

## **Sanitation and environmental services**

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(Further references are given in Chapter 24, page 15)

## Sanitation and environmental services

### Need

The social disruption, overcrowding and lack of sanitation facilities that characterize refugee emergencies can quickly lead to conditions that are hazardous to health and offensive unless action is taken.

### Aim

To prevent the spread of disease and promote a safe environment for the refugees.

### Principles of response

- ☐ The co-operation of the refugees is essential for success, and programmes must be developed with and to the extent possible run by them. The measures taken must be culturally acceptable to the refugees.
- ☐ The advice of an experienced public health engineer with local knowledge is required.
- ☐ Site selection and layout must take account of the needs of the sanitation system.
- ☐ The simplest technologies should be applied wherever possible.
- ☐ Swift provision of a basic system for human waste disposal is better than delayed provision of improved systems.
- ☐ Individual family allocation of latrines is the best guarantee of maintenance and use.
- ☐ Co-ordinate with other public health programmes.

### Action

- ☐ Localize defaecation and prevent contamination of the water supply.
- ☐ Develop and implement an appropriate exceta disposal system.
- ☐ Establish effective services for disposal of garbage and waste water, insect and rodent control, disposal of the dead, dust control where necessary, and fire prevention and control.
- ☐ Establish inspection and reporting system for all sanitation and environmental services, linked to health surveillance.
- ☐ Provide education on sanitation and environmental services as a part of general public health education.

### 25.1 Introduction

1. Apart from the provision of water, food and, in some circumstances, shelter, sanitation is likely to be the single most important service affecting the health of refugees in an emergency. Disruption and the crowding together of people who are accustomed to living in different and less crowded conditions makes adequate sanitation of critical importance. The facilities to which the refugees were accustomed are no longer available, basic services are often lacking and habits may have to be changed. In these conditions, indiscriminate disposal of human and other waste will pose serious threats to the health of individuals, family groups and finally the whole community.

2. Environmental sanitation is often considered to include: the provision of safe water; disposal of human excreta, waste water and garbage; insect and rodent control; safe food handling practices; and site drainage. All these services, and the provision of health care, are very much interrelated and should be considered together. In particular, this chapter should be read in conjunction with chapter 24 on water.

3. The key to reducing health hazards is an acceptable and practical system for the disposal of human excreta. This must be developed with the refugees and be culturally appropriate, even if circumstances necessitate a departure from traditional practices; the system must be one which the refugees will use.

4. The refugees must also run the services to the extent possible. Control will be essential: the effectiveness of the services will depend to a significant degree on regular and thorough maintenance and inspection.

### 25.2 Organization

- ☐ Take account of sanitation needs in site selection and layout.
- ☐ Seek professional advice from those with local knowledge and above all consult and involve the refugees.

- ☐ Ensure maintenance and cleanliness of the system and the supervision of its operation.
- ☐ Educate the refugees as part of the public health education programme.

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1. Environmental sanitation will be an important consideration in site layout, and the organization and operation of the sanitation services must be integrated with other community services.

2. Developing adequate sanitation in a refugee emergency is difficult and expert advice should be sought from a public health engineer familiar with the practices of the refugees and nationals of the country of asylum, and if possible with experience of refugee emergencies. Assistance should first be sought from local sources - government departments, universities, NGOs, or industry. If these cannot meet the need, Headquarters assistance should be requested.

3. Good sanitation depends to a great extent on the people who run the system and the attitudes of the community. The systems and services developed should be able to operate effectively with a minimum of outside involvement. The selection and basic training of refugees to assist in the design and implementation of all services should be an integral part of sanitation and environmental programmes.

4. The most common cause of breakdown in any system of excreta disposal is inadequate maintenance, even for properly designed and installed systems. The best guarantee of proper maintenance is the individual family allocation of latrines. Breakdown of latrines will lead to contamination of the environment and a high risk of infection and disease. There must be regular inspection for blockages and health hazards, and properly trained supervisors will be needed.

5. Even when in working order, latrines will not be used unless they are clean. Individual families will be responsible for their own units, but where communal latrines are unavoidable, special arrangements to keep them clean will be essential. Particular attention must be given to the maintenance and cleanliness of the latrines serving community facilities such as health centres. Refugee workers and proper supervision will be required, and it may be necessary to pay or otherwise compensate those who are responsible for keeping communal latrines clean and operational. It should be noted that disinfectants should not be poured into the pits or tanks of latrines which dispose of excreta by biological degradation. The addition of soil or lime to trench or pit latrines may help control insect breeding and reduce odour.

6. Education on sound environmental sanitation practices will be essential, and an important part of the general public health education programme. Whatever the success of the sanitation system with adults, children will present a special problem. Children are both the main sufferers from excreta-related diseases and also the main excretors of many of the pathogens that cause diarrhoea. Children are often frightened by unfamiliar latrines and particular care will be needed to ensure that the latrines are safe and physically suitable for children. Special guidance for mothers will be needed.

### 25.3 Disposal of excreta

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- ☐ Take immediate action to localize excreta disposal and prevent contamination of the water supply.
  - ☐ Carefully consider cultural and physical factors.
  - ☐ Trench latrines may be needed initially, but in most circumstances individual family latrines are greatly to be preferred.
  - ☐ Ensure that latrines can be used at night and that appropriate anal cleansing materials are available.
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### General

1. Safe disposal of excreta is necessary because the agents of many important infectious diseases are passed from the body in excreta and may reach others. These are called the excreted infections and fall into four main groups: viruses, bacteria, protozoa, and worms (helminths). Furthermore, unless properly isolated, excreta provide an opportunity for the breeding of insects, which then act as direct or indirect transmitters of disease.

2. The specific link between the incidence of diseases and the sanitation system may not always be obvious, as often the most important human link in transmission of an infection is a carrier who shows little or no sign of disease. Conversely, persons in an advanced state of disease may have little or no importance in transmission. The links between diseases, infections, the means of transmission, and the sanitation system must be kept under constant surveillance.

3. The safe disposal of human excreta is more important than disposal of animal waste, because more diseases affecting humans are transmitted by human than animal waste. Human faeces are much more dangerous than urine, and, except in the areas of Africa and the Middle East where the schistosoma haematobium species of bilharzia occur, it is probably sufficient in an emergency just to prevent urine contaminating the water.

