REFUGEE ISSUES

Refugee issues

- There were 43.3 million forcibly displaced people worldwide at the end of 2009, the highest number since the mid-1990s.
- Of these, 15.2 million were refugees; 10.4 million who fell under UNHCR's responsibility and 4.8 million Palestinian refugees under UNRWA's mandate.

Refugee issues

- The figure also includes 983,000 asylum seekers and 27.1 million internally displaced persons (IDPs).
- More than 26 million people – 10.4 million refugees and 15.6 million IDPs – were receiving protection or assistance from UNHCR at the end of 2009.
- This is 1 million more people than in 2008.

Refugee issues

- By the end of 2009, UNHCR had identified some 6.6 million stateless persons in 60 countries.
- However, the Office estimated that the overall number of stateless persons worldwide could be far higher - about 12 million people.
- Some 5.5 million refugees were in a protracted situation at the end of 2009.
- They were living in 21 different countries, accounting for 25 protracted situations.

Refugee issues

- Developing countries were host to four-fifths of the world's refugees.
- Pakistan was host to the largest number of refugees worldwide (1.7 million), followed by the Islamic Republic of Iran (1.1 million) and the Syrian Arab Republic (1.05 million; Government estimate).
- Pakistan also hosted the largest number of refugees in relation to its economic capacity with 745 refugees per 1 USD GDP (PPP) per capita, followed by the Democratic Republic of the Congo (592) and Zimbabwe (245).

Refugee issues

- Afghan and Iraqi refugees accounted for almost half of all refugees under UNHCR's responsibility worldwide; one out of four refugees in the world was from Afghanistan (2.9 million).
- Afghans were located in 71 different asylum countries.
- Iraqis were the second largest refugee group, with 1.8 million having sought refuge primarily in neighbouring countries.
- Some 251,500 refugees repatriated voluntarily during 2009, the lowest figure since 1990. In contrast, more than 2.2 million IDPs were able to return, the highest in at least a decade.

Refugee issues

- UNHCR presented over 128,000 refugees for resettlement consideration by States. Some 84,000 refugees were resettled with UNHCR's assistance.
- According to government statistics, 19 countries reported the admission of 112,400 resettled refugees during 2009 (with or without UNHCR assistance). The United States of America accepted the highest number (80,000).
- More than 922,000 individual claims for asylum or refugee status were registered in 2009.
- Of these, UNHCR registered 119,100 (13%) With more than 222,000 claims - almost one quarter of applications globally - South Africa was the world's largest recipient of individual applications, followed by the United States of America and France.

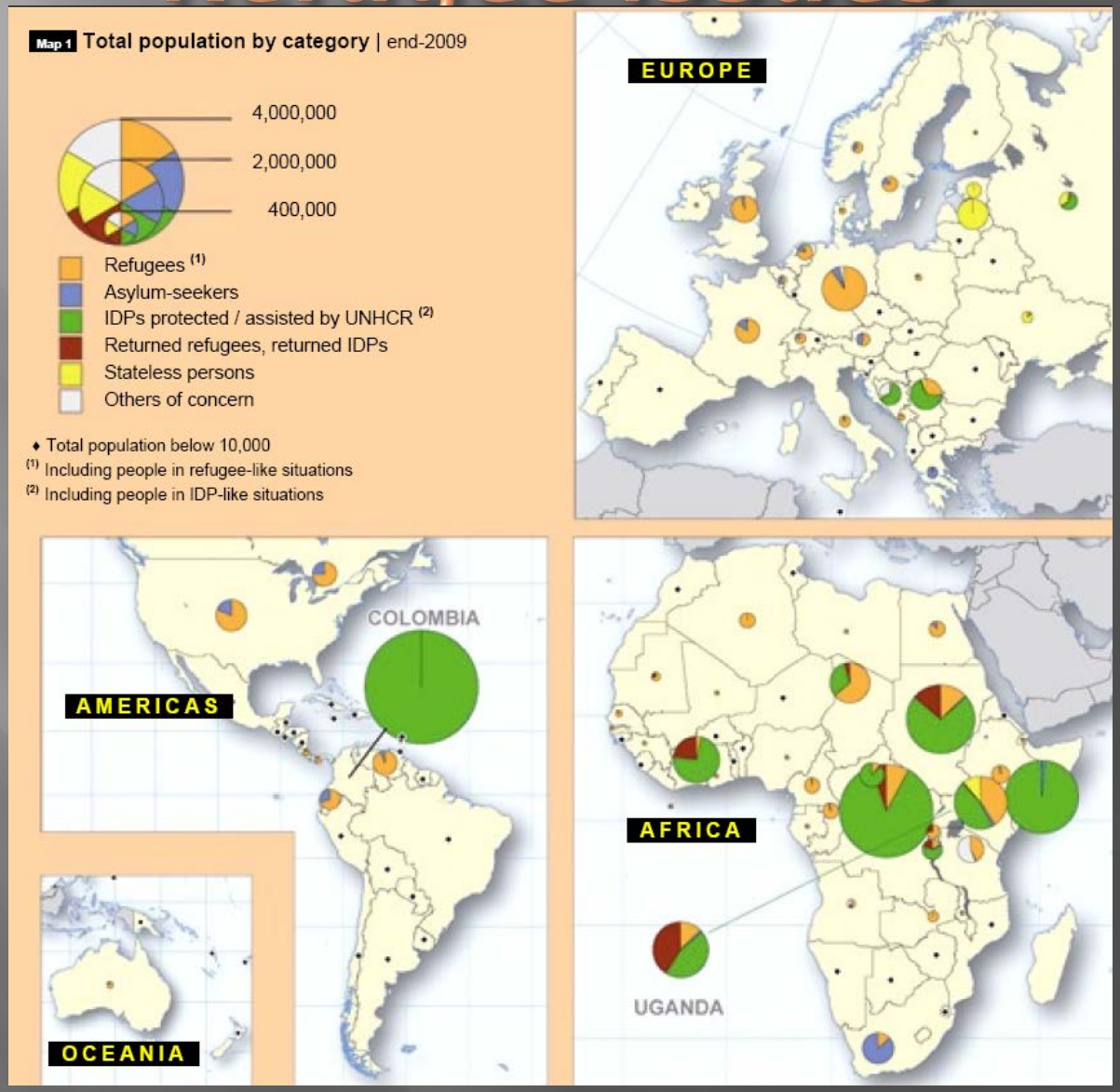
Refugee issues

- More than 18,700 asylum applications were lodged by unaccompanied and separated children in 71 countries, the highest number in four years.
- The applications came mostly from Afghan and Somali children.
- Based on the data available for 8.8 million refugees, UNHCR estimates that more than half of the world's refugees resided in urban areas and less than one third in camps. However, 6 out of 10 refugees in sub-Saharan Africa resided in camps.
- Women and girls represented, on average, 49 per cent of persons of concern to UNHCR.
- They constituted 47 per cent of refugees and asylum-seekers, and half of all IDPs and returnees (former refugees).
- Forty-one per cent of refugees and asylum-seekers were children below 18 years of age.

