

A Handy Guide

to UNHCR Emergency
Standards and Indicators



UNHCR
The UN Refugee Agency

eCentre

A Handy Guide

to

UNHCR Emergency Standards and Indicators

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This publication is intended for use during emergency field operations. The contents are extracts from the *UNCHR Handbook for Emergencies* (UNHCR, Geneva, 2nd edition), which should always be consulted for detailed information on the standards and indicators concerned.

The information is presented in this format to allow ease of access and portability.

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KEY EMERGENCY INDICATORS

Crude Mortality rate (CMR)

Normal rate among a settled population	0.3 to 0.5/10,000/day
Emergency programme under control	<1/10,000/day
Emergency programme in serious trouble	>1/10,000/day
Emergency out of control	>2/10,000/day
Major catastrophe	>5/10,000/day

Mortality rate among children under 5 years old

Normal rate among a settled population	1.0/10,000/day
Emergency programme under control	<2.0/10,000/day
Emergency programme in serious trouble	>2.0/10,000/day
Emergency out of control	>4.0/10,000/day

KEY EMERGENCY STANDARDS

Clean water

Minimum survival allocation	7 litres/person/day
Minimum maintenance allocation	15-20 litres/person/day

Food

Minimum food energy requirement for a population totally dependant on food aid	2,100 kcal/person/day
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Nutrition

Emergency level	>15% of the population under five years old below 80% weight for height
or	>10% of the population under five years old below 80% weight for height together with aggravating factors e.g. epidemic of measles, crude mortality rate > 1/10,000/day

Measles

Any reported cases.
10% or more unimmunized in the 6 months to 5 years age group

Respiratory infections

Any pattern of severe cases

Diarrhoea

Any pattern of severe cases

Appropriate shelter

Protection from wind, rain, freezing temperatures, and direct sunlight are minimum requirements

Minimum shelter area 3.5 sq. m/person

Minimum total site area 30.0 sq. m/person

Sanitation

Lack of organized excreta and waste disposal

Less than 1 latrine cubicle per 100 persons

PUBLIC HEALTH EMERGENCY: MAJOR KILLERS

A significant increase of incidence of these conditions should prompt an immediate response (or the reporting of just one case of measles):

- Measles
- Diarrhoeal Diseases
- Acute Respiratory Infection (ARI)
- Malaria
- Malnutrition

PROTECTION

Refugee Definition

A refugee is defined as:

any person who is outside his/her country of origin and who is unwilling or unable to return there or to avail him/herself of its protection because of:

i. a well-founded fear of being persecuted for reasons of

race
religion
nationality
membership of a particular social group
or political opinion;

or

ii. a threat to life or security as a result of armed conflict and other forms of widespread violence which seriously disturb the public order.

Whether a person is a refugee is not dependent on formal recognition, but on the fact of meeting the definition of refugee.

Key Legal Documents

- Statute of the Office of the United Nations High Commissioner for Refugees
- 1951 Convention Relating to the Status of Refugees and its 1967 Protocol
- 1969 Convention Governing the Specific Problems of Refugee Problems in Africa of the Organisation of African Unity (OAU)

Admission and Non-refoulement

"No Contracting State shall expel or return ("refouler") a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion."¹

The aim of international protection in emergencies is to:

- i. Ensure admission and at least temporary asylum
- ii. Prevent forcible return ("refoulement")
- iii. Ensure refugees are treated according to basic human rights standards

In an emergency it must first be established that the persons endangered are of concern to UNHCR and thus entitled to protection.

¹ This principle is set out in Paragraph 1 of Article 33 of the 1951 Convention.

Basic Protection Standards²

Refugees should not be penalised

Refugees and asylum seekers should not be penalised or exposed to any unfavourable treatment solely on the ground that their presence in the country is considered unlawful; they should not be subjected to restrictions on their movements other than those which are necessary in the interest of public health and public order.

