

## CHAPTER 3

### THE PROVISION OF HUMANITARIAN AID

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#### Introduction

3.1 In Chapter 1, reference is made to the tragic human consequences of the conflict in the former Yugoslavia. The years of fighting have resulted in the displacement of vast numbers of refugees who have sought protection or humanitarian assistance, and their situation has obliged them to move to other regions or across international borders.

3.2 The International Meeting on Humanitarian Aid to the victims of Conflict in the Former Yugoslavia, held on 29 July 1992 in Geneva, endorsed a seven point humanitarian response plan proposed by the United Nations High Commissioner for Refugees (UNHCR). A subsequent visit to the republics of the former Yugoslavia coordinated by UNHCR found that over 2.7 million people were directly affected by the conflict and were in need of emergency humanitarian assistance, particularly in the form of food, shelter and health care.<sup>1</sup> For its part, Australia has resettled approximately 14,000 refugees and displaced persons from the former Yugoslavia since 1992, in addition to supporting the international community's relief operations from the outset of the crisis.

#### The Care of Refugees and Displaced Persons

3.3 The governments of Croatia and the Federal Republic of Yugoslavia have borne a considerable share of the cost of caring for the refugees. The Australian Croatian Congress told the Committee that until recently Croatia had borne 50 per cent of the cost of care for refugees but that had now risen to 75 per cent, an amount of \$1.3 billion in 1994.<sup>2</sup> In October this year UNHCR estimated the number of refugees and displaced persons in Croatia at 463,000. Given that the population of Croatia is only 4.5 million, the social and financial impact has been enormous. Refugees have been housed with families or in collective centres in schools or other public buildings, and particularly in tourist hotels along the Dalmatian coast.

3.4 The Government of the Federal Republic claimed that only 10 per cent of the cost of caring for refugees was being met by the relief organisations.<sup>3</sup> The 330,000 refugees and displaced persons<sup>4</sup> in the Federal Republic were supported by a host population of 10.5 million. Most refugees, before the influx from the Krajina, were housed with families and the strain on families already suffering economic hardship because of sanctions was considerable. The Care Australia representative described the conditions to the Committee in the following terms:

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1 UN Department of Public Information, Reference Paper, Revision 4, 'The United Nations and the Situation in the Former Yugoslavia', April 1995, p. 62.

2 *Evidence*, 27 October 1995, p. 62.

3 Information given to the secretary of the Committee by Ms Morina, the Commissioner for Refugees of the Republic of Serbia, on a visit to Belgrade in March 1995. However UNHCR reported that it dealt with the refugee requirements of the sectors equally.

4 UNHCR figure for October 1995. See Table 1.1.

With the sanctions that are currently enforced against Serbia and Montenegro ... the unemployment ... is probably 75 per cent plus. The factories have closed, there is no commercial activity going on and there is virtually no income. I think the host families are virtually living on whatever savings they may have had, which must surely be close to exhaustion. The value of the dinar ... is nothing. ...

... there are some pockets of incredible poverty and distress in that country, particularly in the hospitals. ... There were no therapeutic drugs. Patients were strapped to their beds and they would scream themselves to sleep.<sup>5</sup>

3.5 Similar evidence obtained through Care Australia's monitoring program in Serbia indicated that host families have borne the brunt of providing support for the refugees and displaced persons in Serbia and Montenegro. Of the estimated 400,000 people so classified, only around 50,000 people receive shelter and sustenance in the accommodation centres. These people are the most vulnerable, because they have no host family and no relatives to provide support. The UN sanctions had the effect of rendering direct funding support for host families inappropriate.<sup>6</sup>

3.6 The International Committee of the Red Cross (ICRC) informed the Committee that its work is carried out mainly in Bosnia-Herzegovina, although it provides humanitarian assistance throughout the whole area of conflict in the former Yugoslavia:

We had over 120,000 Serbs, or people of Serb origin, leaving Croatia, going towards Banja Luka and further to the east in Bosnia, after the Croat army had retaken the Knin area. Before that, we had ... a huge transfer of population from the Srebrenica and Zepa areas towards Tuzla. We have recently learned about mass transfer - [of] some 6,000 or so Muslims and Croats living in the Banja Luka and Prijedor areas - either towards Croatia or Central Bosnia.<sup>7</sup>

3.7 In further evidence, the witnesses from the ICRC and the Australian Red Cross described how the national Red Cross societies of Croatia and the Federal Republic of Yugoslavia have worked in conjunction with the international body in distributing food and other relief supplies to displaced persons in resettlement camps, given the limited capacity of the local communities to absorb them. The witness from the Australian Red Cross went on to describe the particular example of a settlement outside Zagreb which he had visited, where displaced persons had been living for some considerable time:

These were Croatians who had been displaced [by] previous conflict from Eastern Slavonia or wherever and their situation was very difficult. Half of them were settled with relatives or friends. They had been there for over 12 months, and you can imagine the tensions that arise.<sup>8</sup>

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5 *Evidence*, 27 October 1995, p. 31.

6 *Evidence*, 27 October 1995, pp. 28, 30.

7 *Evidence*, 26 October 1995, pp. 2-3.

8 *Evidence*, 26 October 1995, pp. 8,9

3.8 The Red Cross witnesses also highlighted the additional tensions which have arisen through expectations of compensation for lost living standards and the enormous task of reconstruction:

... these people had a living standard which was definitely as high as any other European country. In other words, they want compensation. They want to be compensated for all their losses and whatever has happened to them. ... the degree of destruction in this war is incredible, which means that, unlike in other wars where, at least, entire villages were still untouched, here almost all the area has been destroyed. It will need a huge undertaking in financial terms, in reconstruction terms. ... it will be years before people can return.<sup>9</sup>

3.9 Further evidence of the major role taken by local Red Cross societies was provided by the Refugee Council of Australia. In Serbia, for example, the Red Cross has been very active in assisting people displaced from the Krajina and from Serb held areas of Bosnia. As well, various National Red Cross Societies continued to support the ICRC's operations in Bosnia-Herzegovina and the UNPAs. Throughout 1994, 17 National Societies seconded 171 staff members to the ICRC for medical and sanitation projects and relief programs, in addition to tracing operations and dissemination of information.<sup>10</sup>

3.10 In the absence of clear and effective peacekeeping or peace enforcement mandates, assistance to and protection for the victims of the war in the former Yugoslavia has been the major task of the international community. The United Nations relief effort has been coordinated by UNHCR under which other agencies operate - the United Nations Children's Fund (UNICEF), the World Health Organisation (WHO), the World Food Programme (WFP), the ICRC, the European Community Humanitarian Office (ECHO), Caritas and numerous non-government organisations (NGOs) such as Medecins Sans Frontieres (MSF), national Red Cross societies, AUSTCARE, World Vision Australia and CARE International.