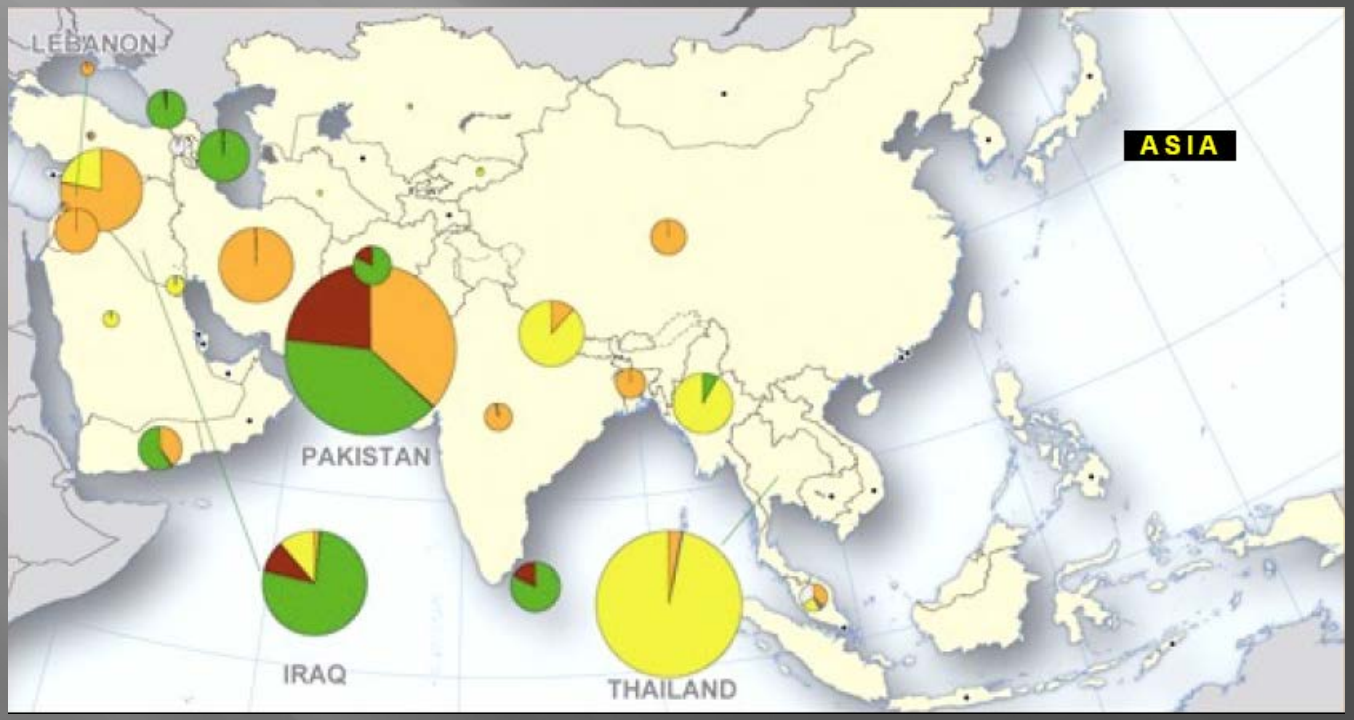
Refugee issues

Mbororo refugees from the Central African Republic wait to be registered by UNHCR mobile teams in Djalingo, Cameroon. UNHCR / F. NOY

Refugee issues



Refugee issues



Refugee issues

TABLE 2 **Refugee population by UNHCR regions** | 2009

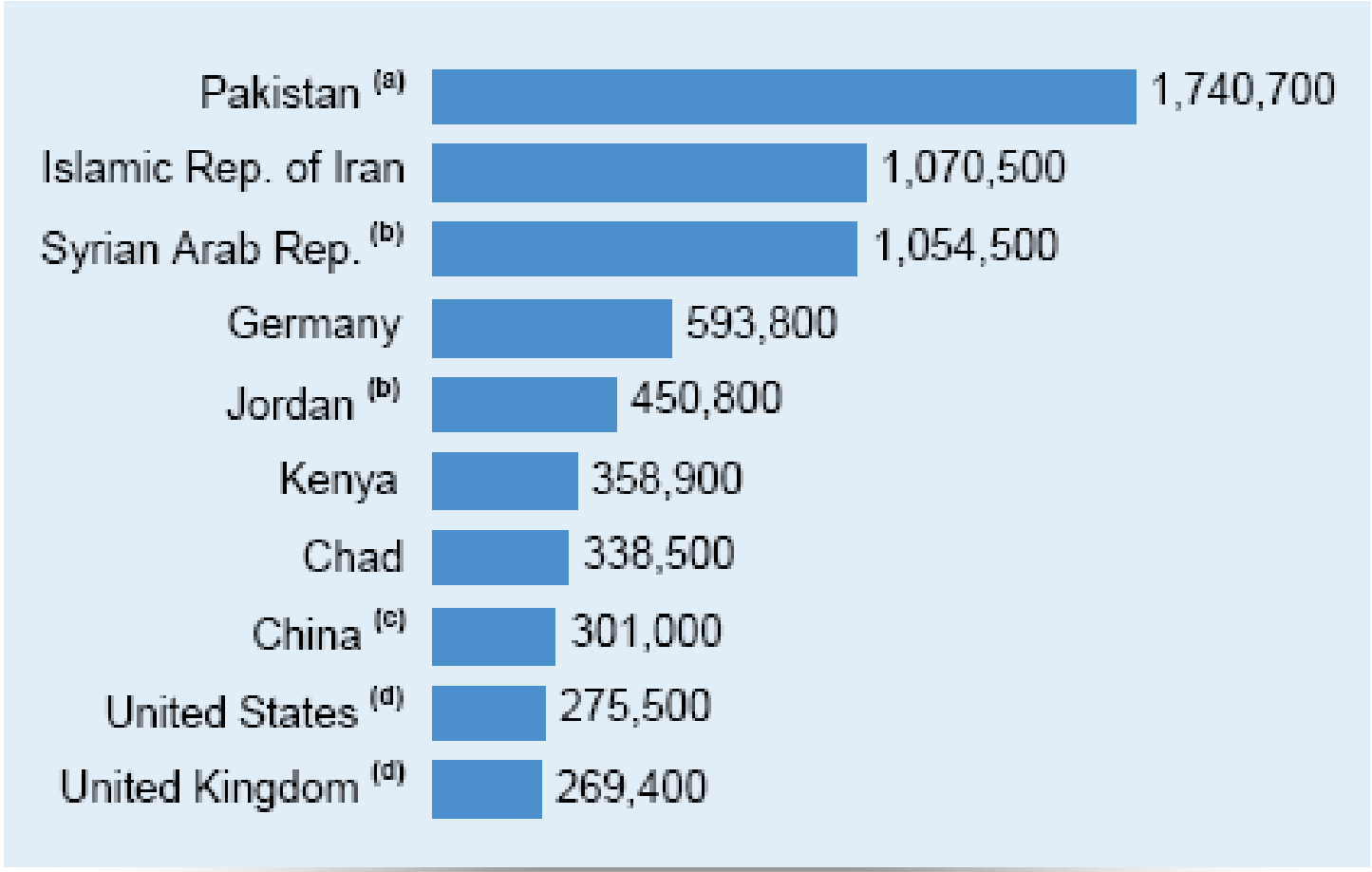
UNHCR regions	Start-2009			End-2009			Change (total)	
	Refugees	People in refugee-like situations	Total refugees	Refugees	People in refugee-like situations	Total refugees	Absolute	%
- Central Africa and Great Lakes	978,200	27,800	1,006,000	945,200	24,100	969,300	-36,700	-3.6%
- East and Horn of Africa	729,800	34,000	763,800	779,200	33,900	813,100	49,300	6.5%
- Southern Africa	161,200	-	161,200	143,400	-	143,400	-17,800	-11.0%
- West Africa	175,300	-	175,300	149,000	-	149,000	-26,300	-15.0%
Total Africa*	2,044,500	61,800	2,106,300	2,016,800	58,000	2,074,800	-31,500	-1.5%
Americas	500,300	303,500	803,800	519,100	293,200	812,300	8,500	1.1%
Asia and Pacific	2,574,300	1,023,300	3,597,600	2,666,600	1,189,400	3,856,000	258,400	7.2%
Europe	1,627,500	5,700	1,633,200	1,641,900	5,600	1,647,500	14,300	0.9%
Middle East and North Africa	2,278,100	72,900	2,351,000	1,962,400	43,500	2,005,900	-345,100	-14.7%
Total	**9,024,700**	**1,467,200**	**10,491,900**	**8,806,800**	**1,589,700**	**10,396,500**	**-95,400**	**-0.9%**

