available, and assuming that there are no insoluble logistical problems, there is likely to be a second obstacle, coming from within the relief agencies themselves, to the rapid organization of 'free relief'. For although the evil consequences of famine camps are now widely recognized, this very recognition seems to have led to a growing resistance to the concept of relief with no strings attached.

We call this resistance to free relief 'ideological' because we believe that it is, at least partly, based on cultural prejudice: the belief that people such as the Mursi lack the motivation and resourcefulness to work out new solutions to the problem of their own economic self-sufficiency. The very word, 'rehabilitation' is dangerous because it contains the implicit assumption that the people to be 'rehabilitated' can only be made to stand on their own feet with the help of outside direction.

Based on extracts from an article by David Turton and Pat Turton, 'Spontaneous Resettlement after Drought: an Ethiopian Example' published in Disasters 1984 8/3.

CULTURE AND COMMUNITY FILLING THE GAP IN CHILEAN EDUCATION: SATURDAY COMMUNITY SCHOOLS IN LONDON



Chilean refugee children at the Amancer Community School in London

Photo by Enrique Parada

For us Chileans, the experience of starting a new life in Britain has not been an easy one. Not that we were the first to suffer forced exile, nor were we alone in struggling with a different culture and new language. However, the geographical leap and the illusion that it would be for a short period have shaped our experience of exile.

Many of us came after spending some time in prison. A clear anti-dictatorial commitment re-inforced a necessary sense of community in exile. It meant that a primary concern was to encourage solidarity and create conditions for *el retorno* (the return home). Some did in fact return, illegally, only to find themselves in prison once again, or to find death or to disappear.

Condemned as we were to a growing lack of touch with the political reality of our country, we moulded our activities in a sense of community. A 'national organization of Chileans in exile', Chile Democratico, was created in 1981. Its main concerns were in material assistance for Chileans, but it was also instrumental in the development of cultural activities - folk-music, theatre, poetry, traditional food, fiestas. These appealed to a British audience and encouraged solidarity with Chile. Culture was cohesive in terms of national identity, but was also dynamic, re-creating itself to express purpose and new interests within the community.

A large proportion of the Chileans who arrived in Britain

(mostly in the second half of the 1970s) were in their late twenties or early thirties, and their children were either very young or were born here. By 1983 - when the first Saturday school opened - the group of children between 1 and 12 years old was quite numerous. This first school *Amancer* (dawn) was in New Cross in South London, and used the premises of a community centre. The second, in North London used the premises of the Elizabeth Garrett Anderson School in Islington.

The Women's Commission of Chile Democratico was particularly enthusiastic in promoting the schools. Soon after the second school was organized, a grant was obtained from the Greater London Council (GLC) to sustain both. Since the GLC was abolished, the schools have continued to function with alternative funding - mainly from local authorities such as Lewisham and Islington who occasionally offer grants for specific requests such as books under the London Grants Scheme.

The main aim of the schools was to prepare the children for their return to Chile. This was behind the curriculum which included Chilean history, geography and language.

The names of the schools are significant: 'Escuela Sabatina Niño Luchin' is named after a song of Victor Jara, the assassinated folk singer. The theme of the song is the difficult life and daily struggle of a boy in a Santiago Shanty town. 'Escuela Amancer': means 'dawn' and signifies the hope and



Chilean refugee children engaged in cultural activities

Photo by Enrique Parada

optimism which the school provided for children in exile and to prepare them for their return to their homeland.

However, certain problems were to arise. Firstly, the children who attended the schools were very soon not only Chileans but also Colombians, Uruguayans or those born in Britain of parents from other Latin American countries. Tuition in Spanish language was at first considered additional, and was merely to be the medium of instruction for the other 'subjects' as we had anticipated fluency. In fact we found that ability in Spanish was varied, although never entirely absent.

We were forced to rethink the programme. We became more aware of the reality of exile and the conflict our children were facing as they grew up under the influence of two cultures - a Latin American home and a British school. So we emphasized the role of our mother tongue and placed it at the centre of the activity of the Saturday schools. Bilingualism and biculturalism were considered not only possible, but also desirable.

Selecting a curriculum is by definition a selection of cultural elements, but we had been over ambitious at the outset (after all it was only supplementary education). The constraints of a school programme confined to Saturdays along with very mixed language ability, meant that selection became an inevitable reduction, although nevertheless convenient. Language became the key to over-coming the contradictions we faced and held a central position in teaching and learning.

The objectives of the schools were as follows:

- * Maintaining and reproducing certain Latin American cultural values by means of activities such as theatre and folk dances.
- * Facilitating communication and friendships between children, enabling them to meet others with whom they shared something in common, and reducing inter-cultural conflicts.
- * Stressing the mother tongue and emphasizing the advantages of bilingualism and bicultural development.

The experience of the Saturday schools was important for us, not just for those with an interest in education who found a vocation through them, but also for the Chilean community as a whole. The schools filled a need and benefitted both children and adults, and enabled us to reconsider constantly our global situation as a group within British society. They helped us in a broader understanding of Latin America and were an effective instrument for establishing links with other Latin American groups. As they enriched our horizon, so we could better understand the place in which we have had to live.

Enrique Parada

Enrique Parada was responsible for the educational programme of Chile Democratico in 1985. His wife Ximena, a nursery nurse, organized the first Saturday school in New Cross, South London, where she also teaches.

DEFENDING LIFE: CHILEAN REFUGEES IN EXILE

Flight and resettlement are extremely disrupting events. The experience of imprisonment, torture and exile can leave people isolated from everyone and everything that had previously given their life meaning. This may all be part of the strategy of the regime that expels them as was the case for the thousands of refugees from the Chilean Left who had to leave the country under its military regime in the 1970s and 1980s. In exile, particularly in individualistic Western host countries, the sense of alienation may be reinforced.

Assistance and resettlement programmes often have an ideology of individualism: they emphasize personal self-sufficiency and undermine the importance of community. Host countries also tend to prioritize material welfare and exclude social and cultural needs from their plans. For example, a policy of dispersing refugees in resettlement is generally justified by host governments on the grounds that refugees will benefit in terms of access to jobs and housing; although the policy may in fact have more to do with the state's perceived need to distribute the 'burden' between regions and municipalities. Refugees themselves often prefer to be near to other members of their own community.

A Chilean couple from a poor Santiago neighbourhood (*poblacion*), both of whom had been politically active in their home country had been resettled in a small and wealthy rural municipality in Sweden after their asylum claim had been granted. They were comfortably provided for, but their new life seemed meaningless. By leaving this municipality for a larger Swedish town with an active Chilean community, they lost access to familiar social support. In the run-down immigrant suburb, they had to manage with much less security and comfort but felt more 'at home' as well as useful. Like many Chilean newcomers, they were highly motivated to start solidarity work and they had lived in a community which shared their political concerns. They also benefitted from the experience of other Chilean exiles who had arrived before them. Through them and a Chilean counsellor, they had help in adjusting.

Communities of political exiles are often particularly prone to conflict, as divisions carried over from the home country are often exacerbated in exile. This can be problematic, but, as this Chilean couple remarked, '...it's Chilean politics. And being part of it is, at least, an expression of being *alive*'

Policies other than those of resettlement, also have an effect on the refugee community. For example, Sweden provides generous funding for the establishment of 'cultural associations' and has a policy of cultural pluralism. In contrast, Chilean refugees with whom I worked in California received no such support. In Sweden the proliferation of these associations (which have also served as arenas of political organization) has fostered political pluralism and to some extent maintained political divisions. In California, the community of Chileans crosses political boundaries but does so at the cost of political activity. The causes of these differences are complex and do

not merely reflect the degree of financial support given - for example the opposition of the Chileans to US society was something to unite against. But nevertheless, it shows the way in which the host society can often have an unintended effect on refugees' attempt to build communities.

A common stereotype of refugee communities who retain strong ties within the community and a distinctive way of life, is that of conservatism - they are accused of being reluctant to adapt to their new country. In California, I found that some of those working with refugees held such ideas. They were accustomed to working with refugees who had positive expectations of their new lives in North America. However, the Chileans had ideological conflicts with the US, had no desire to assimilate and a strong commitment to return to Chile. They referred to themselves, using a quote from the Cuban poet Jose Marti, as being 'in the belly of the beast'. Even if the dream to return may never become reality - being told on arrival to forget such dreams and get on with integrating into society is not very helpful. The role of other Chileans in helping adjust to the painful reality of exile is crucial and should be recognized as such by those working with refugees.

The ideological conflict with their hosts at the outset was based on the role played by the US in the Chilean coup. It was also evident from the limited support for Chileans in comparison to other refugee groups coming in at the same time after 1973. Large federal sums were available for Cubans and Vietnamese whose asylum had been granted more or less automatically. Chileans arriving in 1976 were given the status of 'parolees', which was temporary and initially barred them from public assistance until they had obtained permanent residence.

For Chilean political refugees, the military coup in 1973 had crushed hopes that the popular movement would create a new and just Chile under the Popular Unity government. In exile, a cultural identity became vitally important, as a political symbol and part of the resistance to a regime that had tried to annihilate them. Maintaining community and culture became part of the struggle *por la vida* (for life) and in defence of persecuted values and visions. 'Life' represents a return to democracy and opposition to the military dictatorship, the 'regime of death'. Celebrating culture in exile is also a way of communicating their struggle to the outside world, as well as passing it on to the next generation.

Like many Chilean communities elsewhere, a Saturday school was organized to teach their children Chilean history and language - this was a formidable achievement as they received no financial support. There is also a children's dance group which has now been active for twelve years in which children are taught traditional folk dances and songs and performance at various events.

Music, songs and drama are important for exiled Chilean communities everywhere. One particularly popular author is Pablo Neruda, whose work (particularly that written during his



The Kamanchaka music group playing to the Chilean community in Northern California

Photo by Marita Eastmond

own exile in the 1950s) is said to capture feelings for the country they had lost. Many young people formed music groups, and one of them, Kamanchaka, has become popular outside the Chilean community and is an important political voice in a context where there are few opportunities for such expression. In addition to their political message, as they themselves say, their aim was to 'express to ourselves and others the terrible fate of Chile and the exiles'. Their music is evocative and vibrant and draws together the different musical traditions of Latin America, using modern and indigenous instruments. Kamanchaka refers to the cold early morning fog that rolls in over the coast of Northern Chile. Exiled poet and musician Feña Torres uses the same theme to illustrate the importance of these groups. 'In its millenium of struggle with the desert, the kamanchaka gives rise to some very tiny flowers which at times, in defiance of the arid dryness, cover our North. In the distance, these young musicians play the same role: they cover us, in this ostracism, with the beautiful flowers of hope.'