3.11 These and other organisations have delivered food, shelter and health care to huge numbers of people for a period of four years under dangerous circumstances and despite severe obstruction. The numbers of beneficiaries have varied over the period of the war. However, since 1992 the minimum number of people needing emergency humanitarian assistance has not fallen below 2.2 million people. On 11 March 1993 the UN High Commissioner for Refugees, Mrs S Ogata reported to the Security Council that 3.8 million people were receiving UN assistance throughout the former Yugoslavia. In Bosnia-Herzegovina alone, some 2.28 million people, or half of the original population, were beneficiaries of humanitarian assistance from UNHCR, and the situation there was still deteriorating. An indication of the scale of the resettlement problem towards the end of 1995 was provided by an update from the UNHCR, which highlighted the degree of human rights abuses to which many of the refugees and displaced persons had been subjected:

The main resettlement caseload since early August this year has been the recent arrivals into Croatia of ... around 7,600 Bosnian Muslims from the Banja Luka area. Regretfully, more than 3,000 of [these

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9 *ibid*, p. 9

10 *Evidence*, 24 November 1995, p. 148; ICRC, *Annual Report 1994*, pp. 154-55; Exhibit No. 23, 'Yugoslavia Red Cross Bulletins', August and October 1995.

people] have been forcibly returned to Bosnia Herzegovina. These refugees have suffered from serious human rights violations and have been allowed to enter Croatia only in transit. In addition, we have a group of 800 refugees, mainly men, from Srebrenica and Zepa detained in the Federal Republic of Yugoslavia since the end of July and early August 1995.

... UNHCR is particularly concerned about the fate of some 22,000 refugees from Velika Kladusa, currently living under unacceptable conditions in the area close to Vojnic in former Sector North. ... Although it is anticipated that some will be able to be repatriated voluntarily, resettlement of some 15,000 persons may have to be envisaged.<sup>11</sup>

3.12 The UNHCR update also highlighted a real concern for the fate and future resettlement prospects of civilians affected by mixed marriages. A similar point was made by the Refugee Council of Australia, which indicated that these people were unlikely to be able to return to any area after cessation of hostilities, and resettlement to 'third countries' was clearly their best option.<sup>12</sup> The UNHCR also expressed concern at recent events in Croatia, such as the involuntary return of both ethnic Croats and Muslims from the Banja Luka region to other areas in Bosnia-Herzegovina. These areas cannot be considered safe. UNHCR is re-emphasising the need for continued 'third country' resettlement from Croatia.<sup>13</sup> This aspect is covered in greater detail below.

3.13 One of the greatest concerns of the UNHCR has been the obstruction of humanitarian operations in Bosnia-Herzegovina. In October 1993 the beneficiaries numbered 4.26 million people. Access to populations in need was repeatedly denied or sabotaged for political or military reasons, especially by the Bosnian Serb and Bosnian Croat sides. All sides frequently threatened the security of the personnel of UNPROFOR, UNHCR and other organisations. As a result, the international airlift to Sarajevo had to be interrupted several times for security reasons. Because of obstruction and periodic attacks on convoys throughout 1993-94, only 50 per cent of the required assistance was getting through.<sup>14</sup>

3.14 Other evidence available to the Committee about denial of access for the ICRC and other human rights monitors in Bosnia-Herzegovina was provided by Amnesty International and the Refugee Council of Australia. The ICRC described the situation in October 1995 in the following terms:

At various times all sides to the conflict have denied the ICRC access to conflict areas. At the moment the ICRC is denied access to the area around Banja Luka and still around Srebrenica.<sup>15</sup>

However, Amnesty International reported some success in Tuzla and in contacting Croatian refugees from Banja Luka.<sup>16</sup>

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11 Exhibit No. 32, UNHCR, Resettlement Section, 'Update on UNHCR Resettlement Program from Former Yugoslavia', 14 October 1995, p. 1.

12 *Evidence*, 24 November 1995, p. 147.

13 Exhibit No. 32, p. 2.

14 UN Department of Public Information, op. cit., p. 63.

15 *Evidence*, 30 October 1995, p. 104, 24 November 1995, p. 149.

3.15 In other evidence, Amnesty International described its efforts to ascertain the number of people who have simply 'disappeared' during the hostilities, for example since the fall of Srebrenica:

All sides have been responsible for these disappearances, although most of the perpetrators appear to have been Serbs. ...It is easy to forget that between 4,000 and 6,000 people are still unaccounted for since the fall of Srebrenica. The boys as young as 12 up to elderly men who vanished are possibly in mass graves or possibly, if they are lucky, are in detention and used for forced labour. But their whereabouts are unknown ... . Even in recent events in north-west Bosnia ... we are talking about at least 2,000 mainly men who have been unaccounted for according to our information.<sup>17</sup>

3.16 The UN agency resources devoted to the task of trying to determine the whereabouts of disappeared people in the areas of conflict are totally inadequate, according to Amnesty International. In particular, the Commission on Human Rights has only two investigators who, between them have been able to make one trip to Bosnia since last year and have been able to forward to the relevant authorities details of only 600 out of the 5,000 cases referred for examination. Amnesty International has called on governments to ensure that UN agencies have adequate resources to carry out the special processes established for determining the whereabouts of missing civilians and non-combat personnel.<sup>18</sup> The Committee supports this proposal. See Recommendation 13 in Chapter 4.

### **Scope of the Relief Operations**

3.17 Clearly, relief operations have had to be conducted against a background of swiftly changing developments in the conflict. The focus of humanitarian needs and the required responses have therefore been subject to continuing change. For example, during November/December 1994, UNHCR found humanitarian access in Bosnia-Herzegovina very difficult. In January 1995, however, after the conclusion of the comprehensive cease-fire agreement, UNHCR gained adequate access to Sarajevo and the enclaves, with the exception of Bihac, for the delivery of food, fuel and winter materials, although the delivery of medical supplies was frequently obstructed. From February to April 1995, the overall situation in Bosnia-Herzegovina deteriorated again, creating new difficulties for humanitarian assistance programs.

3.18 UNHCR estimates that the total number of refugee resettlement places needed outside the former Yugoslavia will reach 20,000 in 1995 and that the initial requirements for 1996 are likely to be around 25,000 places in addition to a contingency component of 20,000 places.<sup>19</sup>

### **Response of the International Community**

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16 *Evidence*, 30 October 1995, p. 106.

17 *Evidence*, 30 October 1995, p. 102.

18 *ibid.*

19 UNHCR, Resettlement Section, 'Update on UNHCR Resettlement Programme from Former Yugoslavia', 14 October 1995, p. 2.

3.19 Statistics showing the numbers of refugees and displaced persons within the former Yugoslavia for the September to December 1995 quarter in receipt of UNHCR aid were provided in Chapter 1. Cumulative figures for resettlement/temporary protection provided by the international community under UNHCR auspices are shown in Table 3.1. In the period to October 1995, Australia resettled almost five per cent of the cumulative total of departed refugees/displaced persons for the year.