Civil Rights should be accorded

Refugees should enjoy the fundamental civil rights internationally recognised, in particular those set out in the Universal Declaration of Human Rights.

Necessary assistance should be provided

Refugees should receive all necessary assistance and be provided with the basic necessities of life including food, shelter and basic sanitary and health facilities; in this respect the international community should conform with the principles of international solidarity and burden-sharing.

Treatment should be humane

Refugees should be treated as persons whose tragic plight requires special understanding and sympathy. They should not be subjected to cruel, inhuman or degrading treatment.

There should be no discrimination

There should be no discrimination on the grounds of race, religion, political opinion, nationality, country of origin or physical incapacity.

Refugees are persons before the law

Refugees are to be considered as persons before the law, enjoying free access to courts of law and other competent administrative authorities.

² These were adopted by UNHCR's Executive Committee in 1981, Conclusion No. 22.

Refugees and asylum-seekers should be located in a safe place

The location of asylum seekers should be determined by their safety and well-being as well as by the security needs of the receiving State. Asylum seekers should, as far as possible, be located at a reasonable distance from the frontier of their country of origin. They should not become involved in subversive activities against their country of origin or any other State.

Family unity should be respected

Family unity should be respected and all possible assistance should be given for the tracing of relatives.

Children should be protected

Adequate provision should be made for the protection of minors and unaccompanied children.

Sending and receiving mail should be allowed

Refugees should be allowed to receive material assistance from friends or relatives and the sending and receiving of mail should be allowed.

Civil registration should be permitted

Appropriate arrangements should be made, where possible, for the registration of births, marriages and deaths.

Access to a durable solution should be allowed

Refugees should be granted all the necessary facilities to enable them to obtain a satisfactory durable situation. All steps should be taken to facilitate voluntary repatriation.

Transfer of assets should be permitted

Refugees should be permitted to transfer assets which they have brought into a territory to the country where the durable solution is obtained.

SCREENING OF NEW ARRIVALS: RECEPTION ACTIVITIES

Health Screening

Nutritional screening: *Children 1 to under 5 years*

- Measure the mid-upper arm circumference (MUAC)
- Any children with MUAC below 12.5 cm should be immediately referred to health or nutrition services for weighing and measuring and for nutritional assistance if required.

Measles immunization: *Children aged 6 months to 12 (even 15) years*

Immunize entire group and issue "Road to Health" or other immunization record card

Note: It is often impractical to vaccinate at the same time as screening. However, screening could be used to evaluate the vaccine coverage.

Vitamin A prophylaxis:

Given along with measles vaccine, but should not delay measles vaccination if vitamin A is not available.

Basic curative care: *As required*

- On-site first-line care for dehydration, respiratory infections, presumed malaria, trauma and other life-threatening conditions
- Referral to existing health care facilities

Demographic Screening

Population estimation: *Everyone*

- Estimate total population broken down by sex and age (0-4, 5-14, 15-44, and 44 years and over)
- Estimate numbers of vulnerable persons such as children up to 5 years old, pregnant/lactating women, handicapped, female heads of

households, single women and unaccompanied minors

TYPICAL SERVICES AND INFRASTRUCTURE REQUIREMENTS FOR REFUGEE CAMPS

(per)

1 latrine 1 family (6–10 persons)

1 water tap 1 community (80–100 persons)

1 health centre 1 camp (of 20,000 persons)

1 hospital up to 200,000 persons

1 school 1 sector (5,000 persons)

4 commodity distribution sites 1 camp module (20,000 persons)

1 market 1 camp module (20,000 persons)

2 refuse drums 1 community (80–100 persons)

APPROXIMATE STAFFING LEVEL FOR REFUGEE HEALTH AND SANITATION

Services for a population of 10-20,000

Community Health Workers: 10-20

Public House Nurse: 1

Doctor/Medical Assistants: 1-3

Laboratory Technician: 1

Sanitarians: 2-4

Traditional Birth Attendants: 6-10

Clinic Nurses Midwives: 3-4

Pharmacy Attendant: 1

Dressers/Assistants: 10

Sanitation Assistants: 20

SITE PLANNING FIGURES FOR EMERGENCIES

Land 30 – 45 m² per person

Shelter space 3.5 m² per person (tents or other structures)

Fire break space

- A clear area between shelters 50 m wide should be provided for every 300 m of built-up area.
- A minimum of 1-1.5 m should be provided between guy-ropes of neighbouring tents on all sides.