Whilst most of these groups draw on the rich tradition of the popular movement in Chile, the familiar styles are also elaborated to express the experiences of repression and exile. A well-known form of this tradition is 'la nueva canción' - the politicized song, as popularized for example by Isabel Parra amongst others.

**'Cuando de Chile'
by Pablo Neruda**

*October, Oh spring
return me to my people.
What will I do if I cannot see
a thousand men,
a thousand girls.
What will I do if I can't wrap
around my shoulders
a portion of hope,
What will I do if I can't walk
with the banner that from hand to hand
in the line
of our long struggle
was placed in my hands?*

As these examples show, in reconstructing traditions in exile, something new is being created. Certain aspects of culture and history are selected and emphasized more than others, reflecting what is meaningful in the new context. Despite the apparent contradictions, political identity as leftists and exiles were the

FOOD LIFTING THE LID OF THE FOOD BASKET

'El pueblo tiene su valle'

by Isabel Parra

*What irony of life
what terrible task
dispersed throughout the world
loving our homeland so much.*

*Sing, sing compañero
do not be afraid of anyone.*

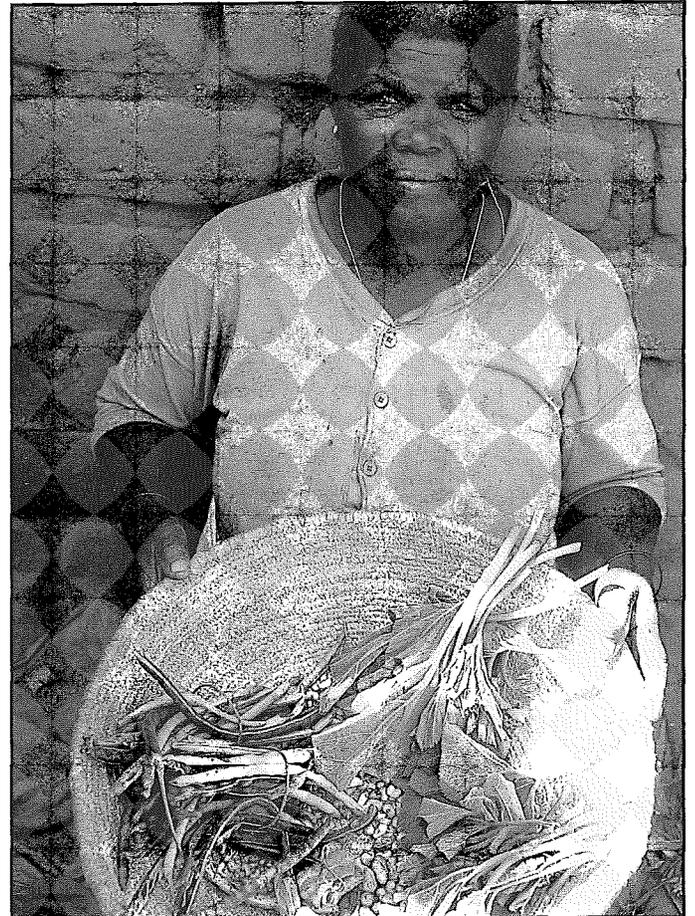
*In this great multitude
the people have their valley.*

most important expression of being Chilean, and points of contrast with the American lifestyle were emphasized. These had to be expressed in creative new ways. Other aspects of life which at home had been relatively unimportant became more visible in the new setting and also became symbols of being Chilean. Dress, hairstyle and ways of speaking Spanish for instance, became significant in order to distinguish themselves from the rest of the hispanic community and in particular Mexican immigrants. As Chilean identity has evolved through interactions with the host community, the form it takes in the US will be different in some respects than in other host countries. Members of the Chilean community in Sweden and in California visited each other and each were somewhat dismayed to note the changes in the others. Each group felt that the other had become more assimilated and retained less of their 'genuine Chileanness'.

Whilst change is inevitable, it can be problematic for some exiles. Forced out of their home country but with a strong commitment to return, life is 'on hold' in exile. Return home is portrayed by this community as a 'return to life', and assimilation, as a betrayal of a political struggle would be social death. There may be considerable social pressure in these communities, decisions and changes are closely evaluated by members and those who do live up to these ideals may find it best to withdraw. Sometimes uncomfortable changes are negotiated by the community as a whole and are justified in the way that they contribute to the political cause - so instead of being a sign of settling down, buying a house can be explained as an economic investment enabling return from exile one day.

There is a real tension between continuity and change, what life should be and what it is. Changing to the American environment may be betrayal, but holding on to the past may also be problematic as life in Chile is also changing in the meantime. It is a permanent struggle to create a life which resolves the contradiction between past and present. It is a difficult but important task for those who work with political exiles to understand these dilemmas and support refugees' own initiatives to solve them.

Marita Eastmond



Fresh food bought by refugees to supplement their diet

Photo by Ken Wilson

In the following article, RPN raises some of the issues in the debate surrounding food for refugees and highlights some of the initiatives being taken to solve nutritional problems in settlements. This picks up on many of the themes raised by the Director of the World Food Programme, Mr James Ingram in his paper, 'Sustaining Human Dignity?', some responses to which were published in RPN 5.

What food should refugees be getting?

Recommendations for the food ration to be distributed to refugees were recently set out in 1988 at an International Conference 'Nutrition in Times of Disaster' and read as follows:

'The 1985 FAO/WHO/UNU energy and protein requirements should be used as the guide for calculating ration levels especially if the population is totally dependent on distributed foods. If it is not possible to meet these requirements, then a minimum of 1,900 kcal per person per day should be the target for sedentary populations. Additional allowances must be added for non-sedentary

groups, groups at risk, and groups exposed to severe temperatures. The protein content should be at least 12% of the total calories provided. The rations must also provide for minimum requirements of vitamins A, B, and C, iron and folic acid.'

Does the 'food basket' meet the recommendations?

A typical 'food basket' (i.e. individual daily ration for a refugee) would be 400g of cereal (usually wheat flour, maize or rice), 20g of oil, 20-50g of pulses, and rarely 20-50g of dried skimmed milk (DSM), although the latter is generally only given to vulnerable groups. This may meet the minimum energy recommendations cited above, but is unlikely to meet protein needs (see below). The adequacy of the vitamin and mineral content will depend on the range of foods distributed and whether or not foods are fortified (at present fortification is extremely rare except in DSM). In practice the ration which arrives is often incomplete and supply can be intermittent. The unavailability of one component of the ration may mean that it simply does not arrive, although a substitute may be provided. For example, the unavailability of groundnuts for Mozambicans in Malawi, led to their replacement with beans. This was directly related to an outbreak of *pellagra* in the camps as the sources of niacin in the maize-based diet were inadequate (Moren, A. Le Moul, D. 1990).

IS THE 'FOOD BASKET' NUTRITIONALLY ADEQUATE?

1. ENERGY

Do all refugees have the same energy needs?

The recommended minimum of 1900 kcal per capita is based on an 'average' population structure. Its adequacy will thus depend on the demographic structure of particular refugee populations. Problems arise where settlements have a high proportion of adult men, as for example in the camps for Southern Sudanese in Ethiopia, where the men have been forced into exile, but the women and children have more frequently fled north within Sudan. According to the US figures for recommended energy intake, 1900 kcal is only adequate for infants, young children and elderly women. For teenagers and adults, requirements are higher. Pregnant and lactating women may also need additional calories.

Can refugees make do with less because they are inactive?

Energy recommendations (both the US figures and the WHO minimum requirement) are based on the assumption of inactivity. Light, moderate or heavy activity all increase requirements. As refugees are at the very least often required to grind their cereal by hand, fetch and chop firewood, collect water, build their own shelter and look after their children - this criterion of a sedentary lifestyle is not always being met.

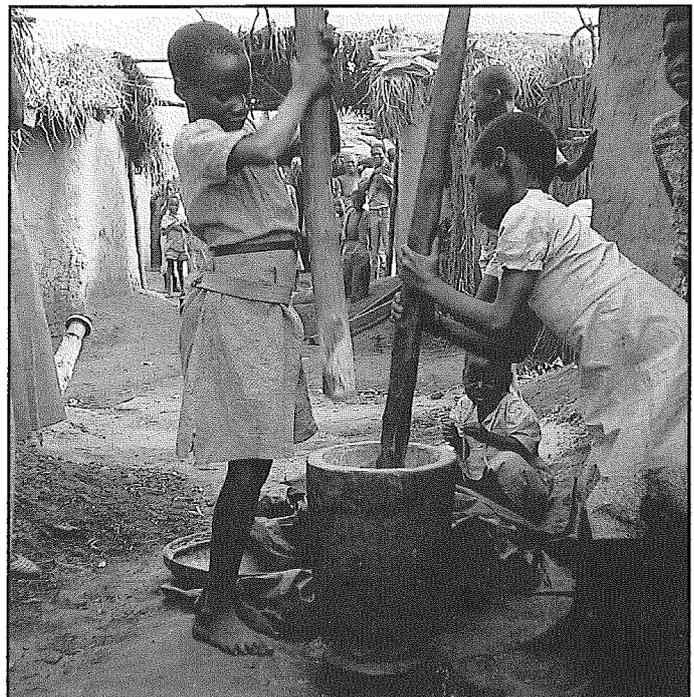
Are there other reasons why refugees could make do on less?

It is sometimes argued that refugees can make do with a low per capita calorific intake. This claim may be based on the fact that

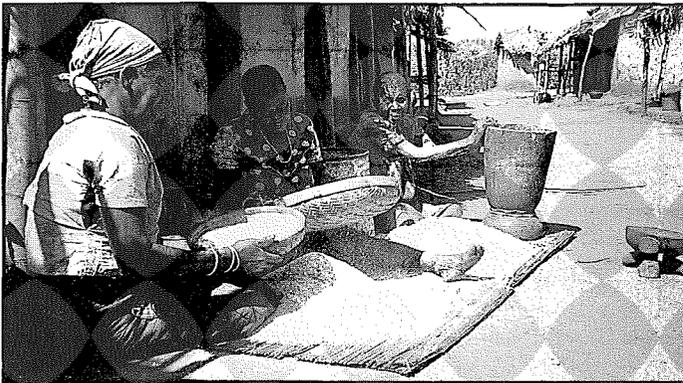
energy requirements depend in part on bodyweight and, though data are usually unavailable, refugees are said to be generally smaller and thinner than well-fed westerners. Even if these assumptions are sometimes true, calculations of refugees' energy needs should also consider the following reasons for higher needs. Infection may increase calorific requirements, for example, refugees often suffer from intestinal parasites and these have the effect of reducing the food absorbed and hence raising intakes required. Secondly, 'catch up' growth for children who are wasted or stunted may increase needs beyond the normal recommendation. Also, for adults who have experienced a period of food shortage, rapid weight gain may necessitate additional calorific intake. Thirdly, in situations where refugees lack adequate clothing or shelter, especially where it is cold and/or wet, physiological requirements are raised by the need to keep warm.

