
REPORT

**BETWEEN A ROCK AND A
HARD PLACE**

Afghan Refugees and Asylum Seekers
in Malaysia

HEALTH EQUITY INITIATIVES

June 2010

Kuala Lumpur

Any part of this report may be copied, reproduced, or adapted, without the permission of Health Equity Initiatives, provided that the parts reproduced are acknowledged.

HEALTH EQUITY INITIATIVES
26-1A, Jalan Vivekananda
Brickfields
50470 Kuala Lumpur
Malaysia
Tel: +60-3-22724957
Fax: +60-3-22724854
Email: health.equity@yahoo.com

June 2010

This report is a collaborative effort of several individuals:

Researchers	Teoh Keat How, Joven Mailvaganam, Sharuna Verghis
Community Research Assistants	Doulat Hussain Rezaei, Lattiff
Translation of Questionnaire into Farsi	Mahjabeen Baqir
Training of Community Research Assistants & Language Editing	Michelle Reining
Analysis and Report Writing	Sharuna Verghis and Leo Fernandez
Content Editing	Alice Nah
Graphics	Mehdi Khorramdel

ACKNOWLEDGEMENTS

We thank Teoh Keat How and Joven Mailvaganam, medical students (final year) at the International Medical University, who played a huge role in carrying out this study. You inspired us by your work ethic, dedication and sensitivity to the concerns of the under-privileged.

Special thanks to the following individuals for sharing information with regard to their work with Afghan refugees in Malaysia:

- Dr. Luke Choi of the Malaysia International Korea School
- Jeannette Chan of the Hilla Community Centre
- José Alvin Gonzaga (Senior Protection Officer); Anne Varghese and Melor Emily Darby (Senior Protection Assistants – RSD Unit); Simone Loh (Program Assistant); and Edna Selvaraj (Protection Assistant), office of the United Nations High Commissioner for Refugees (UNHCR)
- Temme Lee, SUARAM

Our deep appreciation to MindValley for providing part of the financial support for this project.

Grateful thanks also to Aisha Gazdar for facilitating the translation of the questionnaire all the way from Pakistan, as well as to Saw Khon Hmine for supporting the training of the community research assistants, and Winnie Aye for assisting with logistical support.

We thank Martin David Jones (Centre for Applied Human Rights, University of York and Steering Committee member of HEI), for his feedback and substantive comments on this report.

Last, but not the least, we greatly appreciate the feedback, advice and ongoing support given by HEI's Steering Committee members, Alice Nah and Asha Lim, through the planning and execution of this project.

This report is dedicated to the indomitable spirit of the Afghan refugees in Malaysia and refugees everywhere who persist against great odds to claim life.

“I am always stressed, unable to sleep, forgetful, anxious, and always worried about the future. But I must live.” (R015)

“We just try to deal with every problem.” (R065)

*“There is not other way for us. We try our best. I never accept lose in my life, never, never.”
(R025)*

TABLE OF CONENTS

LIST OF TABLES, FIGURES AND BOXES.....	iv
INTRODUCTION.....	1
MALAYSIA.....	1
AFGHANISTAN.....	1
OBJECTIVES	2
PROCESS AND METHODS.....	2
MAIN FINDINGS	4
POPULATION CHARACTERISTICS.....	4
ETHNICITY	4
AGE	4
DOCUMENTATION STATUS.....	4
MARITAL STATUS, FAMILY SIZE AND CHILDREN.....	4
DURATION OF STAY IN MALAYSIA.....	5
EDUCATIONAL ATTAINMENT	5
EMPLOYMENT STATUS	5
INCOME	6
COUNTRY FROM WHERE THEY CAME TO MALAYSIA.....	6
EDUCATION NEEDS	7
CHILDREN OF SCHOOL GOING AGE.....	7
COST OF EDUCATION PER FAMILY	8
COPING WITH EDUCATION NEEDS	8
EDUCATION OF THE BOY CHILD VERSUS GIRL CHILD.....	10
CONCLUSION: EDUCATION NEEDS	10
HOUSING NEEDS	10
LIVING ARRANGEMENTS	10
INSTABILITY OF RESIDENCE	11
AVERAGE MONTHLY RENTAL.....	11
COPING WITH HOUSING COSTS.....	12
CONCLUSION: HOUSING NEEDS.....	13
FOOD NEEDS	13
COPING WITH FOOD NEEDS.....	13
CONCLUSION: FOOD NEEDS.....	14
HEALTH NEEDS	14
BARRIERS TO ACCESSING HEALTH CARE SERVICES	14
<i>Economic Access</i>	<i>14</i>
<i>Fear and Linguistic/Communication Barriers.....</i>	<i>15</i>
CONCLUSION: HEALTH NEEDS.....	17
DIFFICULTIES FACED AS A REFUGEE AND ASYLUM SEEKER IN MALAYSIA	18
CONCERNS RELATED TO PROTECTION	20
<i>The Afghanistan Option.....</i>	<i>21</i>
<i>The Iran Option.....</i>	<i>23</i>
<i>The Resettlement Option</i>	<i>23</i>
<i>Long-Term Refugee Hood.....</i>	<i>24</i>
<i>Whither Will They Go?.....</i>	<i>24</i>
THE WAY FORWARD: EXPLORING ISSUES RELATED TO DURABLE SOLUTIONS	25
REFUGEE IDENTIFICATION AND PROTECTION.....	25
INCREASING RESETTLEMENT QUOTAS FOR AFGHAN REFUGEES	26
INTEGRATING REFUGEE RESETTLEMENT INTO MIGRATION AGENDAS	26
REBUILDING OF AFGHANISTAN	27
CONCLUSION	27
RECOMMENDATIONS.....	27
REFERENCES	29

LIST OF TABLES

Table 1: Most Cited Reasons for Fleeing	6
Table 2: Cost of Education Per Family in RM per month.....	8
Table 3: Period of Time Living in Malaysia Cross-Tabulated with Number of Places Lived.....	11
Table 4: What were the reasons for changing residence so many times?.....	11
Table 5: Ability to Pay Rent on Time.....	12
Table 6: How do you Cope with Meeting Your Food Needs?.....	13
Table 7: Ability to speak in Bahasa Malaysia and English	15
Table 8: Income and Expenditure Pattern of Afghan Refugees Per Family Per Month.....	20

LIST OF FIGURES

Figure 1: Breakdown of Study Population by Ethnicity.....	4
Figure 2: Age Distribution of Population	4
Figure 3: Number of Children per Family	5
Figure 4: Educational Attainment.....	5
Figure 5: Employment Status	5
Figure 6: Average Household Monthly Income.....	6
Figure 7: Country Afghan Refugees Came From.....	6
Figure 8: Affordability: Education Needs of Children.....	8
Figure 9: Coping with Education Needs of Children.....	9
Figure 10: Living Arrangements.....	11
Figure 11: Percentage of Those Who are Usually Overdue on Rental Payments.....	12
Figure 12: Coping with Housing Needs By Average Monthly Income.....	12
Figure 13: Ability to Afford the Cost of Food.....	13
Figure 14: Have You Ever Decided Not to Go to The Doctor in Malaysia Because It Cost Too Much?	15
Figure 15: Main Fears When Travelling to the Health Care Facility.....	15
Figure 16: Ability to Communicate with Health Care Provider	16
Figure 17: Coping with Health Needs	17
Figure 18: Impact of Inability to Meet Health Needs	17
Figure 19: Difficulties as a Refugee / Asylum Seeker in Malaysia	18
Figure 20: Impact of Difficulties as a Refugee / Asylum Seeker in Malaysia.....	18
Figure 21: Coping with Difficulties as a Refugee / Asylum Seeker	19

LIST OF BOXES

Box 1: Malaysia International Korea School (MIKS).....	9
--------------------------------------------------------	---

INTRODUCTION

Malaysia

Malaysia is one of the largest recipients of migrant workers in Southeast Asia, hosting 2.1 million regularized migrant workers (1). There are a further 1-2 million migrants in an irregular situation. Malaysia also hosts more than 100,000 asylum seekers, refugees and stateless persons fleeing conflict, ethnic and religious persecution and politically repressive regimes.

As of 02 April 2010, the Office of the United Nations High Commissioner for Refugees (UNHCR) in Malaysia had registered 86,829 refugees and asylum seekers, of whom about 92.7% originated from Burma (Myanmar). The remaining 7.3% came from 46 other countries in Asia, Africa, and the Middle East.

Of these, 423 refugees and 108 asylum seekers originated from Afghanistan, and about 39% of them were children. Afghan refugees and asylum seekers are a minority in the overall caseload of the total number of Persons of Concern to UNHCR.

Malaysia is not a signatory to the 1951 UN Convention Relating to the Status of Refugees or its 1967 Protocol and has no legislative or administrative provisions in place for refugee protection (2). Under the Immigration Act 1959/63 (Act 155), any person who enters or remains in Malaysia illegally is liable to prosecution, which may result in detention, corporal punishment in the form of whipping, a fine, and/or deportation. Several government agencies mandated to deal with undocumented migrants often use punitive and harsh measures, including large-scale 'crackdowns' to arrest, detain and deport migrants (3). The lack of legal recognition of refugees and asylum seekers in the country constantly exposes them to the risk of arrest and compromises their access to education, legal employment, health care, and other social freedoms (4). In both the 2008 and 2009 World Refugee Surveys, the U.S. Committee for Refugees and Immigrants ranked

Malaysia as one of the "worst places in the world for refugees" (5).

With regard to health care services though, the entitlement of refugees and asylum seekers is varied. As per an agreement with UNHCR in 2005, the Ministry of Health agreed to provide UNHCR recognized refugees with a 50.0% discount on fees charged to foreigners for health care services at government hospitals. However, asylum seekers are excluded under this policy. The Ministry of Health also subsidizes the treatment for HIV and Tuberculosis for registered refugees and allows Adherence Support Community Counselors to facilitate translation for refugees from Burma seeking treatment for these two diseases at two State run hospitals in the Klang Valley. Additionally, reproductive health services, family planning, and immunization are also only accessible to those with a refugee card.

Afghanistan

Afghanistan has been the source of one of the world's largest and most enduring protracted refugee situations. One out of every four refugees globally comes from Afghanistan (6-7). At the same time, the country has experienced one of the biggest refugee repatriations in recent history; yet some 2.8 million registered Afghan refugees continue to live in exile (7). They primarily live in Pakistan and Iran (8-10), where they have remained for more than two decades (11). While 365,410 Afghans returned voluntarily to Afghanistan in 2007, the UN General Assembly acknowledged that the rate of voluntary repatriation would be difficult to sustain in the future. This is owing to a combination of deteriorating security, limited economic and social opportunities, and the fact that over 80% of the estimated remaining 2.8 million Afghan refugees have been in protracted exile (12).

At the present time, the claims of Afghan asylum seekers in need of refugee protection are still valid, given the ongoing conflict situation in Afghanistan, the inability of the Afghan government to exert control over many areas in the country, and the risk of harm faced by civilians (especially ethnic and religious

minorities). In addition to individual risk, civilian access to services – especially for minority populations and those directly affected by conflict – remains severely compromised. UNHCR eligibility guidelines for assessing the international protection needs of asylum seekers from Afghanistan characterizes the situation in Afghanistan as “one of an intensifying armed conflict accompanied by serious and widespread targeted human rights violations” (13).

Health Equity Initiatives’ (HEI) initial contact with Afghan refugees began through its mental health services. In making protection and social support referrals for individual cases, HEI realized that the newly arrived Afghan refugees were struggling with a host of problems related to basic survival. The majority had come to Malaysia around 2007 and 2008 and was contending with a number of problems, including linguistic barriers, an inability to communicate, a lack of knowledge of legal systems and socio-cultural practices of the country, and an uneven knowledge of sources of support provided by civil society groups. As their savings depleted quickly, they found it very difficult to find employment and had to make hard choices between the competing needs of food, shelter, and health care.

In order to develop a stronger, more holistic understanding of the challenges faced by Afghan refugees in Malaysia, HEI decided to undertake an appraisal of their needs. After close consultation with Afghan community leaders, HEI initiated this study in May 2009.

Objectives

The objectives of this study were:

1. To assess the protection and humanitarian needs of Afghan refugees and asylum seekers in the Klang Valley
2. To identify the current coping strategies of Afghan refugees and asylum seekers in the Klang Valley
3. To provide practical recommendations to stakeholders and mental health support to the community, based on the findings

Approach and Methodology

The study took place in May 2009, using rapid appraisal techniques. Rapid appraisals allow for the systematic collection of information about a set of problems in a time and cost efficient manner. It is a method of needs-based community assessment and a tool of participatory planning (14) that leads to action.

Following discussions between HEI and the leaders of the community about the feasibility and appropriateness of the study, the latter consulted their members to get feedback on the proposed project. HEI began the study following an expression of interest by the community to support the study.