3.20 The financial contributions made by the international community to the UNHCR program were \$US485,130,364 in 1993 and \$US215,003,373 in 1994. A further indication of the size of the fund-raising programs can be gained from the regular appeals initiated by UNHCR since the beginning of the Balkan crisis. A revised inter-agency consolidated appeal (the eighth such appeal since 1991) was declared in May 1994, covering humanitarian needs for the period July to December 1994. The appeal addressed emergency needs for a revised beneficiary population of around 4.1 million persons and an estimated relief program totalling approximately \$US532 million.<sup>20</sup>

3.21 Airlift operations were commenced in Bosnia-Herzegovina in July 1992. By mid 1995, aircraft and crew contributed by participating nations were flying an average of 15 to 17 missions each day. By the end of April 1995, approximately 12,320 sorties had been made for the purpose of delivering 153,412 metric tons of humanitarian assistance to Sarajevo. A further 20,500 metric tons have been air dropped to other designated areas in Bosnia-Herzegovina. In 1994 alone 750,000 metric tons of food and medical aid valued at some \$500 million was delivered to the whole of the former Yugoslavia. In March 1995 the United Nations had 39,402 troops, military observers and civilian police from 39 countries deployed in the former Yugoslavia. Since 1992, there have been 1,366 casualties among UN military personnel, including 149 fatalities.<sup>21</sup>

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20 UN Department of Public Information, *op. cit.*, p. 64.

21 *ibid.*, pp. 50-51, 64.

[INSERT TABLE 3.1]

3.22 The Committee was unable to obtain figures on the overall numbers of aid workers involved in the humanitarian effort. This effort has involved many of the military personnel in the protection of the convoys, UNHCR staff and large numbers of people from NGOs. The personnel from the UN and other agencies are spread throughout the war zone, often in twos and threes. Their tasks are to monitor the situation, assist in the distribution of food, blankets and medical supplies, assist those who are fleeing persecution or fighting and to mobilise relief in emergencies. Their numbers and their isolation made them vulnerable to attack and ineffective in the face of determined military action. For example, ICRC workers have been subject to harassment and a series of physical attacks in areas such as Banja Luka, a Serb stronghold north of Sarajevo, according to the Deputy Director of the ICRC in Sarajevo. Personnel from various non government aid organisations are reported to have been attacked and vehicles and equipment have been stolen. There have been some casualties among NGO personnel as a result of attacks on convoys and accidents involving vehicles. Care Australia informed the Committee that, during the period to September 1993, there had been approximately 103 fatalities among non-combat relief workers, including journalists, UNHCR personnel or operations staff, and 29 soldiers killed as a result of road accidents.<sup>22</sup>

3.23 Multi-national humanitarian initiatives have been announced in the wake of the Dayton peace agreement. One of these was strong US support for a 6 month program to immunise the children of Bosnia, Croatia and the Federal Republic of Yugoslavia against potentially deadly diseases such as whooping cough, measles and diphtheria. This initiative will also provide support for restoring basic education systems. The joint sponsors of the program are the US Agency for International Development, which will manage the expected \$5 million contribution from the US, and UNICEF. The total projected cost of the program announced at the end of last year by President Clinton has been reported as \$US15 million.<sup>23</sup>

3.24 The Committee received evidence from the Refugee Council of Australia based partly on a joint mission to Bosnia-Herzegovina and Croatia in August 1995, led by the Hon Justice Marcus Einfeld, Austcare's Ambassador for Refugees. The mission team also included a representative from UNHCR Australia. The main purpose of the visit was to monitor the delivery of aid to people displaced from the Muslim enclaves of Srebrenica and Zepa.

3.25 The team was very impressed with the effectiveness of UNHCR and the cooperation established between relief agencies on the ground at Tuzla where a large number of displaced persons from Srebrenica had been accommodated in collective centres and settlements. Good results were ultimately being achieved despite the initial hostility of the local Bosnian authorities towards the UN agencies, who bore the brunt of the anger following the emergency in Srebrenica and reports of terrible human rights abuses. Considerable numbers of displaced persons and refugees were already sheltering in Tuzla before the Srebrenica emergency.<sup>24</sup>

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22 International News, 10 November 1995; *Evidence*, 27 October 1995, p. 34.

23 USIS Wireless File, 27 November 1995, p. 3.

24 *Evidence*, 24 November 1995, pp. 145-46.



## Detainees and Prisoners

3.26 Chapter 1 includes a description of the unlawful detention and mistreatment of civilian populations in detention camps located in all areas of conflict throughout the former Yugoslavia, particularly Bosnia-Herzegovina.

3.27 In relation to the Federal Republic, the ICRC expressed concern about the situation of detainees and prisoners in Kosovo. In addition to observers from the European Union and the UN, ICRC delegates have paid visits to security detainees there (mainly Albanian Muslims). Approximately 200 detainees have been visited in police posts and prisons in the Kosovo area and other parts of Serbia/Montenegro. Another cause for ICRC concern is the relocation of ethnic Serb refugees from Krajina and Bosnia to Kosovo<sup>25</sup>, which is already a highly volatile region:

The Serbian Government has been endeavouring to increase the proportion of Serbs in that region and that would be seen as having the potential to escalate the unrest there. So there is concern about people being forced to relocate there and wishing to be elsewhere.<sup>26</sup>

## Reconstruction and Rehabilitation

3.28 As agencies such as Care Australia indicated, comprehensive reconstruction and rehabilitation projects are not a feasible proposition until viable peace settlements have been negotiated and the safety of relief workers and civilian populations can reasonably be assured. In specific terms, there is an urgent need for hospitals to be rebuilt and for the re-establishment of essential medical, X-ray and pathology equipment, particularly in the severely damaged parts of central Bosnia. Care Australia estimates that there is scope for immediate assistance in the form of follow-up surgery and the sponsorship of surgical teams not only to perform operations but to update the medical and surgical skills of medical staff who have been isolated from current knowledge and skills development as a result of the armed conflict. As well, there has been extensive damage to housing, community health services and transport systems. Tractors and other farming equipment need to be replaced urgently.<sup>27</sup>

3.29 Resettlement will be a major task. For example, there may not be sufficient territory under Bosnian Government control to accommodate the entire Muslim population who fled to Croatia and wish to return. Similarly, those people may not want to (or may not be allowed to) return to areas now under Bosnian Serb control. These issues complicate what could become serious property ownership problems for refugees and displaced persons.

3.30 According to the Refugee Council of Australia, it is important to implement the return of displaced persons and refugees in a staged process, so that the first groups of returnees are those who will play a significant part in the reconstruction process. This approach is made necessary by the massive destruction of infrastructure, particularly in Bosnia.<sup>28</sup> The ICRC told the Committee that it envisaged phasing out its emergency relief

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25 See also Recommendation 12 in Chapter 4.

26 *Evidence*, 24 November 1995, p. 151.

27 *Evidence*, 27 October 1995, p. 35.