Does processing the food affect its nutritional value?

The necessity for refugees to process the cereals they receive further reduces what is left for consumption and hence the food value of the ration. Food may have to be used as payment for grinding, and preparation of whole cereals for cooking leads to unavoidable losses in processing. It has been estimated that pounding of whole maize causes losses which vary between 2% and 15% in addition to the bran fraction (as cited in Wilson 1989). In addition, the energy expended in processing maize flour has been calculated to amount to 2.6% of its food value (Wilson 1989). In Malawi, the shift to distribution of whole maize resulted in up to 40% of the 1742 kcal ration received being sold to pay for grinding (where facilities were available).



It has been estimated that the pounding of whole maize causes losses of between 2% and 15% Photo by Ken Wilson



Women winnowing maize

Photo by Ken Wilson

2. PROTEIN

Does meeting protein needs depend merely on quantity?

Protein in the food ration comes from pulses, dried skimmed milk (when provided) and cereals. The adequacy of these foods as a protein source does not depend only on their quantity, but also on the quality. The protein quality of a food depends on its digestibility and amino-acid content. A judicious mix of vegetable foods such as cereals and legumes can adequately meet protein needs, but the particular combination of staple cereal and/or pulses given to refugees sometimes lacks certain essential amino-acids and in these cases may be deficient.

3. FAT

Why is fat an important part of the ration?

Fat is a rich source of energy, which is important for individuals, and particularly for children. It is vital in enabling an individual to meet energy requirements by providing a source of low bulk, high energy food. It is otherwise problematic for children (and especially for weaning infants) actually to eat enough of a bulky cereal to satisfy their energy needs. The fat component is also critical in facilitating the absorption of fat soluble vitamins as well as in making the rest of the ration palatable.

4. VITAMIN AND MINERAL CONTENT

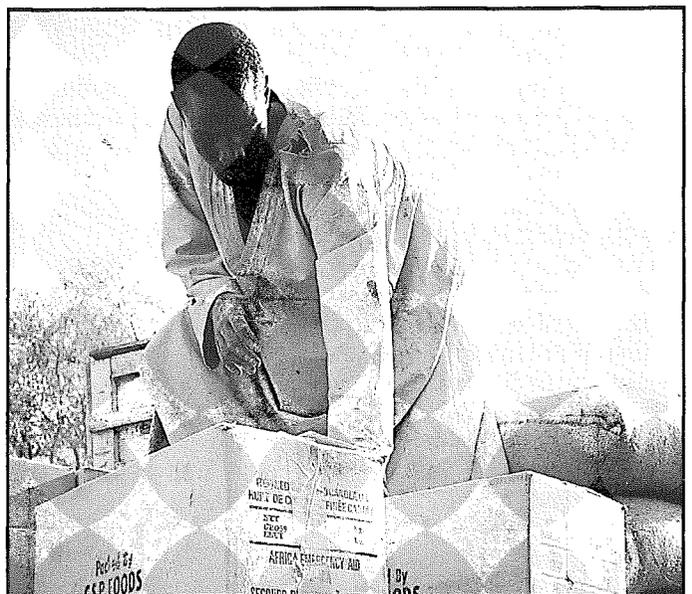
Without fortification, the ration is deficient in vitamin A, C and some of the B complex vitamins, as well as lacking in iron and other trace minerals. The food provided is often old, and in addition has to be transported long distances. Vitamin C in particular is unstable chemically, which has resulted in further depletion of its content in the food. One means of acquiring all the vitamins necessary for a healthy diet is local cultivation or acquisition of fresh foods to supplement the basic ration. The outbreak of deficiency diseases in different refugee populations around the world is evidence that this is not always possible. For example, an outbreak of scurvy in camps in Somalia was directly related to the closure of the local market. Scurvy continues to be a problem in Eastern Ethiopia. Pellagra is a problem in southern Africa amongst displaced Mozambicans, and iron-deficiency anaemia among women and children is an on-going and widespread problem in many different countries (UNHCR 1989)

Is the lack of variety in the ration a problem?

The lack of variety in the ration can be a problem if the combination of foods do not in themselves constitute a balanced diet. More generally, the lack of variety in the diet means that less will be eaten: although this is sometimes described as 'fussiness', refusal of food under a monotonous diet has been proven to have a physiological basis.

What factors determine what types of food are distributed to refugees?

Little success has been achieved in matching food supply to what refugees actually need for a balanced diet. The food distributed is based more on the surpluses available in the West than it is on the requirements of refugees themselves. In the past western Governments were keen to get rid of surpluses, but now that these are declining, food aid must increasingly be purchased. Most Governments seem somewhat reluctant to do this. The overproduction of milk in the West resulted in huge surpluses and a consequent storage problem. Therefore western governments have been eager to donate their unwanted dried skimmed milk as a protein source to refugees, despite the known problems associated with its use. A recent study in Pakistan showed that 75% of the tested samples of made-up milk had dangerously high levels of pathogenic bacteria. Secondary contamination from container handling was widely evident even after the water used in reconstitution had been boiled (WFP 1989). Unless fortified, DSM contains no vitamin A, if overdiluted it has little nutritional value, and if over concentrated, the high levels of protein and sodium can cause renal failure and even death. Its use is generally associated with acute diarrhoea and dehydration. The dangers of using it as a substitute for breast milk are particularly critical. The campaign, since the late seventies, against commercial manufacturers marketing the product, has not prevented



Boxes of food aid oil being unloaded in the Red Sea Province

Photograph by OXFAM

western Governments from distributing the milk in the form of food aid.

Why don't international agencies provide more and better quality food?

The inadequacy of the rations actually received is partly due to the financial constraints of international agencies. Western governments are not providing adequate funding. US expenditure on refugees has fallen from \$20 per refugee in 1985 to approximately half this value at present. This has affected both UNHCR and WFP amongst other UN agencies. The number of refugees under UNHCR's care has risen from 10 million in 1985 to 15 million in 1989. This 50% increase in the refugee population has been matched by a mere 25% budget increase. The 1990 budget is deficient by an estimated \$74 million as only \$380 of the \$414 required has been pledged, and \$40 million of this will have to cover deficits from 1989 (Winter, 1990). WFP is in a similar situation, its operation being additionally hindered by the decreasing availability of surplus food in the West and reluctance on the part of donors to meet quotas on time (WFP Report submitted to, CFA 1989)

Just how severe is the problem?

The consequences for refugees of eating only the food which is distributed to them can be very severe when they are unable to supplement the ration. High levels of mortality and morbidity have been reported from some settlements in Malawi, Sudan, Zambia, Somalia and Pakistan (UNHCR 1989). There have also been epidemics of vitamin and mineral deficiency diseases (see above). For example, one extreme case was amongst Somalis in Hartisheik camp in September 1988 when there were malnutrition levels amongst children (ie less than 80% weight for height) of 13.5% but by March 1989 these levels had risen to 26.4% (see 'Nutritional Status of Somali Refugees - Eastern Ethiopia, September 1988 - May 1989' in *Morbidity and Mortality Weekly Report* July 7 1989 vol 38/ no 26.) But in Malawi, Zambia, and the Changai district of Pakistan the nutritional status of refugees is also deteriorating (UNHCR 1989). Ethiopian refugees in Eastern Sudan and Somalia are reported to have been receiving as little as 1100 kcal (Toole *et al*).

How is the problem assessed?

In recent years, many more child nutrition surveys levels are undertaken in refugee camps, but these alone can fail to reveal the severity of nutritional problems. If the mortality rate is not measured in conjunction with the nutritional status of a population, a stable level of malnutrition over time can give the false impression that conditions are not deteriorating. In fact, mortality may be rising: as the most severely malnourished die, they are replaced by previously healthy children. This was the case in Fau camp in Sudan where stable but high levels of child malnutrition (26-28%) masked the fact that over the three months between measurements, 13% of all children under the age of 5 had died. Although measles and diarrhoea were cited as the major killers, the high mortality rates of these diseases can sometimes be attributed to a low nutritional status. Because

nutritional surveys are ambiguous, they can be used to justify contradictory strategies. (For a further discussion of this problem see Nieburg, P. *et al* 1988).

Additionally there are double standards: in Africa, malnutrition levels of up to 10% are sometimes deemed 'acceptable' (as these are said to correspond to levels among local populations), but cases of even a single child in such a condition in the UK are considered so outrageous as to be newsworthy.

Who is responsible for providing food?

This can best be answered by quoting from an RSP document 'Responding to the Nutrition and Health crisis of Refugees: the Need for a New System'.

'The existing international relief system allocates no specific responsibilities for preserving the physical welfare of refugees. Currently this responsibility lies with the host government, the sovereign power. The mandate of the Office of the UN High Commissioner for Refugees (UNHCR) imposes no requirement nor responsibility to ensure the physical welfare or even the survival of refugees. World Food Programme (WFP) is the UN organization upon which UNHCR often relies for the major part of the food ration for refugees. Usually, when refugees are supported through bilateral relationships with the host government, donors respond to UNHCR and WFP requests according to their own policies. Responsibility for refugees' physical welfare therefore lies with the host government, which usually has few material and technical resources of its own. Linked to these problems, there is no formal system for evaluating the welfare of refugee populations, and therefore no system for identifying problems and where and how improvements need to be made. Where the host government does not, for whatever reason, co-ordinate the work of external agencies, co-ordination often does not occur. This often leads to a failure to ensure that all basic services are adequately provided.'

The institutional arrangement of these actors and the various NGOs involved are both varied and complex - allowing much scope for confusion: efforts can often be uncoordinated, with duplication of effort as well as gaps.

Couldn't food be fortified?

Fortification may be a practical solution in the short term to alleviate some of the nutritional deficiencies (Harrell-Bond, *et al* 1989, Henry, C.J.K 1990). If a suitable food is fortified, the process is relatively straightforward and cheap. Given the logistical problems of transporting rations to refugee camps, it may be more practical than trying to move fresh food in emergencies. For example, following an outbreak of scurvy in camps in Somalia, a suggestion was made to distribute limes to the affected populations. This proved impractical due to the large numbers required (1 million per day) and the inaccessibility of the camp (over 800 miles from the supply). However, fortification will not solve the problem if the basic ration is inadequate. In the same example in Somalia,

fortification of the oil or sugar components of the ration would have been one of the most feasible solutions, but neither of these items were being regularly received.