According to community leaders and members, the Afghan refugee community is clustered around the Klang Valley region. Community leaders contacted their members and informed them about the study.

Unit of Study

For the study, HEI decided to adopt the family as the unit of study, with ‘family’ referring to all persons in a household related by blood or marriage. The few single persons without families in Malaysia were considered separately as a family or unit of study. The terms ‘family’ and ‘household’ are used interchangeably in this report. A total of 73 families participated in the survey.

Process and Methods

The main tool for data acquisition was a standardized questionnaire that included a mix of both open and close-ended questions, which allowed for identifying, clarifying, and exploring the needs of Afghan refugees and their coping mechanisms. Housing, food, education, and health care were the four major areas of need specifically considered for the study. Questions related to standard biographical data and migratory movements were included to develop the key characteristics of the community’s profile. Existing occupational skills were also identified to facilitate referrals for livelihood opportunities.

The questionnaire was piloted and tested with community leaders and community research assistants. Based on this, changes were made, and the instrument was finalized. The questionnaire was then translated into Farsi. This was done to familiarize the community research assistants with the terms used in the English version of the questionnaire.

Owing to limitations of time and the availability of community research assistants, the questionnaire was administered in English. The community research assistants translated and facilitated the exchange of information between HEI's researchers and the community respondents.

Community research assistants received basic training on research ethics, which emphasised the importance of confidentiality and consent. All participants were informed that participation was completely voluntary and that they were free to skip any questions they were not comfortable answering or to withdraw from the study at any time. Respondents gave written consent and the community translators signed off on every questionnaire, attesting that the objectives of the study as well as the voluntary nature of the project had been explained to the participants.

The techniques of free listing and ranking were used with the community to explore the difficulties faced by them and to understand their coping capacities. Several of the respondents proffered additional information beyond what the questions asked. At other times, a few participants declined to answer some questions because they felt it would jeopardize their case/position vis-à-vis UNHCR. The researchers respected this.

Besides quantitative data, qualitative data was acquired through:

- Two group discussions with community members to explore and clarify issues of concern arising from the survey.
- Interviews with key informants, including three community leaders, a representative from the NGO SUARAM who was facilitating legal advice for Afghan asylum seekers appealing first instance rejections

by UNHCR, and five representatives from UNHCR. Semi-structured questionnaires were developed to guide these interviews.

- Seven in-depth interviews related to the protection needs of members whose refugee recognition claims had been rejected by UNHCR.
- Two email interviews with the management of two schools where Afghan refugee children receive education, the Malaysia International Korea School and the Hilla Community Centre.
- Analysis of HEI's mental health services and case handling files.

Additionally, secondary data and literature on the global Afghan refugee problem and UNHCR's guidelines and policy documents on Afghan refugees were reviewed.

Following the spirit of action research, interventions, including health education and referrals for medical and mental health problems, were undertaken during the course of the data collection. The results of the study were shared with and validated by community leaders, and the means by which the results would be disseminated was discussed with them as well.

Limitations of the Study

The majority of the respondents were men (49 men versus 24 women respondents). Ten of the female participants represented single women-headed households. The absence of women research assistants, along with the desire of individual families to meet collectively with the researchers, made it impossible to focus on the specific needs and coping mechanisms of women.

Additionally, the two community research assistants had differing levels of English language competency, and this could have affected the quality of translation.

Outcomes of the Study

Given the urgency of the protection needs that arose during the data collection phase, HEI used the preliminary findings to explore solutions even

before the report was officially published. Similarly, community based mental health interventions were also initiated as needs arose.

MAIN FINDINGS

Afghan refugees in Malaysia are a relatively recent phenomenon. Most arrived around 2007, and their numbers have been increasing since then, although at a marginal rate.

The majority are of Hazara ethnicity, with a history of refugee exile in Iran for up to two decades. The remaining constitute recent movements from Afghanistan, albeit with past experience of internal displacement within the country, or of having been refugees who had previously returned/been returned from Iran to Afghanistan.

Of the 73 families covered in this study, 86.3% (49 respondents) were represented by men and 13.7% (24 respondents) by women, with 10 of the women respondents representing single women-headed households. Of these 10 women, two were still married, while eight others were divorced, widowed or separated.

A month prior to the study, in a separate initiative, HEI had agreed to a request from the leaders of the Afghan community to convert their membership records into electronic format. A total of 84 families had been recorded in this exercise.

POPULATION CHARACTERISTICS

Ethnicity

Most of the Afghan refugees in Malaysia belong to ethnic minority groups, with the majority belonging to the Hazara ethnic minority. Other ethnic minorities include the Tajiks, Qizilbash and Pashtun (see Figure 1).

Age

The age of the respondents ranged from 21 years to 58 years, with a mean age of 37.3 years (standard deviation 9.51). See Figure 2.

Figure 1: Breakdown of Study Population by Ethnicity

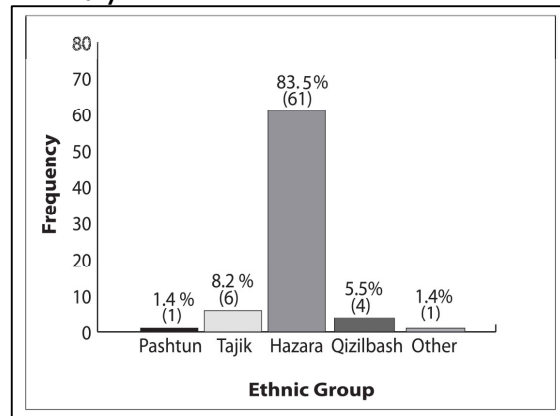
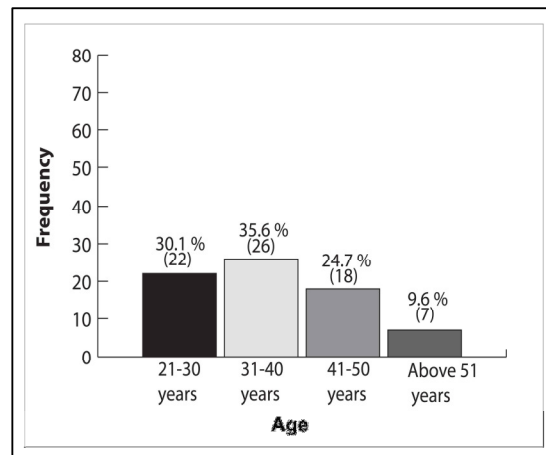


Figure 2: Age Distribution of Population



The age range 21–40 years accounted for 65.7% of the population.

Documentation Status

At the time of the study, the majority of Afghan refugee respondents in Malaysia (95.9%) had only UNHCR asylum seeker certificates, but not UNHCR refugee cards. However, in recent months, the majority of the community has received their UNHCR refugee cards.

Marital Status, Family Size and Children

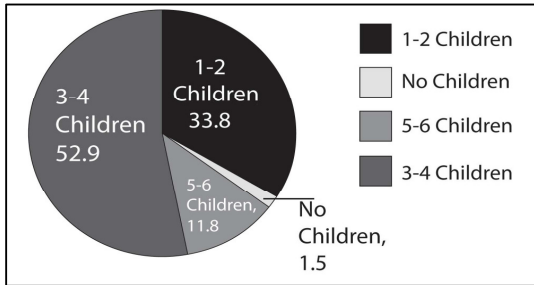
In all, 86.3% (63 respondents) were married; 4.1% (3 respondents) were single; 8.2% (6 respondents) widowed; and 1.4% (1 respondent) divorced.

The average family size was 4.7 people (standard deviation 1.56). 43.8% had a family

size of 4-5 members, and 32.9% had families that included 6-8 members. The rest (23.3%) had a family size of 1-3 members.

The majority (52.9%) had 3-4 children. On average, there were 3 children in a household.

Figure 3: Number of Children per Family



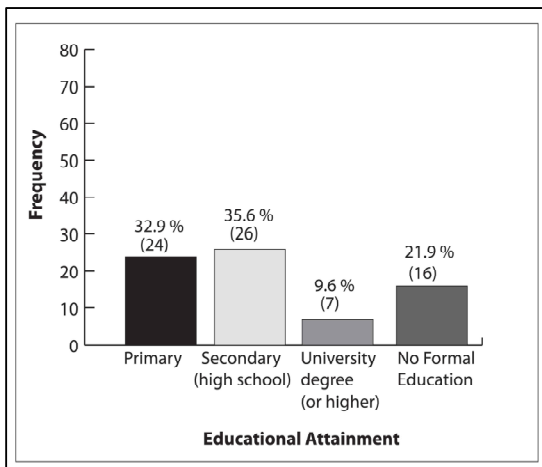
Duration of Stay in Malaysia

At the time of the study, the participants had been living in Malaysia from anywhere between a minimum of 1 month to a maximum of 24 months. The average number of months of residence in Malaysia was 11.6 months (standard deviation 4.97).

Educational Attainment

In terms of the highest level of education attained, 32.9% completed primary school, 35.6% completed secondary school, and 9.6% completed a university degree. None of the respondents had a technical degree.

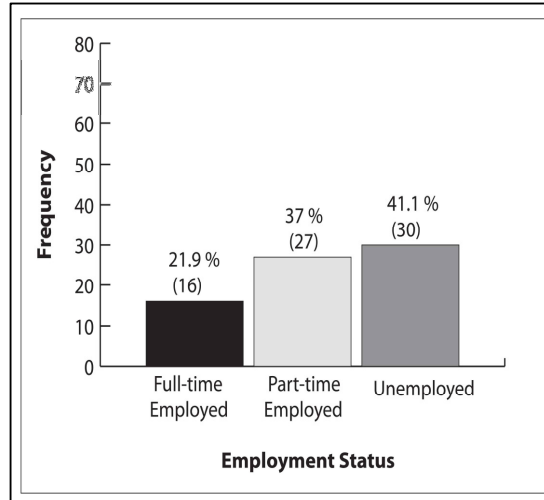
Figure 4: Educational Attainment



Employment Status

Only 21.9% (16 respondents) held a full-time job. 41% were unemployed, while 37% worked part-time.

Figure 5: Employment Status



Employment, however, is not regular, permanent, or fixed, even for 'full-time' workers. Full-time, in their context, usually implied that they worked on most days of the month, as opposed to part-time/casual workers who worked a few days per month and who were usually paid on a daily wage basis or on a piece-rate/task-wage basis.

Many who found work shared that their salaries were often not paid on time or were wrongfully withheld.

The occupational profile of the Afghan refugee population in the study was quite diverse. A high number were tailors, and others included bakers, welders, milling machinists, mechanics, a shoemaker, an ironsmith, a stonemason, carpenters, a painter, a beautician, a sculptor, an electrician, a primary school teacher, a civil engineer, and IT professionals.

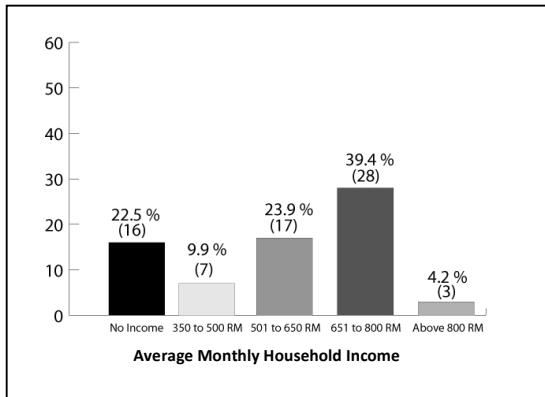
However, they reported that it was very difficult to find employment in Malaysia. Their lack of documents was a major obstacle because employers were unwilling to risk employing an undocumented person. Their low language competency with regard to Bahasa Malaysia and/or English was another significant barrier.

Some of them shared that they were stigmatized as Afghan refugees, as many people often made loose and unsubstantiated associations between them and terrorists, not realizing that many of the refugees were victims of terrorism themselves.

Income

Although 39.4% (28 percent) had a monthly household income ranging from RM 651 to RM 800, the average monthly household income was RM 527.46 (standard deviation RM 311) – this amounts to about USD 155. Sixteen respondents reported no income.

Fig 6: Average Monthly Household Income



Amongst the 41% who reported that they were unemployed (30 persons), 16 had no income at all because their partners were also not employed. However, others who were unemployed (14 respondents) reported income earned by other members of the family.

Overall, the average monthly household income of Afghan refugees is far below the cost of living in Malaysia. This will be discussed later.

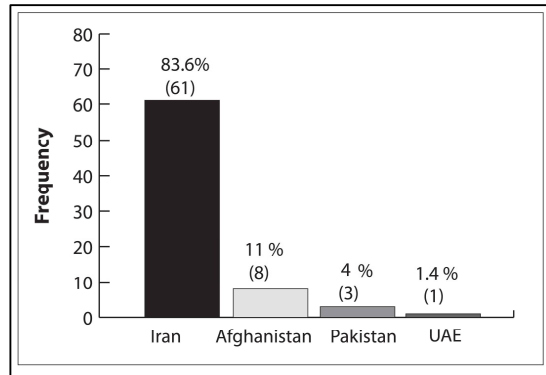
Country from Where They Came to Malaysia

The majority of the respondents, 83.6% (61 respondents), arrived here from Iran. Only 11% (8 refugees) arrived directly from Afghanistan. The rest (4 respondents) arrived from Pakistan and the United Arab Emirates (UAE) (see Figure 7).

