

Psychosocial responses to the refugee experience: a training module

Work has started on a two-year project, funded by the Andrew Mellon Foundation, to produce a psychosocial training module and associated resources to facilitate the training of humanitarian assistance workers in response to the psychosocial needs of forced migrants. The module is targeting the development of critical competences in the planning, implementation and evaluation of psychosocial programmes. The module will be 30 hours long and will feature a variety of teaching resources, adaptable to different settings and needs. Capitalising upon the current digitisation of the RSP Documentation Centre, the project will develop interactive teaching materials that can be used alongside the digitised materials through CD ROM and the Internet.

Institutions such as developing centres of refugee studies will be invited to suggest materials for inclusion in the module as well as provide critique of materials as they are developed. This should ensure that the module is relevant for different cultural settings and is sensitive to resources available in developing countries.

The module will be available for dissemination by December 1999.

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Saharawi refugees: life after the camps

by Natali Dukic and Alain Thierry

The prospect of the imminent - and long awaited - referendum on self-determination raises a number of issues which the Saharawis will have to confront.

The referendum on self-determination, due to be held in December 1998, should end the 20-year exile of the Saharawi people in the Tindouf refugee camps of Algeria. But how will these people, who have endured the hardships of refugee camps for 20 years, find the individual and collective will to embark on economic and social development and build a long-term future without international aid?

The Western Sahara, a former Spanish colony, was ceded by treaty to Morocco and Mauritania in 1975. The Polisario Front¹ proclaimed the independence of the Independent Democratic Arab Republic of the Sahara and demanded full sovereignty. Mauritania renounced its territorial claims in 1979 and Morocco took over the whole of Western Sahara. Thousands of Saharawis fled the fighting which then broke out between the Polisario and the Moroccan army, and took refuge in the Tindouf region in south-eastern Algeria.

Twenty years on, some 150,000 Saharawis live in the camps in Algeria. Many have known no other way of life. The prospect of the imminent - and long awaited - referendum raises a number of issues which the Saharawis will have to confront.

1. Dependency on international aid

Tindouf is an arid, rocky region where living conditions are extremely difficult and survival comes at the price of total dependence on international aid. Since

1993 the European Community Humanitarian Office (ECHO) has been running annual aid programmes² which, because of the population's complete dependency on aid, are made up of emergency food aid (84%), medical/sanitation aid (9.4%) and rehabilitation/logistic aid (6.6%). To make aid as effective as possible and to avoid overlaps, there is close liaison with other international and bilateral aid sources: the Saharawi Red Crescent, WFP, UNHCR and various European NGOs that work in partnership with ECHO. These operations aim to deliver supplies of essential food products and maintain the living conditions and health of the refugees at an acceptable level. There will be a considerable period of adjustment for the returning Saharawis in moving from such dependency to relative self-sufficiency.

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Under its global aid programmes for Saharawi refugees, ECHO has been financing large-scale operations to rehabilitate schools and hospitals but these repairs have been suspended in view of the possibility of the refugees' return.

2. Physical impact

The European Commission has been closely monitoring the living conditions of the Saharawi refugees in the Tindouf camps. Standards of nutrition, hygiene and medical care have been deteriorat-

ing steadily over the years, despite international aid. Obtaining drinking water is especially difficult and the effects of nutritional deficiencies are being increasingly felt.

Saharawis; and the prevalence of malnutrition, childhood illness and hearing deficiencies will inevitably have a long-term impact on their development and the general health of their future society.

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a. Child illnesses

The most common illnesses are diarrhoea in summer and respiratory infections in winter. In addition to the effects of malnutrition and poor quality drinking water, a large number of children are deaf or hard of hearing as a result of wind, sand, frequent bouts of untreated otitis, and childhood diseases such as meningitis. Although these concerns are not as high a priority for the Saharawis as supplies of food and drinking water, some initiatives have been mounted, including a psychiatric hospital, day centres for children with disabilities, training of specialist teachers, and systematic checks on children's hearing.³

b. Nutritional deficiencies

Malnutrition has become a major problem in the camps over the years. According to a study carried out by an Italian NGO, CISP,⁴ and a German NGO, Medico International, nutritional deficiencies in the camps are caused by a combination of poor food, the harsh environment, bad quality water and an underdeveloped health system. A consequence of this combination is parasitic infections, which prevent the absorption of food thereby increasing food requirements. The choice of emergency food aid products and quantities takes account of annual requirements and what EC Member States contribute. To counter nutritional deficiencies, some basic foods - above all, flour and milk - are enriched with vitamins and trace elements. A pilot project to reduce anaemia and growth problems in children will be launched this year.