Fortification should not be a substitute for supporting refugees in their own efforts to acquire a more balanced diet. These include strategies such as cultivating vegetables, barter, exchange and trade of food rations, and other income generating activities. The viability and nature of the options open to them will depend on the constraints and opportunities provided by the local environment. Efforts should be made by relief programmes to give maximal scope to these activities (Wilson *et al* 1989).

This article was compiled by **Birindar Jackson** and **JoAnn McGregor**, based on material presented in a stimulating course given at the Refugee Studies Programme by **Dr Jeya Henry** entitled 'Introduction to Nutritional Issues'.

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CURRENT INITIATIVES AND USEFUL RESOURCES

UNHCR policy guidelines for the safe use of milk products

Following the documented evidence of the health risks associated with the consumption of dried skimmed milk (DSM) in refugee situations, UNHCR has now issued policy guidelines for the distribution and use of milk products used in feeding programmes. UNHCR will accept, supply and distribute DSM under certain conditions, some of which are listed below: it should be used under strict control and in a supervised environment; it should not be used as a substitute for breast-feeding (when breast-feeding is not possible, suitable breast-milk substitutes must be provided); when used as a dietary supplement, it should be centrally pre-mixed, for example with a suitable cereal flour.

UNHCR training video

UNHCR is in the process of developing a training video series entitled 'How to Conduct a Rapid Nutritional Status Survey in Refugee Situations'. The training set will include four videos which cover the areas of preparation and planning, principles of anthropometric measurement, sampling, and data analysis and interpretation. The videos will be accompanied by a users' manual describing step by step procedures for rapid assessment of malnutrition in refugee populations. The complete training set is expected to be available from UNHCR by the end of the first quarter of 1990.

UNHCR Discussion Paper on Nutritional Deficiencies

This paper, 'Options to Alleviate Nutritional Deficiency Diseases in Refugees', documents the range of nutritional deficiencies which refugees suffer from, their causes, and those groups particularly at risk. This is followed by a consideration of the options for preventing deficiency diseases. It discusses the advantages and disadvantages of: distributing vitamin and mineral supplements through tablets; distributing fresh foods; monetization of relief foods; and fortifying food items with the lacking nutrients.

The above UNHCR publications can be obtained from:

Angela Berry
Technical Support Service
UNHCR, Palais des Nations
CH-1211 Geneva, Switzerland

SCN News

Current information of developments in international nutrition can be found in *SCN News*, published by United Nations Administrative Committee on Coordination - Subcommittee on Nutrition, 20 Avenida Appia, CH-1211 Geneva 27, Switzerland.

Health Lines, published by OXFAM, also covers nutritional issues. (See UPDATE)

REFUGEE STUDIES PROGRAMME NUTRITION SYMPOSIUM

A nutrition Symposium, 'Responding to the Nutrition and Health Crisis of Refugees: the Need for a New System', is being organized by the Refugee Studies Programme and co-sponsored by Save the Children Fund (UK); Department of Human Nutrition, London School of Hygiene and Tropical Medicine; Medecins Sans Frontières (France); Medecins Sans Frontières (Belgium); MSF Holland; and International Rescue Committee (USA)

Participants will include academics, inter- and non-governmental humanitarian agency staff, representatives of donor and host governments, multi-lateral donor agencies, other political leaders, and professionals from developing countries and refugee communities.

The objective of the Symposium is to establish the dimension of the current material and welfare problems of refugees in developing countries with an emphasis on Africa where the problems are the most serious. The keynote address will be on the right to food. Case studies on the situation in specific refugee populations will be presented.

It is intended that the Symposium be considered as the first stage of a process leading ultimately to a system which can ensure the physical survival and welfare of dependent refugee populations. The Symposium will conclude with recommendations for the next steps which are required to install a new system.

The Symposium will take place from 17-20 March 1991. Those interested in attending or submitting a paper please write to:

The Symposium Organizer, The Refugee Studies Programme, Queen Elizabeth House, 21 St Giles, Oxford OX1 3LA, UK

FORGOTTEN IN THE MAZE

In the following article, **Berhane Woldegabriel** discusses some of the bureaucratic problems in the Sudan which prevented refugees from receiving food and resulted in much unnecessary suffering. The case of Sudan is by no means an exceptional one, but if the causes of such delays can be identified at a national and international level, then perhaps something can be done about them.

Of the 37,000 metric tonnes of wheat that arrived in Sudan for refugees in 1988, only 15,000 metric tons (less than 41%) had reached refugee settlements by February 1990. NGOs in the reception camps officially notified the Sudanese Commissioner for Refugees (COR) that the shortage of food was undermining their services and projects. In the three Shagarab reception centres of 49,500 Eritreans, there was no relief food for five months from July to November 1989. The United Nations High Commissioner for Refugees (UNHCR) and World Food Programme (WFP) - the two major international institutions involved - themselves state that there was no food distributed for three months. To appreciate the reasons for the delay, the bureaucratic maze of procedures has to be traced which surround food aid after its arrival in the Sudan. The unavailability of food in the settlements can be attributed to the involvement of large numbers of different institutions, none of which take overall responsibility, and yet each of which can easily put the blame on the other and escape accountability.

Exchanging donated food for local grain

Refugees do not receive their food aid from donors directly. Instead, wheat is provided to the Sudan Government for sale or exchange against local grains, an arrangement which requires complex administrative manoeuvres. When the WFP wheat arrives in Port Sudan, it is handed over to the Ministry of Commerce to be exchanged for *dura* (local sorghum) at a ratio of one to one. If, however, there is no local cereal available, the wheat is bought in local currency at the official price. Sometimes the arrangement can be favourable for the Government, for example, in 1989 donated wheat was bought from WFP at £2,800 per ton of flour when the market price in Khartoum was £8,000. The Ministry of Commerce is responsible for making the agreement, but then writes to the Ministry of Finance and Economic Planning to organize payment to WFP (in either cash or *dura*). This takes time, because the Ministry has to involve one of its semi-autonomous departments, the Agricultural Bank of the Sudan (ABS). In 1988 the ABS had an outstanding debt of £5 80m with its own Ministry! Hence it is now insisting on cash payment rather than the former letters of guarantee.

The terms of the agreement are reviewed annually, as local grain prices are subject to extreme fluctuation. The prices are fixed on the previous year's prices: in one case, these rose 120% in 6 months, and the ABS made a considerable profit out of the transaction.

Port clearance

Port clearance involves another institution, the Food Aid National Administration of the Ministry of Finance and



Two years after the delivery of wheat in Sudan, only 41% had reached the refugees

Photo by OXFAM

Economic Planning. Donors complain about the 2% 'Port Services Charges' levied on the total cost of the consignment of 'free' food.

Poor quality of donated food necessitates testing

Further delays are caused by the requirement that all food aid must be laboratory tested before release. The procedure is a necessary one as the food donated is often poor quality. There have been instances when catastrophes have been avoided by the interception of inedible food in this way. Often food carries no expiry date and when it does, the expiry date is often already past. Expiry dates when they are indicated, are not always reliable as the rate at which the food deteriorates depends on factors such as handling, quality of storage facilities and climate. Responsibility for this lies with the Ministry of Health, and the food samples are sent from Port Sudan, 1200 km away to the overburdened Central Medical Laboratory in Khartoum. This can cause long delays - certificates from samples sent from Port Sudan in October 1989 had still not been issued in March 1990. There was one case where milk

powder passed its expiry date whilst waiting to be analysed. There is no immediate possibility of a new laboratory sited in Port Sudan.

UNHCR assumes the coordinating role of the host government

UNHCR is supposed to work with its local partner organization, the Sudanese Commissioner of Refugees. The latter is the implementing agency using funds derived largely from the former. However, a precedent was created in 1985-6 when UNHCR assumed the role of both funder and implementer for the emergency food operations in East Sudan. Since this was not queried, the same 'arrangement' was extended to the relief programme for Chadian refugees in the West.

Assessment of the food situation in Sudan and the need for relief food are made by the 'Food Assessment Mission', comprising officials from UNHCR, WFP and the Sudanese Commissioner for Refugees. They are also responsible for

determining the content and weight of rations to vulnerables (i.e. the elderly, pregnant and lactating women, children) and those new arrivals who are confined to reception centres and hence entirely dependent on relief food. These rations seem to be determined unilaterally by UNHCR for example, vulnerables in Western Sudan have had their quota cut whilst in Eastern Sudan the ration has been increased.

Transporting the food

COR's logistics unit (CLU) blames UNHCR for failing to provide the necessary supplies and funds for running the vehicles. UNHCR for its part, blames CLU for hiring out its trucks commercially to rich merchants when their sole function should be confined to transporting food to settlements. It also says it does not have the additional funds to give CLU for maintaining the vehicles. CLU finds this difficult to believe as last year UNHCR funded its own costly transport operation of food to Nyala. Before UNHCR will release further funds to CLU, CLU must submit a financial report on previous installments paid for transport operations (according to their agreement). CLU claims that this has already been done. Irrespective of who is right, refugees suffer as a consequence.

Distribution in the settlements

WFP and COR discovered that in some camps such as Wad Sherife the supposedly 90 kg sacks of *dura* for distribution weighed on average only 67 kg. Evidence points to disappearance of grain from the store rooms in the settlement, but a full investigation is still underway.

If action is not taken to remedy these problems, refugees will continue to suffer. Monitoring of distribution programmes combined with genuine coordination and accountability to refugees are a prerequisite of finding a way out of the maze.

Berhane Woldegabriel, himself a refugee, works as Information Officer for the Information Unit of the Sudanese Commissioner for Refugees.

The Information Unit of the Sudanese Commissioner for Refugees aims to meet the crucial need for accurate and up-to-date information on refugee issues. It aims to promote regular communication between the different groups involved in refugee assistance, as well as with those not directly involved, but who may nevertheless have opinions and interests which affect operations. The task is a sensitive one, as such issues can be surrounded by prejudice and misinformation, and many different interests are at stake. In actively addressing these problems, and trying to mitigate the potential conflicts generated through poor communication, the Unit is building up a valuable body of experience and material.

For further information contact:
COR
PO Box 1929
Khartoum, Sudan

REFUGEE STUDIES PROGRAMME

FOUNDATION COURSE OF STUDY

1990-91

Michaelmas Term

(7 October-1 December 1990)

'Field Methods in Social Research 1'

'Refugees in the Contemporary World:
an Introduction'

'International Refugee Law'

Hilary Term

(13 January 1991-9 March 1991)

'Field Methods in Social Research 2'

'Refugees and Psycho-Social Issues'

Trinity Term

(21 April 1991-15 June 1991)

'Refugees and International Relations 3'

'Refugees, Aid and Economic Development'

REFUGEE POLICY IN JAPAN THE REFUGEE QUANDARY



No one had imagined that refugee-jammed boats might come to Japan directly

Photo by OXFAM

The first rickety wooden boat drifted onto a tiny island off Kyushu on 29 May 1989. It carried 107 'boat people'. The islanders took pity on the refugees, whom they assumed had sailed all the way from Vietnam, and fed them. Little did they suspect that all the people were in fact Chinese posing as Vietnamese refugees. Neither did anyone know that this was only the first in a wave of boats packed with both Chinese and Vietnamese that were subsequently to reach Japan.