For those who came from Iran, the duration of stay in Iran ranged from 4 to 33 years. The

mean duration of stay in Iran was 19.9 years (standard deviation 7.69).

Figure 7: Country Afghan Refugees Came From



About half of the Afghan refugees who arrived from Iran left Afghanistan before the age of 18. Nearly a quarter (23.5%) was younger than 10 years old when they fled from Afghanistan, and another 26.5% were between the ages of 11 and 17 years.

Respondents were asked to cite multiple reasons for fleeing to Malaysia, which have been tabulated in Table-1. The most cited reason for leaving was “fear for life.” The 37 respondents who shared this fear either had come from Afghanistan or had fled to Iran from Afghanistan because their lives had been in danger in Afghanistan. A sizeable number of people coming from Iran cited “fear of deportation” (23 respondents) and “better opportunities” (20 respondents), as reasons for leaving. Another 17 respondents who had come from Iran were unwilling to disclose their reasons for leaving.

Table-1 : Most Cited Reasons for Fleeing

Most Cited Reasons for Coming to Malaysia	Count
Fear for life	37
Fear of deportation	23
Better opportunities	20
Tortured by enemies	1
Involved in Political Conflict	1
House burned down, father, brothers killed	1
Forced to leave by Taliban	2
Deported from Iran to Afghanistan	1
Unwilling to disclose	17

In-depth interviews with some families indicated that they elected to leave Iran after many years of exile to seek protection elsewhere when the threat of *refoulement*, because of arrest and deportation from Iran, became more serious and pressing.

Families that resided in Iran for long periods indicated that their refugee cards were issued to them upon their arrival there. However, members of the same family were sometimes denied registration. They reported that the pressure to return to Afghanistan began manifesting around 1997 and 1998. During this time, Afghan refugees were arrested on the streets and deported to Afghanistan. Public pronouncements regarding the need for Afghan refugees to return increased around 2002 and again intensified from 2007 onwards. Refugee cards began to be time-limited that year. Some families reported that their refugee cards were not renewed, and two respondents indicated that they were given letters indicating that they had two weeks to leave Iran or risk arrest and deportation. They arranged to leave for Malaysia within that period.

In the early years of their exile in Iran, their children could attend school. By 1997, however, school attendance became more difficult and all families with long residence periods in Iran reported that their children had to cease education. They either attended informal Afghan-run evening schools for basic education or started working to support their families.

Refugees were only allowed to work in certain industries, including home-based initiatives, construction and masonry work. Several of the Afghan families, including women, earned a living in Iran through being home-based tailors. Children also assisted their parents. One young woman indicated that when permission for Afghan refugees to attend school was withdrawn (around 1997), she started assisting her mother in tailoring work. She described working from 10 a.m. until 7 p.m., five days a week, when she was only 10 years old.

One individual reported three separate deportations to Afghanistan. He returned

illegally to Iran after a few days on each occasion.

One family voluntarily returned to Afghanistan in 2002. However, confronted with the continuing risk of persecution (due to the pre-1979 background of the head of household), the family was compelled to return to Iran for refugee protection. He stated:

We went back to Afghanistan because the life in Iran is very hard, and the Iranians are also very strict with us. We thought it would be best for us. Many other Afghans were also going back then. UNHCR was also helping refugees to go back ... we were 10-12 months in Mazar. My brother had a pharmacy, and I was working there as a helper for my brother. The same [armed] group came to my brother's pharmacy and asked to take some medicine free from him. The same threatening started again. Finally, they attacked me and my brother was shot dead. (ID104)

Their refugee cards were not renewed upon return.

Another young man elected to return to Afghanistan after his marriage to an Iran-based Afghan refugee in 2008. He described serious problems in regaining ownership of his land in Mazari Sharif, including beatings and threats to his life. He also elected to return to Iran and then arranged to leave for Malaysia.

EDUCATION NEEDS

Across all the male and female-headed families (n=67), there were 205 children in total.

Children of School Going Age

Fifty-six families reported having children of school going age. Across these 56 households, the number of children of school going age was 133, and in every family, there was at least one child being sent to school.

The majority (53.7%) of the families had at least one or two children of school going age. A significant proportion (23.9%) had three to four children of school going age.

Cost of Education per Family

The cost of education per family varied depending on the number of children per family attending school and the particular school they were attending. The average monthly expenditure on education was RM 86.00 (USD 24.29). Table-2 gives the breakdown by family of the range of cost of education incurred.

Coping with Education Needs

Table-2: Cost of Education Per family in RM per month

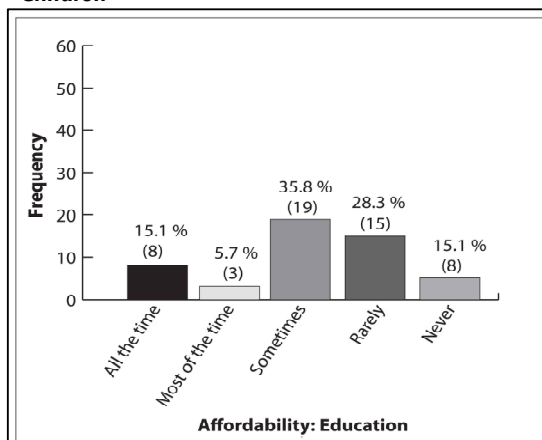
Cost Per Month	Frequency	Percent
Up to 50 RM	18	38.3
51 to 100 RM	15	31.9
101 to 150 RM	11	23.4
Above 151 RM	3	6.4
Total	47	100

* Nine respondents did not indicate average monthly cost of education even though they send their children to school.

**@ 1 USD = RM 3.4

Out of the 53 respondents who answered the question on affordability of educational needs of their children, 79.2% could “sometimes,” “rarely,” or “never” afford this cost. Only

Figure 8: Affordability: Education Needs of Children



15.1% (8 respondents) were able to afford the cost of education for their children “all the time,” and only 5.7% (3 respondents) could afford the cost of education “most of the time” (see Figure 8).

Jeannette Chan from the Hilla Community Centre (HCC), one of the two schools that provides education for Afghan refugee children stated, “Actually, at the beginning of 2009 we had a registration of 90 plus students in the seven to 19 year old range; but lost almost half of them due to their parents’ lack of finances.”¹

UNHCR corroborated the above by stating that a high number of school dropouts were because of lack of financial resources².

The majority of the 50 families who responded to the question on how they coped with education needs of their children identified the use of past savings and borrowing money as coping strategies. (See Figure 9 for more details.)

One family stated that they had stopped their children from going to school because of lack of financial resources. However, one of the children became very stressed and developed psychological problems. This made them resolve to send their children to school, even if it meant depletion of their meager savings or borrowing from friends and community members.

In general, the rate of enrolment of children in school was good. Out of the 133 children of school going age, 118 attended school. Only 8 boys from six families and 7 girls from five families did not attend school, citing lack of money as the primary reason. Of the children who did not go to school, 5 children (1 boy and 4 girls) belonged to single women-headed households.

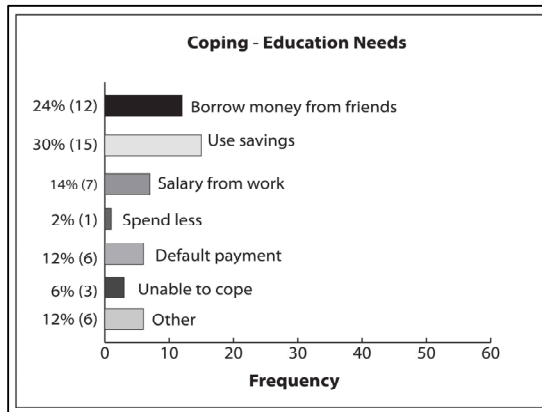
Overall, Afghan refugee families tended to place a high premium on the education of their children. In fact, several families stated that they

¹Email communication with Jeanette Chan, dated 05 October 2009

² Interview with five UNHCR officers on 02 October 2009

left Iran because it was impossible for their children to receive an education there.

Figure 9: Coping with Education Needs of Children



Because we don't have any future living like a refugee in Iran, and because of my children's future, I came from Iran. (R 007)

Afghan refugees were not accepted in school or college in Iran. In Iran, there was not any future for my children. That is why I left Iran. (R 008)

In Iran, because they have taken our cards, and they gave date to leave the country, we are not accepted at work. Our children were not accepted at school, and we have not any other chance. So we came here! (R054)

Because in Iran for Afghan refugee day by day the difficulties were increased ... they don't let us work. ... our children can't get education. (R072)

Many of the respondents who reiterated the importance of education for their children stated that they saw education as the only means by which their children could secure a better future.

One woman said,

Our time is past. We worry about our children's future. (R 048)

Afghan refugee children attended either the Hilla Community Centre or the Malaysia International Korea School.

Box 1: Malaysia International Korea School (MIKS)

MIKS is a non-profit school focused on educating and raising support for underprivileged children and refugees from different countries, like Afghanistan and Myanmar, in order for them to receive a comprehensive education.

MIKS only accepts students between the ages of 6 and 17. It has classes from Primary One to Primary Four as well as one Secondary Class. The school has regular classes from Monday to Friday from nine in the morning to 12: 20 in the afternoon.

English, Bahasa Malaysia, Mathematics, Science, and Korean language are taught daily. In addition, they are able to develop their skills with regard to arts, music, and computers. Badminton and Football matches are conducted on a regular basis, and fieldtrips to National Zoo Negara and KLCC have also been organized.

Basic health care and medicines are provided for students and their family members under the supervision of Dr. Luke Choi (*acupuncturist*).

The school also has a Benevolent Assistance Program whereby food and clothes are distributed to students and their family members.

In 2009, MIKS had 72 regular students, out of which 60 were Afghan refugee children and 12 were refugees from Myanmar and other countries. A nominal fee of RM 30 is charged for registration, and each student pays RM 10 every month. Although special discounts are provided for students in great need.

However, these schools, much like the schools run by the refugee community, are severely resource constrained. Jeannette Chan from the Hilla Community Centre (HCC) which provides education to about 60 Afghan children from ages seven to 18, and runs

adult education classes twice a week for about 20 Afghan men and 20 Afghan women, states the biggest problem facing the school is the lamentable lack of teachers and space. They even use the kitchen and a makeshift outdoor classroom using a canopy to overcome the lack of space. Nevertheless, they try their best to provide maximum services. Depending on the availability of teachers, HCC offers piano classes, extra tutorials for weak students, arts & crafts, vocal classes, and computer classes.

Schools like HCC have also come up with new strategies to deal with their own lack of resources and that of the refugees. According to Jeanette Chan, "We have also elevated 6 of our 'top students' to teach the lower level students in a barter trade system. These older students are not able to pay their fees of RM 40, which is a bimonthly collection. Hence, we created this solution for them."³

HCC also ran a 10-day camp for Afghan children for half a day each day, focusing on character building and socio-communication. UNHCR partially supported the Hilla School with classroom supplies in 2009.

According to UNHCR, the above-mentioned schools catering to Afghan refugee children are among more than 60 learning centers providing education to more than 3000 refugee children through a parallel education system. This is because refugee children are prohibited from attending local schools. Either refugee communities or NGOs run these parallel schools. Most are poorly financed and lack the resources to pay teachers and obtain adequate classroom supplies and furniture. Teachers are usually community volunteers who lack qualifications and experience to teach. To help address this, UNHCR is supporting a teacher-training program of 150 teachers. NGO-run refugee schools have adopted the Malaysian syllabus for English,

Math and Science. Some schools have started teaching Bahasa Malaysia.⁴

Education of the Boy Child versus Girl Child

There did not seem to be gender discrimination amongst Afghan families in the study in terms of opportunities to access these education programs. Only in the case of one family did only the male children attend school while the female children stayed at home because of the family's inability to finance their education. In most cases, it was the older children (between the ages of 17 and 22) who went to work, while the younger children got the opportunity to study. In the case of older siblings who were close in age, the male child was sent to work, while the female child was sent to school. This was possibly a protective measure that families deployed for the girl child.

Conclusion: Education Needs

In general, Afghan refugee families in this study valued their children's education very highly, and female children seemed to have equal opportunity to study. The high value attached to children's education was also evidenced in their willingness to use up precious savings for education over all other forms of coping. Many families who stated that they were using their savings to finance their children's education did, however, also mention that their savings were coming to an end. They did not know how they would pay for this cost in the future.

HOUSING NEEDS

Most Afghan refugees in Malaysia live in the Klang Valley.