Refugee issues

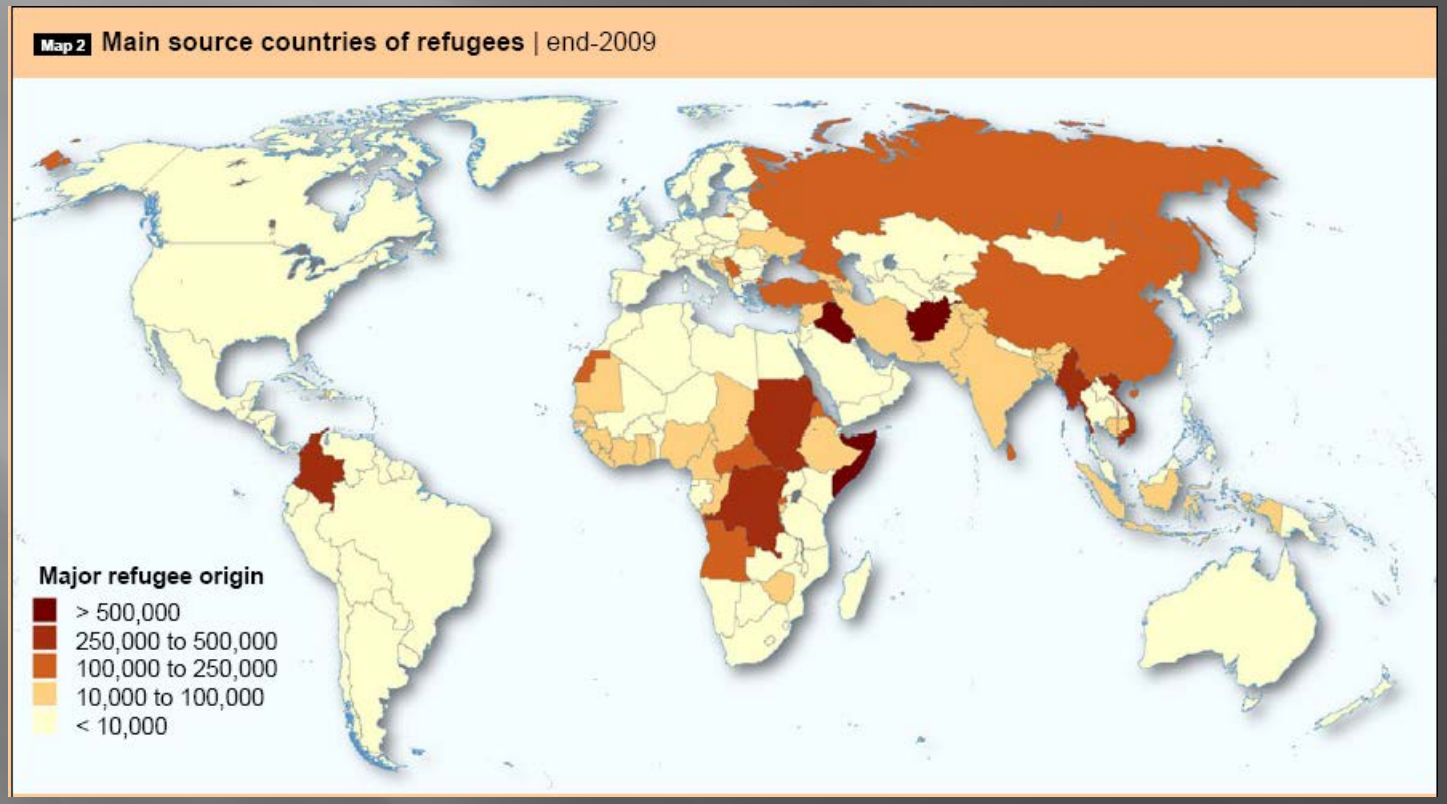
Fig 2

Major refugee hosting countries

End-2009

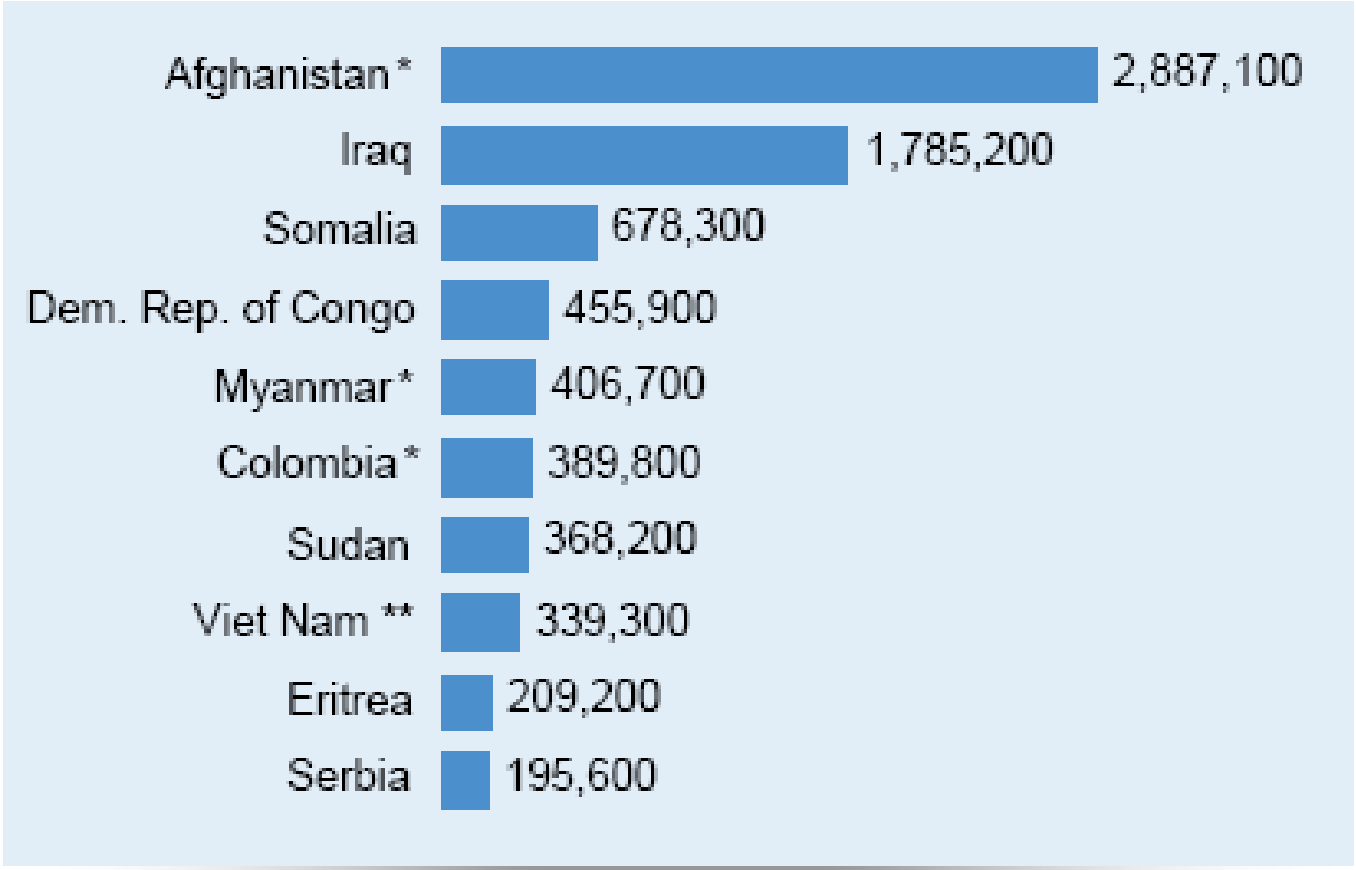


Refugee issues

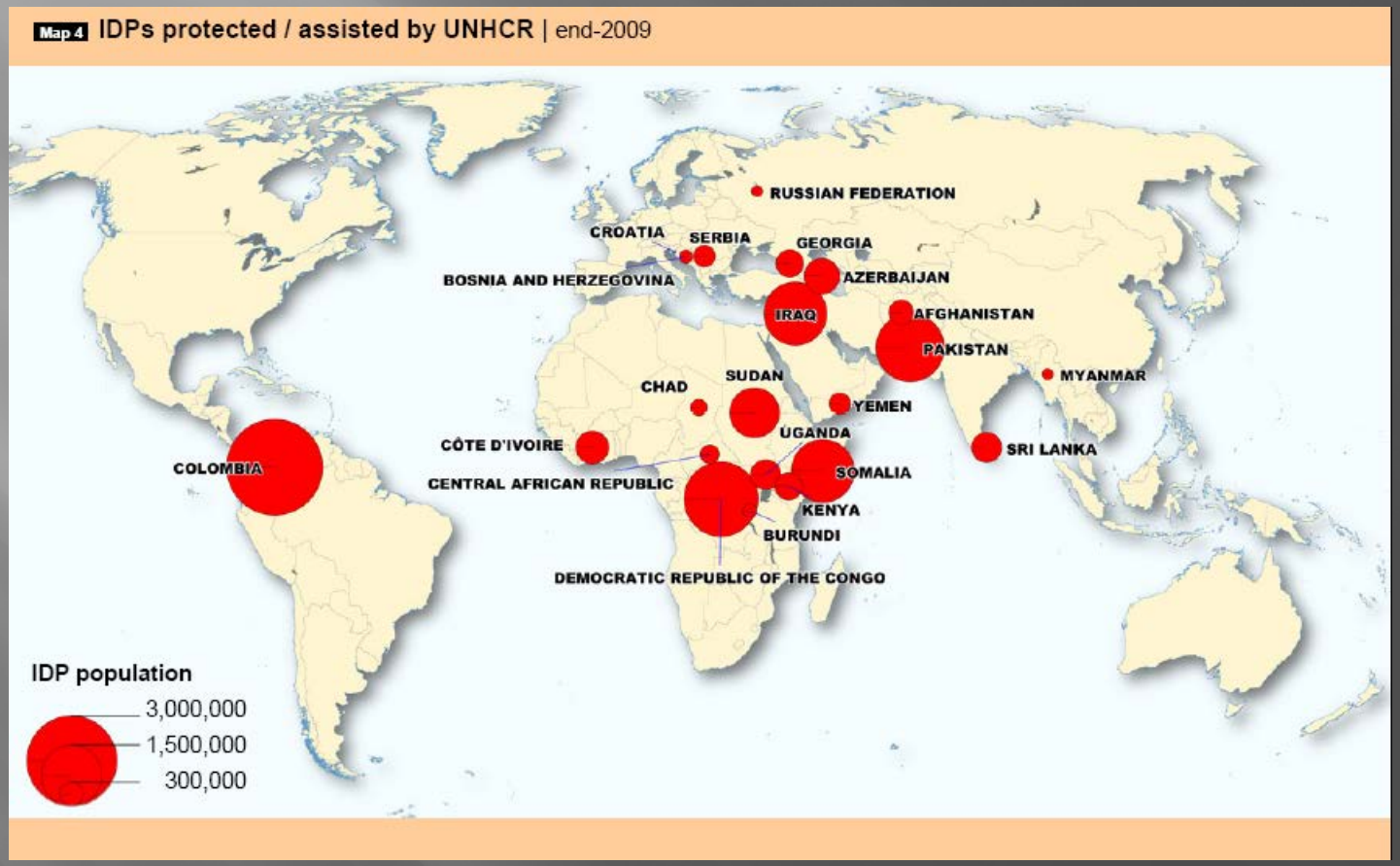


Refugee issues

Fig 3 **Major source countries of refugees**
End-2009

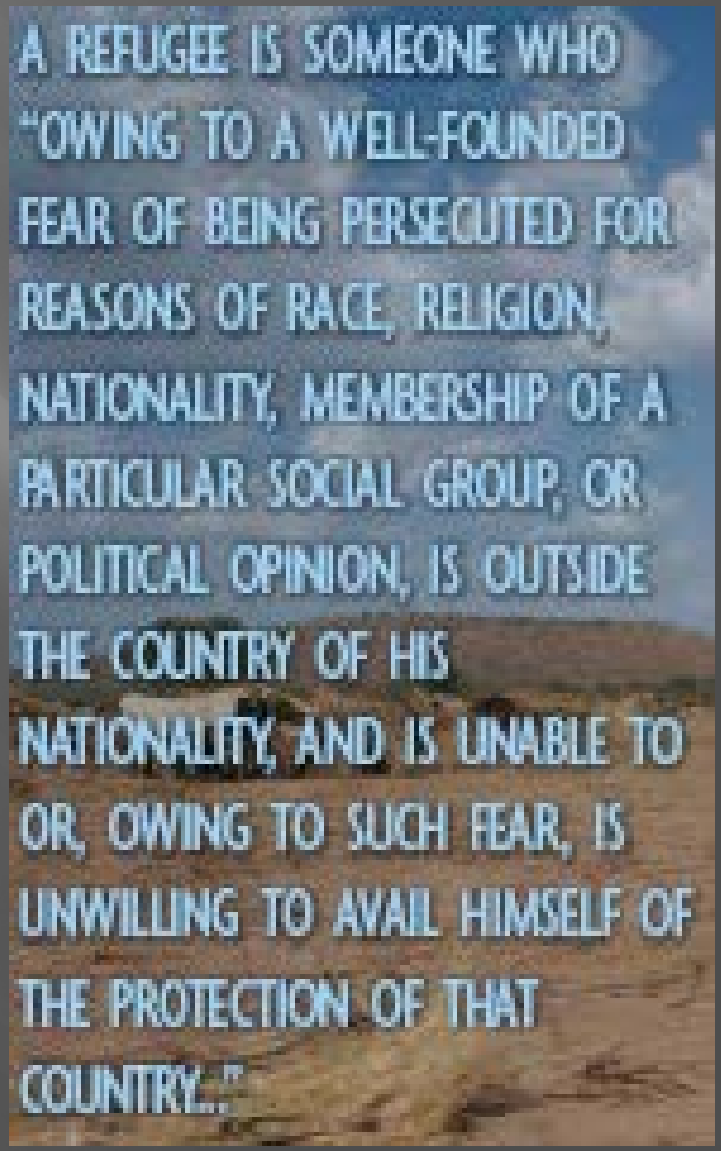


Refugee issues



Refugee issues

- Who is a refugee:



Cunami

Cunami

Cunami OPD


© www.afghanwomensmission.org

Malnutrition

Kwashiorkor and malnutrition

Consulting room

Djabal Camp in Chad

Djabal camp, carved out of the parched wastelands of eastern Chad, hosts some 14,000 Sudanese refugees from Darfur.

Shelter and site planning

- **Introduction**
  - Refugees arriving in any specific area tend to settle down in different ways: often, they concentrate on an unoccupied site and create a 'camp'; at other times, they spread out over a wide area and establish rural settlements; and sometimes they are hosted by local communities (rural or urban).
  - The latter two situations, also called 'open situations', occur less frequently than the first

Shelter and site planning

- A poorly planned refugee settlement is one of the most pathogenic environments possible.
- Overcrowding and poor hygiene are major factors in the transmission of diseases with epidemic potential (measles, meningitis, cholera, etc.).
- The lack of adequate shelter means that the population is deprived of all privacy and constantly exposed to the elements (rain, cold, wind, etc.).
- In addition, the surrounding environment may have a pronounced effect on refugee health, particularly if it is very different from the environment from which they have come (e.g. presence of vectors carrying diseases not previously encountered)

Shelter and site planning