4. Two main factors will affect the choice of an excreta disposal system: the traditional sanitation practices of the refugees and the area geology, including availability of water, and space available. Failure to take proper account of them can easily result in a system rapidly becoming a greater health hazard than whatever arrangements preceded it.

5. Consideration with the refugees of their traditional sanitation practices and how these can be modified or adjusted to reduce health hazards in the circumstances of a refugee emergency is the essential starting point. Over half

the world's population has no access to a latrine. Of those who do, some cultures require privacy, some separate the sexes physically or by time, others do not. Such factors, and the normal method of anal cleansing, must be considered at the planning stage and will directly affect the type of system. Once they have been taken into account, the cleanliness of latrines and their ease of access will determine whether or not they are used. The following may help as a check list:

- (1) Previous sanitation system and practices;
- (2) Method of anal cleansing;
- (3) Preferred position (sitting or squatting);
- (4) Need for privacy;
- (5) Segregation of sexes and other groups or individuals with whom it is culturally unacceptable to share a latrine;
- (6) Need for special orientation (direction) of latrine in some cultures;
- (7) Cultural practices for children;
- (8) Cultural taboos (for example, against contact with anything that may have touched excreta of others);
- (9) Social factors, including likelihood of community action to ensure proper use of proposed system;
- (10) Systems used locally in neighbourhood of site.

6. Arrangements must be made to assure the availability of appropriate anal cleansing materials at or near all latrines. This is essential to the maintenance of hygiene.

7. The latrines must be able to be used at night. For individual units, families may be able to arrange their

own lamps, but for communal units some form of lighting system should be provided.

#### Immediate action

8. The refugees are likely to be defaecating indiscriminately, contaminating their environment and often the water supply. In consultation with the community leaders, the best first step is to try and localize excreta: controlled surface defaecation. If space allows, designate an area or areas away from the dwellings and down wind, but sufficiently close to be used. Fence the area(s) and provide privacy and a shallow trench and spades, if necessary/possible.

9. A publicity campaign will be required to encourage refugees to use these areas and not defaecate indiscriminately near dwellings. At the same time measures must be taken to prevent defaecation or urination in or near the water supply. This immediate action can already significantly reduce public health hazards.

#### Longer-term options

10. Expert advice will be required on the most appropriate system. The nature of the soil will be important; if it is highly impervious some systems will be precluded. The availability of water will be another factor, and the importance of cultural considerations has already been stressed. There are many simple options that, if properly constructed and maintained, will meet all public health requirements: the principle objective of a conventional water-flush system is greater convenience, not better health.

11. In hot, dry climates, where sufficient space is available, localized defaecation areas away from the dwellings may also be the best continuing arrangement, particularly for those whose normal practice it would be. The heat and sunlight render the faeces harmless. Otherwise, some sort of latrine will be required, even for refugees unaccustomed to them. The broad division is into dry latrines - trenches, pits or holes in the ground -

and water-dependent latrines, which are flushed. Other possibilities are cartage of excreta and composting, but they are unlikely to be applicable in a refugee emergency and are not considered in this chapter.

12. If the site is on the coast, local practice may be to defaecate in the sea. While this is less harmful for the refugees than indiscriminate defaecation on land, it should be discouraged unless there is no other option. Faeces will contaminate the high water line, and the practice will increase the health hazards of washing in the sea. Where defaecation in the sea is unavoidable, it should be localized by fencing off an area. Structures should be built that permit defaecation away from the immediate shore line and both the location of these and organization of the system should make use of tides, currents and prevailing winds to avoid direct contamination of the foreshore. Defaecation in bays, estuaries or lagoons where fish or shellfish are harvested should be discouraged since this may cause outbreaks of diarrhoea or hepatitis.

#### Selection of a system - basic considerations

13. The selection of an excreta disposal system suitable for a particular situation requires consideration of a number of factors. In an emergency, however, time is the critical factor. Pollution of the environment by excreta, with all its attendant risks, cannot be stopped or delayed without immediate sanitation measures. Thus the range of choice is always much more limited at the very outset of an emergency; weeks or months cannot be lost in waiting for construction to be completed or material to arrive. Temporary systems to meet the most immediate needs will need to be improved or replaced by others as soon as feasible, in order to maintain adequate sanitation standards. In emergency sanitation act first and improve later.

14. Emergency conditions may therefore dictate at least the initial use of trench latrines. These can be dug

quickly and need less space than individual family units. While shallow trenches may be a quick-action solution for a very short initial period, deep trench latrines are incomparably more effective. Where space and soil conditions allow, the simplest and commonest individual family unit is the pit latrine. Details of various types of latrine are given in section 25.4. Once a system has been selected, a pilot project may yield valuable lessons.

#### Specific considerations

15. There are three basic options for the allocation of latrines: individual family units, centralized units with each latrine allocated to an individual family and communal systems. People will always make more effort to keep their own latrine clean and in good order than to do the same for a communal facility, and dirty and smelly latrines will not be used. Consequently, individual family units are, under normal conditions, the preferred solution.

16. Cost, installation and maintenance. The most appropriate system is likely to be the one that is cheap, simple to install and easy to maintain. Maintenance problems often prevent satisfactory operation of otherwise well designed and installed systems. Particularly important, the latrine must be easy to clean and the surfaces round the hole washable. Avoid uncovered wood.

17. Number of latrines and distance from dwellings. As a rule, at least one latrine should be provided for every 20 people. Latrines should be at least 6 metres from dwellings if possible, and further away from feeding and health centres, and over 50 metres from wells or other drinking water sources. They should be located no more than 50 metres from user accommodation. If people have to walk a considerable distance to a latrine they will defaecate in a more convenient location regardless of the health hazard.

18. Population density will affect the space available for the excreta disposal system and thus the type of system. One

of the major health hazards as a result of overcrowding is that latrines are too close to dwellings and there may be insufficient space for individual units. This must be considered in site planning, and the site layout should be determined, among other things, by the needs of the most suitable sanitation system, not vice versa.

19. The nature of the soil may exclude certain options. For example, rocky soil may prevent the digging of pit-type systems; sandy soil will demand special measures for preventing side wall collapse of pits; impervious clay soils may exclude any system dependent upon seepage. Account should be taken of the difference between dry season and wet season soil conditions. Consideration must be given to avoiding pollution of ground water in areas with high water tables, taking account of any seasonal variation in the level of the water table.