28 *Evidence*, 24 November 1995, p. 150.

activities after the next winter program, and transferring those activities to agencies which specialise in rehabilitation and construction.<sup>29</sup>

3.31 Resettlement and return of displaced people and refugees cannot be undertaken unless conditions of safety can be reasonably assured, for example, by the clearance of landmines. Repair and replacement of damaged infrastructure such as accommodation, health and sanitary services, and the issues of property ownership and payment of compensation for dwellings that require repair or reconstruction are other essential components of any resettlement programs, as ICRC witnesses pointed out.<sup>30</sup>

3.32 As far as the situation in Slovenia is concerned, the ICRC no longer maintains operations there, apart from some tracing work with the Slovenian Red Cross.<sup>31</sup>

### **Delivery of Promised Aid for Reconstruction.**

3.33 A note of caution was sounded by the Hon Justice Einfeld, National Vice President of Austcare and the International Commission of Jurists at a public hearing in October 1995. He indicated that the promise of substantial funds by the USA for the reconstruction of the former Yugoslavia has been viewed cynically by some analysts. Justice Einfeld mentioned the absence of fundamental US national interests and the forthcoming domestic elections as significant factors in this analysis of the USA's perceived level of commitment to reconstruction and rehabilitation after the cessation of hostilities.<sup>32</sup>

### **Reconstruction and Resettlement in the Former Yugoslavia.**

3.34 Although humanitarian assistance is vital for victims of the conflict in the short term, it is more important in the longer term to rebuild the infrastructure of areas devastated by the years of war. Although this is a self-evident principle, the reality tends to be that, once the problem is out of the international spotlight, the reconstruction phase after the cessation of hostilities tends to receive less attention and financial support from the international community. The experience in other theatres of conflict in recent years has often been one of uncoordinated reconstruction efforts and slow progress towards any tangible results.

3.35 UNHCR published preliminary conclusions on its possible roles in promoting, assisting and monitoring the return, relocation if necessary, and reintegration of refugees and displaced persons in the event of a peaceful settlement in the former Yugoslavia. At that time, UNHCR was of the opinion that a peace settlement would not automatically guarantee a definitive end of hostilities and ethnic/religious persecution against minorities on the ground, nor the right of return and free abode. UNHCR stated that large scale international assistance to the region to ensure adequate humanitarian and human rights standards following a settlement is of crucial importance for sustainable peace and recovery of the region:

... different types of population movements, including further displacements and spontaneous returns of population as a result of territorial adjustments, are likely to occur. Unmanageable mass

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29 *Evidence*, 26 October 1995, p. 4.

30 *Evidence*, 26 October 1995, pp. 4,10.

31 *Evidence*, 26 October 1995, p. 10.

32 *Evidence*, 30 October 1995, p. 91.

population movements destabilising the region and causing further humanitarian suffering would be harmful to the settlement itself.<sup>33</sup>

3.36 Recognising the importance of these issues, the Committee urges the Australian Government to ensure that reconstruction and resettlement efforts in the former Yugoslavia remain a priority even after the glare of international attention has subsided.

3.37 The Committee recommends that:

**2 the Australian Government**

- **make a significant contribution to the international reconstruction effort in the former Yugoslavia; and**
- **exert pressure on the international community to maintain the momentum of relief operations after the cessation of hostilities, by giving priority and firm commitment to the restoration of civilian populations and infrastructure devastated by years of armed conflict in the former Yugoslavia.**

## **Australia's Contribution to Multi-national Initiatives**

3.38 As DFAT and AusAID explained in their joint submission, the Australian Government has monitored developments in the former Yugoslavia closely to assess their implications for Australia in the context of the broader collective security operations of the UN. Australia has supported international efforts to reach a peaceful negotiated settlement and has used opportunities for making a difference at the margins. As well as condemning the blatant disregard for human rights by the parties to the conflict, Australia has contributed to emergency humanitarian programs, mainly those administered by the major international agencies:

Through our periodic assessed UN contributions, Australia has helped Finance the UN peace keeping operation. In addition, since the conflict began, the Government has provided nearly \$7.7 million - mainly through multilateral organisations - in humanitarian assistance to help the victims of the conflict. ... Australia works actively in international forums to protect human rights and supported the establishment of the International Criminal Tribunal for the former Yugoslavia in May 1993. Australia nominated Sir Ninian Stephen as a judge of the Tribunal and has enacted legislation to implement the Statute of the Tribunal in Australian law.<sup>34</sup>

3.39 Table 3.2 shows the agencies through which Australian humanitarian aid totalling approximately \$7.7 million since September 1991 has been distributed:

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33 cited by the Refugee Council of Australia, *Submissions*, p. S204.

34 DFAT/AusAID, *Submissions*, p. S22.

**Table 3.2 Australian Government Humanitarian Assistance to the Former Yugoslavia, September 1991 to October 1995**

Channel	1991-92 (\$A)	1992-93 (\$A)	1993-94 (\$A)	1994-95 (\$A)	1995-96 <sup>1</sup> (\$A)	Total (\$A)
UNHCR	262,500	730,000	850,000	800,000	1,500,000	4,142,500
ICRC	100,000	100,000	100,000	200,000	500,000	1,000,000
WFP			473,000 <sup>2</sup>		750,000 <sup>3</sup>	1,223,000
UNICEF	62,500	150,000				212,500
WHO	25,000	20,000				45,000
Australian NGOs	100,000		195,245		750,000	1,045,245
<b>TOTAL</b>	<b>550,000</b>	<b>1,000,000</b>	<b>1,618,245</b>	<b>1,000,000</b>	<b>3,500,000</b>	<b>7,668,245</b>

Note: 1. Contributions to 30 October 1995  
 2. Includes contributions of high energy biscuits valued at \$173,000  
 3. Includes contribution of Australian high energy biscuits (and transportation) to the value of \$250,000

Source: DFAT and AusAID, *Submissions*, p S33.

3.40 Appropriate action for Australia to take in contributing to the international reconstruction effort has been recommended in the preceding section. In the following sections, Australia's contribution to humanitarian aid in the zones of conflict, as well as the resettlement program for refugees and displaced persons in Australia, are examined.

### Care Australia

3.41 Care Australia gave evidence to the Committee on its role in support of the international community's humanitarian aid programs. At the invitation of Care International, Care Australia undertook an assessment mission in Bosnia-Herzegovina from March 1993 to June 1994 as lead organisation, in conjunction with counterpart agencies from Canada, the USA, Germany and Austria. Operations began with UNHCR funding and consisted initially of transport activities moving essential supplies from the Croatian coast to the Tuzla region. Medical supplies, clothing, foodstuffs, health and hygiene materials, agricultural seed and building materials made up the principal relief supplies. Later activities included shelter management and support for an ophthalmological surgery team based in Tuzla hospital, partly funded by AusAID and from Care Australia's own resources. UNHCR funding covered the operation until June 1994. Care Australia's own fundraising efforts had met with only lukewarm response in Australia, for a variety of reasons.<sup>35</sup>

3.42 In Serbia itself, Care Australia still operates a monitoring program for the refugees housed in the collective accommodation centres throughout the republic. Supplementary fresh vegetables, fresh fruit and the supply and distribution of heating fuel for winter form the main components of the relief program in Serbia. Without the contribution of

