

## UNHCR Concerns regarding the Treatment of Vulnerable Asylum-Seekers in Rwanda

The current *Procedure for Removal to the Third States* does not generally exempt vulnerable individuals from enforced relocation to a third state.<sup>1</sup> UNHCR would like to reiterate its position that relocation arrangements must guarantee that each asylum-seeker will be treated in accordance with accepted international standards, which include access to health and basic services, and that persons with specific needs are identified, based on re-transfer assessments, and assisted.<sup>2</sup> In this context, UNHCR would like to share the following information on the services available in Rwanda to asylum-seekers with special needs relocated from Israel. The information indicates that individuals with mental, sensorial, cognitive and physical disabilities, individuals who require special or continuous medical care and elderly people would encounter difficulties accessing vital medical treatment and basic services required to allow them a dignified living. Special attention should also be paid to members of the LGBTI community which could be subject to persecution based on their sexual orientation. UNHCR therefore urges the Government of Israel to set up effective screening mechanisms to identify these vulnerable groups during the pre-transfer hearings and to refrain from relocating these individuals to Rwanda .

### 1. Individuals with mental disabilities and disorders and victims of torture

- **Victims of torture** – Among the asylum-seeking population from Eritrea and Sudan is a significant number of persons who are victims of torture, whose torment took place either in their country of origin or during the journey in Sudan and/or Sinai. Many survivors suffer from mental and physical disabilities or other types of manifestations of the trauma. In addition to apparent physical consequences, they may exhibit symptoms of PTSD (post-traumatic stress disorder) such as anxiety, insomnia and emotional outbursts, difficulties in socializing, depression, self-harming, etc.
- **Individuals with mental disabilities and disorders (psychosis, PTSD, depression, anxiety disorders, schizophrenia etc.)** - PTSD, depression and anxiety are also common among asylum-seekers who are not victims of torture, but rather suffer from these disorders as a result of other traumas, hardships and life insecurity. Some were diagnosed by mental health professionals as suffering from acute mental illnesses such as schizophrenia and are dependent on medications for their daily functioning. They require treatment such as individual support sessions, group support sessions and/or provision of medications – all of which are essential for their ability to cope with daily life and to prevent their further deterioration.

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<sup>1</sup> The only vulnerable group exempt from enforced relocation is of recognized victims of trafficking and slavery. PIBA, *Procedure on Removal to the Third (Procedure no. 10.9.0005 (30 January 2018)*, available at [https://www.gov.il/BlobFolder/policy/third\\_country\\_deportation\\_procedure/he/10.9.0005\\_0.pdf](https://www.gov.il/BlobFolder/policy/third_country_deportation_procedure/he/10.9.0005_0.pdf), Article 3.2.4.

<sup>2</sup> UNHCR, *Guidance Note on bilateral and/or multilateral transfer arrangements of asylum-seekers*, May 2013, available at: <http://www.refworld.org/docid/51af82794.html>, para. 3.6. (Hebrew translation attached)

### **Access to treatment in Rwanda:**

The national health system in Rwanda does cover mental health services. However, government-recognized refugees and asylum-seekers are not included in the national health system.

Government-recognized refugees and asylum-seekers, like other foreigners in Rwanda, may go directly to the government health facilities for mental health care, however they would need to cover the costs for consultation and medication fees.

It should, however, be noted that even if financial means would be available, the capacity to provide mental health services is limited. At the national level, there is only one neuropsychiatric referral hospital in the country with a limited number of specialists. The capacity to provide standard care is still not adequate. Therefore, medication for mental disorders such as schizophrenia are not always available. Treatment for PTSD, depression, anxiety, and access to rehabilitation programmes for survivors of torture is very limited.

UNHCR provides limited access to mental health care (through a health partner in Kigali) to government-recognized refugees and, on an exceptional basis, to asylum-seekers. This is a parallel structure financed through UNHCR funding and implemented by an NGO. Due to limited resources, UNHCR could only make an arrangement for a Psychiatric Nurse, who is based in one of the refugee camps, to come to an urban health post (but only once a month) to consult urban refugees with psychiatric illness. Further, limited psychosocial care is provided by a protection partner of UNHCR, which is also limited to government-recognized urban refugees.

UNHCR is negotiating to include government-recognized urban refugees (but not asylum-seekers) into the national health insurance system in 2018. Only government-recognized refugees who were included in the joint Government/UNHCR verification exercise would be allowed access to the national health insurance system. The admission fee of the refugees who join the national health system will be paid by UNHCR.

If government-recognized urban refugees are included in the health plan, UNHCR is expected to either downsize or close the above-mentioned urban clinic, leaving asylum-seekers with little to no access to treatment.

### **2. Individuals requiring continuous medical treatment**

- **HIV Positive asylum-seekers** – Over 200 asylum-seekers have been identified in Israel as HIV positive, the majority of whom are receiving AVR treatment. Persons with HIV are in need of ongoing monitoring and access to treatment to prevent both the deterioration of their situation and the development of AIDS and AIDS/HIV-related illnesses.