Living Arrangements

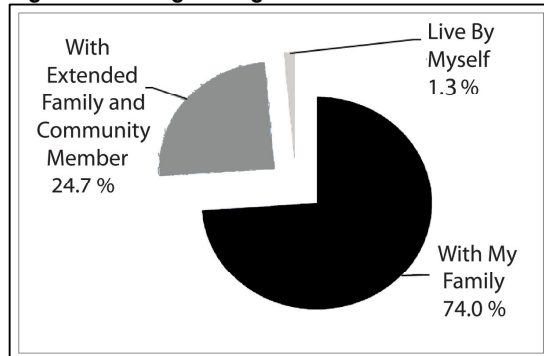
The majority of Afghan refugees in the study (74.0%) lived with their own families in

³ Email communication with Jeanette Chan, dated 05 October 2009

⁴ Interview with five UNHCR officers on 02 October 2009

Malaysia. 24.7% shared living spaces with their extended family and/or community members.

Figure 10: Living Arrangements



Instability of Residence

Amongst refugees who had been in Malaysia for less than one year, 52% had to change residence two or three times. Amongst those who had been in Malaysia for more than a year (but less than 2 years), 60.9% shifted residence two to three times. Table-3 outlines this data and suggests that refugees who lived in Malaysia for less than one year, shifted almost as often as those who had been residing in the country for one to two years. Regardless of their period of stay in Malaysia, the frequency of shifting ranged from every 4 months to every 12 months, for those respondents who had to shift residence.

Table-3: Period of Time Living in Malaysia Cross Tabulated with Number of Places Lived

Period of time living in Malaysia	How many places have you lived since coming to Malaysia?		
	Lived in the same place the entire time	2-3 different places	Total
Less than 1 year	24 (48%)	26 (52%)	50
1 to 2 years	9 (39.1%)	14 (60.9%)	23
Total	33 (45.2%)	40 (54.8%)	73

The majority (17 out of the 40 who responded) cited high rental and over-crowding as reasons for shifting residence (see Table-4). A few stated that a lack of knowledge of local housing rates initially led to their taking up lodgings they

could not afford. Among those who stated overcrowding as a reason for moving, quite a few shared that the eruption of fights between the children in the house prompted them to find other accommodation. A few shared that they had moved to live closer to refugee schools, which their children could attend. One family had to vacate their house because they had been overdue on their rent. Some families who had been sharing accommodation had to split up after the house owners got to know of such arrangements and threatened to evict them.

Table-4: What were the Reasons for Changing Residence So Many Times?

	Number	Percent
High Rental	17	42.5
Overcrowding	13	32.5
Unable to pay rent	3	7.5
Agreement Expired	4	10
Other	3	7.5
Total	40	100

A common refrain of the Afghan refugees with regard to housing needs was that it was difficult to rent a house because they lacked documents.

We had to vacate our house once because we could not pay rent. ... we have many problems in renting houses because we are refugee... . We face stigma from local people who think we are terrorists because we are from Afghanistan. (R022)

It is difficult to rent a house because we lack documents. (R045)

Average Monthly Rental

The range of rental paid was from RM 150 to 900 (USD 44 to 264.70) per month. The average monthly rental for housing was RM 464.72 (USD 136.68) (standard deviation RM 159/ USD 46.76). Such accommodation, typically, tends to constitute low cost flats, about 600-650 sq. ft. in size, with about two bedrooms, a toilet, and a kitchenette.

For 52.0% of the Afghan refugees, the monthly rental for housing ranged between RM 400 to 600 (USD 117.64 to 176.47). Another 30.6% of the Afghan refugees spend up to RM 400 (USD 117.64) per month on rental. The average monthly rental costs incurred, RM 464.72 (USD 136.68) was 88% of the average monthly household income of RM 527.46 (USD 155.13) of the study population.

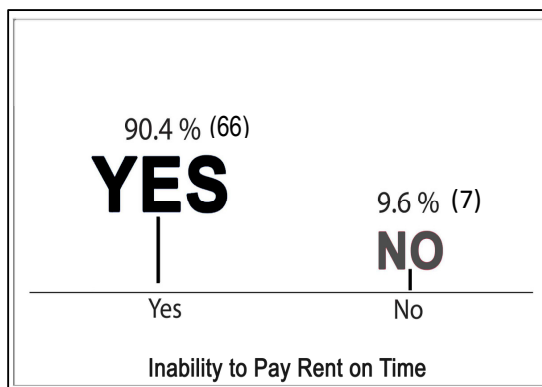
Most (90.4%) were unable to pay their rent on time (Figure 11).

Table 5: Ability to Pay Rent on Time

Average monthly income (RM)	Are you ever overdue on your rental payments?		
	Yes	No	Total
No Income	12 (75%)	4 (25%)	16
350 to 500 RM	7 (100%)	-	7
501 to 650 RM	15 (88.2%)	2 (11.8%)	17
651 to 800 RM	27 (96.4%)	1 (3.6%)	28
Above 800 RM	3 (100.0%)	-	3
Total	64 (90.1%)	7 (9.9%)	71

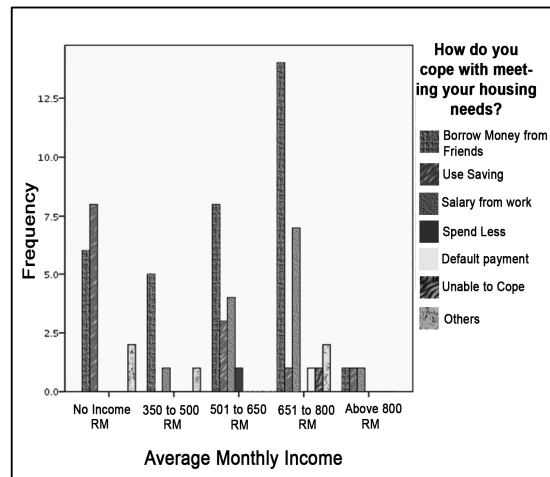
16 respondents, most of whom have been living in Malaysia for up to one year, stated that they have no monthly income. Information on income was not provided by 2 respondents.

Figure 11: Percentage of Those Who are Usually Overdue on Rental Payments



It would generally be assumed that the ability to pay rent on time would be associated with the average monthly income of the refugees. However, Table 5 shows that regardless of income range, the refugees in the study were unable to pay their rent on time.

Figure 12: Coping with Housing Needs by Average Monthly Income



Coping with Housing Costs

Afghan refugees cope with their housing needs largely by borrowing, using their savings and their salary. About 50.0% cited borrowing as a method of coping with this cost, while 18.6% stated that they used their savings and salaries, respectively.

The refugees stated that borrowing to pay their rent was imperative if they lacked savings or a job because eviction from their lodgings would have dire consequences. Figure 12 shows the coping methods (disaggregated by income level) for the study population. It reinforces borrowing as the main means by which they met their housing need, regardless of their income level.

A few families stated that they spend less on other needs, in order to be able to pay for their housing.

We save money from food and other expenses. ... Sometimes we borrow, sometimes we ask employer for advance. (R057)

One-fourth of the respondents (24.7%) coped by sharing an accommodation with extended family and community members.

One respondent had a house owner who allowed them to pay their rent a little late, while a few

had employers who allowed them to take an advance on their salary.

Two families who had been using their savings to pay for their rental stated that their savings had just finished, and they were worried about meeting their housing need.

The lack of security also predisposes them to harassment and intimidation by locals in the neighborhoods where they live. The community, however, shared that they would not take action or solicit State protection because they could, in turn, be arrested for their undocumented status. They also feared that taking action could bring about reprisals.

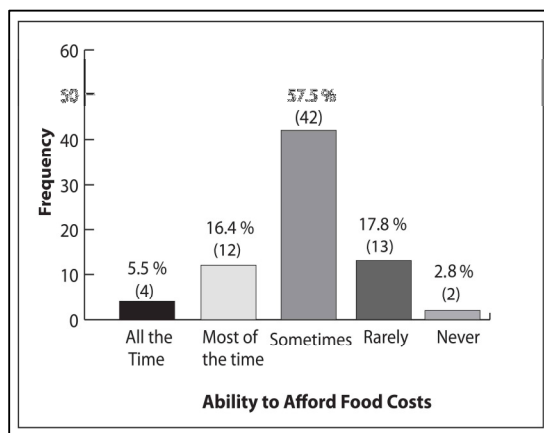
Conclusion: Housing Needs

In conclusion, Afghan refugees struggled to keep a roof over their heads. Their undocumented status made it difficult for them to rent houses. They felt stigmatized by the local population who were not familiar with Afghanistan and the refugee problem there. Borrowing from friends and using their paltry savings seemed to be the predominant coping strategies, especially for those who were unemployed.

FOOD NEEDS

For the Afghan refugees in Malaysia, even a staple diet of wheat and potatoes is luxury, in spite of the lower cost of potatoes (relative to meat) in the Klang Valley.

Figure 13: Ability to Afford the Cost of Food



Average Monthly Expenditure on Food

The study showed that the average monthly expenditure on food was RM 479 (USD 140.88). The majority of the refugees were often unable to meet their food needs. Figure 13 indicates that 78.1% could barely afford the cost of food. Only 5.5% were able to afford the cost of food “all the time” and 16.4% “most of the time.”

Coping with Food Needs

Respondents met their food costs primarily by borrowing from friends, buying cheaper food items, using their savings, and spending less on other things (see Table 6). For those who had a job, income from employment helped to tide over food costs.

Table 6: How do You Cope with Meeting Your Needs for Food?

Coping Strategies	Frequency	Percent
Borrow money from friends	27	37.0
Use savings	11	15.1
Salary from work	8	11.0
Spend less on other things	6	8.2
Buyer cheaper food items	13	17.8
Skip meals	3	4.1
Unable to cope	3	4.1
Others	2	2.7
Total	73	100.0

However, the crunch was acutely felt by those with larger families and those who were unemployed. They stated that they were unable to cope.

One 34-year-old unemployed man, with two children whose school fees he was unable to pay, stated that he did not know how to cope with his food and health needs. He said,

I have thoughts of suicide – I don't know what to do, for I am afraid of my and my children's future. (R014)

Another 32-year-old man with four children explained that he had to stop sending his children to school because he could not afford

their fees anymore. He shared that they barely even had money for food:

The money for food is mainly for the children for milk. For adults, we just don't eat for a few days when there is no money. (R017)

Several other families with young children stated that they were unable to afford the cost of milk for their children.

A family of seven that required RM 900 (USD 264.70) per month for food (an extremely tight budget, given the cost of food in the Klang Valley), stated that they used their savings to cover deficits related to food costs. However, these families were unsure of what would happen after their savings were used up.

Some organizations make food donations to some families. The Hilla Community Centre (HCC), for example, donates a monthly provision of 50 kg of rice, Milo, flour, sugar, milk, etc. that they mobilize through their sponsors. Faith-based organizations and churches also make regular donations, but these are often *ad hoc* and insufficient to meet the daily food needs of the study population.

Conclusion: Food Needs

This study indicates that access to food was problematic for study participants of all statuses of employment, regardless of whether they were full-time, part-time/casual or unemployed. However, it was those who were unemployed and had large families who stated that they were unable to cope. The lack of refugee recognition and the inability of refugees to work, as per Malaysian law, made them vulnerable to destitution and hunger.

HEALTH NEEDS

The study population reported health needs related to chronic illnesses, mental health and medical problems.

Data from HEI's mental health outreach and services indicated that a number of them had clinical depression and displayed many of the symptoms of PTSD, namely, recurrent, intruding, distressing recollections of a traumatic event; flashbacks; intense psychological distress at reminders of a traumatic event; persistent avoidance of stimuli associated with a traumatic event; difficulty sleeping; and irritability with outbursts of anger, among other symptoms.

There were a few who had medical problems and were unable to access health care or receive assistance from UNHCR for these ailments. These problems included urological problems, a brain tumor, and a paraplegic child suffering from septic arthritis. Cataracts were a problem for some of the elderly members who could not afford surgery. Quite a few adults and children had failing vision and could afford neither an eye check up nor the cost of spectacles when their old pair broke.

Barriers to Accessing Health Care Services

Economic Access

The average monthly expenditure on health care per family amounted to RM 96.61 (USD 28.41).

The average charge paid at a private health care facility was RM 42 (USD 12.35).

To travel to a health clinic or hospital, a little more than one-third of the study participants used taxis (37.4% or 34 respondents) to avoid getting lost. Another 36.3% (or 33 respondents) walked, and 22% (or 20 respondents) took a bus. On average, the cost of travel to a health care facility was RM 12 (USD 3.52) per visit.