20. The amount of water available will determine whether disposal systems which require water are a possibility. Refugee situations are often characterized by a lack of reliable water sources. Scarcity of water usually means that the excreta disposal system should not be dependent on water availability, but many communities require water for anal cleansing.

21. The possibility of flooding should be considered and drainage provided if necessary. If flood water enters the latrines large areas may be contaminated. Heavy seasonal rains or the ground freezing in winter will also be factors to take into account.

22. Construction material will be needed. The structure should be made of local materials and these should be used for reinforcing the pit where necessary. Refugees not used to latrines will generally prefer a large enclosure with no roof. Special measures will be necessary for the manufacture of squatting or sitting slabs, and U-pipes and other material for wet systems, if these are not available locally. A number of simple techniques exist for making these on site, for example with reinforced cement from moulds.

#### 25.4 Types of latrine

- ☐ There are many potentially satisfactory types of latrine: low cost, simplicity of construction and ease of maintenance are the priorities once cultural and physical factors have been considered.
- ☐ The basic division is into wet and dry systems; in certain circumstances a self-contained unit (the Oxfam Sanitation Unit) may be appropriate.

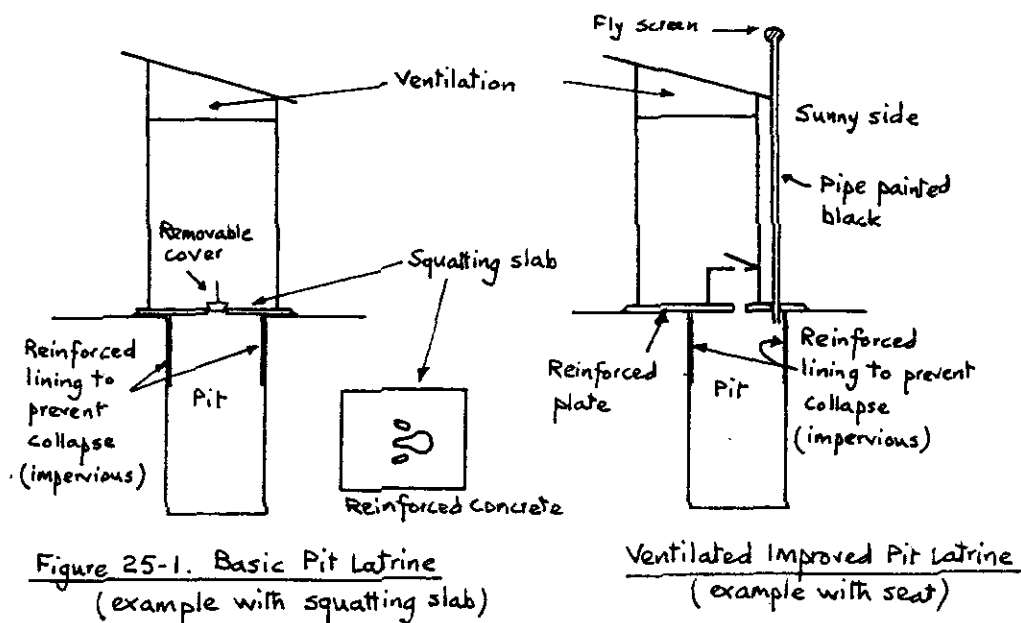
#### Dry systems

1. Shallow trench latrines (very cheap). Shallow trenches can be dug with picks and shovels and last for only a few days. The shallow trench is usually 30 cm wide and 90-150 cm deep. Three and a half metres of length are recommended for every 100 people. After every use the excreta should be covered with dirt from the digging of the trench, which is left on one side. When the trench is filled to within 30 cm of the top, it must be covered with soil and compacted. Simple platforms which can be cleaned without much difficulty and moved on may be placed over the trenches.

2. Deep trench latrines (cheap). Deep trenches can be used for a few months. If necessary, and where space is available, this solution can continue for longer periods, with new trenches being dug as old ones fill up. They should be dug 1.8 to 2.5 m deep and 75-90 cm wide. Recommended length per 100 persons is again 3.5 metres. A platform and structure will be needed, providing a seat or squatting hole, with lid, as appropriate and the trench should be fly-proofed to the extent possible. Trench sides must be shored up if there is a danger of collapse.



### 3. Pit latrines (cheap)



The most common excreta disposal system around the world is the individual family pit latrine, which has major advantages over a trench latrine. It consists of a superstructure for privacy, and a squatting place (or seat and riser) above a hole in the ground. Individual families can dig the pit and build the superstructure and if used by only one family these latrines are usually well maintained. Pit latrines can also be used in clusters as communal facilities. While the basic variety has both odour and insect problems, the simple modifications shown in the diagram can reduce these considerably. Where pit latrines are used, the VIP version should be built whenever possible.

4. Pit latrines are most suitable in conditions of low to medium population density - up to about 300 persons/hectare - but have been used satisfactorily in areas with twice this density. Space should ideally be available not only for the construction of one pit latrine per family, but also for the digging of new pits when the old

ones are full. This is an important consideration when pit latrines are used as communal facilities. When the pits are three-quarters full, they must be filled with soil and the superstructure and squatting plate moved to a new pit.

5. The pit should be about one metre across and over two metres deep. The rim of the pit should always be reinforced and the sides may need to be reinforced for one metre below ground level to prevent collapse. The danger of collapse may be reduced by digging the pit as a trench only 50-60 cm wide or by having a circular pit.

6. The vent pipe in a VIP latrine should be at least 15 cm in diameter, about 2 metres high, painted black and placed on the sunny side of the latrine for maximum odour and insect control. It must be fitted with an insect-proof gauze screen, when it will work as an excellent fly trap.