Since that day, 2,804 boat people have reached Japan. The government had permitted Indochinese refugees rescued off Vietnam and coming from camps in Southeast Asian countries to enter Japan, but no one had imagined that refugee-jammed boats might come to Japan directly. Officials were concerned about how to handle these people, and the discovery that the majority of them were Chinese complicated the situation. The Chinese had struck out for Japan in search of work, making it impossible to classify them as legitimate refugees. Their presence and their motives brought into focus the tough issue of Japan's stance concerning foreign labourers.

The influx of refugee boats also directed attention to the inadequacy of Japan's refugee policy. It raised the important question of under what conditions Japanese society should open its doors to foreigners. To examine the contradictions and problems in Japan's refugee policy, and to observe how the Japanese public reacted to the new situation, it is necessary to go back eleven years to when Japan first permitted refugees to settle in the country.

The international definition of a refugee is a person who, for reasons of race, religion, nationality, political opinion, or membership of a particular group, has a well-founded fear of being persecuted. Circumstances encountered by refugees - for example, where war or other disturbances prompt huge numbers of people to flee at the same time - make it impossible to judge whether each individual fits the definition. This is why the United Nations High Commissioner for Refugees (UNHCR) assists displaced persons, even though they may only loosely fit the definition. Initially adopted to facilitate the processing of political refugees in Europe during the cold war,

the UNHCR policy was applied to displaced persons from developing countries in the 1970s.

From the middle of the 1970s, the tragic plight of Vietnamese refugees attracted world attention as droves of people escaped from the peninsula. Japan, however, hesitated to offer even temporary asylum because it lacked the proper legal and physical infrastructure and because public awareness of the need for action by Japan was wanting. After making the necessary legal and other preparations, Japan was finally ready to accept Indochinese refugees for resettlement in April 1979.

In spite of the UNHCR umbrella policy, Japan processes Indochinese refugees and those from other areas under different legal frameworks, following UNHCR guidelines for Indochinese and domestic law for non-Indochinese. For humanitarian reasons, Japan accepted the waves of Vietnamese boat people who reached their shores; it could not turn them back to sea. Public sympathy for the refugees and, more important, international pressure worked together to facilitate the welcome extended then - and now - to Indochinese refugees. In contrast, Japan has been traditionally unsympathetic to political refugees from other areas of the world. Only a small number of these people trickle into Japan, and they do not have the economic ties to Japan that Indochinese refugees have. Consequently, more Indochinese than other refugees have been able to resettle in Japan. Since 1979, the government has allowed a total of 6,337 Indochinese refugees to resettle. Between 1981 - when Japan signed the United Nations Convention Relating to the Status of Refugees and, like all other signatories, incurred the obligation to admit refugees - and October 1989, Japan has recognized thirty-eight non-Indochinese persons as refugees and issued them residence permits.

In 1979, Japan initially set a quota of 500 Indochinese refugees for resettlement. (The quota is now 10,000.) But judgement as to which refugees were acceptable for resettlement was based less on their fear of persecution than on whether they could be self-supporting or had previous ties with Japan. Statistics as of October 1989 show that refugees resettled so far include 4,380 Vietnamese, 878 Laotians, and 1,079 Cambodians. Other Indochinese refugees in Japan now are people who want to resettle in other countries, such as the United States or Australia. These persons, numbering 2,177 as of October 1989, are classified as first asylum refugees and are housed in first asylum centres throughout the country.

Persons accepted for resettlement spend four months learning Japanese in refugee resettlement centres in Kanagawa and Hyogo prefectures. Upon leaving the centres, they are helped to find jobs. Because the Japanese economy is now strong, small and medium-sized companies are vying for access to this pool of labour.

To determine how the Indochinese refugees were adjusting to life in Japan, the Ministry of Justice conducted a survey of

refugees in 1987. The survey questioned the extent of refugee self-sufficiency and refugee relationships with co-workers and neighbours. Survey results revealed that 5.9 percent of respondents were on welfare, a figure 7.4 times higher than the average for Japanese nationals. This percentage seems rather high, but it was much higher among recently repatriated war orphans from the People's Republic of China. The refugees had a favourable reputation at work and in their neighbourhood. The Ministry, which for reasons of security had been the most reluctant to accept refugees for resettlement, concluded in its report that '[the refugees] are contributing to society and, in general, adapting well.'

Even though Japan dragged its feet in loosening guidelines for accepting Indochinese refugees for resettlement, the fact that it did accept them was noteworthy. Now the government system for assisting Indochinese refugees to adapt and settle in Japan is relatively well-established. Organized public assistance for refugees from other areas, however, is nonexistent. Ministry of Justice figures show that, until now, 850 persons have applied for refugee status but, as mentioned before, only thirty-eight non-Indochinese have been recognized as refugees.

The present legal system and the way it is applied is responsible for this lopsided number. For non-Indochinese, all proof that one is a refugee must be supplied by the individual, but testimony by the individual is not admitted and concrete evidence is demanded. As Ito Kazuo, a lawyer with the Japan Civil Liberties Union, points out, 'It is unreasonable to demand proof of membership in anti-government organizations from persons fleeing because they fear persecution.' In addition, an adjudication process normally takes six months to one year or more. In the meantime, the refugee has no place to live and no job. Not infrequently, the refugee's visa expires before a decision is reached. If the refugee is dissatisfied with the decision, he must appeal to the Minister of Justice, who has just rejected the application, and not to an impartial third party.

To stop the flow of Indochinese boat people, in June 1989 the International Conference on Indochinese Refugees and Asylum Seekers in Geneva decided to introduce a screening process. This does not address the plight of thousands of Iranians and Afghans who have applied for refugee status and are in more immediate danger of political persecution. Japan's strict interpretation of its resettlement laws forced an Iranian whose asylum claims had been refused to apply to Australia. An immigration official told me that recognizing a person as a refugee is one thing, but accepting him for resettlement is quite another. Japan's stance amounts to a de facto exclusion of refugees. Tightening the screening process for Indochinese refugees without taking steps to implement less stringent guidelines for processing non-Indochinese refugees lacks balance from a humanitarian viewpoint.

These issues have never been widely discussed in Japan, partly because Japanese have a preconceived image of refugees. In Japanese, the word *nanmin* (refugee) brings to mind war-

GOODBYE HOME COUNTRY

scarred, starving people, and Japanese tend to forget the original meaning of the word: a person who flees for refuge or safety because of persecution. Japanese aid for refugees focuses on helping overseas refugee camps by sending supplies; a lack of awareness exists that welcoming people fleeing their native lands into one's own community is refugee aid too. Refugee aid drives in Japan raise millions of yen in goodwill contributions, but xenophobic locals repeatedly oppose the opening of refugee resettlement centres in their neighbourhoods.

Unfortunately, even though eleven years have passed since the first Vietnamese refugees were accepted for resettlement, narrow-minded, exclusionist attitudes still exist. The arrival of Chinese posing as Vietnamese refugees led to a spate of magazine articles proclaiming that the government's lax guidelines for admitting refugees would destroy the country. Because of the fights between the Chinese and Vietnamese in transit centres, Immigration Bureau authorities, under the direction of the Ministry of Justice, decided to move some refugee groups to other locations, but they first had to contend with opposition from Japanese residents in the new areas.

Still, local movements are springing up to encourage Japanese to mingle with foreigners living in their communities. Today, some groups campaign for the protection of foreign workers' rights and assist foreign students and refugees, a phenomenon that would have been unimaginable eleven years ago. While some Japanese spoke ill of the Chinese posing as refugees, describing them as 'illegal entrants cashing in on our sympathy for genuine refugees', others took the view that 'with such great economic disparity between neighbouring countries, it is impossible to stop the flow of people looking for work and a better life.' Given the current labour shortage, business circles have spoken out in favour of accepting the new arrivals, something they would hardly have said eleven years ago.

Nowadays, more and more non-Japanese live throughout Japan. They come not just from the United States and Europe but also from Asia and the Middle East, lured by the promise of Japan, the world's economic giant. The changes that occur in society at large often work to alter people's attitudes. Japan, which has until now unquestioningly defined itself as a homogenous society, may be on the brink of having to accept a new self-image as a society composed of people of diverse origins. It can foster that image by acknowledging the beacon of hope that it is for refugees and labourers alike - and acting accordingly.

Mizuno Takaaki

Mizuno Takaaki is a staff writer for the Asahi Shimbun. He is currently interested in minority problems.

'The Refugee Quandary' was originally published in *Japan Quarterly*, January- March 1990.

The following is extracted from a personal account by Khoa Duong in which he recalls some harrowing experiences in his flight from Vietnam.

Finally, the intermediary came to let us know that we would be leaving next week. Two of my children had already left and were living in Britain. I was to go with my second, eleven year-old daughter.

My wife and I had decided to let our children escape from Vietnam for their future life and education. We couldn't accept that they should go through the Communist education which is aimed only at political propaganda and enslaves the mind, transforming people into a kind of working machine. Although I was looking forward to leaving, the news of our departure made me sad and worried. The day of separation was coming when I would leave my dear wife, two children and my old parents. I didn't know when I would meet them again. Together with the sadness was worry. I thought of the dangers, risks and hardships which the future might hold. I thought of prisons, hurricanes and pirates. I knew of all these things and accepted them as the price of freedom, so I was worried for my daughter rather than for myself as she was too young to know anything.

My wife prepared the necessary things for the journey. I only required a travelling bag with dried foods, some medicines and a change of clothes. When the day came to leave, I wished it could have been later. My wife got up early and burned incense and prayed to the ancestors for protection during our journey. My daughter and I got on the bus. My wife and I kept looking at each other. After fourteen years of living together, today was the day of separation. I hoped we would be reunited one day, but I knew that day would be very far away.

The bus travelled to the Southwest of Vietnam towards the Mekong delta. When we got on the ferry to cross the river, I looked at the banks of the river, at the villages with the thick green trees standing against the horizon. I said farewell to my beloved country and to my past. We met the intermediary at a crowded bus station and the next morning we went with him to the town market on the riverbank where we got on a boat which took us to the middle of the river from where we transferred to a larger boat of 30 x 8 metres. Above the door of the cabin the communist flag had been painted (red with a yellow star). I was told that this boat transported goods for the government but by arrangement with the organizers and the corrupt officers we would become some kind of goods to be transported to another province, that passengers would be secretly brought into the boat in groups of ten or twenty by day or night and in many different places. We were the first to board so had to endure tense moments when picking up other passengers. If someone discovered our secret we would be imprisoned.