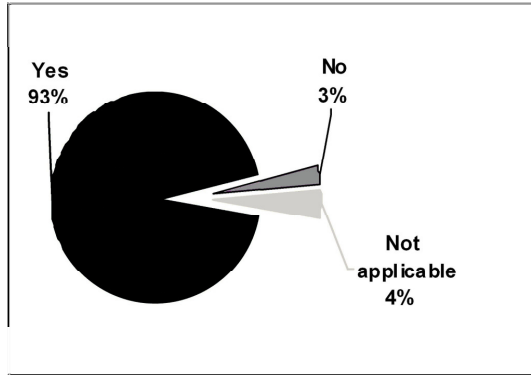
For those suffering from a chronic illness, the average cost per visit to a doctor was RM 25 (USD 7.35).

Cost was a major barrier to accessing health care services.

In response to the question about the affordability of medical care, 67.1% said that they could only "rarely" or "sometimes" afford it.

This is further corroborated in Figure 14, where 93% stated that they avoided going to the doctor because it cost too much.

Figure 14: Have You Ever Decided Not to Go to The Doctor in Malaysia Because It Cost Too Much?



About 38.4% (28 respondents) reported that they were suffering from an ongoing chronic illness. However, only 10 of the chronically ill reported visiting the doctor at least once a month. Out of the 10, only eight stated that they could afford the cost of treatment. The 18 individuals with chronic illnesses who did not access health care cited cost as the barrier to access.

Of the 60 respondents who reported being in need of some form of non-emergency medical care for themselves and their families in the six months prior to the survey, 83.3% (50 respondents) actually sought medical care in Malaysia. However, the respondents reported that non-emergency care was accessed only if it was absolutely necessary. The 13.7% (10 respondents) who did not seek it cited cost as the primary factor that prevented them from seeking non-emergency medical care.

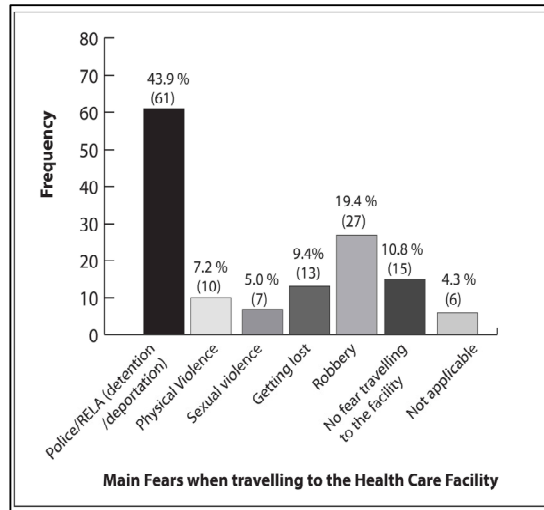
Fear and Linguistic/Communication Barriers

Cost was not the only barrier to accessing health care services. Other barriers included fear of enforcement personnel while traveling to a health facility and linguistic and communication barriers at the health facility.

Respondents were asked to cite two of their main fears when traveling to a health facility. The

most commonly cited fear was the fear of police/RELA (43.9%) followed by the fear of being robbed (19.4%) and of getting lost (9.4%) (See Figure 15).

Figure 15: Main Fears when Travelling to the Health Care Facility



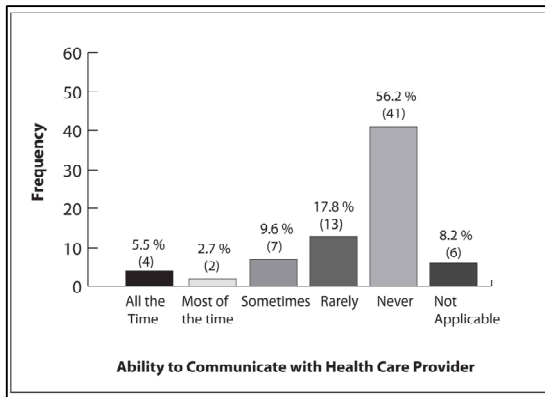
The majority of the Afghan refugees in Malaysia also face significant linguistic and communication barriers.

Only six of the 73 surveyed stated that they were almost regularly able to communicate with someone at the health care facility in a language they understood. The situation was similar for their spouses/partners, as seen in Table 7. It is no wonder that the majority were rarely able to communicate with health care providers effectively (See Figure 16).

Table 7: Ability to speak in Bahasa Malaysia and English

	How well do you speak and understand Bahasa Malaysia?	How well do you speak and understand English?	How well does your spouse speak and understand Bahasa Malaysia?	How well does your spouse speak and understand English?
	Number	Number	Number	Number
Well	-	1	-	-
Satisfactory	1	7	0	1
Not very well	5	11	1	9
Do not understand	67	54	63	54
No response	-	-	-	9
Total	73	73	73	73

Figure 16: Ability to Communicate with Health Care Provider



Coping with Health Needs

The respondents cited several ways of coping with health needs, including delaying treatment, borrowing money, selling jewelry and possessions, and using traditional medicine that they had brought from Iran. Some prioritized non-emergency care over more expensive treatment options for chronic illnesses and major medical problems, as a way to cope. Others were able to visit a doctor, but some stated that they were simply unable to cope with their health problems.

One respondent, who had part-time employment, and whose wife had been suffering from kidney problems for over seven years, stated that they had initially used their savings for her ongoing treatment. However, now that their savings had run out, she just bears with her condition (R058).

Another 48-year-old respondent who was suffering from a gradual loss of vision, and was advised to wear eye glasses, stated that he could not afford to pay for the glasses and was bearing with his condition (R045).

An unemployed refugee who had to leave Iran because the Iranian government had confiscated his cards, and who suffered from cervical myelopathy, stated that his medical condition limited the kind of work he was able to undertake. This contributed to him being unable to afford medication and health care. His wife was pregnant at the time of the study, and they were unable to afford adequate food. The

family was very worried about how they would bear the cost of emergency obstetric care or a cesarean section, if the need arose (R 044).

A 29-year-old married, unemployed male with three kids, whose earlier employer in Malaysia still owed him money, was very worried about his mother. His mother suffered from a number of health conditions: valvular disease; cataract in her left eye, which had impaired vision; and two swellings, one in the right shoulder (which was causing significant pain) and another in the left thigh. He stated,

For the adults, we bear with it. For children, we try our best to pay for medical. (R063)

Other refugees stated:

Adults do not go to doctor, but we borrow for children; my child had an eye problem requiring surgery. We are waiting for 4 months because no money; there is not another way for us. We try our best. (R017)

We only borrow if children are sick; adults don't go to doctor. (R040)

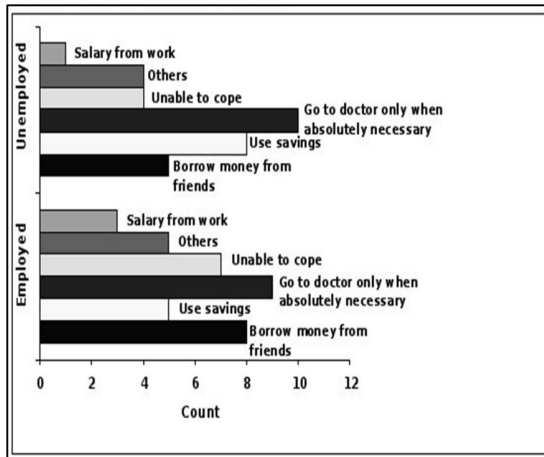
People are teasing us. We borrow for food, but do not spend if we are ill. (R032)

We do not spend on medication because we cannot even afford food. (R024)

One respondent shared that his children asked if they were not loved every time they were ill, because the children could not understand how their parents could love them and not take them to a doctor when they were ill.

Figure 17 shows that the most common coping strategy for both the employed and the unemployed was to go to the doctor only when it was absolutely necessary. The unemployed tended to use savings more, though both categories also relied on borrowing to finance health costs. Both categories had people who were unable to cope with meeting their health needs.

Figure 17: Coping with Health Needs



The impact of being unable to meet their health needs varied amongst the respondents. They reported experiencing worry, anxiety and stress (49 respondents); depression and sadness (34 respondents); physical pain (28 respondents); sleeplessness (24 respondents); problems with activities of daily life (18 respondents); loss of work (12 respondents); loss of income (10

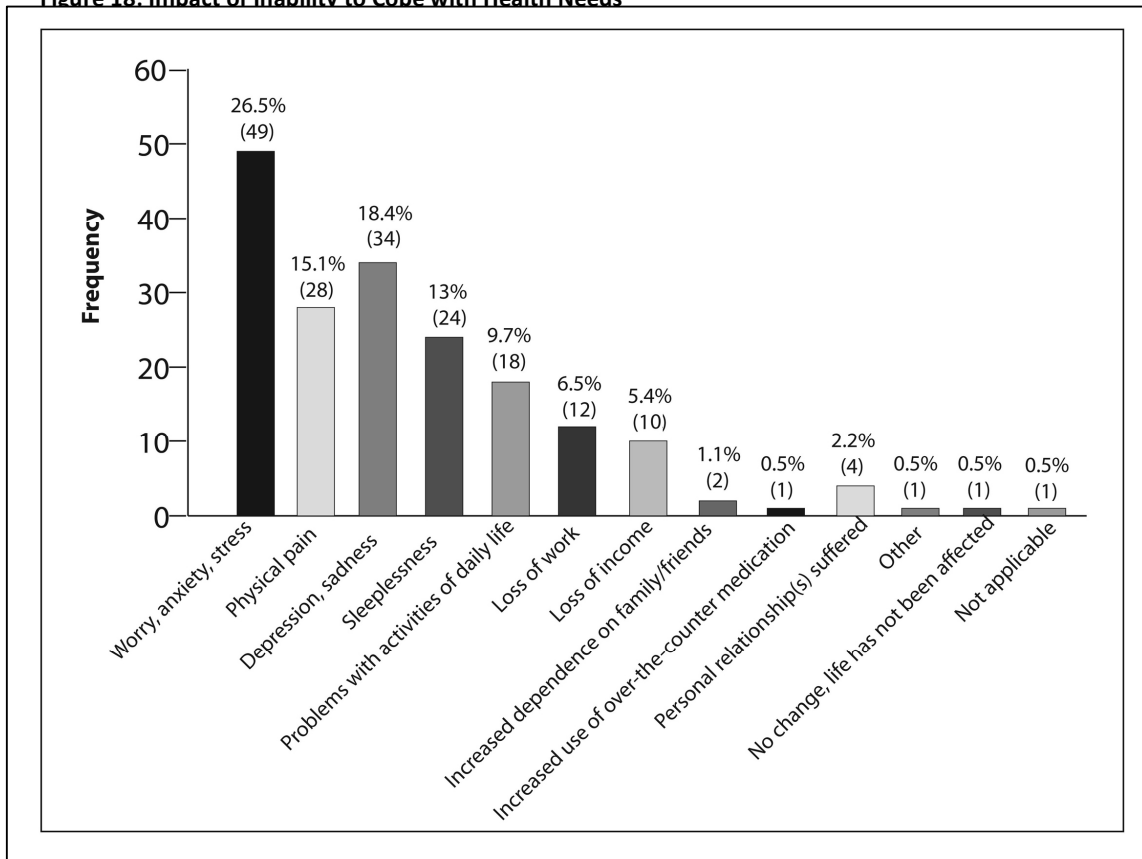
respondents); personal relationships suffered (4 respondents); increased dependence on family and friends (2 respondents); and an increased use of over-the-counter medication (1 respondent). Almost all respondents shared that they were impacted negatively, as a result of being unable to meet their health needs. (See Figure 18, which shows the most cited impacts.)

Conclusion: Health Needs

The data from the study indicates that Afghan refugees in Malaysia do not enjoy the right to health. Though claims might exist that health care services are available and access is easy, equity of care is clearly problematic given the myriad of problems they face accessing care.

They were unable to afford health care services and unable to communicate with health care providers. They also feared getting arrested, detained and deported while traveling to and from health care facilities. They coped with their health needs by delaying seeking

Figure 18: Impact of Inability to Cope with Health Needs



care/treatment, selling their possessions, using their savings, borrowing to meet their health needs, or waiting until the problem became serious.

The study population had to confront many health problems. While self-reporting may pose challenges to accurately estimating the prevalence of health problems, it is recognized as a useful tool for understanding care-seeking behaviors. For example, it aids in understanding perceptions of severity of health problems and clarifying reasons for seeking or avoiding health care services (15).

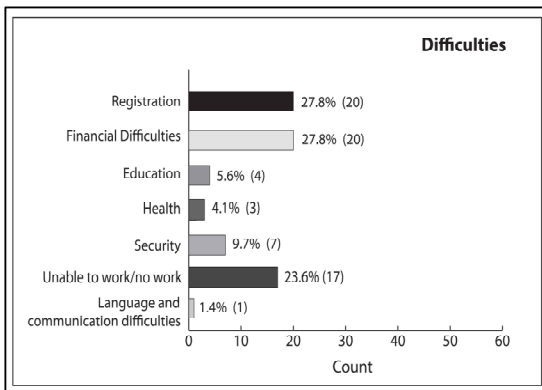
The inability to access health care services had multiple impacts, which affected their physical, mental and psychological health as well as their personal relationships.