Roads and walkways 20-25% of entire site

Open space and public facilities

15-20% of entire site

Environmental sanitation

- 1 latrine seat per 20 people or ideally 1 per family sited not farther than 50 m from user accommodations and not nearer than 6 m.
- 1 x 100 litre refuse bin per 50 people
- 1 wheelbarrow per 500 people
- 1 communal refuse pit (2 m x 5 m x 2 m) per 500 people

Water

- 15-20 litres per person per day of clean water
- Health centre: 40-60 litres/patient/day
- Feeding centres: 20-30 litres/patient/day

Tap stands

1 per 200 persons, sited not farther than 100 m from user accommodations

Warehouse space

For food grains in bags, stacked 6 m high, allow 1.2 m² of floor space per ton

Food

2,100 kcal/person/day

This will require approximately 36 metric tones / 10,000 people / week of food assuming the following daily ration:

- 350-400 g/person/day of staple cereal

- 20-40 g/person/day of an energy rich food (oil, fat)
- 50 g/person/day of a protein rich food (legumes)

TYPES OF SELECTIVE FEEDING PROGRAMMES

Targeted Supplementary Feeding Programmes (TSF)

Objectives

- Correct moderate malnutrition
- Prevent moderately malnourished from becoming severely malnourished
- Reduce mortality and morbidity risk in children under 5 years
- Provide nutritional support to selected pregnant women and nursing mothers
- Provide follow up services to those discharged from therapeutic feeding programmes

Criteria for selection and target group:

- Children under 5 years moderately malnourished:
 - Between 70% and 80% of the median weight-for-height or:
 - Between -3 and -2 Z-scores weight-for-height
- Malnourished individuals based on weight-for-height, body mass index (BMI), mid-upper-arm-circumference (MUAC) or clinical signs
 - Older children (between 5 and 10 years)
 - Adolescents
 - Adults and elderly persons
 - Medical referrals
- Selected pregnant women (from date of confirmed pregnancy) and nursing mothers (until 6 months after delivery), for instance using MUAC <22 cm as a cut-off indicator for pregnant women
 - Referrals from therapeutic feeding programmes

Blanket Supplementary Feeding Programmes (TSF)

Objectives

- Prevent deterioration of nutritional situation
- Reduce prevalence of acute malnutrition in children under 5 years
- Ensure safety net measures
- Reduce mortality and morbidity risk

Criteria for selection and target group:

- Children under 3 or under 5 years
- All pregnant women (from date of confirmed pregnancy) and nursing mothers (until maximum 6 months after delivery)
- Other at-risk groups

Therapeutic Feeding Programmes (TSF)

Objectives

- Reduce excess mortality and morbidity risk in children under 5 years
- Provide medical/nutritional treatment for the severely malnourished

Criteria for selection and target group:

- Children under 5 years severely malnourished:
 - <70% of the median weight-for-height and/or oedema, or:
 - <-3 Z-scores weight-for-height and/or oedema.
- Severely malnourished children older than 5 years, adolescents and adults admitted based on available weight-for-height standards or presence of oedema
- Low birth weight babies
- Orphans <1 year (only when traditional care practices are inadequate)
- Mothers of children younger than 1 year with breast-feeding failure

(only in exceptional cases when relactation through counselling and traditional alternative feeding have failed)

NUTRITIONAL VALUE OF FOOD COMMODITIES PER 100G.