- Camps usually present a higher risk than refugee settlements in open situations as there is more severe overcrowding, and less likelihood that basic facilities, such as water supply and health care services, will be available when refugees first arrive.
- Relief work is more difficult to organize for very large camp populations, such as some of the Rwandan refugee camps in Zaire (Goma, 1994) which contained more than 100,000 refugees.

Shelter and site planning

- In order to reduce health risks, it is essential that site planning and organization takes place as early as possible so that overcrowding is minimized and efficient relief services are provided.
- Shelters must be provided as rapidly as possible to protect refugees from the environment, and infrastructure installed for the necessary health and nutrition facilities, water supply installations, latrines, etc.
- All this must be initiated within the first week of intervention

Shelter and site planning

- Relief agencies are usually faced with one of two possible situations: either the camp is already established with a refugee population that has spontaneously settled on a site prior to the arrival of relief agencies, or site planning is possible prior to their arrival, for example, when they are being transferred to a new camp.

Shelter and site planning

- Whichever is the case, prompt action must be undertaken to improve the site and its-facilities; poor organization in the early stages may lead to a chaotic and potentially irreversible situation in regard to camp infrastructure, with consequent health risks.
- For example, lateral expansion of a site must be accounted for from the beginning in order to avoid overcrowding if refugee numbers increase.