Other areas of concern where access to health services are wanting included integrated primary care services for refugees outside KL and Selangor; the availability of regular health screening; access to reproductive health services, including antenatal services; and dental services. Other problems related to health care access and the underlying determinants of health were an income-restricted diet and a lack of knowledge on health and how to access services (48).

DIFFICULTIES FACED AS A REFUGEE AND ASYLUM SEEKER IN MALAYSIA

In addition to specific questions directed at their

Fig 19: Difficulties Faced as a Refugee and Asylum Seeker



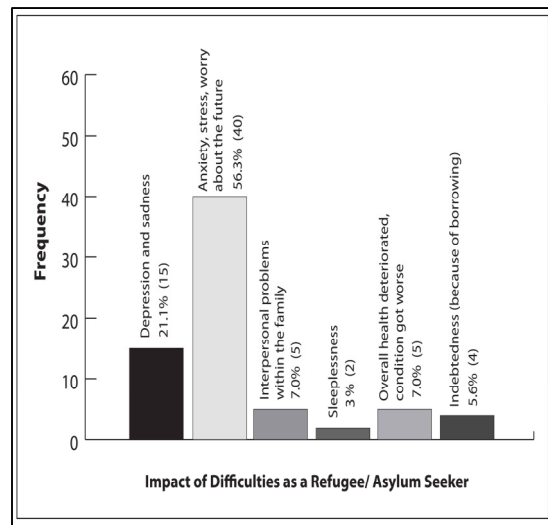
food, housing, education, and health needs, the participants were asked to share about other difficulties they had.

The additional problems cited centered around two main concerns: “Economic Concerns” and “Protection Concerns”.

Economic concerns were expressed by 52% of the study population, and issues related to security/protection were cited by 38% of the respondents⁵.

Many of the respondents stated that their situation created interpersonal stress and relationship problems in the family, between spouses and between parents and children. Afghan refugee men were especially embarrassed that they were unable to support the family. Children felt that their parents were neglecting them. (See Figure 20 for impact of difficulties as a refugee and asylum seeker in Malaysia.)

Figure 20: Impact of Difficulties as a Refugee / Asylum Seeker in Malaysia



Several respondents had a dark and bleak outlook on life, as reflected in the following

⁵ Exploratory factor analysis applied to a collection of variables from the various sections of the questionnaire also indicated two dimensions that seemed to relate to Economic and Security/Protection concerns. This seems to be reflected in the concerns expressed in Figure 18.

statements,

I feel shy when my children ask for something ... no one feels our tension. We are hopeless. (R031)

My relationship with my wife has been affected; it is too difficult for us to cope with these problems. (R043)

The future is so uncertain. I do not know what to do about my problems. Death seems like a better alternative. (R073)

At times death seems better off... . (R059)

We have no power to do something. Because of our family, we bear these difficulties. (R046)

We shy in front of our wife and children also ... because there is no other way for us. So we have to bear all these difficulties for our wife, children. There is no other way. (R049)

Overall, the majority of the respondents (78.9%) stated that they were unable to cope with the difficulties they faced as asylum seekers. (See Figure 21.)

CONTEXTUALIZING THE NEEDS

The broad picture that emerges in this study of Afghan refugees and asylum seekers in Malaysia is that of chronic multi-dimensional deprivation. They live in a particularly vulnerable context having restricted access to social support networks and grappling with an ongoing ambiguity about their status (or lack thereof). Pressing economic deprivation and security concerns impede their access to food, housing, education, and health care. The overarching “Economic Concerns” and “Protection Concerns” raised by the Afghan refugees in this study provide the contextual lens for understanding the capacity of the study participants to meet their daily basic needs. The following section explores these two concerns in a larger context.

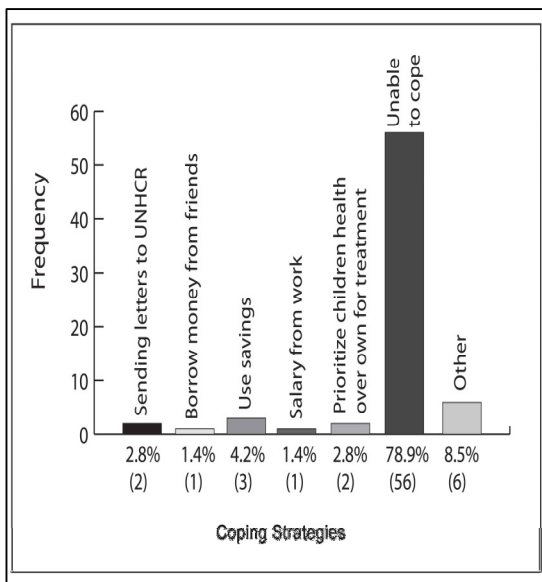
Economic Concerns

Refugees do not have a formal right to work in Malaysia.

To be ‘employed’ as a refugee in Malaysia is no guarantee of a regular job or steady income or entitlements to social security benefits. It means that they have no choice but to work in an unregulated informal sector with no labor protections. They are often remunerated on a daily wage/piece rate/task wage basis, may be without work for several days on end, and cannot seek redress for abuses or exploitation within the Malaysian legal framework, which only protects Malaysian workers and legal foreign workers. The inability to access formal avenues of redress is owing to their lack of a legal identity and undocumented status.

The average monthly income of the respondents was RM 527.46 (USD 155.13).

Figure 21: Coping with Difficulties as Refugee / Asylum Seeker in Malaysia



The poverty-line income⁶ (PLI) per urban household per month for Peninsular Malaysia is RM 663 (USD 195) [based on the Ninth Malaysia Plan, p.328 (16)]. According to the mid-term review of the Ninth Malaysia Plan, the PLI was RM 720 (USD 211.76) for Peninsular Malaysia [p. 58 (17)].

Out of the 71 respondents who answered the question about household income earned, 40 out of 71 households earned no income or earned an income below RM 663 (USD 195), and, 53 out of 71 households earned no income or earned an income less than RM 720 (USD 211.76).

Economists contest the measurement and estimates of poverty in Malaysia which fail to capture the multi-dimensional nature of poverty, including the multiple deprivation and dynamic condition of vulnerability that characterizes urban poverty. (18-19). It is also contended that access to employment, type of employment and returns to employment are a vital determinant of urban poverty (19).

Table 8: Income and Expenditure Pattern of Afghan Refugees Per Family Per Month

Item	Amount in RM	Amount in USD
Average income per month if they can find employment	527.46	155.13
Average monthly rental for housing	464.72	136.09
Average monthly expenditure on health care excluding average cost of travel to a health care facility per visit of RM 12	96.61	28.41
Average monthly expenditure on education	86.00	25.29
Average monthly expenditure on food	479.00	140.88

That the majority of the Afghan refugees in the study earned less than the underestimated PLI for Peninsular Malaysia and endured several

⁶ According to the Ninth Malaysia Plan, "A household is considered poor if its income is less than its own PLI, that is, it lacks the resources to meet the basic needs of its individual members", (p 327).

problems with access to employment, could be taken as a reflection of their depressed economic situation. Table 8, which shows the income and expenditure trends of the Afghan refugee families in this study, clearly raises concerns about their ability to cope with their daily basic needs.

While some economists have acknowledged migrant workers in the changing profile of the poor(18) and urban poverty in Malaysia, there is no research to date examining the linkages between urban poverty and the poverty of refugees in urban areas in Malaysia, including their multiple deprivation and specific vulnerabilities, particularly from their perspective.

Concerns Related to Protection

An understanding of the security concerns of Afghan refugees in this study necessitates an appreciation of not only the protection environment in Malaysia and the nature of UNHCR's operations in the country, but also the way in which historical and current global trends and events related to Afghanistan and Afghan refugees intersects with their daily lives.

UNHCR's Operations within the Protection Environment in Malaysia

UNHCR Malaysia's refugee protection mandate is located in a rather inconvenient position within the broader national context. It operates in Malaysia with the agreement of the Malaysian authorities. Yet the very nature of its operation can be viewed as impinging on the territorial sovereignty of the State, in which such Mandate operations are placed. The act of recognizing refugees under UNHCR's General Assembly Mandate serves to render refugees as the beneficiaries of international refugee protection, and thereby acquiring internationally protected rights that flow from such status. However, their legitimate acquisition of such rights is not reflected in national Malaysian legislation. As such, the main protection concerns of refugees in Malaysia remain physical security (protection from arrest, detention, and deportation under

Malaysia's uncompromising immigration laws) and economic security.

UNHCR Mandate operations in Malaysia face other constraints besides a largely challenging urban refugee protection environment. These include (1) the large number of pending asylum seeker applications and recognized refugees requiring assistance and access to durable solutions; (2) funding constraints; and (3) an increasing, but less than adequate, number of effective strategic partners to match the required scale of refugee protection initiatives. The principal challenge remains the failure of local authorities to recognize that refugees are in need of international protection and, in accordance with international law, should not be subject to punishment for illegal entry or presence.

During the data collection phase of this study, there had been a sharp increase in the number of UNHCR registered Afghan asylum seekers who were rejected for refugee status. UNHCR first instance rejection letters indicated that the Afghan government is able to extend state protection to people at risk of persecution from non-state actors, and that they are unlikely to be harmed by armed conflict and militia attacks. In recent months, though, there has been a reversal in this trend. Most Afghan asylum seekers have now been recognized as refugees and have received their UNHCR cards.

However, in meetings in 2009 and 2010 with the community, UNHCR maintained that the community had few opportunities for resettlement.

With opportunities for local integration bleak and opportunities for resettlement currently slim, there is increasing frustration in the community about the direction of their lives. Options of returning to Afghanistan and Iran were not choices that the Afghan refugees in the study were willing to make.

The Afghanistan Option

The data from the study and testimonies of asylum seekers from in-depth interviews

indicated that they were unwilling to return to Afghanistan. This was the case, for a number of reasons: the ongoing armed conflict; human rights violations, especially with regard to minorities and women; the absence of the support of extended family and kin (because of the scattering of their family members and relatives across parts of the globe, as a result of the conflict); the absence of livelihood opportunities; the absence of basic amenities, like water and power; the non-existence of the home they once left in their quest for security; and the imperative to repay the "blood debts" that some of them owed. Moreover, many of the Afghan refugees were victims of terrorism themselves, including by the Taliban. The women also expressed fears of harassment, repression and their human rights being violated.

According to one person's testimony, upon deportation from Iran to the Afghan border, he got on a bus and returned to Iran almost immediately. He stated:

I could not stay there. When I arrived there, I ran away again from there, got on a bus and came back to Iran. I could not stay there, as I have a lot of enemies there and this is dangerous to me. This time that UNHCR rejected me, but there is no way I can return to Afghanistan. (ID107)

Another young male asylum seeker who experienced severe gender violence from an armed militia group in Afghanistan in 2008 shared:

Because of my mental problem, I cannot sleep at night. I wake up and scream. And in the beginning of being in Malaysia, I was not able to stay at home alone. It was very hard for me until I came here and consult with another man⁷. I lost my family, and now I have lost myself. I have so many problems, and I don't know what I can do. If I return to Afghanistan,

⁷ A mental health professional with Health Equity Initiatives

there isn't any place for me. I don't know what can I say. (IDI06)

Afghan refugee women who were interviewed shared fears of losing their freedoms if they returned to Afghanistan. They also feared possible violence as reprisal if they try to assert their rights. In addition, many families shared that they feared that education for their female children would become impossible if they were sent back to Afghanistan.

The fears expressed by the Afghan women in the study resonate with UNHCR's comments on the protection needs of Afghan women returning from exile to Afghanistan.

Afghan women, who have adopted a less culturally conservative lifestyle, such as those returning from exile in Iran or Europe, continue to be perceived as transgressing entrenched social and religious norms and may, as a result, be subjected to domestic violence and other forms of punishment ranging from isolation and stigmatization to honour crimes for those accused of bringing shame to their families, communities or tribes.

Unaccompanied women or women lacking a male "tutor" (mahram) continued to face limitations on conducting a normal social life. ... Women without male support and protection generally lack the means of survival, given the social restrictions on women living alone, including the limitations on their freedom of movement. ...Unable to live independently, they face years of quasi-detention, prompting many to return to abusive family situations. The results of such "reconciliation" are generally not monitored and abuse or honor crimes committed upon return are often done with impunity".

{UNHCR's Eligibility Guidelines for Assessing the International Protection Needs of Asylum Seekers from Afghanistan [July 2009, at p.32](13)}

Concerns expressed by the study respondents about the security risks and the lack of prospects in Afghanistan if they opted for voluntary return concurs with other published reports, which identify significant political, humanitarian and development challenges currently rife within Afghanistan. In 2009, the Human Development Report ranked Afghanistan 181 out of 182 countries in the world. Since 2005, the renewal of the Taliban-led insurgency has acted to stultify the country's ambitious and internationally financed development plans (i.e. the Afghan Compact of 2006 and the Afghan National Development Strategy in mid-2008). A leading international aid agency stated that not enough ordinary Afghans are benefiting from international aid efforts in their country, with a third of the population at risk of hunger. Poverty levels remain some of the worst in the world, with 40.0% of Afghans living below the poverty line (20).