We stayed on the boat for four days and it was like being in a small, crowded, hot room. We could not lie down, not even at night, as there was only enough room to sit. We were not

allowed out except to use the toilets at night. Food was brought to us. One night I got on deck and looked around. The surface of the water was very calm, like a mirror reflecting the lights of the houses on the banks.

On the third day aboard the last group of over 200 passengers embarked. There were many women and children. Some fell into the river and the children cried and shouted because it was so hot inside the boat. We felt certain we would be discovered. Finally the boat started for the estuary, about one hundred miles away, where we would be moved to another boat to leave Vietnam. We were covered with a huge cloth, like goods. There was not enough food for so many people, so some had nothing to eat. Moreover, when we neared the sea the water became salty so we did not have enough water either.

We reached the sea at about 11 p.m. and moved onto a waiting boat. When daylight came we could see that it was an old boat of 15 x 4 metres, used only for river travel. In order to take more people a second floor had been erected - for the 150 people underneath it was like being in a cellar. They could not stand, only sit, and were half suffocated for lack of air. On the upper floor there were another 150 people and here there was not enough room even to sit. We could not move and were pressed close together. About thirty people were told to sit on the roof. Twenty refused for fear of falling off and agreed instead to return home. The organizers were very cruel. In order to make money they put over 300 people on a boat designed to take 100. They gave us only 100 litres of water and forbade us to bring our travelling bags on board. Because of their greed, over forty people died during the journey, some from hunger and thirst, some of suffocation and others by falling into the sea.

For the first two hours the sea was calm, then it became agitated. Big waves made the boat swing and many people vomited onto others and often the boat was tossed to such an extent that we became very frightened. During the morning of the next day the sea became calmer, but it was so hot. The suffocation and thirst were unbearable. Little water remained and the boat was too crowded to distribute what little we had. By now we were in international waters and hoped to be rescued by a ship from another country. After two hours we saw a ship in the far distance. Merrily we waved to it with a piece of red cloth but it was a fishing boat of the Vietnamese government. They threatened to take us back unless we gave them thirty pieces of gold (about \$600 each). We managed to collect twenty pieces with some money in US dollars. They then allowed us to continue our desperate journey giving us 60 litres of water.

By the next morning we had run out of water again and several people had died. Every hour more and more died and we threw their bodies into the sea. There was one terrible night when about twenty people died. We heard crying and shouting. One mother lost her two children and threw herself into the sea. Around me were four corpses but we were too weak and tired

to throw them overboard. Many now drank sea water and even urine.

At 2 p.m. we saw an aeroplane and waved to it with a red cloth. It seemed to see us but then flew off and we were disappointed. There was fighting between some of the younger men who thought the water distribution had been unjust. Some destroyed the pumping system of the engine and it stopped working. The pilot left the steering wheel and everyone felt that death was near. An hour later we saw a Thai fishing boat approaching. They tied our boat to theirs and pulled us along. We were happy although we did not know where we were being led to. At 6 p.m. we saw an American ship which stopped near us. It was a warship painted on the front with the letters DDG 12. We were now back in the world of the living and not in the middle of the ocean surrounded by death. A small boat came from the ship towards us and when it drew near I told the sailors that we would have died in two days as we had run out of food and water and the engine had broken down. One sailor boarded our boat but on entering the cellar he withdrew immediately letting out a cry of disgust. The smell was too much for him.

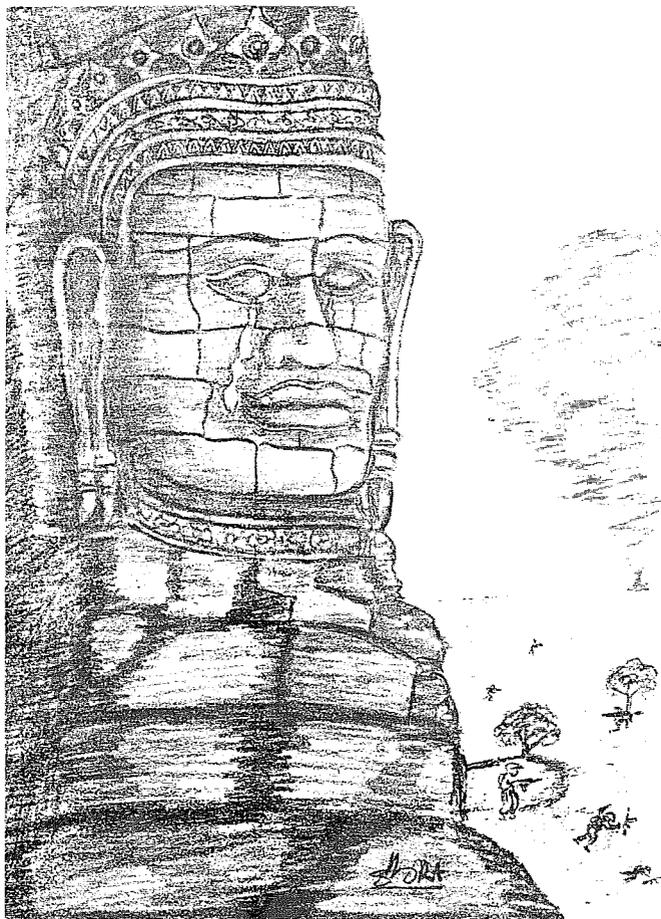
We all eventually boarded the American ship. About thirty unconscious people were carried onto the ship. They were all cared for and given medical treatment and recovered about ten days later. Only two were unable to escape death and were buried in the ocean. Altogether we lost forty people. Two hundred and sixty people were rescued. We were able to have a bath and change our clothes - the sailors gave us their clothes. My feelings now were of extreme happiness and the day was 12 December 1980.

We stayed on the American ship for four days and on 16 December we were taken to Thailand where we waited to be resettled. On 12 May, 1981 I arrived in England to be reunited with my two children and we are now resettled. We enjoy a happy life here and I am not ordered to do many things in the name of a certain doctrine. My children receive a good education which respects and develops human personality, very different from the one which aims to transform children into slaves, tools to serve the foolish intentions of ambitious men.

We thank you, the British people, for accepting and protecting us here, in this land which we would like to consider our second country. Vietnam, our home country, we hope to see you again some day, though that day is very far away. Goodbye.

POETRY

POEMS FROM THE THAI-CAMBODIAN BORDER



THE WAR IN CAMBODIA DOES NOT ONLY MAKE PEOPLE WEEP BUT ALSO THE STONES

Day Dream

*I remembered a beautiful day,
When I went to visit Uncle,
Who stayed at Mondolkiri,
With my young girl friend, by car.
Along the long way driving
I saw cornfields and some cows.
They were eating in fields of green grass
Behind villages near mountains.
On the main street through forests
My car ran fast up and down
Among the crowds of mountains
Sometimes it ran beside the streams.
In the morning I saw nothing there.
Only, I could see thick fog
Covering the mountains and forests
And the area was so cold*

Phok Kosal

As the Tears Fell Down

*I paraded the corpse to the funeral.
I joined with all the neighbours to help
Them. They carried him to the funeral
And I was very sorry for his family
He had seven children and his wife cried.
All the monks gave a sermon
While I remembered a small poem
Like this:
The rich are still rich very much
The poor are still poor very much
The tiger is still tiger
The cock is still cock
The mango is still mango
It cannot be an orange
The power is still power
The lower is still lower
The greater man can't see the lower
Oh! Leaders ought to help civilians also
Oh! Civilians must obey the law
Oh! Rich ought to pity the poor
Oh! Poor must keep the poor
When I remembered this poem, it made me miss
Kampuchea. As the tears fell down, I awoke.*

Kong Hi

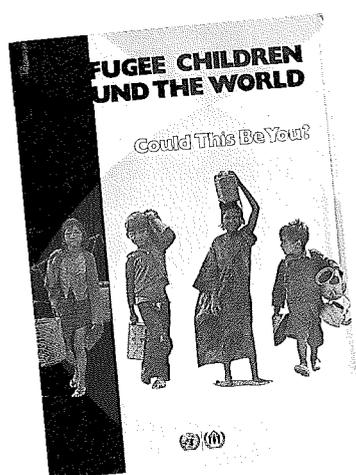
In My Dreaming about the Ricefield

*When I was sleeping I dreamed of
going to the ricefield
When I arrived I saw a lot of cows
eating grass
And I rode along the ricefield dike
very, very happy
And there were many people transplanting.
At that moment I saw a man take his
Flute and go towards the hills.
He was very sad because his ox had died
And I walked along the ricefield dike.
I saw a lion roar
And it was playing the flute under a tree.*

So Vantha

These three poems, written by refugees from Site 2 Refugee Camp on the Thai-Cambodian Border, have been extracted from a hand-produced book of poems sent to the RPN by Liz Bernstein who works in Thailand. The poems are all remarkable, the more so when one considers that they are written by students of English as a second language. Many reflect the dream of returning to Cambodia only to awaken to the stark surroundings of Site 2.

REVIEWS



Refugee Children Around the World, (1988) published by UNHCR, Palais des Nations, Geneva, Switzerland.

Guidelines on Refugee Children, (August 1988), published by UNHCR, Palais des Nations, Geneva, Switzerland.

These two publications both have very practical objectives. *Refugee Children Around the World* is an attempt to help children and young people understand the problems of their peers in refugee situations.

It does this by providing a number of relatively short sections on various parts of the world, e.g. Argentina, Honduras, Pakistan and Canada. Very simple and clearly drawn maps intersperse the sections in order to give a sense of how refugee children and young people are widely distributed across the world.

Each section focusses on a named child of whom there is a picture supported by photographs of places and people connected to the child's life. The section then very briefly relates a few facts concerning the events which led to the child becoming a refugee followed by an equally brief account of the kind of life the child leads as a refugee. Finally the passage ends by inviting the child readers to answer questions based on the text, some of which invite them to try to empathize with the refugee child's experience.

Superficially, this publication is attractive and it conveys a certain amount of information which, if reflected on, might enlarge the child reader's understanding of being a refugee. However, the publication is too superficial and bland to affect attitudes very much or to increase understanding by stimulating imagination. There is no feeling of the grief, despair and desperate loss inevitably involved with being a refugee. Moreover, the descriptions of the refugee children's lives give the impression that life is not too bad and the reader could be forgiven for thinking that it was not so bad after all. This presumably is not the intention of the book.

The print, colour, presentation and pictures in this publication are attractive, but it has severe deficiencies if it is intended to open up understanding.