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35 *Evidence*, 27 October 1995, pp. 27-28.

a host family system in Serbia, Care Australia considers the accommodation crisis in that country would have been massive.<sup>36</sup>

### **The Refugee Council of Australia.**

3.43 The Refugee Council of Australia told the Committee that in Bosnia the response by the Australian Government to the Srebrenica emergency was considered extremely well timed and well targeted. Although Australia is not in absolute terms a huge donor of humanitarian aid, it does have the ability to provide assistance at times when it is particularly needed. The Refugee Council of Australia sees this as Australia's best option, particularly when the assistance is not targeted and is channelled through the UNHCR as lead agency. This enables the relief agencies on the ground to respond flexibly to situations as they occur:

One of the greatest difficulties in the region is tied aid which is linked to a particular purpose, which does not actually enable the people on the ground to deal with something such as 200,000 people who move overnight.<sup>37</sup>

3.44 The Refugee Council also highlighted the call by relief agencies within the conflict zones for avoidance of material aid, which is seen as difficult to deal with on the ground. Preference should be given to local purchase of essential supplies whenever practicable, as the local Bosnian organisations have indicated. This preference is due partly to the flow-on effect created by injecting money into the local economy and the boost to the local infrastructure provided by utilising the mechanisms now being re-established in Government-controlled areas of Bosnia-Herzegovina.<sup>38</sup>

### **The Resettlement Program in Australia.**

3.45 **Humanitarian Entry to Australia.** Resettlement outside the former Yugoslavia is seen as an area in which Australia can make a very significant contribution to the alleviation of the human tragedy caused by the conflict. As already mentioned, over 14,000 people from the former Yugoslavia were resettled in Australia between 1992 and June 1995. In addition, the total humanitarian entry program was increased from 13,000 places in 1994-95 to 15,000 places in 1995-96, of which just over 50 per cent (7,650 places) have been allocated to people from the former Yugoslavia. Former Yugoslavs now entering Australia under the migration program and the humanitarian program constitute the third largest group of settler arrivals in Australia, behind only the United Kingdom and Ireland and New Zealand in terms of total numbers.<sup>39</sup>

3.46 Grants-in-aid for the purpose of enabling ethnic and other community organisations to assist in meeting the initial settlement needs of humanitarian entrants from the former Yugoslavia have been provided through the Department of Immigration and Ethnic Affairs (DIEA). Several such organisations in all States and Territories except the Northern Territory have received grants since 1992. As at 15 December 1995, there were 27.5 active grants to organisations assisting entrants from the former Yugoslavia, with a total value of \$1.25 million. While most of the awards were for full grants, 13 were half grants.

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36 *ibid*, p. 28

37 *Evidence*, 24 November 1995, p. 146.

38 *ibid*.

39 DIEA, *Evidence*, 30 October 1995, pp. 111-12; DFAT and AusAID, *Submissions*, p. S22.

Most of the funds are being used by the recipient organisations to pay salaries and related expenses, so that the employment of the equivalent of 27.5 full-time social workers or other trained personnel is currently made possible by the grants.<sup>40</sup>

3.47 Information provided by DIEA showed the range of ethnic and other community organisations which have received grants-in-aid, the primary purpose of which is to address the initial settlement needs of entrants under the humanitarian program. As well as Bosnian, Macedonian, Serbian and Croatian community organisations, multi-ethnic and non-specific organisations such as the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) and regional headquarters of the Australian Red Cross have received grants since 1992. Further details of the organisations receiving financial assistance under the grants-in-aid program relevant to humanitarian entrants from the former Yugoslavia, and the various components of the program are provided in Appendices 6 and 7.<sup>41</sup> Health and dental services coordinated by DSHS for the purpose of assisting humanitarian entrants are described later in this Chapter.

3.48 While resettlement in third countries like Australia is not a practicable option for the majority of displaced people, there are specific groups for which such an avenue is fundamental to survival. Apart from those already mentioned who come from mixed marriages, other vulnerable groups are the victims of extreme trauma, rape and torture and people who are in situations of risk in countries of first asylum, according to the Refugee Council of Australia.<sup>42</sup>

## **The Reception of Refugees and Displaced Persons in Australia**

3.49 In the last 50 years, large numbers of migrants have come to Australia from the former Yugoslavia and so there are large communities associated with all the ethnic groups which made up the former Yugoslavia. Since the Second World War, more than 200,000 settlers from the area formerly known as Yugoslavia have arrived in Australia.<sup>43</sup> In addition to supporting international relief efforts through the auspices of the UN and its agencies and by organisations such as the Australian Red Cross, Care Australia and AUSTCARE, the Australian Government announced in October 1995 an increase in the size of the humanitarian entry program for 1995-96, as mentioned in the previous section.

3.50 On-shore arrangements have also been established whereby people from the former Yugoslavia who have come to Australia on a visa since 31 December 1991 can apply to remain temporarily. This right is now valid until July 1996. Currently 500 people from the former Yugoslavia are in Australia under this arrangement. Since November 1993, these people have been able to apply for permanent resident status. One hundred and forty people have successfully changed status under these arrangements. In addition, former Yugoslavs

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40 The comparable figures for 31 December 1994 were 22.5 grants worth \$998,226 - Exhibit No. 33, DIEA, 'Grants-in-Aid Current at 31 December 1994 and 15 December 1995: Recipient Organisations and Annual Value of Grants'.

41 DIEA, *Submissions*, p. S177-178; Exhibit No. 33.

42 *Evidence*, 24 November 1995, p. 147.

43 Exhibit No. 28, 'Country of Last Residence of Permanent and Long Term Arrivals, January 1947 to June 1994', DIEA.

who are in Australia can apply for a protection visa. Since 1991, 500 people have been granted refugee status in this way.<sup>44</sup>

## Areas of Need

3.51 As the Refugee Council of Australia pointed out in evidence, it is not enough simply to bring displaced persons and refugees from the former Yugoslavia to this country. Services to assist them after arrival must be in place and must be accessible. The most obvious areas of need are housing, medical attention, material requirements such as clothing and food, and counselling services. The Refugee Council reported that services are still struggling to meet the current requirements of the humanitarian entrants, apart from the additional burden which will arise from the announced increase in the program target for 1995-96:

There is a heavy demand on services across the board, but particularly in areas such as counselling, housing and material aid, emergency aid and the provision of things such as blankets, clothing and so forth, to establish homes. ... it is vitally important that the increased allocation is matched with an increased allocation in funding to services.<sup>45</sup>

3.52 **Changing Nature of the Intake.** Another aspect to which the Refugee Council drew the Committee's attention was the changing nature of the intake under the humanitarian program, which holds implications for the effective delivery of services. It is highly probable that given the events in the Krajina and in Serb-held areas of Bosnia during 1995, an increasing proportion of Australia's new intake will be of Serbian background and will be people who have experienced great trauma. Discussions between the Council and Serbian community groups, for example, has pointed to an emerging need for more personnel skilled in providing assistance to this target group. In broad terms, this implies a need for consultation with the various community organisations about the implications of the changed nature of the intake and delivery of appropriate services to all ethnic groups resettled in Australia from the former Yugoslavia.<sup>46</sup>