The country's devastated healthcare system, much like the other infrastructure in the country, faces several challenges within a scenario of continued violence, poverty, appalling baseline health indices, and political instability (21-22). In 2001, after the fall of the Taliban, the Basic Package of Health Service (BPHS) – covering maternal and newborn health, child health and immunization, public nutrition, communicable diseases, mental health, disability, and the supply of essential drugs – was initiated by the Ministry of Public Health, with support from international donors, cooperation from UN agencies and non-governmental agencies. However, in spite of progress made by the BPHS, challenges persist. There is a lack of infrastructure, including public health infrastructure. Poverty and the poor security situation continue. There is a shortage of health care personnel, as many were either killed or fled the country during the Taliban regime. Coordination incoherencies exist between the Ministry of Public Health and NGOs, and women have difficulty accessing health care services due to their subordinate role and cultural restrictions placed on them (22).

UNHCR has identified the deteriorating security and humanitarian situation as a key cause for the

sharp rise in Afghan asylum applications received by industrialized countries in 2008 (23). Additionally, the International Organization for Migration (IOM) has identified a number of challenges facing returning refugees: a lack of land, housing or means of livelihood – all of which make their lives difficult upon return (24).

In response to UNHCR's discussion on voluntary return with the community in Malaysia in 2009, several asylum seekers who were interviewed stated that they would rather die in Malaysia than have to go back to Afghanistan.

The Iran Option

The Afghan refugees/asylum seekers in the study who came from Iran categorically stated that they were unable and unwilling to return to Iran. Returning was not an option for various reasons. Some had identity cards that were either withdrawn or expired. Others had been notified by the Iranian government that they would be deported if they continued to stay in Iran. Some specifically feared being deported from Iran to Afghanistan. Other reasons for their not being able to return included restricted mobility, an absence of livelihood opportunities, the inability of their children to obtain school education, and violence by anti-refugee vigilante groups.

Their fears are understandable. In 2006, the Iranian government announced that the approximately one million Afghan refugees in Iran would have to leave the country by 2010. The only exception was Afghans born to Iranian women who would qualify for Iranian citizenship. Ahmad Hosseini, a top immigration official in Iran stated that, "The Afghans will not merge into society. This is utterly dismissed by the government," and alluded to greater restrictions that would be imposed on Afghan refugees in Iran (25). The moves by the government to deport Afghan refugees were again reiterated in March and August 2008.

In 2008, Iran deported over 406,000 Afghans and over 720,000 in the preceding two years (7). In the section on Iran in the 2009 World Refugee Survey, it states,

Iranian soldiers also reportedly evicted entire refugee settlements without checking for status. Authorities deported many without warning, separating them from their families, with little time to collect belongings and wages. Others claimed that authorities beat, detained, or required them work unpaid for days before deportation (7).

The Resettlement Option

The Afghan refugees in HEI's study were not ready to return to Afghanistan and Iran at the present time, for all the reasons discussed above. Resettlement was their most favored durable option. Yet, resettlement is not a right, and attempting to resettle all Afghan refugees in exile is practically very challenging.

The Afghan refugees in Malaysia recognized this conundrum. Their frustration, however, was with the limited resettlement opportunities available to them compared to refugees from other countries. This is indicative in the statistics, which show that despite Malaysia having one of the highest global resettlement rates for refugees, only 20 Afghan individuals were resettled to Australia, Canada, New Zealand, and the United States between 2007 and 2009⁸.

A policy brief on the situation of Afghan refugees in Iran by the International Peace Research Institute based in Oslo could shed light on some of the resettlement problems facing Afghan refugees,

From the perspective of refugee-receiving countries in the West, the maintenance of large Afghan refugee populations in the neighbouring states of Iran and Pakistan exemplifies the preferred solution: refugees should be offered protection and basic necessities as close as possible to their country of origin, with repatriation as

⁸ Email communication from Mr. Alvin Gonzaga, Senior Protection Officer, UNHCR, dated 02 October 2009

the ultimate aim. This policy entails a very unequal distribution of the international refugee burden. It also limits the opportunities for refugees to seek protection and resettle elsewhere, which is at least an implied right under international refugee law. Protection is not always adequate in neighbouring countries, particularly in times of repatriation, when the line between voluntary and forced return is often blurred. (p.5(26))

The current scenario of shrinking resettlement options is increasingly accompanied by tighter immigration policies that impact opportunities for refugees to seek international protection. Recent policy direction is particularly concerning, as evidenced in the case of Australia, which includes the tightening of borders; the introduction of policy suspending the processing of asylum claims of individuals from Afghanistan and Sri Lanka; the use third countries like Indonesia to intercept and preempt onward movements of Afghan asylum seekers to Australia; and enlisting the services of international agencies like the International Organization on Migration (IOM) to deal with such population movements. These circumstances often entail repatriation back to conflict ridden areas where refugees' lives and security are in peril.

Though Canberra distances itself from the counsel and interventions provided by IOM to asylum seekers, the Australian government reportedly allocated an \$8 million budget for IOM in 2009. It also funded the renovation of Indonesian detention centers, the harsh conditions of which are said to be a factor in asylum seekers accepting offers of repatriation (27-28). This policy of Australia runs in tandem with its resettlement program which, according to UNHCR, is one of the best (29).

The related disproportionate distribution of refugees globally is evidenced in the 2008 statistics on refugees and asylum seekers released by UNHCR which state that fourth-fifths of the world's refugees live in developing countries, with Pakistan hosting the largest

number of refugees worldwide (1.8 million) (6, 13).

Long-Term Refugee Hood

The challenging option of returning to Afghanistan or Iran, the paucity of resettlement opportunities, and the harsh and unwelcoming environment of the Malaysian refugee context conflate the spatial and temporal dimensions of the problématique of the urban refugee phenomenon for the Afghan refugees in the study.

The growing phenomenon of refugees in urban areas is characterized not only by growing numbers of refugees living in adverse spatial contexts. It is also characterized by the temporal factor of increasingly protracted years in exile, as is evidenced in the case of Afghan refugees in Iran. This protracted exile and long-term uncertainty was an overriding consideration for refugees in the study. Their key protection expectation was for a timely solution and the resolution of this uncertainty by achieving a durable solution.

Afghans have endured generations of exile in Iran, Pakistan and other countries neighboring Afghanistan. The consequences of long-term refugee hood – namely, the non-resolution of their exile status; the lack of identity, meaning and purpose in life; and a lack of formal status in society over more than a single generation – are often needs that are sidelined in favor of strategies that aim to temporarily alleviate their material hardship in the urban context. This can also be seen in the Malaysian situation. While there has been an increase in funding and humanitarian support from UNHCR and other organizations for this community in the past year, the community continues to grapple with the biggest dilemma of their lives – an uncertain future as well as ambiguity and improbability with regard to the resolution of their protracted exile status.

Whither Will They Go?

Respondents indicated that Malaysia was one of their best choices for seeking effective refugee

protection and more concrete durable solutions, compared to Iran. This was owing to the relative low cost of travel here and the ease (in previous years) of obtaining visas from the Malaysian Embassy in Tehran. More significant for these Afghans was the possibility of arranging such travel legally without needing recourse to traffickers and people smugglers, with the dangers inherent in such irregular undertakings. A vast majority of these asylum-seeking cases comprised extended family groups and families with young children.

Where onward movements to other asylum countries were not previously considered, some reported being increasingly compelled towards using people smuggling networks to seek protection further afield (e.g. in Indonesia or Australia).

The researchers observed a marked change in the position of Afghan asylum seekers, with regard to decisions related to onward movements from Malaysia in their quest for a durable solution. Almost all the families in the beginning of 2009 stated that using the irregular route of taking a boat to Australia was definitely not an option because they had children, and there would be too many risks involved in such a journey. However, the failure to find protection in Malaysia, and the ensuing desperation with regard to their exile status, has since emboldened several families to consider such a decision.

In the words of one asylum seeker with a young family, whose uncle was slain in Kabul by non-state actors,

My family has personal enmity with a Harakat Commander. There is no way for me to return safely to Afghanistan. I will be found anywhere I go. If UNHCR rejects us completely, then we will have no choice but to use the illegal and dangerous way to find protection somewhere else. (ID101)

Others stated that they had nothing to lose anymore in life, and if a gamble on their lives was necessary to get them out of their miserable situation, they were prepared to take this risk.

Such desperate risks expose them to the dangers of being trafficked, abused and exploited. It also fuels the growth of transnational crime and syndicates involved in irregular migration and frustrates the efforts of States to strengthen national and regional security. Reducing asylum options by closing borders and denying refugees protection in order to arrest secondary movements has the potential of spawning irregular movements of people, and the development of bigger and more hidden underground crime networks.

At the time of publishing this report, many of the families who had participated in this study were reported to have reached Australia and Indonesia.

THE WAY FORWARD: EXPLORING ISSUES RELATED TO DURABLE SOLUTIONS

Obviously, there are no easy solutions to this complex problem. This is a situation that has fermented over decades and is driven by ideology, geo-politics, colonialist politics, religious fundamentalism, and deep-rooted corruption. Anarchy reigns in Afghanistan in part because of ethnic fractures and a fragmentation of power that sees militia commanders claiming the nation's resources for their respective fiefdoms. All this leads to a government that cannot function properly.

The magnitude and complexity of the problem makes it imperative that continued and collective international action take place. The international community must address the problems of Afghan refugees and make peace and reconstruction efforts in Afghanistan a priority.

Some strategies that could contribute to international protection and durable solutions for Afghan refugees in Malaysia are discussed below.

Refugee Identification and Protection

Given the valid need for international protection of Afghan refugees and asylum seekers in

Malaysia, based on research and compelling refugee testimonies gathered by SUARAM and HEI, there is a strong need for refugee claims to be properly adjudicated according to international standards, with robust examinations of the individual experiences, including if protection was effective in Iran.

It is thus pertinent to point out that recent movements from Afghanistan to Iran and Pakistan have sometimes been characterized as a “mixed flow” (26) demonstrating a “migration-displacement nexus.” In 2004, UNHCR in Iran estimated the Afghan population in Iran as comprising about 1 million refugees and 2.3 million labor migrants (26).

An evaluation of these fresh movements from Afghanistan by the Brookings-Bern Project asserts that care must be exercised in making such characterizations, as “people moving out of Afghanistan may often be simultaneously fleeing the risk of violence, avoiding the effects of environmental hazards, responding to unemployment and poverty, and seeking to join family members elsewhere.” It emphasizes the need to have mechanisms in place to distinguish those movements that have international protection needs, and those that currently do not as, “there is a very real risk that as a result of the migration-displacement nexus some refugees and IDPs are being overlooked” (30).

Increasing Resettlement Quotas for Afghan Refugees

Resettlement aims to provide protection for refugees whose life, liberty, safety, health or other fundamental human rights are at risk in their country of asylum. Resettlement is not only a durable solution and a means of providing international protection to refugees, it is also an “instrument of international burden sharing” (31). According to UNHCR, resettlement in recent years has been “vital in resolving some protracted refugees situations around the world, including creating protection space and opening up solutions that may have remained closed otherwise” (6).

However, the current sharing of responsibility is sharply skewed, as discussed earlier.

It has been shown that the Afghans in Malaysia do not intend to return to Afghanistan, and a return there would be, objectively, neither safe nor dignified, at this point in time.

There is an urgent need for resettlement quotas by traditional resettlement countries to be increased. Special attention should be given to individuals with special medical needs, women, and girls at risk, and elderly persons. The Afghan community in Malaysia has individuals who fall within these categories.

Integrating Refugee Resettlement into Migration Agendas

Countries with ageing populations and workforce shortages need to consider integrating refugee resettlement into their migration agendas and systems, which is an idea that has been raised previously by others (26, 31).

The current trend seems to veer toward temporary labor migration and choosing the fittest and best foreign workers. For example, Quan et al. state that in recent times, “Canada has selected immigrants with high education, strong technical skills and correspondingly favourable health status, with only a relatively small number of immigrants arriving as refugees” (32).

Incorporating refugee resettlement into the migration agenda must be concomitant with the protection of specific refugee rights, as enumerated in the 1951 Refugee Convention, and not limited to the customary international legal principle of *non-refoulement*. In fact, the application of the highest possible standards for human rights protection, and the comprehensive and multi-treaty approach of maximizing the use of applicable human rights standards (as advocated by the Jakarta Process for the human rights protection of irregular migrant workers and migrant domestic workers (33), could be equally applied to refugees being absorbed into labor migration frameworks.