Guidelines on Refugee Children is a very different matter. It is intended to give substantial amounts of information for adults involved in providing services for refugees. The aim is to 'call attention to particular problems refugee children are facing and the policies that guide UNHCR action regarding children and to present guidelines to practical steps field offices can take to address their needs'.

The deals with definitions, the rights of children, determination of refugee status and issues like birth registration, nationality and statelessness. It then moves on to health and education issues, including special problems such as disabilities and mental health needs. Finally, particularly vulnerable groups of refugee children are considered, those who are unaccompanied, living with families other than their own and staying in camps for extended periods.

The document concludes with two annexes one of which stresses some of the important problems, e.g. increasing numbers of stateless children, the increasing violation of their human rights, and the need for proper information to be compiled about individual children. The other annexe usefully lists 'International Instruments' providing for the rights of children which would prove of value in preparing documents, arguing cases and establishing procedures.

By comparison with *Refugee Children Around the World*, this document is official in appearance and 'weighty' but it is packed with information, brings together such disparate issues as nationality rights and breast feeding. This illustrates clearly how complex work for refugee children really is. It could so easily be forgotten in the official battles over legal and territorial issues and the like, that what matters too is that a child is properly cared for, loved, protected, able to play, to have enough to eat of the right food to develop properly and a thousand and one other details which all add up to his or her total welfare.

This publication should be of value to many who are having to take on such responsibilities and although much of what it contains may be known to some, to have so much in one document must be helpful in reminding them of the true nature of the problems.

Barbara Kahan

Sweeter than Honey: Testimonies of Tigrayan Women (1989), by Jenny Hammond with Nell Druce, published by Third World Publications, 232 Cowley Road, Oxford OX4 1UH, price £19.95 hardback, £6.95 paperback.

When 200,000 Tigrayan people crossed the border to eastern Sudan in late 1984, little was known about the revolution being conducted in the 'liberated' areas of northern Ethiopia from which they came. The strongest impression among Western aid workers on the border was of a victimized peasantry fleeing a devastating famine. This ignorance of the Tigrayan revolution led to damaging errors of judgement in the administration of the refugee emergency programme. Not least of these was the attempt to prevent the refugees from voluntarily repatriating in 1985, on the assumption that Tigray province was 'eaten bare' and that without adequate external aid people would not survive the return walk to their home villages.

Today, the Tigrayan revolution and its vanguard organization, the Tigrayan People's Liberation Front (TPLF) are still subject to ignorance and misconception in the West. *Sweeter than Honey* is a well-written, important contribution to expanding knowledge about the remarkable achievements of this self-reliant, egalitarian movement. Working from the premise that a genuine revolution can best be judged by the importance given to the emancipation of women, the book uses personal testimonies to chronicle the socio-economic transformation in the lives of Tigrayan women since the TPLF was founded in 1975.

Tigray has a centuries old history of extreme poverty and feudalism, and a grim legacy of oppression of women. Under the administration of TPLF, women have been granted full equality under the law, including the right to ownership of land and divorce. Significantly, the more elusive aspects of women's oppression have also been addressed, such as the right of women to refuse sex, to prosecute in the case of rape, to refuse circumcision for young girls, and to actively engage in activities that were previously considered exclusively male domains, including ploughing the land and public speaking.

Sweeter than Honey is also compelling because it shows how these advances have been achieved - not through the enforcement of laws from the 'top down', but through the gradual chipping away at oppressive attitudes and practices in the context of a democratic system of local self-government. Throughout Tigray, mass associations of women, farmers, youths, and other sectors meet to discuss their problems and suggest policies for social and economic development. These policies are in turn implemented at local level through the *baitos*, or 'people's councils', whose members are elected by the peasants themselves. Within the TPLF the Women's Fighters Association of Tigray provides an exclusive and powerful forum for women fighters to meet and discuss problems particular to them, as well as their contribution to the revolution overall. Thirty per cent of TPLF active combatants in the war against the Ethiopian central government are women; many of them are battalion commanders.

Sweeter than Honey goes far towards dispelling the myth of the 'helpless' refugee by demonstrating how a society that is desperately poor in material resources can still be immensely rich in organization, solidarity and dedication to its own improvement. Three years after the great famine of 1985, 170,000 Tigrayan refugees had successfully repatriated home from Sudan, almost exclusively on their own resources. By providing a framework for positive struggle, the revolution has enabled the Tigrayan people to overcome the combined effects of fifteen years of famine and war, while still retaining their enthusiasm and sense of humour. Western ignorance of these facts about the Tigrayan revolution is no longer excusable.

Barbara Hendrie

Working with Refugee Women: A Practical Guide (1989), written by Ninette Kelley for the International Working Group on Refugee Women, 150 Rte de Ferney, CH-1211 Geneva 20, Switzerland. 174 pp.

In November 1988, 150 participants from 40 countries gathered together in Geneva for the International Consultation of Refugee Women to discuss the needs and resources of refugee women. Most were from NGOs and had direct experience in working with refugee women while one-third of the participants were themselves women refugees. This well-presented and informative guide draws on material from the presentations and discussions of the Consultation.

The Guide is broken down into five main themes: protection, health, employment/development, education and cultural adjustment. Reviews of these issues are followed by lists of conclusions and practical recommendations. The appendices comprise selected UN documents on refugee women, summaries of some of the papers presented and a list of participants including contact addresses. Throughout, personal case histories, photos and material written by refugee women liven the text.

To take just two examples of the issues covered: 'Refugee Women and Protection', and 'Refugee Women and Health'. The former is divided into two sections. The first deals with the insufficient protection for women refugees provided by current criteria and practices determining refugee status. Women refugees who have suffered cruel or inhuman treatment for reasons related to their sex are often denied the protection that refugee status affords. Secondly, it points out the physical vulnerability of women refugees who do not enjoy permanent resettlement. The rape, abduction or murder of refugee women in the Gulf of Thailand, or the situation of many Eritrean women in eastern Sudan who have been forced to provide sexual and other favours to secure protection are just two of the examples given. Discrimination in areas of employment, education and access to vital services are all highlighted.

The section on health largely concentrates on women in long-term settlement and emergency situations in countries of first asylum. It first looks at the reasons for health differentials between men and women (preferential feeding practices, inequitable food distribution, the neglect of women's special nutritional requirements, health services that are inaccessible to women, sexual abuse and family violence) and then moves on to 'Designing Health Care with Women in Mind'. This covers such issues as food and diet, maternal care, family planning, women's specific health needs (e.g. gynaecological problems, circumcision disorders etc.) and mental health issues. The last part of this section covers guidelines for the planning and implementation of the health projects and stresses the need for the involvement of the women themselves in the design and implementation of all such projects.

This guide draws on a wealth of valuable experience and presents it in a practical and interesting way.

Mary Kilmartin

UPDATE

ORGANIZATIONS

The Research Organization of Tamil Eelam (ROOT) is a grass root organization in Tamil Eelam in Ceylon formed with a view to building up a planned and meaningful socio-economic structure. It aims to achieve a sustained improvement in the lives of the Tamil people, in particular the poor people, by undertaking research, implementing action plans and overcoming the economic crisis during the different stages of the Tamil people's struggle for freedom.

ROOT has assisted small initiatives and projects in areas such as animal husbandry, meat production for adults, milk for children, farming and agriculture, breeding of freshwater fish and prawns, and the setting up of small industries.

Following the closure of ROOT's office in Tamil Nadu in July 1987, part of the work was transferred to ROOT-UK. Subsidiary organizations exist in the USA, France, Norway, Australia and Canada.

The first issue of the *Journal of ROOT* has been published in the UK and contains articles on animal husbandry in Kilinochchi, nutrition and food issues, health, fish farming in Tamil Eelam etc.

For further information write to:
ROOT Head Office
8 Herm House
Clephane Road, London N1 2TP, UK
Tel: 01 359 2834

In 1985 the Guatemala Health Rights Support Project, an affiliate of the National Central America Health Rights Network, was established at the request of Guatemalan health care workers to help provide assistance to their people affected by the civil war.

The project has a two-fold mission: to educate people in the US about the critical health needs of the Guatemalan people; and to provide direct material and financial assistance to community health workers of the Guatemalan Health Movement and other selected programmes.

Activities have included: the setting up of a clinic in Guatemala City; the provision of medicines in refugee camps; special training courses on topics such as nutrition, agriculture, mental health and promoting women's health; the provision of material aids (sewing machines, school and office supplies and medicines) to Guatemalan women's groups.

For further information write to:
Guatemala Health Rights Support Project
1747 Conneticut Av., NW,
Washington, DC 20009, USA
Tel: (202) 332 7678

The Centre for Armenian Information and Advice (CAIA) was established in Acton, London to provide support for Armenian refugees through advice and information on welfare rights, the promotion of Armenian culture and education, the provision of a resource centre and library, and casework with the elderly, the unemployed and the homeless.

Armenian Voice is a free newsletter published by CAIA for the London-Armenian community. Written in both Armenian and English, the newsletter covers topics such as: English language courses; projects and housing for Armenian senior citizens; playgroup and summer outings for Armenian children; international cultural

festivals.

For information and free copies of the newsletter, write to: *Centre for Armenian Information and Advice*
Room 4, Capital House
Market Place, Acton, London W3 6QS
Tel: 01 992 4621/995 8953

The Commission for Eritrean Refugee Affairs (CERA) in Khartoum, Sudan became fully operational towards the end of 1988. A European Coordination Office has recently been set up in London.

CERA's mandate is: to provide Eritrean refugees with an institutional framework through which their legal, human and socio-economic rights as refugees can be promoted and protected; to provide counselling services; and to assist in cultural links with the refugees' homeland.

CERA has published a booklet, *The Eritrean Refugee Problem: Issues and Challenges*, that sets out the historical background to the refugee problem in Eritrea and CERA's role and objectives.

Those interested should write to:
CERA Head Office
c/o PO Box 8129
Khartoum, Sudan
Tel: 249 11 74175

or

CERA (Europe)
96 White Lion Street
London N1 9PF, UK
Tel: 01 837 9236

SERVICES

Education

MN Bilingual Publications and ESL/Bilingual Consulting Services publishes resource materials at all levels and provides consulting services for those working with Asian students/population.

The language and multicultural materials are obtainable in Cambodian, Chinese, Hmong, Japanese, Korean, Lao and Vietnamese. The Consulting Services include: Translation facilities; teacher training/staff development; cataloguing; special education services etc.

Catalogues of language, instructional and informational materials can be obtained from:
MN Bilingual Publications
5300 La Fiesta, Yorba Linda
California 92686, USA
Tel: (714) 692 2104

For information on the Consulting Services, write to:

ESL/Bilingual Consulting Services
PO Box 891
El Toro, California 92630, USA
Tel: (714) 951 7329

PUBLICATIONS

Emergencies

Disaster Preparedness in the Americas is the newsletter of the Emergency Preparedness and Disaster Relief Coordination Programme of the Pan American Health Organization (part of the WHO).