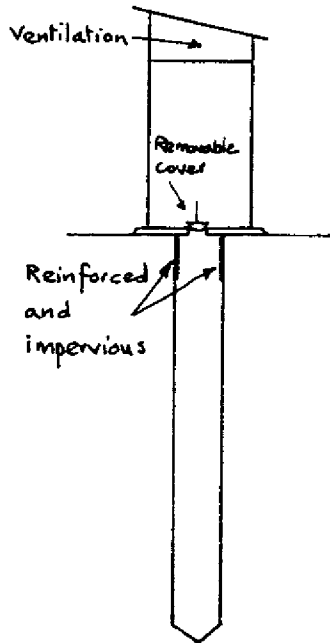
7. Bored-hole latrines (cheap)Wet systems8. Pour-flush (PF) latrines (cheap)

Figure 25-2. Bored-hole latrine  
(example with squatting slab)

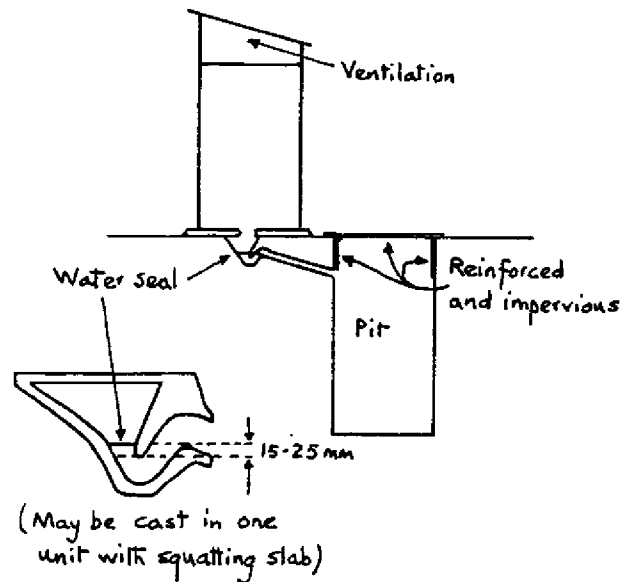


Figure 25-3. Pour-flush (PF) Latrine  
(example with squatting slab)

Bored-hole latrines are dug with a hand auger or mechanical drill and require a smaller slab than a pit. The bore-hole is 35-45 cm in diameter and any depth up to 7 metres. The advantage of the bored-hole latrine is that it can quickly be constructed as a family unit if augers are available. The disadvantages are that the side walls are liable to fouling and fly breeding, they are smellier than vented systems and the risk of ground water contamination is greater because of the depth.

PF latrines are simple in technical design. A water seal is made by a U-pipe filled with water below the squatting pan or seat. It is flushed by hand with some 1-3 litres of water into a pit or soakaway. This system is suitable where water is used for anal cleansing and where refugees are used to flushing. It is not suitable where paper, stones, corncobs or other solid materials are used for anal cleansing. PF latrines will only be used properly if water is readily available. A large container with a 3 litre dipper should be close by the latrine. Pit latrines can be easily modified to become PF latrines.

9. Aquaprivies (less cheap)

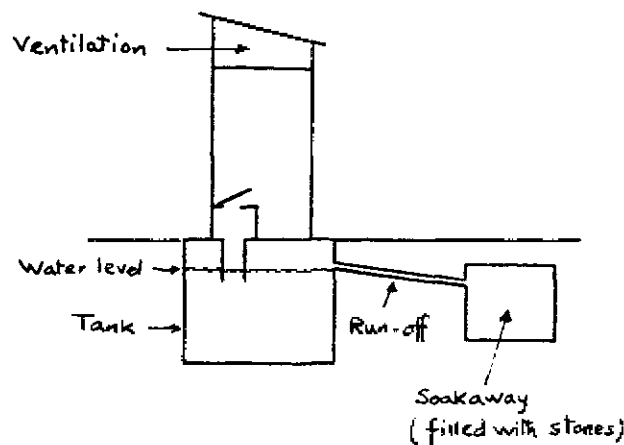


Figure 25-4 Aquaprivy (example with seat).

Aquaprivies consist of a squatting plate or seat above a small septic tank from which effluent drains to an adjacent soakaway. The aquaprivy requires a minimum water tank volume of one cubic metre (1,000 litres), to which at least five litres per user must be added daily. It is not an option in areas with impermeable soil such as clay. The most common difficulty with aquaprivies is failure to maintain the level of water in the tank, causing serious odour and insect problems. Experience has shown they do not work satisfactorily where water has to be carried to the latrine, but as long as the aquaprivy is kept topped up with water there are few things that can go wrong. Aquaprivies are not recommended where solid materials are used for anal cleansing. Except that they are less easily blocked, aquaprivies have no major advantage over PF latrines, which are cheaper.

10. Oxfam Sanitation Unit (less cheap still). The unit is a pre-packaged, communal treatment system in which 20 squatting plates, two flexible tanks made of nylon-reinforced butyl rubber for sewage treatment, and all necessary

pipes and fittings are provided. As a unit designed specifically for emergencies, it has the advantage of being a proven system which can be assembled within several days of arrival and is not affected by soil conditions. One unit can serve up to 1,000 persons per day. Apart from cost, the main disadvantage is that it requires about 3,000 litres of water a day at full design capacity. The water must not be saline. The unit requires a reliable operator. Before deciding on this system, the advice of someone familiar with it should be taken. An explanatory booklet is available from Oxfam or the UNHCR Emergency Unit.

#### 25.5 Waste water, garbage and dust

- ☐ Sources of waste water must be localized as much as possible and local drainage provided.
- ☐ Improper garbage disposal increases the incidence of insect and rodent-borne diseases, and an effective system must be established for the storage, collection and disposal of garbage.

- ☐ Garbage disposal areas must be designated and access to them restricted.
- ☐ Large amounts of air-borne dust can damage health.
- ☐ Preventing destruction of vegetation is the best preventive measure against dust.
- ☐ Spraying of roads and traffic control are additional measures.

1. Waste water is normally created by washing, bathing and food preparation. If this water is not drained away, it will stand in malodorous, stagnant pools providing breeding places for insects, especially mosquitoes, and an additional source of contamination of the environment. Washing, for example, is often done near water sources, causing many problems. To avoid these, special washing areas with duckboards or stones and proper drainage should be constructed. The problem of waste water generally should be dealt with by localizing sources of waste water as much as possible, and by providing local drainage.

2. In some circumstances, refugees may use the latrine, with its privacy, impervious floor and drainage for washing. If so, consideration should be given to whether soil conditions are suitable for such an extra loading on the pit, and if not, separate bathing enclosures (with soakaway) should be constructed.