### **Access to treatment in Rwanda:**

According to the information received from the UNHCR Public Health specialists in Kigali, medication and follow-up would not normally be provided to HIV patients relocated from Israel to Rwanda.

- **Individuals with chronic diseases** - Chronic illnesses that are prevalent among the asylum-seeker population include diabetes, high blood pressure, epilepsy, kidney failure, Hepatitis B and C (leading, in some cases, to liver cirrhosis due to lack of identification and proper treatment).

Several asylum-seekers suffer from heart conditions (including INR follow-ups) and many suffer from herniated-discs as a result of past injuries and/or difficult manual labour work. Most of these conditions require ongoing treatment and life-saving medication and are often likely to result in the inability to perform hard labour or to work at all.

#### **Access to treatment in Rwanda:**

Government-recognized refugees and asylum-seekers have limited access to the Rwandan public health system. UNHCR has advocated for inclusion of government-recognized urban refugees (but not asylum-seekers) in Rwanda's Health Insurance Scheme and the national social protection system, based on a commitment by UNHCR to pay their admission fee. Urban refugees have yet to be included in the national health insurance system, and UNHCR's advocacy to also include government-recognized refugees has not yet yielded results. Past practice also shows that without financial means or a guarantee that UNHCR will provide funding, even for emergency treatment, government-recognized refugees and asylum-seekers are not provided services.

On an exceptional basis and based on an explicit request from UNHCR, asylum-seekers are supported by a UNHCR Health Partner (parallel structure).

There are very limited services available for chronic patients in Rwanda. Those that are provided are expensive and are normally not accessible to government-recognized refugees and asylum-seekers. Government-recognized refugees and asylum-seekers do not have access to Hepatitis B and C vaccinations, treatment and services provided through government services. No other support (financial or material) is provided for asylum-seekers with chronic illnesses who are unable to work.

### **3. Individuals with physical, sensorial and cognitive disabilities**

UNHCR has registered 163 cases of adults and children with physical (e.g. cerebral palsy/physical disability /complex diseases), sensory (e.g. impaired sight and hearing) and cognitive disabilities (e.g. autism, down syndrome, impaired mental development). This includes Eritreans and Sudanese who were born with disabilities (for example, babies born with birth defects, polio); people who became disabled in their country of origin or during their journey to Israel due to war or other conditions, including maiming and torture (for example, victims of torture in the Sinai); and people who became disabled in Israel as a result of work accidents, road accidents or hate-crimes.

#### **Access to treatment in Rwanda:**

Services provided by the Rwandan Government to persons with disabilities are generally limited to nationals. Asylum-seekers with disabilities do not have access to nursing homes/shelters, adjusted occupation programmes, orthopedic aids such as prostheses and orthopedic shoes, physiotherapy and occupational therapy.

UNHCR, provides health services for government-recognized refugees with disabilities through a specialized NGO partner - Humanity and Inclusion (formerly called Handicap International). Due to limited funding, these services are only provided to government-recognized urban refugees. On an exceptional basis (but not a sustainable solution), services to asylum-seekers could be provided.

### **4. Elderly people**

UNHCR is aware of a few dozen asylum-seekers over the age of 60, 15 of them women, who are currently in Israel, and over 600 who are between the ages of 50 and 60. These asylum-seekers are

often less likely to be able to support themselves due to the nature of the jobs available for asylum-seekers (physical, manual labour jobs). Furthermore, they are often more susceptible to illnesses and require further assistance. Many of them are currently coping without the support system of their families and are dependent on their community.

#### **Access to treatment in Rwanda:**

UNHCR facilitates access to primary health care facilities for elderly, government-recognized urban refugees over 60 years of age. However, there is no access to nursing homes, shelter or financial support in case of no income. UNHCR, would not be able to refer them to care and expensive treatment of chronic conditions as UNHCR's limited funding does not allow coverage of these expenses.

#### **5. LGBTI**

These asylum-seekers (consisting mainly of homosexuals and some transgendered individuals), particularly from Eritrea, are extremely vulnerable as they are both marginalized by the local LGBTI community as a result of being asylum-seekers and marginalized and ostracized by their own community for being LGBTI.

#### **Acceptance in Rwanda:**

Homosexuality is not prohibited by law in Rwanda. Rwanda is one of the 57 signatory states of the *UN Declaration on Sexual Orientation and Gender Identity*, and one of the six African countries to sign the *UN Report on Sexual Orientation and Gender Identity*.

However, LGBTI communities in Rwanda suffer from human rights violations on the basis of sexual orientation and identity and gender expression, including verbal, physical violence and extortion by the reserve force of the Rwanda Defence Forces (Inkeragutabara); arbitrary arrests and detention by the police; and discrimination in employment, education and housing.

Furthermore, social acceptance of members of the LGBTI-community is lacking. This issue is rarely discussed in public as many find it against the religious and cultural norms. UNHCR has observed that asylum-seekers with homosexuality claims have been rejected by the Directorate General of Immigration and Emigration, and were verbally told that such claims are against the Rwandan culture. This situation is unlikely to change anytime soon.

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