3.53 However, the Refugee Council also recognised that many of the humanitarian entrants do not wish to associate themselves with their particular ethnic community after arrival in Australia. Apart from complications arising from mixed marriages, some individuals and families badly affected by the ethnic nature of the conflict in their homeland do not wish to identify themselves with any community group.<sup>47</sup>

3.54 In order to clarify the potential beneficiaries of resettlement services in Australia, the Committee sought statistical information on the composition of the humanitarian entry program in terms of ethnic/geographic origin for people arriving in this country from the former Yugoslavia. Such information is also essential for determining whether equitable access to programs is obtained by the various ethnic groups within the intake. Statistics provided by DIEA showed that in 1994-95, Bosnian Muslims formed the largest ethnic group within the humanitarian entry categories, followed by Bosnian Croats and Bosnian Serbs. With the developments in the Krajina and in Serb-held areas of Bosnia in recent months, an

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44 *Evidence*, 30 October 1995, p. 112.

45 *Evidence*, 24 November 1995, p. 147.

46 *ibid.*

47 *ibid.*, p. 148.

increasing proportion of Australia's new intake is expected to be of Serbian background. The total number of humanitarian entry visas granted in 1994-95 was 5,086, as shown in Table 3.3:

**Table 3.3 Number of Visas Granted Under the 1994-95 Humanitarian Program for Each of the Ethnic Groups from the Former Yugoslavia**

NUMBER OF VISAS GRANTED, 1994-95				
Ethnicity	Refugees	Special Humanitarian Program	Special Assistance Category	TOTAL
Bosnian Croats	119	117	965	<b>1201</b>
Bosnian Muslims	378	870	559	<b>1807</b>
Bosnian Serbs	221	151	108	<b>480</b>
Other Bosnians	61	15	26	<b>102</b>
Croats	4	15	156	<b>175</b>
Serbs	10	8	20	<b>38</b>
Other Yugoslavs	0	23	1260	<b>1283</b>
<b>TOTAL</b>	<b>793</b>	<b>1199</b>	<b>3094</b>	<b>5086</b>

Source: DIEA, *Submissions*, p S183

3.55 **Victims of Trauma and Torture.** Refugees, particularly the most recent arrivals, face many problems beyond the normal logistics of resettlement and basic necessities of life. The levels of trauma evident in many entrants under the humanitarian program and the medical and other needs which arise from abuses suffered in their homeland were graphically described by witnesses:

The intake from the former Yugoslavia often comprises people who are severely traumatised. The first group ... were people who arrived from a special program that was to get people out of concentration camps. ... During that time they had all witnessed members of their immediate families being killed. Most had suffered torture. ... The level of trauma ... and the sense of disorientation was extremely high.

... in the last eight months or so, the intakes substantially have been groups out of Sarajevo and places like that where people had survived intense bombings for long periods of time. The level of trauma and experiences of torture are extremely prevalent and high amongst [those] groups ...<sup>48</sup>

3.56 **Medical and Dental Services.** The needs of incoming refugees from the former Yugoslavia have been manifold. Medical assessments often revealed gynaecological problems as a result of rape and the need for pathology services. Also identified was the need for reconstructive surgery and dental services where teeth had been smashed from beatings with rifle butts and clubs or where decay had occurred as a result of incarceration and severe

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48 *Evidence*, 27 October 1995, p. 17.



malnutrition. Access to essential dental services has posed particular problems, as there are long waiting lists in all States.<sup>49</sup>

3.57 State and Territory governments are responsible for the provision of dental services for school age children and Health Card holders and their dependants. The Commonwealth Dental Health Program was introduced in January 1994 to improve access to basic dental services for Health Card holders and their dependants. As very few humanitarian entrants arrive in Australia with anything but the barest resources, almost all are eligible for a Health Card on arrival. The services are provided through State dental clinics, community health centres, dental hospitals, mobile vans and other State agencies. For this purpose, the Commonwealth is providing over \$278 million to the States for the four years to 1996-97.<sup>50</sup>

3.58 DIEA has acknowledged that its own staff and the health professionals working with people arriving under the humanitarian entry program are aware that a high proportion of torture and trauma survivors require dental care soon after arrival. DIEA is introducing a Case Coordination Program which ensures humanitarian entrants using DIEA 'on-arrival' accommodation are linked to all necessary services, including a full health screening and dental check. The Program is now operating in Victoria and South Australia and will soon be operational in other States. DIEA is examining the need to extend the coordinated health care components of the Program to other categories of humanitarian entrants.

3.59 **Housing and Employment Needs.** For refugees, housing was also reported to be a problem by organisations such as the Victorian Multi Ethnic Slavic Welfare Association. Although a number of humanitarian entrants received initial accommodation from DIEA, this necessarily was of a temporary nature. Given that most refugees are impoverished by their experience - forced from their homes and robbed of their possessions - it was therefore extremely difficult for them to find affordable housing. Public housing was in increasingly short supply.<sup>51</sup> It was put to the Committee by the Victorian Foundation for Survivors of Torture that, while refugees did not need to be given priority over other Australians in need, there might be an arrangement between the Commonwealth and the States which would at least recognise people on the humanitarian program as eligible consideration.<sup>52</sup>

3.60 Employment, and especially employment at a level commensurate with qualifications, was difficult for refugees to find. Many were professionally trained, highly qualified people but a lack of English and/or a lack of recognition of qualifications increased this difficulty.

3.61 The Committee recognises that considerable sensitivity must be exercised in determining the placement of humanitarian entrants from the former Yugoslavia and urges DIEA to give priority to settlement in locations which minimise the adjustment problems of the new settlers and ensure access to all necessary support services.

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49 *Evidence*, 27 October 1995, p. 15.

50 *Submissions*, pp. S181-82.

51 *Evidence*, 27 October 1995., p. 53.

52 *Evidence*, 27 October 1995, pp. 19-20.

3.62 The Committee recommends that:

- 3 **in determining the placement of humanitarian entrants from the former Yugoslavia, the Department of Immigration and Ethnic Affairs give priority to settlement in locations which minimise the adjustment problems of the new settlers and ensure access to all necessary support services.**

## **Services Available to Refugees and Displaced Persons in Australia**

3.63 Australia has developed its humanitarian entry program and the services needed by incoming migrants over a period of 50 years. Overall, observations on the program and the services which support it were generally favourable. However, the Refugee Council observed that support services were stretched and need to be better resourced. The Committee believes that this situation will only become worse in the next twelve months with a 50 per cent increase in the humanitarian program intake from the former Yugoslavia, unless considerable increases are made to available services. Witnesses from the Victorian Foundation for Survivors of Torture Inc, for example, believed that Australia, in comparison with many other countries, had made remarkable progress in developing national networks of services and that we had provided an accelerated and generous response to the needs of refugees.<sup>53</sup> Refugees who spoke to the Committee expressed gratitude for the assistance and protection they had received, and yet it was obvious from their testimonies that their problems were legion.