3. All communities generate garbage, and the uncontrolled accumulation of garbage is both unpleasant and unhealthy. Rodent and insect-borne diseases increase with improper garbage disposal. An effective disposal of garbage must therefore be provided. This requires established routines for the storage, collection and disposal of garbage and control measures. Disposal should be accomplished by burying at designated locations on the site, or removal off the site. The open burning of garbage on site should be avoided, and incinerators used if garbage is to be burnt.

4. For storage, garbage containers made of metal or plastic and with a minimum capacity of 50 litres should be provided. A 200 litre oil drum cut in half is often used. They should have lids if possible. A ratio of not less than one container per 10 families has proved to be effective. The containers should be placed throughout the site in such a manner that no dwelling is more than about 15 metres away from one.

5. The collection of garbage from the containers should take place regularly, daily if possible, by truck or other means. Special daily collection arrangements will also need to be made for the waste from feeding centres and for all medical, organic and toxic wastes from health facilities: the safe disposal of all medical waste requires particular attention. The designated areas where garbage is to be buried should be well away from dwellings, and be fenced to restrict access. If garbage has to be burnt, after each burning it should be covered with a layer of soil.

#### Dust

6. Large amounts of dust carried in the air can be harmful to human health by irritating eyes, the respiratory system and the skin and contaminating food. Dust can also harm some types of machinery needed on refugee sites. The best preventive measure is action to stop the destruction of vegetation round the site. Dust control can be achieved by spraying roads with water or oil, especially around health facilities and feeding centres, limiting traffic and banning it from certain areas if necessary.

#### 25.6 Insect and rodent control

- ☐ Insects and rodents carry and spread diseases and can destroy food supplies.
- ☐ Preventive action to eliminate or limit their breeding areas is the best long-term solution.

- ☐ An insect and rodent control programme is nevertheless normally required for flies, mosquitoes and rats.
- ☐ Specialist supervision of all chemical measures and local knowledge of resistances is necessary.

1. The environment in a refugee emergency is typically favourable to the proliferation of disease-carrying insects and rodents (vectors), which can also destroy or spoil large quantities of food. Flies tend to breed in areas where food or human excreta are present, mosquitoes where there is stagnant water, and rats where there is food, garbage and cover.

2. Reducing the numbers of flies, mosquitoes and rodents quickly in an emergency is difficult. Poison and traps may be used against rats in food storage and handling areas but particular care must be taken in disposing of dead rats, which inter alia may carry plague-bearing fleas. Mosquito breeding grounds and perhaps the refugees' dwellings can be sprayed. Insects can quickly develop a resistance to chemicals and a rotation system, using different sprays, may be necessary. Local knowledge of resistances is required. Chemical spraying and rodent poisons can be dangerous to humans. Specialist supervision of all chemical measures is therefore essential.

3. The most effective method of controlling the spread of insects and rodents over the longer term is preventive: to improve sanitation, drainage, garbage disposal and food storage and handling practices and thus make the environment less favourable for breeding. The programme should provide for regular inspection and be integrated with other public health measures.

## 25.7 Fires

- ☐ Refugee sites are often especially vulnerable to fires.
- ☐ The most effective preventive measure is the suitable spacing and arrangement of all buildings. Other measures include controlling the use of fire and protecting sources of fuel.
- ☐ Water is unlikely to be available for major fire control on refugee sites. Forcible creation of additional firebreaks, manually or by bulldozer, may be a better control measure.

1. Refugee sites are often overcrowded, use light and highly combustible shelter materials, and have many individual cooking fires. Thus they are very vulnerable to major fires. Measures to prevent and control fires must be taken from the start of emergency assistance at refugee sites.

2. The most basic and effective preventive measure is the suitable spacing and arrangement of all buildings on the refugee site (see 21.4.12). Other measures include allowing individual fires for cooking only, and outdoors if possible, taking the necessary precautions with regard to the storage and uses of fuels and avoiding highly inflammable synthetic materials.

3. All fires can be controlled in the first few minutes with modest resources providing quick action is taken. Therefore an alarm system, fire fighting teams and reserve water and beaters must be organized. Water will generally not be available in sufficient quantity and at adequate pressure to be used effectively in the control of major fires. The creation of a new firebreak by taking down one or more rows of dwellings may be necessary. This can be done manually or preferably with a bulldozer if available. When fighting a large fire with scarce resources, the first priority is to contain it, rather than put it out.

## 25.8 Disposal of the dead

- ☐ Suitable arrangements for disposal of the dead are required from the start of an emergency, although dead bodies represent a negligible health risk.
- ☐ Burial is the simplest and best method where ritually acceptable and physically possible. Arrangements should be made to allow traditional rituals and meet material needs, for example, shrouds.
- ☐ Before burial or cremation, bodies must be identified and the identifications recorded.
- ☐ Action should be co-ordinated with the national authorities.

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1. Suitable arrangements for the disposal of the dead are required from the start of a refugee emergency. The mortality rate after a new refugee influx may well be higher than under "normal" conditions, and failure to make or allow acceptable arrangements will obviously have an adverse effect on the refugees' morale. The authorities should be contacted from the outset to ensure compliance with national procedures, and for assistance as necessary.

2. Dead bodies present a negligible health risk, but they must be protected from rodents, animals and birds. Burial is the simplest and best method of disposal if it is ritually acceptable and physically possible. Health considerations provide no justification for cremation, for which sufficient fuel may often not be available. Whenever possible, the customary method of disposal should be used, and the traditional practices and ritual should be allowed. Material needs, for example for shrouds, should be met. The necessary space for burial will need to be taken into account at the site planning stage, particularly in crowded conditions.

3. Before burial or cremation, bodies must be identified and the identification and, if possible, cause of death recorded. This is of particular importance in disease control, registration and tracing. If the whereabouts of relatives are known, the most immediate relation should be notified; steps must be taken to assure the care of minors who, as the result of a death, are left without an adult to look after them.

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The further references for this chapter are given at the end of chapter 24.

## **Social services and education**

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## **Social services and education**

### Need

The trauma of becoming a refugee can be very great. Social and psychological problems are created or exacerbated and appropriate measures for resolving these problems are essential.

### Aim

To help meet the special social and psychological needs of refugees.