Particular mention should be made of strategies that can be implemented by a country like Malaysia, with known labor shortages. Recognizing refugees and extending refugee protection to them, including granting them the formal right to work, not only makes better economic sense than incurring increased costs of recruiting new foreign labor from overseas; it also validates the country's efforts to be a key player in the international human rights arena.

Incorporating Protection Needs of Refugees in Anti-Trafficking and Border Control Strategies

States of transit and destination would benefit from bringing the transnational movement of people within their ambit of administrative and legal control. Efforts to reduce opportunities for traffickers and transnational crime syndicates to compromise the security agenda of States can only be achieved if border control strategies and enforcement also provide for safe opportunities of mobility for those in need of international protection. A more open and compassionate outlook needs to infuse policies of population movement and migration and assess the needs of those requiring international protection, especially secondary movers.

Rebuilding of Afghanistan

Interests of ideological and political expediency have long mediated international interest in Afghanistan. At the present time, international assistance and support needs to continue, especially for basic services (including health care, water and sanitation systems, especially in rural and remote areas of Afghanistan) and the strengthening of the country's public services and institutions. Support also needs to be extended to enable the country to develop its livelihood

opportunities for returning Afghans, especially in rural areas where the absence of sustainable livelihood options makes people vulnerable to recruitment by insurgents and other criminal networks. Unless people in Afghanistan directly benefit from development through enhanced livelihood opportunities and access to services, democracy cannot take root. Further, good governance should be strengthened by fostering the development, efficiency, and effectiveness of public institutions as well as supporting the National Human Rights Institution of Afghanistan and civil society groups engaged in promoting democracy and human rights.

CONCLUSION

Thus, from a refugee protection perspective, unless the humanitarian and security situation in Afghanistan improves, and unless the strident efforts to compel Afghan refugees in Iran to return home to situations of insecurity are capped, Afghans matching the profile of these Afghan asylum-seekers will continue to seek protection in countries like Malaysia.

Along the same lines, continuation of the quick and correct identification of refugees within the numbers of Afghan asylum seekers registered with UNHCR in Malaysia, the recognition and protection of refugees (inclusive of the right to work) by countries of transit or destination like Malaysia, Indonesia, Iran, and Pakistan, the increase in resettlement opportunities, and, increase in opportunities for the movement of people in need of international protection are crucial to protect them from undertaking precarious journeys further afield in search of more effective refugee protection and more sustainable life solutions.

RECOMMENDATIONS

1. To UNHCR Malaysia:

Increase refugee protection for Afghan refugees in Malaysia by:

- 1.1. Continuing to strengthen the refugee identification procedures, and, ensuring fair and efficient access to registration and standards-compliant RSD processes;

- 1.2. Advocating with refugee receiving countries for an increase in resettlement quotas for Afghan refugees;
- 1.3. Exploring migration-related solutions for Afghan refugees with Malaysia and refugee-receiving countries.

2. To Countries of Asylum (neighboring and non-neighboring countries of Afghanistan including Malaysia, Indonesia, Pakistan, Iran, India):

- 2.1. Recognize refugees and accord them the protection required under international law;
- 2.2. Stop the arrest and detention of refugees and asylum-seekers;
- 2.3. Stop deportations and respect the principle of *non-refoulement*;
- 2.4. Recognize and integrate the special protection needs of refugees and asylum seekers within enforcement of border control and anti-trafficking strategies;
- 2.5. Include refugees in anti-poverty strategies and accord refugees the right to work;
- 2.6. Facilitate access of refugees to education and health care services.

3. To Countries of Resettlement:

- 3.1. Increase resettlement quotas for Afghan refugees;
- 3.2. Recognize and integrate the special protection needs of refugees and asylum seekers within enforcement of border control and anti-trafficking strategies.

4. To Donors:

- 4.1. Increase aid to developing countries hosting exiled Afghans, especially countries like Iran and Pakistan in which the largest populations of Afghan refugees reside;
- 4.2. Support Malaysian NGOs and organizations to initiate and implement humanitarian and human rights interventions for Afghan refugees in Malaysia;
- 4.3. Continue support for the rebuilding of Afghanistan, including strengthening of good governance; increasing the capacity public institutions to deliver aid and services, especially in rural and remote areas; and building a culture of human rights in the country.

5. To NGOs:

- 5.1. Initiate and implement humanitarian and human rights interventions for Afghan refugees in Malaysia, including providing health care and education services, and, legal protection services related to labor rights and detention;
- 5.2. Explore regional co-operation and networking (especially countries in contact with and hosting significant populations of Afghan refugees, like Pakistan, Iran, India, Indonesia, Malaysia, and Australia), and explore cooperation with the NHRIs in Pakistan, Afghanistan, Malaysia, India, Indonesia, and Australia to:
 - 5.2.1. Draw attention to the need for enhancing refugee identification and protection measures within anti-trafficking initiatives;
 - 5.2.2. Develop national and regional strategies of advocacy and lobbying for the protection needs of Afghan refugees, including advocating to governments for durable solutions;
 - 5.2.3. Monitor the human rights and effective protection of Afghan refugees and asylum seekers.

REFERENCES

1. Presentation by the Immigration Department of Malaysia. Conference on Developing a Comprehensive Policy Framework for Migrant Labour; Crystal Crown Hotel, Petaling Jaya. Malaysia: Bar Council of Malaysia; 2008 Feb 18-19.
2. Country Reports on Human Rights Practices -2006: US Government Bureau of Democracy, Human Rights, and Labor 2007 March 6
3. FIDH. Undocumented Migrants and Refugees in Malaysia: Raids, Detention and Discrimination.: International Federation for Human Rights2008.
4. A joint submission by members of the Migration Working Group (MWG) and the Northern Network for Migrants and Refugees (Jaringan Utara Migrasi dan Pelarian, JUMP) for the 4th Session of the Universal Periodic Review: Migration Working Group (MWG)2009 Feb.
5. USCRI. World Refugee Survey: Best and Worst Places for Refugees. 2009 [cited 2009 Nov 06]; Available from: <http://www.refugees.org/FTP/WRS09PDFS/BestandWorst.pdf>.
6. UNHCR, 2008 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons Geneva: UNHCR; 2009 June 16 [cited 2009 Sept 10]; Available from: <http://www.unhcr.org/4a375c426.html>.
7. USCRI. World Refugee Survey 2009 - Iran. United States Committee for Refugees and Immigrants. 2009 June 17 [cited 2009 Sept 12]; Available from: <http://www.unhcr.org/refworld/topic,4565c22526,465462862,4a40d2a84a,0.html>.
8. Leithead A. Expelled from Iran - refugee misery. BBC News, Afghanistan; 2007 June 08 [2009 Aug 21]; Available from: http://news.bbc.co.uk/2/hi/south_asia/6705329.stm.
9. Afghanistan-Iran: Sharp Rise in Deportations from Iran. IRIN; 2009 July 21 [cited on 2009 Sept 01]; Available from: <http://www.irinnews.org/report.aspx?ReportId=85355>.
10. Gopal A. Ousted By Iran, Afghan Refugees Languish At Home. 2008 Feb 26 [cited on 2009 Sept 01]; Available from: <http://www.ipsnews.net/news.asp?idnews=41344>.
11. UNHCR, 2007 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons Geneva: UNHCR; 2008 June 17; Available from: <http://www.unhcr.org/4852366f2.html>.
12. United Nations General Assembly Security Council: The situation in Afghanistan and its implications for international peace and security. Report of the Secretary-General, A/62/722-S/2008/159, 6 March 2008. [cited 2009 Aug 21]; Available from: <http://unama.unmissions.org/Portals/UNAMA/08march06-SG-report-SC-situation-in-afghanistan.pdf>.
13. UNHCR. UNHCR Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from Afghanistan, July 2009. UN High Commissioner for Refugees; 2009 July [cited 2009 Aug 1]; Available from: <http://www.unhcr.org/refworld/docid/4a6477ef2.html>.
14. Annett H, Rifkin S. Improving urban health. Guidelines for rapid appraisal to assess community health needs. A focus on health improvements for low income urban areas Geneva: WHO, 1988.
15. Moran AC, Winch PJ, Sultana N, Kalim N, Afzal KM, Koblinsky M, et al. Patterns of maternal care seeking behaviours in rural Bangladesh. Tropical Medicine & International Health. 2007;12(7):823-32.
16. Ninth Malaysia Plan 2006-2010. Putrajaya: The Economic Planning Unit. Prime Minister's Department; 2006 [cited 2010 May 02]; Available from: <http://www.epu.gov.my/html/themes/epu/html/rm9/html/english.htm>.
17. Mid term review of the ninth Malaysia plan 2006-2010. Putrajaya: The Economic Planning Unit. Prime Minister's Department; 2008 June 26 [cited 2010 May 02]; Available from: http://www.btimes.com.my/Current_News/BTIMES/Econ2007_pdf/Mid-term%20Review%20of%20the%20Ninth%20Malaysia%20Plan%202006-2010.
18. Nair S. Poverty in the new millenium - Challenges for Malaysia. Malaysian Social Matters Publication Institute Social Malaysia , Ministry of Women , Family & Community Development. Volume 04 2005 April [cited 2009 Sept 11]; Available from: www.devnet.org.nz/conf/Papers/nair.pdf.
19. Nair S. Shelter, Security and Social Protection for the Urban Poor and the Migrants in Asia. Workshop on Shelter Security and Social Protection for the Urban Poor and the Migrants in Asia; 2009 February 11-13; Ahmedabad, India2009.

20. A third of Afghans at risk of hunger shows need for urgent aid reforms", OXFAM Press Release. OXFAM; 2009 Aug 19 [cited cited on 2009 Sept 10]; Available from: <http://www.oxfamamerica.org/press/pressreleases/a-third-of-afghans-at-risk-of-hunger-show-need-for-urgent-aid-reforms-says-oxfam>.
21. A crucial time for Afghanistan's fledgling health system. *The Lancet*. 2005 Mar 5-11;365(9462):819.
22. Acerra JR, Iskyan k, ZA ZAQ, Sharma RK. Rebuilding the health care system in Afghanistan: An overview of primary care and emergency services. *Int J Emerg Med*. 2009 June;2(2):77-82.
23. Conflicts in Afghanistan and Somalia fuel increase in asylum seekers", UNHCR Press Release, 24 March 2009. UNHCR; 2009 Mar 24 [cited 2009 Sept 01]; Available from: <http://www.unhcr.org/49d9c6206.html>.
24. Trafficking in Persons: Afghanistan. A Field Survey Report, 2008. Kabul, Afghanistan: International Organization for Migration; 2008 June [cited cited on 2009 Aug 21]; Available from: http://www.exiles10.org/IMG/pdf/iom_report_trafficking_afghanistan.pdf.
25. Iran wants Afghan refugees to leave by 2010. *Tehran: Daily Times*; 2006 November 09 [cited 2009 Sept 10]; Available from: http://www.dailytimes.com.pk/default.asp?page=2006\11\09\story_9-11-2006_pg4_21.
26. Afghan Refugees in Iran: From Refugee Emergency to Migration Management. Oslo: International Peace Research Institute. 2004 Nov [cited 2009 Aug 11]; Available from: <http://www.cmi.no/pdf/?file=/afghanistan/doc/CMI-PRIO-AfghanRefugeesInIran.pdf>.
27. Allard T. Afghan refugees sent back to war zone. *Brisbane Times*; 2009 Sept 12; Available from: <http://www.brisbanetimes.com.au/national/afghan-refugees-sent-back-to-war-zone-20090912-fl1x.html>.
28. The 2009-10 budget in brief: What it means for refugees and those requiring humanitarian protection Refugee Council of Australia; 2009 [cited 2009 Sept 10]; Available from: http://www.refugeecouncil.org.au/docs/releases/2009/090518_Federal_Budget_RCOA_brief.pdf
29. UNHCR. UNHCR chief praises Australia's refugee resettlement services. United Nations High Commissioner for Refugees; 2009 Feb 25 [cited 2009 Sept 25]; Available from: <http://www.unhcr.org/49a55ff32.html>.
30. Koser K. The Migration-Displacement Nexus in Afghanistan. Brookings-Bern Project on Internal Displacement; [cited 2009 Sept 11]; Available from: http://www.brookings.edu/opinions/2009/0504_afghanistan_koser.aspx.
31. Fredriksson J. Reinvigorating resettlement: Changing realities demand changed approaches. *Forced Migration Review*. June 2002;13:28-31.
32. Quan H, Fong A, Coster CD, Jianli Wang, Musto R, Noseworthy TW, et al. Variation in health services utilization among ethnic populations. *Canadian Medical Association Journal*. 2006 March 14;174(6):787-91.
33. Komnas Perempuan & International Labor Organization (ILO). Jakarta Process. Traversing spaces of power. The role of national human rights institutions in the protection and promotion of human rights of migrant workers in an irregular situation and migrant domestic workers. Jakarta. 2009.