COMMODITY	Energy Kcal	Protein (g)	Fat (g)
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Cereals			
Wheat	330	12.3	1.5
Rice	360	7.0	0.5
Sorghum / Millet	335	11.0	3.0
Maize	350	10.0	4.0
Processed Cereals			
Maize meal	360	9.0	3.5
Wheat flour	350	11.5	1.5
Bulgur wheat	350	11.0	1.5

Blended Food			
Corn Soya Blend	380	18.0	6.0
Wheat Soya Blend	370	20.0	6.0
Soya-fortified bulgur wheat	350	17.0	1.5
Soya-fortified maize meal	390	13.0	1.5
Soya-fortified wheat floué	360	16.0	1.3
Soya-fortified sorghum grits	360	16.0	1.0

Dairy Products			
Dried Skim Milked (enriched)	360	36.0	1.0
Dried Skim Milked (plain)	360	36.0	1.0

Dried Whole Milk	500	25.0	27.0
Canned cheese	355	22.5	28.0
Therapeutic milk	540	14.7	31.5

COMMODITY	Energy Kcal	Protein (g)	Fat (g)
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Meat and Fish			
Canned meat	220	21.0	15.0
Dried salted fish	270	47.0	7.5
Canned fish	305	22.0	24.0

Oils and Fats			
Vegetable oil	885		100.0
Butter oil	860		98.0
Edible fat	900		100.0

Pulses			
Beans	335	20.0	1.2
Peas	335	22.0	1.4
Lentils	340	20.0	0.6

Miscellaneous			
Sugar	400		
High Energy Biscuits	450	12.0	15.0
Tea (black)			
Iodized salt			

Dates	245	2.0	0.5
Dried fruit	270	4.0	0.5

CHARACTERISTICS OF COMMON FOODS

General grains (rice, corn, sorghum, oats, etc.)

Contain vitamin B and iron. However, these are reduced by milling, i.e. the whiter the flour the greater the loss of vitamins.

Comment: General grains are the main source of both energy and protein in most diets.

Legumes/oil seeds (beans, peas, soya, ground-nuts, etc.)

Contain B complex vitamins. Most contain significant quantities of iron and calcium.

Comment: Legumes are particularly useful when eaten with cereals as the proteins complement each other.

Whole tubers and roots (yam, taro, cassava, sweet potato, potato, etc.)

The quantity of vitamins and minerals contained is variable but generally low, except for potatoes which are rich in vitamin C.

Comment: Bulk and low protein content makes them unsuitable as staple foods in emergencies.

Vegetables and fruits

Important source of vitamins and minerals. Variable quantities of B and C vitamins. Dark green leaves or yellow/red pigmentation usually indicates vitamins A compounds.

Meat, milk and dairy products, eggs, etc.

- Good sources of B vitamins. Whole milk and eggs also good source of vitamin A.
- Milk and eggs provide significant amounts of calcium.

Comment: Usually consumed in very small quantities in normal times. They are more readily used by body than proteins of vegetable origin. Therefore, small quantities useful to improve the quantity and palatability of diet.

Fish, dried

Rich source of calcium and iron. Contains B Vitamins.

Comment: A concentrated source of protein for those who like it. Therefore acceptability trials essential before use.

Fats and oils

Fats derived from the milk are sources of vitamins A and D, while vegetable fats contain no vitamin A and D, except for red palm-oil.

Comment: Useful way to increase energy intake without increasing bulk of diet. Improves palatability and helps in food preparation.