### Principles of response

- ☐ Recognize the need for the refugees to be able to talk over their own problems among themselves and in their own language, and to fashion their own responses where possible.
- ☐ Build on the community's own resources to the extent possible and encourage individual, family and group self-reliance.
- ☐ Provide decentralized services within a co-ordinated community plan, and ensure home visiting.
- ☐ Where special institutions for the socially, physically or mentally disabled are necessary, they should be small and a part of the community, drawing on communal rather than special services.
- ☐ Ensure that social services are developed as essential components of the overall assistance programme, and in a co-ordinated approach to agreed standards.

### Action

- ☐ Assess the needs, paying particular attention to identifying the disabled and those who are otherwise vulnerable, such as unaccompanied children.
- ☐ Develop services to meet their needs.
- ☐ Take immediate action to reunite families.
- ☐ Organize an appropriate education programme.

### 26.1. Introduction

1. Previous chapters have considered the material needs of refugees in an emergency, needs that are not specific to refugees. The shock of having to leave home and the circumstances of life as a refugee, particularly in the early stages of an emergency, create major emotional and social problems and exacerbate existing problems. The trauma of the flight and its aftermath may leave the refugees confused, bewildered, frightened, lonely and insecure, facing an unknown future in a strange or even hostile environment. Separation from or loss of other family members is common in refugee emergencies, and naturally a major cause of emotional stress. Family reunion is a priority.

2. The most important action that can be taken to help reduce the shock and stress for the community as a whole is to provide security and a sense of stability as quickly as possible. In part this can be done materially, and in part by ensuring their protection and involving the refugees from the beginning in the organization of all aspects of their new lives, and in particular in the search for durable solutions. Some considerations have been covered in other chapters: this chapter focuses on the social welfare needs of individuals, families or groups that require particular attention.

3. In every emergency there will be refugees with family or individual social and psychological needs of a nature that require particular attention. Examples are: the disabled (for example mental handicaps, blindness, paraplegia, loss of limbs, deafness and leprosy); unaccompanied children; single parent families; the destitute, sick and elderly and the victims of such special problems as rape, drug abuse, physical abuse or family conflicts. For convenience, "social" is used in this chapter to embrace all such needs.

4. In stable non-emergency situations, the community itself often develops methods for meeting at least some of these needs. However, the

social disruption of refugee emergencies not only aggravates many problems but can also result in these special needs being overlooked unless appropriate measures are taken. The services to meet these needs will require personal attention to individual or family problems. This is best given through a community-based social welfare programme. The provision of the social welfare services that may be required by special groups, such as unaccompanied children and the severely disabled, usually requires the establishment of specific units.

5. The immediate objective of a social welfare service in an emergency situation should be the identification of those persons whose special needs are not being met, and the mobilization of appropriate community resources, with outside assistance as necessary, to meet these needs and ensure the general welfare of all refugees. The services should be organized with the full participation of the refugees to promote self-reliance and avoid dependence to the extent possible.

### 26.2 Organization of the general services

- 
- ☐ Plan the social welfare services with the refugees.
  - ☐ Individual problems will need personal attention.
  - ☐ Special measures may be required for persons with common needs.
  - ☐ Assess the needs by screening the whole community; the most vulnerable rarely come forward themselves.
  - ☐ Take account of national policies and resources.
  - ☐ Develop a community-based service, with home visiting.
  - ☐ Co-ordinate closely with other community services, particularly health care.
-

1. The organization of the necessary social welfare services must be considered as early as possible in a refugee emergency and the refugees themselves must be involved in developing the services. A co-ordinated approach by all organizations concerned is essential, with clear policy guidelines and agreed standards.

2. Experience suggests that even in an emergency many social welfare needs can best be met by resources that exist within the community. A social welfare programme should thus be designed to mobilize these resources through the establishment of community-based services. Every community has its own beliefs, social values, customs, traditions and preferences for how problems should be resolved. A social welfare programme should seek to enhance and improve existing "coping mechanisms". These may be based on the community's secular or religious leaders or elders or on other arrangements, for example through traditional medicine practitioners or midwives.

3. The first priority will be a careful initial assessment to determine the need for special social welfare services; to be effective, this should cover the whole community. In many cases the refugees themselves can identify those in need, but special surveys may be required to identify persons with serious social welfare needs, because typically they are least likely to seek assistance and may simply be overlooked. There is a need for a social welfare programme to deal with individual/family problems in most emergency situations. The need for additional special programmes, such as for family reunification or unaccompanied children, will depend on the circumstances. Tracing and family reunion will be important programmes in many refugee emergencies. The likely length of stay of the refugees will be a major consideration.

4. The programme developed to meet the assessed needs should take account of policies and resources in the country of asylum. The services and standards should reflect a community-based approach and the importance of enhancing

self-reliance. The basic case work - identification of individual or family problems, assessment of needs, development of solutions or referral - will necessarily take place at the individual, family or small group level. Social welfare programmes therefore generally require a decentralized structure, allowing community workers to work regularly among the same refugees, getting to know and be known by them.

5. The organization of general community activities, for example cultural events and recreation, will be important to the creation of a sense of a return to normality and security, and the reduction of stress, as well as in fostering the refugees' sense of community.

6. Regular home visiting will be important both in identifying the persons or groups with special needs and in monitoring the effectiveness of the response to these needs. These persons may also be identified by the community and referred to the service once its establishment and effectiveness are known.

7. Up-to-date records and individual dossiers should be kept, and a simple periodic reporting system instituted, focusing on the needs identified and services provided rather than giving just statistical data.

8. Co-ordination is required between the social welfare services and other community-based services, particularly health care. Home visiting services should be closely co-ordinated: health workers can often identify social problems and vice-versa. Regular social welfare clinics at health or community centres may be a useful complement to home visiting. In general, an active social welfare service is likely to be the major referral unit, helping to direct people with needs to available resources and identifying areas of need to which other services may be directed.

### 26.3 Personnel

- ☐ The refugees themselves should play the central role, with the necessary training.
- ☐ Appropriate outside assistance will be required to co-ordinate the services and for problems beyond the resources of the refugees.
- ☐ Continuity of personnel is very important.

1. The refugees must be able to talk over their problems in their own language with their own people. Thus the refugees themselves should play the central role. Outside assistance will be required for the problems that are beyond the resources of the refugees, and to ensure overall co-ordination and liaison with the authorities and other organizations concerned.