Shelter and site planning

- There is always a lot of discussion as to whether the formation of a refugee camp is acceptable, or whether resources would be better directed to supporting local communities who host refugees.
- The two main types of refugee settlement - camp or integration into the local population - each offer both advantages and disadvantages as laid out below:

Shelter and site planning

- CAMP ADVANTAGES:
  - Provides asylum and protection
  - More suitable for temporary situation
  - Easier to estimate population numbers, to assess needs and monitor health status
  - Some basic services are easier to organize (e.g. distributions, mass vaccinations)
  - Allows visibility and advocacy
  - Repatriation will be easier to plan
- CAMP DISADVANTAGES:
  - Overcrowding increases risk of outbreaks of communicable diseases
  - Dependence on external aid, lack of autonomy
  - Social isolation
  - Little possibility of realizing farming initiatives
  - Degradation of the surrounding environment
  - Security problems within the camp
  - Not a durable solution

Shelter and site planning

- INTEGRATION ADVANTAGES:
  - Favors refugee mobility, easy access to alternative food, jobs, etc.
  - Encourages refugee survival strategies
  - Possibility of refugee access to existing facilities (water, health etc.)
  - Enhances reconstruction of social/economic life and better integration in the future
- INTEGRATION DISADVANTAGES:
  - Population more difficult to reach, leading to difficulties in monitoring health needs
  - Implementation of relief programs more complex, requires knowledge of local situation
  - Risks destabilizing the local community, risk of tensions between local community and refugees

Shelter and site planning

- Health agencies are generally not involved in deciding between the two options.
- Every refugee situation is specific to itself.
- The main factors influencing the way in which they eventually settle are the number of refugees, the capacity for the local community to absorb them, the ethnic and cultural links between the refugee and local communities and the political and military situation.
- In practice, the predominant factor is the relationship between refugees and the local population.

Shelter and site planning

- It should, however, be pointed out that relief programs, particularly food aid may well play a role in attracting refugees into a camp situation even when integration would probably be a better option for them.
- It is camp situations that are dealt with more specifically here, because camp populations are exposed to greater health risks.
- However, most of the principles described below may also be applied to open situations.

Shelter and site planning

- **Site planning:**
  - Site planning must ensure the most rational organization of space, shelters and the facilities required for the provision of essential goods and services.
  - This requires supervision by experts (e.g. in sanitation, geology, construction, etc.) which must be integrated into the planning of other sectors, especially water and sanitation.
  - It is therefore essential that there is coordination from the beginning between all the agencies involved and between the different sectors of activity, especially in an emergency situation when time is generally in short supply.

Shelter and site planning

- Site planning in refugee situations is normally the responsibility of UNHCR (or an agency delegated by UNHCR).
- As UNHCR is usually not present where there is an internally displaced settlement, another agency will have to take charge.
- Although health agencies will not always be involved in organizing a site, they should nevertheless make sure that this is undertaken correctly because of its direct influence on the subsequent health situation; it is therefore necessary to have an understanding of the basic principles of site planning.

Shelter and site planning

- As stated above, the possibilities in regard to site planning depend largely on which of the two refugee situations described will be encountered.
  - In most cases refugees have already settled on a site and planners may well be faced with chaotic conditions. The immediate priority must be to improve or reorganize the existing site, and in rare instances it may even be advisable to move the refugee population to another site (see below).
  - The ideal but far less frequently encountered situation is that where site planning can be carried out before the arrival of refugees on a new site. The most appropriate site layout may then be worked out in advance and in accordance with guidelines.

Shelter and site planning

- In both situations, the following principles must be respected as far as possible:
  - Sufficient space must be provided for everybody: space for every family to settle with the provision of amenities (water and latrines) and other services, and access to every sector.
  - High density camps should be avoided because they present a higher risk for disease transmission, fire and security problems.
  - Short-term site planning should be avoided, as so-called temporary camps may well have to remain much longer than expected (e.g. some Palestinian refugee camps have been in existence since 1947).
  - This means that consideration must be given to the possibilities for expansion should the population increase

Shelter and site planning

- A few small camps (ideally circa 10,000 people) are preferable to one large camp because they are easier to manage and because they favor a return to self-sufficiency.
- Unfortunately, this is rarely possible when there is a massive influx of refugees (e.g. the refugee movements in Rwanda and Burundi, 1993-94).
- Refugees should be involved and consulted. Their social organization and their opinions should be taken into account wherever possible.
- Local resources (human and material) and local standards should be employed whenever feasible. Seasonal changes (e.g. the rainy season) must also be taken into consideration.

Shelter and site planning

- SITE SELECTION:
  - The ideal site, responding to all requirements, is rarely available. The choice is generally limited, as the most appropriate areas will already be inhabited by local communities or given over to farming. In any case, relief agencies are seldom on the spot to select a site before refugees arrive.
  - However, there are certain criteria in regard to site selection which must still be taken into account:
    - Security and protection: the settlement must be in a safe area (e.g. free of mines), at a reasonable distance from the border, and from any war zones.
    - Water: water must be available either on the site or close by.

Shelter and site planning

- Space: the area must be large enough to ensure 30m^2 per person
- Accessibility: access to the site must be possible during all the seasons (e.g. for trucks).
- Environmental health risks: the proximity of vector breeding sites transmitting killer diseases should be avoided as far as possible (e.g. tsetse fly for trypanosomiasis). Where such areas cannot be avoided, they must be treated.
- Local population: every effort should be made to avoid tensions arising between local and refugee communities; for instance, legal and traditional land rights must be respected.
- It is important that the terrain should slope in order to provide natural drainage for rainwater off the site[4].
- Energy sources should also be considered when selecting a site, particularly as deforestation resulting from using wood for cooking fuel entails politico-ecological problems.

Shelter and site planning

- SITE ORGANIZATION
  - Once the site has been secured, the planning and location of the required infrastructure must be worked out.
  - A map should be used and the road network drawn onto it.
  - The area should then be divided into sections and locations decided for the different facilities.
  - Good access by road to every section and each installation is essential for the transport of staff and materials (e.g. food and drugs) in order to ensure the different services are able to function.

Shelter and site planning

- Several factors should be taken into account in deciding the spatial organization of facilities and shelters (location and layout):
  - space required per person and for each installation
  - accessibility of services
  - minimum distance required between facilities and shelters
  - cultural habits and social organization of the refugee population (clans and extended families)
  - ethnic and security factors, relationships among different sections/ members of the community, etc.

Shelter and site planning

- **Cultural and social traditions are a determining factor in ensuring refugee acceptance of the infrastructure and services provided, particularly in regard to housing, sanitation, burial places, etc**.
- However, as the layout that might be preferred by the refugees is not always the one that would allow the most efficient delivery of aid, site planning generally requires compromise solutions that take into account the different points of view

Shelter and site planning

Area available per person	30 m^2
Shelter space per person	3.5 m^2
Number of people per water point	250
Number of people per latrine	20
Distance to water-point	15 m max.
Distance to latrine	30 m
Distance between water-point and latrine	100 m
Firebreaks	75 m every 300 m
Distance between two shelters	2 m min.

Shelter and site planning

- ESSENTIAL INSTALLATIONS
  - Essential installations are described in. Some are likely to be centralized:
    - reception center
    - health center
    - hospital
    - meeting place for home-visitors, etc.
    - Other facilities, such as health posts, latrines, washing areas, etc., should be decentralized.
    - Care must be taken to ensure that there is sufficient space for such decentralized services in all the camp sub-divisions.

Shelter and site planning

- **Main installations required on refugee sites:**
  - Roads and firebreaks
  - Water supply and sanitation facilities (defecation areas, latrines, waste disposal pits, washing places, etc.)
  - Health facilities: health center, health posts, hospital, pharmacy and site for cholera camp.
  - Meeting place for home-visitors
  - Nutritional facilities: therapeutic and supplementary feeding centers
  - Distribution site and storage facilities (in separate locations)
  - Administrative center, reception area
  - Other community facilities: market, schools, cemetery, meeting places, etc.

Shelter and site planning

- The location of health facilities must be carefully determined.
  - The central health facility should be located in a safe and accessible place, preferably on the periphery of the site in order to avoid overcrowding and allow for future expansion. The space required depends on the type and desired capacity of the medical services to be provided.
  - The hospital, if one is necessary, is usually an expansion of the in-patient service of the central facility.
  - The criteria are thus similar but more space is required (in line with the number of beds).
  - It is particularly important to plan space for water and sanitation facilities, as well as room for eventual expansion (e.g. outbreaks of disease).