THE SIZE OF THINGS

COMMODITY VOLUME PER TON (M ³ / 1,000KG)	APPROXIMATE	STANDARD PACKAGE	TYPICAL MAXIMUM STACKING HEIGHT
Water	1	None	n/a
Food grains/beans	2	50 kg/bag	20-40 bags
Flour and blended foods	2	25 kg/bag	20-30 bags
DSM in bags	2.4	25 kg/bag	20-30 bags
DSM in tins inside cartons	4	20 kg/carton 4 tins/carton	8 individual cartons or 20 if palletised
Edible oil in tins inside	2	25 kg/carton 6 tins/carton	8 individual cartons or 20 if palletised
Oil in drums	1.4	200 litre/drum	2 drums upright with wood between the rims or 3 drums on their sides
ORS	2.4	35 kg/carton	3-4 m
Mixed drugs	3.5	45 kg/carton	3-4 m
Clinic equipment and teaching aids	4.5	35-50 kg/carton	3-4 m
Kitchen utensils	5	35-40 kg carton	3-4 m
Family tents	4.5	35-60 kg/unit	4.5 m*
Compressed blankets	4.5	70 units/bale 85 kg/bale	4.5 m*
Loose blankets	9	unit	3-4 m

* where equipment for stacking allows

CAPACITIES AND CHARACTERISTICS OF VARIOUS AIRCRAFTS

AIRCRAFT MAKE OR TYPE	VOLUME* CAPACITY IN M ³	WEIGHT* CAPACITY IN KG	REQUIRED* RUNAWAY IN M	NOTES
Antonov AN-12	97	20,000	1,800	
Antonov AN-124	900	120,000	3,000	
Boeing B.707/320C	165	36,000	2,100	
Boeing B.747	460	100,000	3,000	
DC-3	21	3,000	1,200	
DC-6	80	11,000	1,500	
DC.8/63F	302	44,000	2,300	"stretch" version
DC.10/30F	412	66,000	2,500	
Fokker F.27	65	5,000	1,200	
Hercules L.100-30	120	15,000	1,400	Ramp for trucks, can land on earth/grass airstrips
Ilyushin IL-76	180	47,000	1,700	
Pilatus Porter	3	950	120	Small door
Skyvan	22	2,100	500	Ramp: can take Land Rover
Transall	140	17,000	1,000	Ramp for trucks
Twin Otter	12.4	1,800	220	Small door

* Note that the minimum length of runway required and the maximum load capacity both depend on the altitude of the airport and the temperature. Capacity is reduced for long distances as more fuel must be carried. Carrying capacity will also vary with the actual configuration of the aircraft. Many types of aircraft will require specialized loading/unloading equipment.

CAPACITIES OF VARIOUS SURFACE TRANSPORT MEANS

CARRIER TYPE	VOLUME CAPACITY IN M ³	WEIGHT CAPACITY IN KG
Standard railway car	52	30,000
Standard sea/land container (20 ft / 6.1 m)	30	18,000
Standard sea/land container (40 ft / 12.2 m)	65	26,000
Large lorry and trailer	Varies	20-30,000
Large articulated lorry	Varies	30-40,000
Medium lorry	Varies	5-8,000
Long wheel base Landrover or pickup	Varies	1,000
Typical water tanker	8	8,000
Hand drawn cart	Varies	300
Camel	Varies	250
Donkey	Varies	100
Bicycle	Varies	100

UN SECURITY PHASES

Phase I: Precautionary

In this phase, clearance from the Designated Official (DO) is required prior to travel.

Phase II: Restricted Movement

This phase imposes a high level of alert on the movements of UN staff members and their families. During this phase all staff members and their families will remain at home unless otherwise instructed.

Phase III: Relocation

This phase is declared by the Secretary General, on the advice of the DO. It includes concentration of all international staff members and their families, relocation of non-essential staff and families elsewhere in, or out of the country. Deployment of new staff must be authorized by the Secretary General.

Phase IV: Programme Suspension

This phase is declared by the Secretary General, on the advice of the DO. It allows for relocation outside the country of all international staff not directly involved with the emergency, humanitarian relief operations, or security matters.