### **DIEA Settlement Programs**

3.64 DIEA provides a number of initial settlement services designed to meet the special needs of people arriving under the humanitarian program. These include the 'on-arrival accommodation' (OAA) program, the Community Refugee Settlement Scheme (CRSS), the Grants-in-Aid program previously mentioned, support for Migrant Resource Centres and the Adult Migrant English Program (AMEP). The OAA program offers initial accommodation in government-subsidised flats for up to 26 weeks. DIEA Settlement Officers provide OAA residents with information and assistance, in conjunction with community support networks. The CRSS program comprises some 300 volunteer community groups which assist humanitarian entrants to settle during their first six months in Australia. These groups receive a small grant from DIEA towards some of the costs incurred in settling families and individuals.<sup>54</sup> The issue of coordination of services and evaluation of programs for humanitarian entrants is discussed in a later section of this Chapter.

### **Health and Associated Services**

3.65 The Department of Human Services and Health (DHS) funds, directly and indirectly, a small number of service programs which are available to refugees in Australia. These programs are not specific to beneficiaries from any particular overseas country, and include:

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53 *Evidence*, 27 October 1995, p. 15.

54 DIEA, *Submissions*, p. S219.

- Assistance for survivors of Torture and Trauma (\$5.2 million from 1994-95 to 1997-98)
- Pharmaceutical Benefits Scheme
- Medicare benefits and public hospital treatment
- Asylum Seekers' Assistance Scheme, providing financial assistance and limited health care
- Mental Health Services (not directly funded by the Commonwealth)
- Dental Services (funding provided to State public dental institutions for basic dental services)
- Aged and Community Care
- Childcare Cash Rebate and Childcare Assistance (subject to eligibility criteria).<sup>55</sup>

3.66 In evidence, DSHS explained the nature of the directly funded schemes such as Assistance for the Survivors of Torture and Trauma and the indirectly funded programs such as Dental Services. Most of the schemes listed in the preceding paragraph are mainstream services available to the general population, and therefore not specific to beneficiaries from the former Yugoslavia. This is particularly significant in the case of Dental Services, given the lengthy queues for public dental treatment in all States and Territories. DSHS was not able to provide statistics showing the levels of access to mainstream programs for refugees and displaced persons, apart from limited data about services provided under the Aged and Community Care program.<sup>56</sup>

3.67 **Assistance for Survivors of Torture and Trauma.** For the program most directly targeted at refugees and displaced persons, the Assistance for Survivors of Torture and Trauma, DSHS provided some statistics on beneficiaries, although specific information about the numbers of clients drawn from former Yugoslavia was relatively sparse. According to the Department, this reflects the particular methods adopted by provider agencies in collecting and using client data.<sup>57</sup>

3.68 The program provides initial counselling and advocacy to survivors, and assistance in gaining access to mainstream health and health-related services. Assistance to survivors also includes training for health services providers in the special needs of that client group. Service providers range from organisations such as STARTTS in New South Wales with a growing number of Bosnian clients, to Torture Rehabilitation and Network Services in the ACT, the majority of whose clients are from Vietnam or the former Yugoslavia.<sup>58</sup> DSHS acknowledged, however, that the efficiency and effectiveness of the program had not been evaluated. The reason given for this was, partly, that the program had been only recently taken over from DIEA and that a review was planned for 1998. Given the size of the direct funding provided by the Commonwealth (\$5.2 million from 1994-95 to 1997-98), the Committee is surprised and disappointed that the Commonwealth's commitments had not been subjected to some form of evaluation.

3.69 Part of the problem appears to be the reality that services for Commonwealth-supported health and associated programs are provided through the State and Territory public

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55 *Submissions*, p. S158.

56 *ibid.*

57 DSHS, *Submissions*, pp. S167-69.

58 *ibid.*

systems or by private practitioners. These agencies do not consistently supply disaggregated statistics to DSHS. Another factor which complicates the process of obtaining an overall picture is the variation between States in the wide range of service providers.<sup>59</sup>

3.70 Community groups were critical of the access to assistance programs, particularly public dental treatment. The Committee was told that there were 'special-needs' dental programs that at the moment were not directed towards the humanitarian program, but could have the capacity to be flexible enough to put a network of dental services in place in response to at least emergency cases. Some community organisations have achieved limited success by negotiating with dental hospitals and community health centres, but this is a very labour intensive process and usually means displacing someone else from the public dental services queue. As an alternative measure, the Victorian Foundation for the Survivors of Torture developed an informal network of volunteer service providers, aimed particularly at children:

We have put together a network of dentists who have been providing their labour free, but the components, the materials that they use, are still quite expensive.<sup>60</sup>

3.71 According to the Foundation, a further medical issue, and one of increasing significance, was the need for the screening of arrivals for infectious diseases both to minimise the long term individual health problems and ensure there is no substantial risk to public health. This is a State Government responsibility, but one that has suffered because of reductions in State services.

### **Tensions Surfacing in the Australian Community.**

3.72 In broad terms, information available to the Committee was that the conflict in the former Yugoslavia had not been reflected in hostility between the various ethnic communities in Australia. This was the tenor of evidence given by the Australia Croatian Congress, for example. However, it was also claimed that the communities had chosen not to interact with one another in order to ensure minimal disturbances and respect for fellow Australians.<sup>61</sup> It was nevertheless claimed by the Bosnian Council of New South Wales that the leaders of the community it represented had not entered into ethnic conflict or violence 'despite provocation':

... you should be aware that our Bosnian mosques have been vandalised and, on another occasion, in a train Serbs threatened newly arrived Bosnians ...<sup>62</sup>

3.73 According to information received on a confidential basis, there is some anecdotal evidence that tensions and conflict between Bosnian Serb children and Muslim children from Bosnia had surfaced in Australian schools. This had largely been reported by relevant school counsellors. DSHS indicated that if there were problems arising in schools, it would be the responsibility of the Department of Employment, Education and Training (DEET) to develop appropriate programs, but DSHS itself had no specific knowledge of

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59 *Evidence*, 24 November 1995, pp. 154-56.

60 *Evidence*, 27 October 1995, pp. 17-18.

61 *Evidence*, 27 October 1995, p. 63.

62 *Evidence*, 30 October 1995, p. 80.

conflicts between children of the various communities.<sup>63</sup> In the time available to it, the Committee did not have the opportunity to obtain evidence from DEET about whether evidence existed of community tensions and conflict in schools and, if so, what steps could and should be taken to minimise the problems.

3.74 The Committee believes that the issue of whether the conflict in the former Yugoslavia had surfaced in more than isolated incidents in Australian schools is an important one and should be examined further in order to identify any necessary remedial action.