Shelter and site planning

- The peripheral health facilities should be centrally located within the areas they are to serve so as to ensure easy access.
- The number required depends mainly on the size of the population (e.g. 1 health post per 3,000-5,000 refugees).
- A site for a cholera camp must be identified in advance, separate from other health facilities.
- It must be large enough to ensure sufficient capacity for potential needs and be provided with adequate water and sanitation facilities

Shelter and site planning

- THE LAYOUT OF SHELTERS:
  - The way shelters are grouped has an important influence on the re-establishment of social life, on the use of latrines and water-points, and on security.
  - In general, the site should be divided into smaller units for management purposes.
  - For example, it could be divided into sectors of 5,000 and sections of 1,000 people.
  - However, the formation of such units must take into account the existence of any groups within the population which may be mutually hostile,

Shelter and site planning

- Two main ways of grouping shelters are described:
  - The preferred method is to organize the site into basic community units, constituted by a number of shelters and community facilities (latrines, water-points and washing areas)
  - These basic units should correspond in design as closely as possible to that with which the refugees are most familiar.
  - Examples for designing such community units are available in several reference books.
  - Laying out shelters in lines and rows is another possibility, but is usually not recommended because this deprives families of personal space, and increases the distances to latrines and water-points.
  - On the other hand, such a layout can be implemented quickly and is often preferred when there is a sudden and massive influx of refugees to cope with.

Shelter and site planning

- Since in most cases the population will have settled on a site before any site planning can be carried out, solutions will have to be sought for improving the situation.
- Usually, the site may be improved without moving all the shelters.
- A better organization of facilities, improving access to all sections of the camp, and carefully planning sections for new arrivals will decrease health risks and improve camp management,

Shelter and site planning

- A thorough reorganization of the site (and most shelters) may sometimes be necessary, although radical change is usually not advised.
- Such reorganization should be considered when there is a real threat to refugee health from overcrowding or a danger of fire, etc.
- For example, it was decided to move and reorganize all shelters in the Rwandan camps for refugees from Burundi in 1993, in order to counter the high fire risk and to facilitate the management of relief assistance.

Shelter and site planning

- Critical problems, such as a lack of water in the area, insecurity or potential danger resulting from the camp's proximity to the border, may present major obstacles to the camp remaining where it is.
- A move to a new site could then be considered, but the operational problems involved in a move and the social and psychological consequences for the population must be carefully weighed up in advance,

Shelter and site planning

- **Shelter provision**
  - The objectives of providing shelters are:
    - protection against the elements and against vectors, provision of sufficient housing space for families, and restoring a sense of privacy and security.
    - Shelters are required in every refugee emergency; but the type and design of shelter, who constructs it and how long it should last will vary in every situation

Shelter and site planning

- However, some general principles may be concluded:
  - Shelters that have already been built by refugees or buildings occupied by them (e.g. schools) must be assessed. It is important that consideration is given to the amount of space available for each person, to ventilation (e.g. risk of respiratory infection) and for protection against rain, as these factors may entail significant health risks.
  - Wherever possible, refugees should construct their own shelters and should receive material (including appropriate tools) and technical support to assist them in doing so.

Shelter and site planning

- It is best to use suitable local materials where available. Special emergency shelters (e.g. tents) and pre-fabricated units have not yet proven practical because of their high cost and the problems of transporting them.
- It is also difficult to persuade refugees to accept something which is not within their cultural traditions.
- However, some types of prefabricated shelter are still being tested and may be suitable for use in the first weeks of an emergency.
- A minimum sheltering space of $3.5m^2$ per person is recommended in an emergency.
- However, different cultures have different needs.
- Single-family shelters are preferable (unless multi-family units are traditional).

Shelter and site planning

- WHEN REFUGEES FIRST ARRIVE:
  - The provision of shelter is a high priority. Immediate action should be taken to assess the arrangements already made and provide material for temporary shelters[2].
  - There are several common solutions for temporary shelters:
  - Shelters built by the refugees themselves, with material found locally or distributed by agencies, are the most common solution.

Shelter and site planning

- Tents may be useful when local material is not available and as very short term accommodation, but they are expensive and do not last long.
- Plastic sheeting may be used for constructing temporary shelters or to protect them.
- Methods for setting up plastic temporary shelters are described in guidelines.
- Local public buildings, such as schools, may provide shelter initially but are not usually suitable for large numbers.
- They are a very temporary solution.

Shelter and site planning

- THE POST-EMERGENCY PHASE:
  - Temporary shelters should no longer be used after the emergency stage has passed; an early start must be made to constructing shelters made of more permanent material.
  - However, it must be acknowledged that there are certain constraints involved in such shelter construction programs

Shelter and site planning

- Any shelter building or rehabilitation program takes time.
- Such programs are costly (although they may produce savings in other sectors).
- As there is a vast range of options for building shelters and a wide range of criteria have to be taken into account, such programs are complex to manage.
- This is a specialized job and requires expertise.

Shelter and site planning

- This can often become a highly political issue with local authorities obstructing the building of (semi-) permanent housing when they want to prevent refugees settling for a long period of time,
- Longer-term housing should be similar to that with which refugees are already familiar, but should also reflect local conditions.
- The use of local material is preferable, but its availability may be problematic (e.g. degradation of the environment through deforestation).

Shelter and site planning

- In countries such as Afghanistan or the countries of Eastern Europe, where very low temperatures may be experienced in winter, shelter provision is essential for protection against the cold.
- Although a few solutions have been proposed (e.g. winter tents and the provision of heaters), this is a particularly difficult problem to deal with in an emergency situation.
- Once time allows, traditional housing may be built, if the materials are available, and there are sufficient financial resources.

Access to Water in Refugee Situations

Survival, Health and Dignity for Refugees

UNHCR
The UN Refugee Agency

Technical Support Section
Division of Operational Support

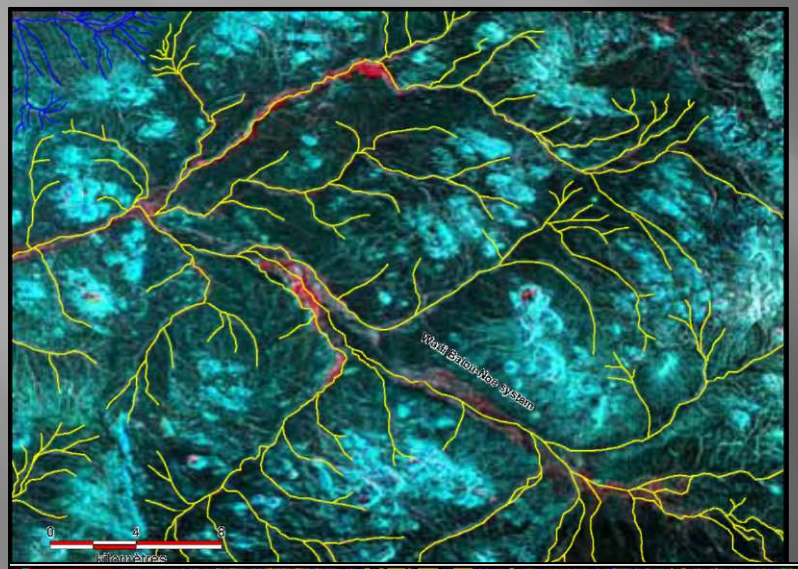
Water supply in refugee camps

- **Water Point**
  There should be at least one place to get water for every 200 to 250 refugees. Shelters should be no more than 100 metres from a water point.

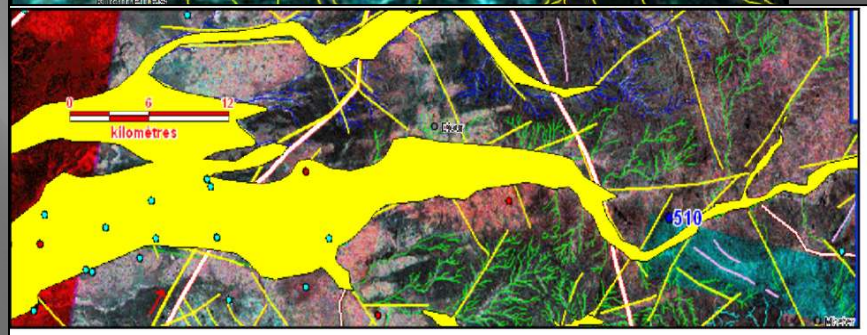
  The minimum amount of water required in an emergency situation is at least one gallon of water per person per day.
- This should be increased to five to six gallons per person as soon as possible so people have enough water for cooking, personal hygiene, and washing dishes and clothing.