Phase V: Evacuation

This phase is declared by the Secretary General, on the advice of the DO. The evacuation of all international staff should be carried out according to

RADIO COMMUNICATIONS, PHONETIC ALPHABET

<i>Letter</i>	<i>Phonetic equivalent</i>	<i>Letter</i>	<i>Phonetic equivalent</i>
A	Alpha	N	November
B	Bravo	O	Oscar
C	Charlie	P	Papa
D	Delta	Q	Quebec
E	Echo	R	Romeo
F	Fox-trot	S	Sierra
G	Golf	T	Tango
H	Hotel	U	Uniform
I	India	V	Victor
J	Juliet	W	Whiskey
K	Kilo	X	X-Ray
L	Lima	Y	Yankee
M	Mike	Z	Zulu

COMMON COMMUNICATIONS EQUIPMENT AND TERMINOLOGY

Codan (Manufacturer's name)

High frequency radio system using voice communication, commonly used in vehicles

DAMA – Demand Assigned Multiple Access

Satellite (VSAT) system which allows multiple lines of telephone, fax and data to be transmitted via satellite

DTS – Digital Transmission System

A successor to PACTOR, allowing the transmission of e-mail messages by radio

HF – High Frequency

Range of frequency if radio waves used for long distance radio communication

INMARSAT – International Mobile Satellite Organization (originally called International Maritime Satellite Organisation)

Phone system which provides global phone, fax and data transmission via satellite

Pactor – Packetised Telex Over Radio

System whereby printed messages can be sent by radio

SATCOM – Satellite Communications

Generic term for any satellite communications system

SATCOM A, B, C, M, Mini-M – Refers specifically to INMARSAT terminals used by UNHCR

Telephone system used for voice, fax and data communications. The equipment comes in various sizes, from suitcase size to small laptop size, and with varying capabilities from simple telex to video-conferencing.

SITA – Société Internationale de Telecommunications Aéronautiques
An organisation which provides a global communications network for airline reservations and ticketing. It can also provide a communications network for non-airline customers (e.g. UNHCR)

UHF – Ultra High Frequency (Higher than VHF)

Range of frequency of radio waves used for short distance radio communication

VSAT – Very Small Aperture Terminal

Satellite system which allows multiple lines of telephone, fax and data to be transmitted via geo stationary satellite

VHF – Very High Frequency

Radio waves used for short distance radio communications (e.g. handsets for walkie-talkies)

VHF Repeater – Very High Frequency Repeater

Equipment used to extend the range of VHF short distance radio communications to a range of 20 to 80 km, depending on the topography

COMMON HEALTH PROBLEMS

Major contributing factors | *Preventive measures*

Diarrhoeal Diseases

Overcrowding

Contamination of water and food

Lack of hygiene

- Adequate living space
- Public health education
- Distribution of soap
- Good personal and food hygiene
- Safe water supply and sanitation

Measles

Overcrowding

Low vaccination coverage

- Minimum living space standards
- Immunization of children with distribution of Vitamin A

NOTE: *Immunization from 6 months up to 15 years (rather than the more usual 5 years) is recommended because of the increased risks from living conditions*

Acute Respiratory Infections

Poor housing

Lack of blankets and clothing

Smoke in living area

- Minimum living space and proper shelter
- Adequate clothing and sufficient blankets

Major contributing factors

Preventive measures

Malaria

New environment with a strain to which the refugees are not immune

Stagnant water which becomes a breeding area for mosquitoes

- Destroying mosquito breeding places, larvae and adult mosquitoes by spraying. However the success of vector control is dependent on particular mosquitoes habits and local experts must be consulted
- Provision of mosquito nets
- Drug prophylaxis (e.g. pregnant women and young children according to national protocols)

Meningococcal Meningitis

Overcrowding in areas where the disease is endemic (often has local seasonal patterns)

- Minimum living space standards
- Immunization only after expert advice when surveys suggest necessity

Tuberculosis

Overcrowding

Malnutrition

High HIV prevalence

- Minimum living space standards (but where it is endemic it will remain a problem)
- Immunization

Major contributing factors

Preventive measures

Typhoid

Overcrowding

Poor personal hygiene

Contaminated water supply

Inadequate sanitation

- Minimum living space standards
- Safe water, proper sanitation
- Good personal, food and public hygiene and public health education