2. Community workers with the necessary training should be the backbone of the services. They would be responsible for assisting groups and individuals through outreach work within a given section of community. The number of such workers required will depend greatly on the community's own response mechanisms. As an indication, in some situations one per 2,000 to 3,000 refugees has been found appropriate. In addition, social workers are also likely to be needed in the health centres, as there is a tendency for people with special needs to be directed to these even when the problem may not be medical.

3. Training of refugee community workers is a priority task and should draw both on outside knowledge and that of the community.

4. Familiarity with social values and customs is essential, and language barriers can also severely limit what outsiders can achieve in individual case work. In addition to overall co-ordination, outside assistance may be required for programme supervision and

training. Some NGOs have experience in these fields. Sympathy with and an understanding of the kinds of problems faced, and a knowledge of local preferences for their resolution, are essential. Guidelines should be provided on the role of outside personnel.

5. The personnel that may be required for tracing, care of unaccompanied children and education are considered separately.

6. Continuity of personnel, whether from among the refugees or outside, is especially important for effective social welfare services because of the fundamental part played in these services by human contact and trust.

### 26.4 Tracing and family reunion

- ☐ Refugees must be able to send and receive mail.
- ☐ Tracing and reunion of separated family members must be organized as quickly as possible.
- ☐ The International Committee of the Red Cross (ICRC) has a special expertise.

1. The overriding concern of refugees separated from their families and friends will be for exchange of news and reunion as quickly as possible. In exercising the mandate given to it by the international community in times of armed conflicts, the ICRC has acquired a special experience in the field of tracing. Hence its expertise and advice should be sought at once, either from their field delegation or through Headquarters from their Central Tracing Agency in Geneva.

2. The possibilities for ensuring communication between those separated, and for tracing and reunion will vary greatly with each situation. Individual tracing may take a long time and only be possible effectively once the emergency is stabilized and the refugees are registered; it may involve the country of origin. However, immediate action is

often possible for group reunion, for example to reunite members of an extended family or village who fled at different times and/or by different means, and are thus in different locations in the country of asylum.

3. Procedures for the reunion of refugees separated within the country of asylum should be agreed with the authorities and implemented as soon as practicable. For example, lists of names, with photographs posted on the community notice boards in the different locations, may provide a simple and effective tracing mechanism. The tracing arrangements must be widely promulgated; a central contact point in each location is likely to be needed. Tracing is a delicate task, and has to be organized by people who have the necessary experience and skills. It also requires the involvement of the refugees themselves, who will play a key role in any tracing service.

#### Mail

4. Refugees have the right to send and receive mail. A properly organized exchange of news may considerably diminish the work load of a tracing service and also accelerate the reunion of families. Refugee mail services may be organized with the assistance of NGOs. Close liaison is required with the national postal authorities. UNHCR should provide stamps where necessary and appropriate: a franking machine in each location may be a practical solution. If normal postal services do not exist, the ICRC may organize the exchange of special Red Cross messages.

#### 26.5 Unaccompanied children

- ☐ Identify unaccompanied children and initiate tracing as soon as possible.
- ☐ Ensure that the children are cared for in ways that meet both their physical and emotional needs; individual care is all important.
- ☐ Take no action that may prevent family reunion.

- ☐ Where child care centres are necessary, they should be small, decentralized within the community, and integrated into community activities.
- ☐ Ensure respect of the principles herein by all involved.

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#### Introduction

1. Children may be detached from their immediate next-of-kin during a refugee emergency. Those who are, are often cared for by the refugee community, frequently within an extended family. Where this cannot happen, special measures will be required to care for such children. In some circumstances there may be outside pressures for immediate adoption or third country resettlement. There are very strong reasons for resisting this until the possibilities for family reunion or local solutions have been exhausted.

2. International humanitarian law has as a fundamental objective the unity of the family, and therefore places particular emphasis on the maintenance of family ties and on family reunion. The welfare of children overrides all other considerations. Great importance is attached to keeping children who have been separated from their families within their own cultural environment.

3. Every child's emotional development and future well-being is dependent on the bond between the child and the individual who cares for the child (who is usually a parent, but may be someone else acting as a parent). This emotional bond, the source of the tender, loving care that is as important as physical care and the meeting of material needs, is particularly critical for children under five. The younger the child, the more vulnerable he or she is to the loss of paternal care and to a disruption of his or her life. The bond has been broken for refugee children as defined below, and a great responsibility rests on those who organize the care for such children: to ensure that each is placed in the care of a substitute parent to whom the child can become affectionately attached.

Every effort must be made to keep the child with the same substitute parent until the blood parents are found. The child will then need time to reattach to his or her blood parent(s), depending on the child's age and the strength of attachment to the substitute parent(s) which now has to be broken. (Where years have elapsed, the child's interests may even be best served by remaining with the substitute family).

#### Definition

4. An unaccompanied child is defined as a child under fifteen years of age who has been separated from both parents and for whose care no person can be found who by law or custom has primary responsibility. This section addresses the needs of children so defined. Special measures may also be necessary for those of fifteen and over, but would be a lesser priority.

5. The description "unaccompanied children" should always be used in place of "orphans". The parents cannot be considered dead merely because the child is not immediately in their care. Even an assertion by the child that the parents are dead must be treated with caution, as experience has shown such assertions to be unreliable, for a variety of psychological and social reasons. Furthermore, the determining factor is not the death of the parents but rather the separation from them and the absence of any person who by law or custom is primarily responsible for the child.

#### Causes of separation

6. A comprehensive assessment of the origins of unaccompanied children is important because the varied ways in which children can be separated from their families may significantly affect tracing programmes and planning for long-term solutions. Common causes of separation, other than the death of parents, include:

- (1) Accidental estrangement, particularly during large population movements or fighting;

- (2) Older children leaving parents/family for personal reasons.

- (3) When the facilities and services provided for unaccompanied children are significantly better than those otherwise available, parents/family may actually place children in such special care;

- (2) Similarly, before or during the flight families may place their children in the care of others if they believe this will increase the chances of the children's survival;

- (5) Outsiders, for example ambulance drivers, relief workers or volunteers, may remove a child from an apparently dangerous situation without informing parents, family or the community. This is particularly common if the child evidently needs medical care;

- (6) Inadequate or inaccurate hospital records and tagging in an emergency.