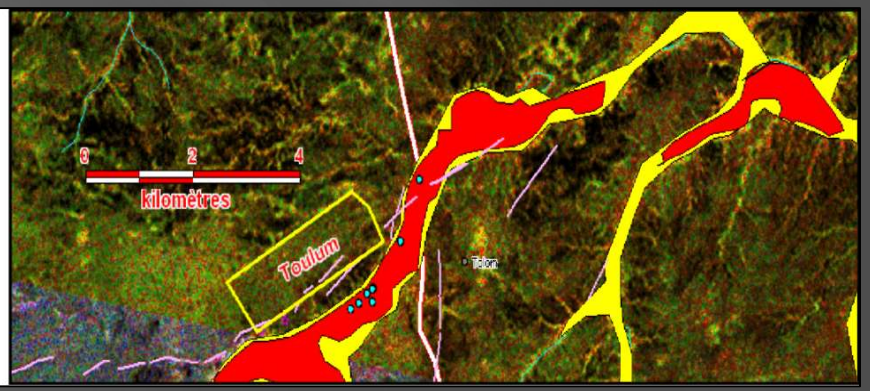
Water supply in refugee camps

- ***The Search for Water in Chad***



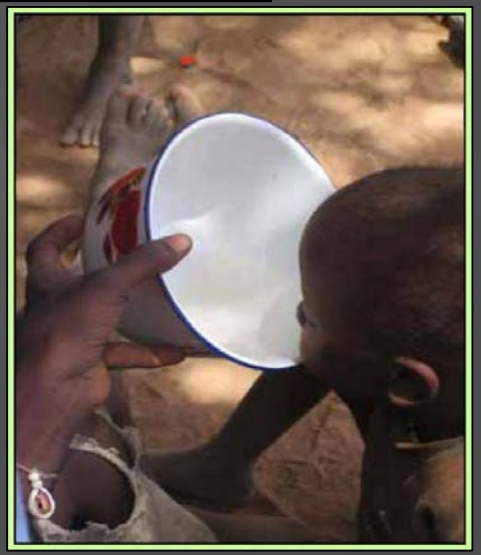
Traces of water (red, left), medium amount of water (down, left, yellow) Sufficient amount of water (down, right)





Water supply in refugee camps

- **River**
  Some camps have their own water source, such as a lake, river or well. If so, the water is treated to make sure it's not contaminated. If there is no water source, water is trucked in.



Health centres and hospitals	5 litres/out-patient 40-60 litres/in-patient/day Additional quantities may be needed for laundry equipment, flushing toilets, etc.
Cholera centres	60 litres/patient/day 15 litres/carer/day
Therapeutic feeding centres	30 litres/in-patient/day 15 litres/carer/day
Schools	3 litres/pupil/day for drinking and hand washing (use for toilets not included: see below)
Mosques	2-5 litres/person/day for washing and drinking
Public toilets	1-2 litres/user/day for hand washing 2-8 litres/cubicle/day for toilet cleaning
All flushing toilets	20-40 litres/user/day for conventional flushing toilets connected to a sewer 3-5 litres/user/day for pour-flush toilets
Anal washing	1-2 litres/person/day
Livestock	20-30 litres/large or medium animal/day 5 litres/small animal/day
Small-scale irrigation	3-6mm/m^2/day, but can vary considerably

Access to Clean Water

- In a refugee camp, **Access to Clean Water** is not just **"what"** but also **"how"** we provide this life sustaining resource.
- This is as important as the availability of water itself.
  - **Adequacy and equity of water distributed:** Sufficient supply for basic needs for each and every person throughout the camp, including in school and health units.
  - **Acceptability and safety of water supplied:** Potable and palatable in terms of appearance, taste and odour. Water quality is monitored regularly for faecal contamination and water safety plans are in place
  - **Social costs (burden) on the users:** Facilities located centrally and not too far from the dwellings, with minimum waiting time, and safe and user-friendly designs.

Access to Clean Water

- **Physical safety of the users:** Facilities located in a secure physical environment; water distribution time and duration planned according to users convenience and cultural habits, and limited to day-light hours.
- **Reliability of supply:** There needs to be continuous maintenance of the water supply system as well as adequate water storage at the family and community level in case of interruptions.
- **Environmental concerns/hazards:** Sustainable exploitation of water sources, waste water management, improved drainage for storm water to avoid water-induced hazards etc.
- **Efficiency of supply:** Avoiding water wastage during fetching from tapstands and other system losses.
- **Participation of stakeholders:** Refugees and other sectors (health, physical planner, sanitation) involved in water system development and operation as well as maintaining a good rapport with the host community

Access to Clean Water

Social Costs - Shouldn't the Children be Elsewhere?

Note: Comments on these posters are very welcome. Please send to Technical Support Section: HQTS01@UNHCR.CH

Food supply

- **Food storage warehouse**
  Food is usually stored in one large tent that serves as a warehouse. Warehouses should be located near administrative offices for reasons of security, and likely near the entrance of the camp so supply trucks don't have to drive through populated areas.

Food supply

- **Food Distribution Point**
  Food distribution can be done at one location or broken up among several (i.e. dividing a population of 20,000 among four distribution points).

  Refugees don't pick up food every day. Instead, they are given rations to last for a week or even as long as a month. The camp is divided so food is handed out to different people on different days, to avoid long line-ups and chaos.

Food supply

- **Food Rations**
  Families receive basic rations that are designed to meet cultural diets. For instance, in some cases rice is handed out, while other times wheat is more appropriate. The minimum recommended daily ration is 2,100 calories per person.

  Here is an example of a daily food ration:
  (gpp = grams per person)

- **Rice, wheat or maize**
  400 (gpp)
- **Beans, peas or lentils**
  60 (gpp)
- **Vegetable oil or butter oil**
  25 (gpp)
- **Fortified blended food (i.e. corn soya blend) 100 (gpp)**
- **Sugar**
  15 (gpp)
- **Salt**
  5 (gpp)
- **Total calories: 2,261**
- **Total protein: 71.2 grams**
- **Total fat: 47.9 grams**

Food supply

- **Malnutrition**
  It is considered a serious nutritional emergency when there is a malnutrition rate of more than 15 per cent, or more than 10 per cent with aggravating factors such as an epidemic. But not all camps have cases of malnutrition.

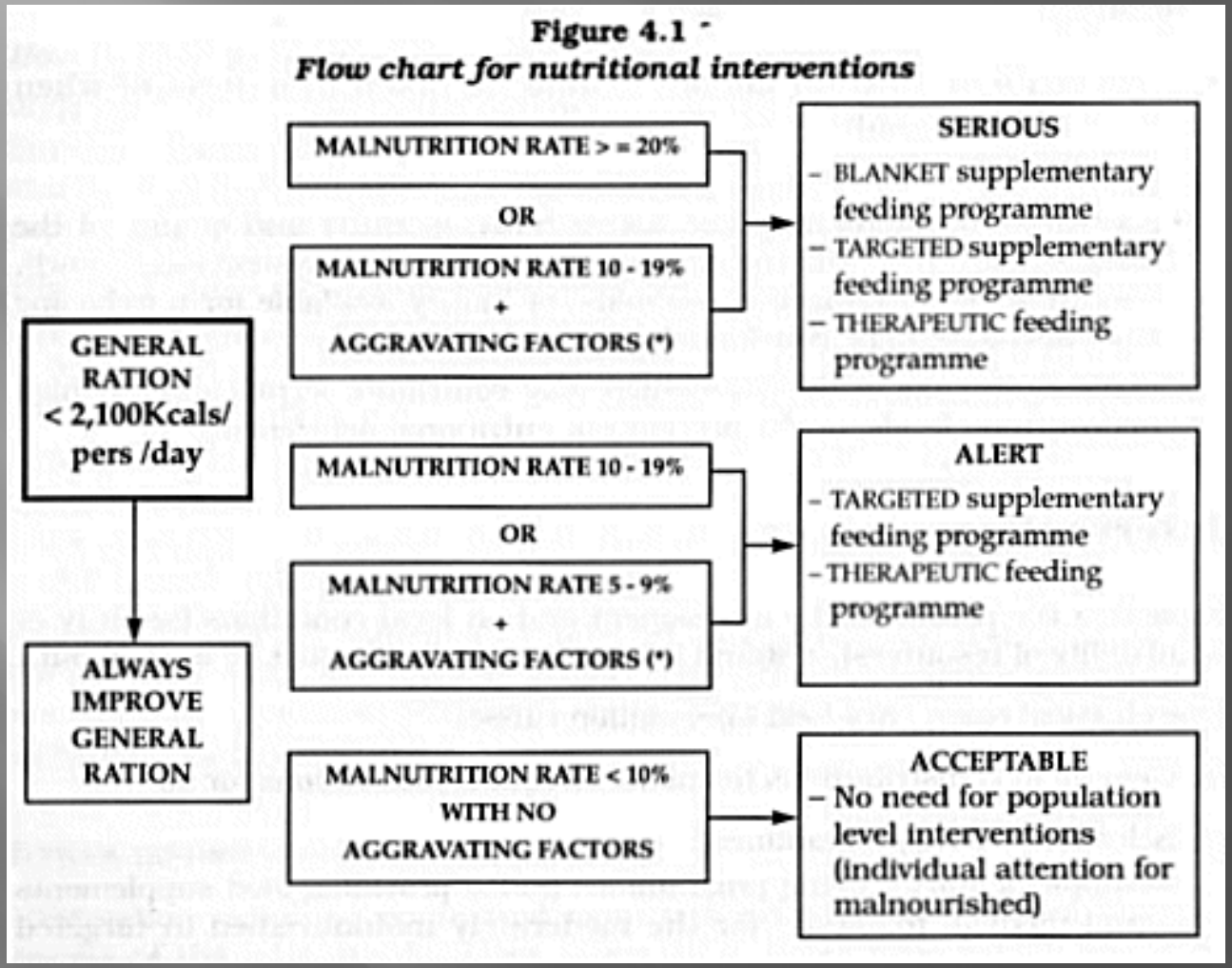
- **The Role of Women**
  - Aid workers try to give the food to women instead of men.
  - Workers find the food is more likely to get to older people and children that way because women are the ones who cook the food.
  - Men are more likely to sell the rations for money to buy something else.