NOTE: *WHO does not recommend vaccination as it offers only low, short-term individual protection and little or no protection against the spread of the disease.*

Worms, especially hookworms

Overcrowding

Poor sanitation

- Minimum living space standards
- Proper sanitation
- Good personal hygiene
- Wearing shoes

Scabies¹

Overcrowding

Poor personal hygiene

- Minimum living space standards
- Enough water and soap for washing

¹ Scabies: skin disease caused by burrowing mites

Major contributing factors

Preventive measures

Xerophthalmia, vitamin A deficiency

Inadequate diet following prolonged acute infections, measles and diarrhoea

- Adequate dietary intake of vitamin A. If not available, provide vitamin A fortified food. If this is not possible, then vitamin A supplements.
- Immunization against measles
- Systematic prophylaxis for children, every 4-6 months

Anaemia

Malaria, hookworm, poor absorption or insufficient intake of iron and folate

- Prevention/treatment of contributory disease
- Correction of diet, including food fortification

Tetanus

Injuries to unimmunized population
 Poor obstetrical practice causes neo-natal tetanus

- Good first aid
- Immunization of pregnant women and subsequent general immunization within EPI
- Training of midwives and clean ligatures, scissors, razors, etc

*Major contributing factors**Preventive measures***Hepatitis**

Lack of proper hygiene
 Contamination of food and water

- Safe water supply
- Effective sanitation
- Safe blood transfusions

STD's/HIV

Loss of social organization
 Poor transfusion practices
 Lack of information

- Test syphilis during pregnancy
- Test all blood before transfusion
- Ensure adherence to universal precautions
- Health education
- Availability of condoms
- Treat partners

CHECKLIST FOR INITIAL ASSESSMENT²

Who are the refugees, their number and pattern of arrival

- Approximately how many refugees are there?
- Where have the refugees come from? Why?
- What is the rate of arrival? Is it likely to increase or decrease?
- What is the total number likely to arrive?
- What is the location of the arrival points and of the sites where people are settling (latitude and longitude)?
- Are the refugees arriving as individuals or in groups? Are these family groups, clans, tribal, ethnic or village groups?
- Are families, village groups and communities intact?
- How are the refugees organized? Are there group or community leaders?
- How are the refugees travelling: on foot, in vehicles? What is the gender ratio of the population?
- What is the age profile of the population? Can a breakdown in age be given – under five's, age 5 to 17 years, 18 years and over?
- How many unaccompanied minors are there? What is their condition?
- What was the social and economic situation of the refugees prior to their flight?
- What are their skills and languages? What is their ethnic and cultural background?
- Are there individuals or groups with special social problems? Are there particular groups made more vulnerable by the situation? (e.g. the disabled, separated minors or elderly people in need of support).
- What are the basic diet, shelter, and sanitation practices of the refugees?
- What is the security situation within the population: is there a need for separation between different groups?
- What is the formal legal status of the refugees?

² This checklist is based on a refugee influx and it should be modified in the light of the actual nature of the emergency.

Characteristics of the location

- What are the physical characteristics of the area where the refugees are located?
- What is the soil, topography and drainage?
- Is there enough space for those there and those likely to arrive?
- Is there all season accessibility?
- Can the refugees access relief assistance from where they are located?
- What is the vegetation cover?
- Will the refugees need to use wood for fuel and shelter?
- Approximately how many people already live in the local area?
- Who owns (or has usage rights on) the land?
- Is there grazing land and are there potential areas for cultivation?
- What is the actual or likely impact on the local population and what is their attitude and that of the local authorities towards the refugees?
- Are there security problems?
- What environmental factors must be taken into account (e.g. fragility of the local environment and extent to which local community relies on it; how rapidly might it be degraded by the refugees, proximity to protected areas)?
- What is the condition of the local population? If assistance is provided to the refugees, should the local population also be assisted?