The high level of chronic malnutrition indicates that the long stay in the desert has affected a whole generation of

farming) has been of poor quality for at least 12 years. According to Daniel Mora-Castro, UNHCR administrator responsible for water, the water in the Saharawi refugee camps is either of borderline quality or unfit for human consumption (according to recognised chemical and bacteriological standards) and is also highly contaminated with faecal matter.

c. Drinking water

UNHCR is aware that the water used in the Tindouf camps (for drinking and

46% of children have low height for their age due to nutritional deficiencies.

10% of under-fives suffer from acute malnutrition, 46% from chronic malnutrition.

71% of children under five have moderate to severe anaemia.

19% of women have poor Vitamin C status.

(The New Internationalist, No 297, December 1997)

Most water supply points in the camps suffer from design and construction faults and are in a poor state of repair. Most of them are dug manually. Apart from some wells that have been equipped with manual pumps, few are suitably protected at ground level and are either left open permanently or are equipped with ineffective covers that are not always put back in place. The water is thus polluted by sand and other impurities carried by the wind, by the people who collect water, and by people and animals passing by. Since there are no latrines and people defecate outside near their homes - which are not far

The technical solution to the problem of bacteriological contamination of drinking water in the camps proposed in the Mora-Castro report is a centralised water-supply system for each camp.

This would call for exploratory boring on several sites in the El Aaiun, Dajla, Smara and Awserd camps, the building of a reservoir in the surrounding hills, an adequate number of water supply points fed by gravity, and automatic chlorination devices in the reservoirs to disinfect the water. This system would be relatively simple to operate and maintain, and would make it easier to check water quality in camps of this size. Some of the problems with the water supply, however, stem from deficiencies in the structures set up by the Saharawi authorities. If this proposed system is to offer a permanent solution, the

authorities will have to make formal undertakings to set up an efficient and professional unit employing motivated staff to operate and repair the system. The 'water department' should be set up as quickly as possible and institutionalised so that it can take part in the design, building and preventive testing and maintenance of the system. This department would operate as long as drinking water is needed in the camps and could be the embryo of a similar department when the refugees are resettled.

The project will not come to an end with the return of the refugees. If suitable equip-

ment and material are chosen (prefabricated materials that are easily mounted, dismantled and transported, etc) almost the whole system can be moved to Saharawi territory and re-established there; and the training component of the project will help refugees' reintegration in the country of origin.

3. Cultural changes and psychological impact

Traditionally nomads, the Saharawis have been forced by circumstances to settle in order to survive. As Cecile Bizouerne, a psychologist working for

'It was women who had to take primary responsibility for building the camps: in a sense we were at the front, but just a different front from the men and we had to take responsibility for health, education, water, sanitation, everything. We have not yet achieved our full rights and there is a lot of work to do - rights will never be given, they have to be taken - but we have come a long way. This society is run very much by women: the staff of the nurseries are 100-per-cent female, administration is 85-per-cent female and education 70-per-cent female.'

Interview with Moma Sidi Abdehadi, President of the Union of Women and only female member of Polisario's National Secretariat,

(The New Internationalist, No 297, December 1997)

Santé Sud, has noted: "the basis of their identity, namely the clan and the tribe, has been eroded by the cause and the drive for national unity and self-determination". Social differences have been ironed out by the common cause and by life in the camps, where everyone receives the same quantity of food, lives in a tent and has a role in camp society. The traditional culture was oral but children's education has been given priority and now 90% of Saharawis have attended school and are literate: a spectacular development over a relatively short period of time. Women run the camps, the home, schools, administration and social services while the men are away fighting.