Food supply

- **Feeding Centre:**
  - Because human milk is the best and safest source of food for children under two years old, breast-feeding is encouraged.
  - If infants are fed with formula, milk products and/or bottles, they are fed at feeding centres to ensure utensils are sterilized, water is clean and formula is used properly.
  - Mothers who are breast-feeding may also receive additional food at the feeding centres.
  - There is usually one feeding centre per 20,000 people.

Figure 4.1

Flow chart for nutritional interventions



Healthcare

- **Main Health Centre**
  Aid agencies provide primary health care, which is co-ordinated at a main or central health centre. In some cases, the health care provided in the camp is better than what the local residents receive, in which case the health services are opened to non-refugees.

  Health care includes access to a short list of essential drugs (30 to 40 at most), which are chosen because of their affordability and effectiveness in treating the main diseases the refuges could be afflicted with.

Healthcare

- **Hospital/Clinic**
  - Some refugee camps have fully operational hospitals or highly developed clinics where doctors can perform complex procedures, such as delivering babies, surgeries or amputations.
  - If refugees have access to a hospital or clinic in the host country, the camp won't build its own.
  - A hospital or clinic usually serves a population of 200,000 (or one hospital per 10 refugee camps).

Healthcare

- **Health Post**
  - Besides the main health centre, smaller health posts are set up throughout the camp.
  - Each serves 3,000 to 5,000 refugees.
  - Nurses provide treatment for things such as sore throats, fevers, cuts and scrapes.
  - Serious cases are referred to the main health centre.

Healthcare

- **Cholera Camp**
  - Cholera is a disease people can get by drinking contaminated water or eating contaminated food.
  - It causes diarrhea, severe vomiting and muscle cramps.
  - Without quick treatment, about 50 per cent of people who get cholera will die of dehydration.

Healthcare

- **Cholera Camp (cont):**
  - An outbreak of cholera hit Rwandan refugees in 1994 in what is now the Democratic Republic of Congo.
  - Of 500,000 to 800,000 refugees, about 10 per cent of the population got sick, with about 1,000 cholera-related deaths per day.
  - Cholera poses such a significant risk to refugees that it is recommended that a space for a cholera camp is set aside in advance of an outbreak.
  - It should be separated from other health facilities to help contain the disease.

Sanitation

- **Latrines**
  - Ideally there should be one latrine per family. If public latrines are used, there should be at least one for every 20 people.
  - They should be downstream and away from water sources.
  - They should be no more than 50 metres from shelters because if they're too far people won't use them.
  - There should also be space to build new latrines when the old ones become full.

Sanitation

- Latrines (cont.):
  - Depending on time constraints, cultural issues and geological factors, one of a number of types of latrines can be built, such as defecation fields, collective trench latrines, or simple pit latrines.
  - Defecation fields are meant to serve as a quick, temporary solution in an emergency because without a designated place, people will defecate wherever they please.
  - When time permits, defection fields are replaced by shallow trench latrines, and these are eventually replaced by simple pit latrines.

Institution	Short term	Long term
Market areas	1 toilet to 50 stalls	1 toilet to 20 stalls
Hospitals/medical centres	1 toilet to 20 beds or 50 out-patients	1 toilet to 10 beds or 20 out-patients
Feeding centres	1 toilet to 50 adults 1 toilet to 20 children	1 toilet to 20 adults 1 toilet to 10 children
Reception/transit centres	1 toilet per 50 people 3:1 female to male	
Schools	1 toilet to 30 girls 1 toilet to 60 boys	1 toilet to 30 girls 1 toilet to 60 boys
Offices		1 toilet to 20 staff

Source: *adapted from Harvey, Baghri and Reed (2002)*

Sanitation

- **Latrines (cont):**
  - **Guidelines**
    Latrines should meet the following criteria:
    – contain the waste matter in one place
    – don't pollute the water
    – accessible to users
    – don't attract insects
    – provide a minimum degree of privacy
    – adapted to serve local habits

Sanitation

- **Lighting**
  - Latrines should be located in well-lighted areas and close to shelters so women are not in danger when they use the latrines at night.
  - If people don't feel safe walking to the latrines, they may defecate elsewhere, defeating the purpose of creating a more sanitary solution.

Other issues

- **Meeting Place**
  Meeting places are where leaders among the refugees gather to discuss issues affecting the camp.
- This usually consists of a tent or structure with a roof so people can get out of the sun. Leaders are elected by the refugees to represent different sections of the camp.

Other issues

- **School**:
  - Aid agency Save the Children believes education services should be maintained during emergencies.
  - "It's very important for children to have a sense of normalcy," says Nadine Grant, director of programs for Save the Children in Canada. "By maintaining some sort of schooling, however basic or minimal it is, it actually helps keep a sense of normalcy in the child's life, and it helps in their recovery and it helps to minimize issues of trauma.
  - So we often push for education as a first response in emergencies." There should be one school per sector of the camp (about 5,000 people).

Other issues

- **Market**
  If the host country allows people to enter and leave the camp as they please, a camp may have a market. In the case of a closed camp, the government may still allow a market day when merchants are allowed in to sell their goods.

  Merchants mostly sell food such as fruit and vegetables since fresh produce is rare in camps. They also sell clothing and personal items, such as soap and toothpaste.

  It's not accurate to say no refugees have money. Some brought it with them when they fled their homes and some have relatives abroad who send them money.

  In general, there is one market in a camp that serves about 20,000 people.

Other issues

- **Refugee vendors**
  Refugees can also sell goods of their own, such as vegetables they've grown or crafts they've made.

  Kumin, of UNHCR, says refugees at a camp in northern Thailand sell embroidery to people who come to the camp specifically to buy their goods. Non-governmental organizations not only help the craftswomen obtain the materials they need, but also help to find a market abro

Other issues

- **Cemetery**
  Health facilities keep track of death rates and causes of death, according to the UNHCR. They also monitor sites being used as cemetaries to keep track of how many people are dying.

  The most important indicators of the overall status of a refugee population, according to the UNHCR's Handbook for Emergencies, are the mortality rates for the population as a whole and for children under age 5.

Other issues

- **Cemetery (cont.):**
  - The goal is to keep the mortality rate at less than one person per 10,000 per day. More than one person per 10,000 per day is considered a very serious situation, more than two is an emergency and more than five is a major catastrophe.
  - The main causes of death and disease in emergency situations are measles, diarrhoeas (including cholera), acute respiratory infections, malnutrition and malaria.