Health status and basic problems

- Are there significant numbers of sick or injured persons, is there excess mortality?
- Are there signs of malnutrition?
- Do the refugees have access to sufficient quantities of safe water?
- Do the refugees have food stocks, for how long will they last? Do the refugees have adequate shelter?
- Are adequate sanitary facilities available?
- Do the refugees have basic domestic items?
- Is there sufficient fuel for cooking and heating?

Resources, spontaneous arrangements and assistance being delivered

- What type and quantity of possessions have the refugees brought with them?
- What arrangements have the refugees already made to meet their most immediate needs?
- What assistance is already being provided by the local population, the government, UN organizations and other organizations, is the assistance adequate, sustainable?
- Is the present assistance likely to increase, continue, decrease?
- What is the government's policy on assistance to the refugees?
- Are there any major constraints likely to affect an assistance operation? ;
- Has contingency planning for this type of emergency been undertaken?
- What coordination arrangements are required?

Means to deliver protection and assistance

- Can effective implementing arrangements be made quickly and locally? If not, what are the alternatives?
- Is there already an identified refugee leadership with whom it will be possible to coordinate the delivery of protection and assistance?
- What are the logistical needs and how can they be met?
- Where will the necessary supplies come from?
- How will they reach the refugees?
- What storage is needed, where and how?
- Are there essential items which can only be obtained outside the region and whose early supply will be of critical importance (e.g. food, trucks)?
- What are the needs for UNHCR and implementing partner staff and staff support?

CONVERSION FACTORS

To convert from

To

Multiply by

Length

Yards (1 = 3ft = 36 inches)	Metres	0.91
Metres (1 = 100 cm)	Yards	1.09
Miles (1 = 1,760 yds)	Kilometres	1.61
Kilometres (1 = 1,000 m) The international nautical mile = 6,076 feet = 1,825 km	Miles	0.62

Area

Yards ² (1 = 9ft ²)	Metres ²	0.84
Metres ² (1 = 10,000 m ²)	Yards ²	1.20
Acres (1 = 4,840 yd ²)	Hectares	0.41
Hectares (1 = 100 acres = 10,000 m ²)	Acres	2.47
Miles ² (1 = 640 acres)	Kilometres ²	2.59
Kilometres ² (1 = 100 ha)	Miles ²	0.39

Volume

US gallons	UK gallons	0.83
UK gallons	US gallons	1.20
US (UK) pints	Litres	0.47 (0.57)
Litres	US (UK) pints	2.11 (1.76)
US (UK) gallons (1 = 8 pints)	Litres	3.79 (4.55)
Metres ³	Yards ³	1.31
Yards (1 = 27 ft ³)	Metres ³	0.77

To convert from

To

Multiply by

Weight

Ounces (oz)	Grams	28.35
Grams	Ounces	0.035
Pounds (lb, 1 = 16 oz)	Kilos	0.454
Kilos (kg, 1 = 1,000 g)	Pounds	2.21
US short tons (1 = 2,000 lb)	Metric tons	0.91
US long tons (= UK tons, 1 = 20 hundredweight, CWT = 2,240 lb)	Metric tons	1.02
Metric tons (MT, 1 = 1,000 kg)	US short tons	1.10
US long tons	UK tons	0.98

Temperature

Centigrade	Fahrenheit	1.8 and add 32
Fahrenheit	Centigrade	Subtract 32 and multiply by 0.56

Weight of water (at 16.7° C, 62° F)

1 litre = 1 kg

1 US gal = 8.33 lb

1 UK gal = 101 lb

1 ft³ = 62.31 lb

The Regional Centre for Emergency Training in International Humanitarian Response, or eCentre, was established by UNHCR in Tokyo in 2000. The aim of the eCentre is to enhance the capacity of organisations in the Asia-Pacific region to respond to mass population displacement. To do this, the eCentre offers a training programme consisting of workshops and distance learning. The eCentre is funded by the Government of Japan through the Trust Fund for Human Security administered by the United Nations.

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