The newsletter contains articles of interest to health professionals and others responsible for various aspects of disaster relief and preparedness programmes.

Requests for the newsletter should be directed to:

*Pan American Health Organization
Emergency Preparedness and Disaster
Relief Coordination Programme
525 Twenty-Third St., NW,
Washington, DC 20037, USA*

Health

Health Lines is a quarterly Newsletter concerning general and personal health matters published by OXFAM. Written for the non-professional, issues contain short articles on such topics as 'Aids Update', 'Birth Control' and 'Women's Primary Health

Care' plus reviews on relevant health/medical books and a regular correspondence section.

To order write to:

*Health Unit
OXFAM
274 Banbury Road
Oxford OX2 7DZ
Tel: 0865 56777*

The Danish Medical Bulletin (DMB) Vol. 37 Supplement No. 1, January 1990 contains the first clinical thesis from the Rehabilitation Centre for Torture Victims (RCT) in Copenhagen on 'Medical Aspects of Torture' by Dr Ole Vedel Rasmussen. The chapters include: 'Types of Torture', 'Symptoms and Signs', 'Medical Involvement in the Practice of Torture' etc. Copies are free of charge for foreign medical institutions (on request) and may be obtained from:

*Danish Medical Association
Trondhjems gate 9
DK-2100 Copenhagen 0
Denmark*

If you are not already a member of RPN and would like to join, please fill in the tear-off form below and return it to RPN as soon as possible.

YES, I WOULD LIKE TO JOIN THE REFUGEE PARTICIPATION NETWORK

Name _____ Position _____

Address _____

Town _____ Country _____

Telephone/Telex?Fax _____

Main area of work experience (e.g. education, health etc) _____

Special interest group (e.g. refugee women, disabled etc.) or second area of experience _____

Geographical area of interest (e.g. Africa, Asia etc.) _____

Type of organisation (e.g. non-governmental, international agency, refugee-based, individual etc.) _____

*Please send to: Refugee Participation Network, Refugee Studies Programme,
Queen Elizabeth House, 21 St Giles, OXFORD OX1 3LA, UK*

The Rehabilitation for Torture Victims (RCT) also publish a series of International Newsletters entitled *Treatment and Rehabilitation of Torture Victims*. Vol. 1, No. 2/3 January 1990, for example, includes an article on 'Psychological Help to Children Victims of Political Violence in the Philippines: The Experience of the Children's Rehabilitation Centre'. Other articles are on new treatment centres and assistance for traumatised children in countries as far apart as Turkey and Argentina.

The newsletters are published free of charge and can be obtained from:
RCT

*Juliane Maries Vej 34
DK-2100 Copenhagen, Denmark*

Resettlement and Wellbeing, edited by Max Abbot, published by **Mental Health Foundation of New Zealand (1989)**. The contents of this book are drawn from a national conference, held in Wellington, New Zealand in May 1988, designed to identify the mental health and social needs of refugees and find ways to assist refugees and those who come into contact with them.

To order write to:

*Mental Health Foundation of New Zealand
PO Box 37 438, Parnell
Auckland 1, New Zealand*

Human Rights

The International League for Human Rights has published a paper, 'Human Rights at the United Nations: How Adequately are Refugee Issues Addressed?'

The paper by Roberta Cohen of the Refugee Policy Group was presented at a briefing session in New York for UN delegates sponsored by the International League for Human Rights. It proposes steps that might be taken to ensure greater protection for refugees and asylum seekers by UN human rights bodies.

Enquiries should be directed to:

*International League for Human Rights
432 Park Avenue South
New York, NY 10016, USA
Tel: (212) 684 1221*

Resource List

Viet Nam: A Resource List has been compiled by Doan Xuan Kien. Presented in two parts, it lists resources on the background of Vietnam, its history including the war, and resources on the experience and resettlement of refugees in the UK.

Obtainable from:

*Vietnamese Studies Centre
Resources Services
74 Swaffield Road
London SW18 3AE, UK*

FORTHCOMING CONFERENCE

The 6th General Conference of the World Council of Indigenous Peoples (WCIP) will take place in Tromsø (Norway), Samiland from 9-12 August 1990. The Conference will focus on the future of

indigenous people and provide a forum for the discussion of common problems, solutions and the sharing of experiences. Highlights of the four-day programme include cultural displays, song, dance and exhibitions of indigenous arts, crafts and literature.

Additional information and a detailed programme are obtainable from:

*Nordic Sami Council
SF - 99980 Ohcejohka, Finland
Tel: 358 9697 71351*

PAST CONFERENCE

The 2nd International Conference of Centres, Institutions and Individuals Working with Victims of Organized Violence was held in San Jose, Costa Rica from 26 November - 1 December 1989. The participants called upon all countries of asylum to adhere to the following basic human rights with respect to those applying for asylum:

- * the right to seek asylum in the country of his or her choice;
- * the right to full and fair judicial procedure for asylum application;
- * the provision of social and health care during the application process;
- * that asylum seekers should be detained or imprisoned only in accordance with laws applying to all members of the community;
- * that all members of the EEC should agree to meet these minimum standards following the economic union in 1992.

Resolutions of the conference can be obtained from:

*Loes van Willigen
Centrum Gezondheidszorg Vluchtelingen
PO Box 264, 2280 AG Rijswijk, Netherlands
Tel: (070) 340 7840*

FORTHCOMING COURSE

A six week course leading to a certificate on the 'Care of Children in War and Disasters' (orphans, abandoned and street children) will be held at the Institute of Child Health, London, from 20 August - 28 September 1990.

The aim of the course is to enable those responsible for planning and administering childcare services, and those involved in training community health and development workers to: extend their knowledge of child development; understand the effects of war and disasters on children and different ways of assisting children; and develop skills in planning programmes which attempt to meet children's needs.

The course is intended for people from different professional backgrounds, to enable them to work together and learn from each other.

Enquiries and applications should be addressed to:

*TCHU Short Course Secretary
Tropical Child Health Unit
Institute of Child Health
30 Guildford Street, London WC1N 1EH, UK.
Tel: 01 242 9789*

NEWS FROM RSP

PRACTITIONER TRAINING

Past and future courses

In November 1989, a two-week course in interpersonal skills and stress management was held for practitioners, managers, trainers and researchers involved in health and welfare work with refugees and asylum seekers.

Courses offered this spring include an intensive two-week training on Transcultural Sensitivity, covering problems of communication and interpretation, understanding bereavement, isolation and post-traumatic stress. Day seminars and workshops cover 'The Needs and Abilities of Settlement Workers and Counsellors' and 'The Law of Refugee Status', offered to professionals in the UK involved in assisting asylum seekers' claim processes. Response to the Practitioner Training Summer School in July has been so positive that the number of places has been extended to twenty-five.

The Course Training Officer, Anthea Sanyasi, is interested in hearing from all practitioners about their training needs.

FORTHCOMING CONFERENCE

The Refugee Studies Programme International Symposium, 'Responding to the Nutrition and Health Crisis for Refugees: The Need for a New System' will be held on 17-20 March 1991. (See p27 for details)

A Conference, 'Civil War and Displacement in Lebanon', organized jointly by the RSP and the Centre for Lebanese Studies will take place on 14-16 December 1990 at St Anne's College, Oxford. To attend, contact:

Dr N. Shehadi, Centre for Lebanese Studies, 15 Observatory Street, Oxford OX2 6EP, Tel: 0865 58465 or Professor E. Marx, RSP.

The Second Annual Meeting of the RSP's International Advisory Panel will be held on 2-5 January 1991. For further information contact: The Editor, Journal of Refugee Studies, RSP. Tel: 0865 270722.

RESEARCH

Ongoing research on displaced Mozambicans

Ken Wilson is currently developing a field research programme with displaced Mozambicans which will pursue the issues of livelihood, aid and economic/ecological impact. The current priority is to work inside Mozambique where about one third of the population is internally displaced. Requests have been received from several agencies and the Mozambican government for research on this to improve their operations.

Formulation of agricultural projects for refugee and host women in Zambia

At the invitation of the Food and Agricultural Organization (FAO) and in collaboration with the Ministry of Agriculture, Lusaka, Barbara Harrell-Bond and Marita Eastmond, RSP Visiting Research Fellow, travelled to Zambia in February/March to begin a study to design an agricultural

project to benefit Mozambican and Zambian women living along the Mozambique/Malawi/Zambia border. Mr Thomas Mwabe and Immaculae Verwey are involved in this research

Mental Health Survey

Margaret Godel, an experimental psychologist, joined the RSP in November 1989 to prepare proposals for the research on the mental health problems of people living in violent circumstances. This research will initially be conducted in the occupied Palestinian territory of Gaza in conjunction with the Community Health Centre to be started by Eyad el-Sarraj, an ex-Visiting Fellow psychiatrist.

Protection and Asylum

In January 1990, Andrew Shacknove joined the RSP for three years as the Joyce Pearce Fellow. He will be conducting research on protection, asylum, repatriation and international cooperation. Prior to joining RSP, he was working as a lawyer with UNHCR in Malaysia where he was advising the Malaysian government on the status determination procedure for Vietnamese asylum seekers under the Comprehensive Plan of Action for Indochinese Refugees in Southeast Asia. Andrew Shacknove has also assumed responsibility for coordinating the academic teaching programme of the RSP.

Repatriation of Vietnamese

Linda Hitchcox of St Antony's college and an RSP associate are carrying out ESRC-funded research on the return of Vietnamese asylum seekers from Hong Kong to Vietnam.

A Comparison of Refugee Aid Assessment Procedures in the US and the UK Lorraine Majka, RSP Visiting Fellow, is conducting a comparative study of organizations responsible for assisting refugees in the process of resettlement in the US and Britain.

Ford Fellowship at RSP

The Ford Foundation has provided funding for two fellowships at the RSP for persons from the developing world with both appropriate academic/teaching qualifications and practical experience to assist the RSP in developing course materials for the modules it offers for researchers and practitioners. The RSP aims to further develop its teaching/training programme and to promote the expansion of in-country teaching and training. Dr Jayantha Perera, an anthropologist with many years of research and practical experience with refugees and resettled peoples in Sri Lanka, has accepted our invitation to be the first Fellow. The RSP is accepting applications for the second 12 month fellowship. Those interested should write to the Director, RSP.

The staff of the RSP wish to express their sympathy to Tony Reid and his young daughter at their loss of Angie Reid. Tony Reid was a Visiting Fellow with the RSP writing on repatriation and he now teaches in International Relations at Deakin University, Australia.