The absence of fathers, the deaths, the disappearances and the break-up of families make collective life a struggle. In addition to the understandable fatigue felt by the whole population, there is the problem of an entire generation which knows nothing but camp life and which does not necessarily share the ideals of its elders. One aspect of these hardships which has not received priority attention is that of psychological well-being. The lack of medical case histories and poor diagnosis of mental disabilities or other mental illnesses mean that it is difficult to establish whether illnesses are caused by exile and war or have pathological

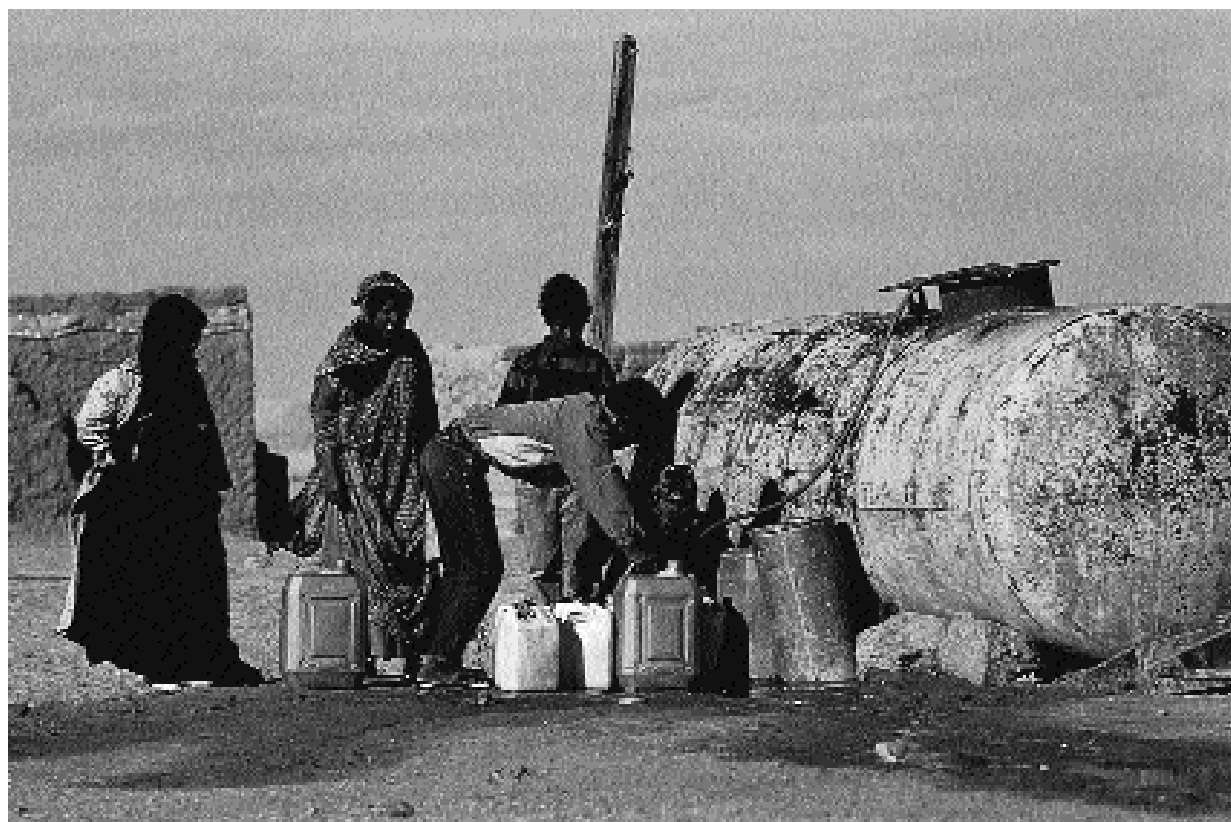
causes.

This is emphasised by the fact that this is a society which recognises the family or group, rather than the individual. It would be useful, however, to have more details in order to be able to develop mental health care and prevention strategies.