3.75 The Committee recommends that:

- 4 the Department of Employment, Education and Training, in conjunction with the Department of Immigration and Ethnic Affairs and the State and Territory Departments of Education, investigate the levels of tension and hostility in Australian schools between children of communities involved in the conflict in the former Yugoslavia and recommend strategies to minimise the problem through appropriate programs.**

#### **Coordination of Services and Evaluation of Programs**

3.76 A consistent theme evident in the information obtained from individuals and community groups was the need for providing entrants and, where applicable, host families with clear information about the services available and the ways to access them. Mr Aristotle, for the Victorian Foundation for the Survivors of Torture Inc, explained such an integrated approach in the following terms, particularly in regard to public health and housing:

... the family reunion and the family sponsorship program ... needs to be supported and needs to be maintained and, possibly, increased. ...there is a need for the family sponsorship component to be organised in such a way so families sponsoring people very clearly understand what services are available to them when families arrive.<sup>64</sup>

3.77 The Committee recommends that:

- 5 the Department of Immigration and Ethnic Affairs, in conjunction with relevant State Government authorities, develop a package of information detailing the full range of services available to refugees including health, education and language services, employment services and unemployment benefits, child care facilities, trauma counselling and legal advice regarding war crimes. This package should be distributed to refugees on arrival as well as to sponsoring families, mainstream charities, ethnic community organisations and trauma counselling services.**

3.78 As already alluded to in paragraphs 3.62 to 3.67 above, it appeared to the Committee that there was no structured mechanism for gaining an overall picture of the range and effectiveness of Commonwealth programs aimed at providing services to refugees and

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63 *Evidence*, 24 November 1995, p. 159.

64 *Evidence*, 27 October 1995, p. 19.

displaced persons who enter Australia under the humanitarian program. This made it difficult to assess the impact such services had had on alleviating the problems faced by people resettled from the former Yugoslavia and whether access for all components of the humanitarian intake from those regions is equitable, or favours any particular group.

3.79 Support services are currently provided by several Commonwealth agencies in addition to DIEA and DSHS, including the Department of Housing and Regional Development (DHRD), DEET and the Department of Social Security (DSS), as part of mainstream services to the general population. Although an inter-departmental committee is not automatically the best means of achieving integrated and cost-effective programs of assistance, it is one option that the Committee would like to see explored. Clearly, DIEA, DFAT, DSHS, DEET, DSS, DHRD, State/Territory health and housing authorities at least should be members of any such steering committee.

3.80 DIEA described to the Committee the evaluation processes that have been implemented and modified in relation to the resettlement programs it administers. For example, an evaluation of the OAA program is currently being undertaken and is scheduled for completion in February 1996 and organisations receiving Grants-in-Aid funding are required to prepare half-yearly reports on progress in implementing their individual work plans.<sup>65</sup> It would be appropriate for DIEA to be the lead agency in ensuring effective coordination and monitoring of the overall relief effort provided through various departments and agencies for entrants under the humanitarian program.

3.81 The Committee is aware that the delivery of the services in question is a State Government responsibility. However, it appeared from evidence presented to the inquiry that there was a need for greater coordination between the Commonwealth funding agencies and the State delivery agencies to meet the needs of incoming refugees. This will become a matter of some urgency in 1996 when the intake of refugees from the former Yugoslavia is expected to increase from the overall total of 5,086 received in 1994-95 to the projected total of 7,650 for 1995-96.

3.82 The Committee recommends that:

- 6 better access for refugees to health, education and other services be made an agenda item at meetings between relevant State and Federal Ministers and officials; and**  
**in particular, the provision of adequate access to dental services be made an urgent priority.**
- 7 the Department of Immigration and Ethnic Affairs be given responsibility to coordinate a committee of all relevant departments and agencies for the planning, delivery and monitoring of integrated programs of assistance to refugees and displaced persons, with particular reference to housing, health, dental services, employment, social services and education.**

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65 DIEA, *Submissions*, p. S221.

- 8 statistics showing access to programs by refugees and displaced persons be obtained by the inter-departmental committee on a regular basis from State and Territory authorities providing services to beneficiaries on behalf of the Commonwealth.
- 9 evaluation of all Commonwealth-funded programs providing support services to refugees and displaced persons be carried out by the respective agencies, be monitored by the inter-departmental committee on a regular basis; and

**the report of this evaluation be provided to the Parliament through the Joint Standing Committee on Foreign Affairs, Defence and Trade.**

### **Delivery Mechanisms**

3.83 Criticism by organisations such as the Refugee Council of Australia and some community groups about access to assistance programs led the Committee to consider the question of how humanitarian aid could be delivered most effectively to refugees and displaced persons in Australia. As discussed above, the Commonwealth directly or indirectly funds support programs delivered through a variety of agencies at the State and Territory level, including through private practitioners.

3.84 Grants-in-Aid administered by DIEA extend the reach of assistance by directing funds to a range of ethnic community groups and migrant welfare associations throughout Australia, with the exception of the Northern Territory. As well, there are multi-ethnic or non-specific community agencies, such as the Victorian Multi Ethnic Slavic Welfare Association, some of which have received DIEA grants.<sup>66</sup>

3.85 From the data available to it, the Committee was unable to determine whether the funds allocation under DIEA's grants-in-aid program for settlers from the former Yugoslavia was adequate.<sup>67</sup> Mindful of the imminent increase in the number of arrivals from that region during 1995-96 and the changing nature of the intake, the Committee considers that comments made by the Refugee Council of Australia about the inadequate resources available to the ethnic and community groups for professional support services should be examined carefully by DIEA, to determine whether the level of funding for grants-in-aid and the particular organisations in receipt of the grants enables adequate skilled resources to be engaged by those organisations providing assistance to humanitarian entrants.

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66 DIEA, *Submissions*, pp. S177-78.

67 DIEA, Exhibit No. 33; Appendices 6 and 7.

3.86 The Committee recommends that:

**10 the Department of Immigration and Ethnic Affairs consult with ethnic community groups representing the range of humanitarian entrants from the former Yugoslavia, and with the Refugee Council of Australia, in order to:**

- **determine whether the funds provided under the Grants-in-Aid program need to be increased in light of the changing nature of the intake; and**
- **ensure that equitable benefits for all ethnic groups from the former Yugoslavia are achieved.**

3.87 The Refugee Council of Australia also drew the Committee's attention to the need to balance funding support and service delivery between ethno-specific agencies and mainstream services, because not all humanitarian entrants wish to be identified with their particular community group. People from mixed marriages are one such category, but there are others who do not wish to be reminded of the tragic results of the conflict in their homelands.<sup>68</sup>

3.88 The Committee believes that the current mix of specific and non-specific community organisations and mainstream services provided in conjunction with State and Territory health and welfare authorities is appropriate to reach as many of the potential clients from former Yugoslavia as possible. Nevertheless, the effective coordination and integration of services, and ensuring that clients and their representatives/sponsors are aware of the range of assistance programs and how to access them, remain essential components of a successful resettlement program, as the Committee has recognised in making the recommendations contained in this Chapter.

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68 *Evidence*, 24 November 1995, p. 148.