4. Coping with independence

The referendum in December offers the prospect of an end to the Saharawis' exile but with this prospect emerge certain paradoxes. Whereas the state is committed to removing tribal membership in order to achieve equality for all and avoid social divisions, registered voters must be acknowledged by two traditional tribal leaders. Social inequalities will perhaps emerge between those who still have property in Moroccan-controlled Sahara or in Mauritania, those who have an income (for example, retired servicemen from the Spanish army), those who have studied abroad, and those who have spent their whole lives in the camps. As Cecile Bizouerne remarks, the transition from a 'cashless' society, where everything is given and distributed by an authority, to a society of supply and demand and paid work where everything has a price could be very difficult.

Queue to fetch water at community tank, Polisario Smara Camp



photograph: Julio Echevarri/Still Pictures

Once the family reunions are over, the time will come to face up to the fact that people have changed.

If independence comes, it will of course bring all kinds of problems. Saharawi society is at present one of the most homogeneous in the world. A traditional nomadic culture has been forced into the modern world with a war of liberation as the only midwife. As a result differences between people have not had a chance to emerge from beneath the powerful imperative of regaining their homeland. There is next to no crime: instances of theft or rape in the refugee camps are counted on the fingers of one hand, extraordinary events remembered for years afterwards. There is also no sign of religious zealotry: people all seem broadly to subscribe to the same mild, liberal form of Islam but there are not even any mosques, let alone any sign of fundamentalism.

In an independent Western Sahara people would diverge from each other; the current unanimity would fracture the people's long-postponed longings, not least perhaps for the trappings of consumerism, would come into play.

(The New Internationalist,

The Saharawi people will once again have to prove their adaptability in leaving the hard life of their camps and returning to a territory of uncertain status. The international community must stand by them, not only during their resettlement but also during what might be described as a return to life.

Natali Dukic, consultant, and Alain Thierry, ECHO staff.

1 Frente Popular para la Liberación de Saguia el-Hamra y de Rio de Oro, the two provinces making up the territory of the Western Sahara. This liberation movement was set up in 1973 to oust Spain, which had been the colonial power since the end of the last century.

2 These programmes have cost over ECU 34 million since 1993.

3 ECHO is financing operations to supply essential sanitary and hygiene products and medicines for various health centres and to look after children with mental or severe hearing disabilities.

4 Comitato Internazionale per lo Sviluppo dei Popoli, an ECHO partner running food projects and a pilot project to reduce incidence of anaemia and retarded growth in children.

5 *Qualité de l'Eau dans les Camps de Réfugiés Sahraouis, Tindouf, Algérie*, UNHCR, Geneva, April 1997.

6 French NGO which works with ECHO and carries out projects to aid disabled children and prevent hearing problems.

7 Letter to ECHO, April 1998.

8 Ibid.

UNICEF and IDP children

"Internally displaced children and their families," according to a recent UNICEF report, "present the world community, and UNICEF, with an exceptional crisis, the magnitude and severity of which demand a creative, focused response." Developing that response has been a priority at UNICEF.

Based on the Convention on the Rights of the Child, UNICEF's fundamental strategy is to "ensure that children displaced under emergency conditions have the same rights to survival, protection and development, without discrimination, as other children." In practical terms, this strategy leads to six programme approaches: advocacy, nationally and globally; activities to prevent displacement; steps to ensure physical survival; protection activities to halt abuse, especially abuses targeted at children; support for rehabilitation and recovery of displaced communities; and assistance in voluntary return and reintegration.

UNICEF has concentrated on three aspects of IDP work:

1. developing a firm conceptual foundation for its programme work;
2. collecting and disseminating sound programme practices; and
3. global advocacy to raise awareness about internal displacement. Key activities include a partnership with the Women's Commission for Refugee Women and Children, to highlight gender issues in internal displacement; active promotion of the Guiding Principles on Internal Displacement; financial and technical support for a global IDP database; and efforts to link IDP emergency aid with durable solutions for displaced children and ongoing development work.

More information on UNICEF's work with IDPs can be found in the documents *Internally Displaced Children: The Role of UNICEF (11pp)*; *The Needs of Internally Displaced Women and Children: Principles and Considerations (23pp)*; and *Enhanced Monitoring and Reporting: UNICEF's Observations and Recommendations (9p)*. These are available free of charge.

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