7. Thus it can never be assumed that an apparently unaccompanied child has been abandoned or is without parents, guardian or family until a sustained and concentrated effort to locate them has been made.

#### General rules

8. Care must be provided for unaccompanied children through measures that meet their physical and emotional needs in a way that is culturally appropriate. A clearly identified responsible authority appointed by the government or UNHCR must act in loco parentis for the children.

9. As long as there is any chance that enquiries may lead to the reunion of a family, no change in the situation of unaccompanied children which might prevent this should be contemplated. In particular there must be no adoption, change of name or transfer to a third country or any other location unless

movement is vital for the health and safety of children generally, and therefore not specifically for unaccompanied children.

10. Every effort must be made to find an appropriate durable solution as soon as possible. In many cases this has proved to be family reunion as a result of successful tracing.

11. Where children do have to be moved, full records allowing tracing of the child's location at all times are essential. Any agreement to move children must include assurances from all the parties involved (governments of asylum and resettlement, agencies) that family reunion will be facilitated immediately the missing members are located. Where this reunion should take place will depend on the circumstances.

#### Identification and registration

12. Unaccompanied children must be identified as soon as possible. The first source of information is the refugees themselves and their leaders. A general registration or census of the refugees may provide a suitable occasion for initial identification. A general registration or census will also identify those children not alone but not with their immediate family, who thus require tracing, an important consideration which can be overlooked. A selective initial registration may give the impression that children so identified will have special status and advantages, which may lead parents to temporarily abandon their children.

13. As soon as identified, unaccompanied children should be specially registered. The information required will depend on the circumstances: the annex gives a model registration form, developed by ICRC, as an indication. The children should be photographed, and the photograph should include, for example on a small blackboard, the child's name, reference number and location. Use a film that allows subsequent copies to be made.

14. Individual dossiers must be developed and maintained for each child, recording all relevant information including arrangements for care and tracing.

15. A sympathetic and imaginative approach to interviewing the children is very important. Interviews are best conducted by carefully trained refugees, if possible by someone the child already knows and trusts. After the initial identification interview, which may have to be by an outsider, this is likely to be a member of the foster family or the child's house parent. If an interview has to take place through an interpreter, the interpreter must be well briefed and his or her role limited to direct translation, and not be allowed to break personal contact between interviewer and child.

16. Children may react very differently when asked to give information on themselves and their families, depending, for example, on the degree of their trauma, fear and shyness. Often a child will confide in other children: in some cases the presence of the child's friend(s) at the interview can not only reassure the child but also yield important information from the friends. Any accompanying adults or persons who brought the child forward should also be interviewed. Consideration should be given to tape recording interviews in order that answers may be transcribed or checked later. This can both reduce the time required and also limit the need to recall the child for another interview because information was missed.

#### Tracing

17. As soon as unaccompanied children are identified, efforts must start to trace their parents or families, and ensure family reunion. Tracing for unaccompanied children requires special skills and techniques. As in general tracing, the expertise of ICRC will be very useful. Photographs of the children are generally the key to a successful tracing programme. One of the simplest and most effective methods has proved to be posting the photographs, which contain the reference number and name, on special bulletin boards, for example in community centres, for public review. Other methods may include putting names and/or photographs in newspapers and circulation of the childrens' data

sheets with photographs, including through a house-to-house review. Certain NGOs have acquired considerable experience in implementing such programmes.

18. When the parents or family of a child appear to have been traced and a child is claimed, an adequate verification will be required, perhaps involving a follow-up. Careful record of the verification, as of the movements of all unaccompanied children, is essential.

#### Assessment of needs

19. The needs of the children will vary greatly with their age and individual circumstances and must be assessed individually. All unaccompanied children should be medically screened periodically and those with special needs and problems identified. Regular reassessment of the needs of unaccompanied children and evaluation of how they are being met are required to ensure that adequate care is provided.

#### Guidelines for care

20. One of the most important principles in the care of any child is that relationships must be stable. Unaccompanied children will develop very close bonds with other children and adults. Development and maintenance of a strong bond with the guardian of the child, whether in foster homes or in child care centres, is of crucial importance. Thus, continuity of the arrangements and personnel involved in the care is fundamental. Even for outside organizational involvement, six months should be considered the minimum.

21. The care of unaccompanied children should be ensured, as far as possible, by persons of the same cultural heritage and social background as the children. Every effort should be made to place children under five in an appropriate and caring foster family within the community; this is essential for the under threes. Arrangements for older children should be made on a case-by-case basis, seeking the solution that provides most stability. In general, foster care is preferable to

residential care. Proper material support must be given to the foster family. Foster care must be closely monitored and relationships must be documented by a signed undertaking to release the child should family reunion become possible.

22. Where special residential centres are required, small units of eight to ten children are preferable, with the numbers of houseparents determined in light of the ages and particular needs of the children. The centres should be decentralized and integrated in the local community. Large centres should be avoided. Apart from the likelihood that individual attention will suffer in large centres, experience has shown that there is a tendency to provide special services in such centres. As these services are not available to other children, this can actually attract children who are not unaccompanied.

23. Siblings should live together. In certain circumstances unaccompanied children may have been living together as a group and have close emotional bonds within the group. It may be in the interests of the children to preserve such groupings, or relationships within them, where possible, while at the same time establishing a substitute parent relationship.

24. Material needs should be met to the level and, to the extent possible, in the manner available to other refugee children. Thus, every effort should be made to integrate the children into the life of the community. They should go to community, not special, schools, be treated at community health centres, and play with other children on common recreational areas. It may be better to avoid special clothes or distinguishing marks which set them apart.

#### Organization of care

25. Where there are considerable numbers of unaccompanied children, the establishment by the UNHCR office of a special unit for the care of unaccompanied children is recommended. The assistance of the appropriate national authority, UNICEF, and



qualified NGOs should be sought. The advice of a person with proven experience in the care of such children in similar emergencies is likely to be valuable in assessment and programme formulation. If suitable expertise is not available locally it should be requested from Headquarters.

26. The best child care workers are likely to be respected adults within the refugee community, for example older parents with child rearing experience. Child care workers must be properly supervised, and supported with training programmes and problem solving assistance.

27. Where outside assistance is required, the criterion must be competence to manage the specialized services needed. Any organization involved by UNHCR in the care of unaccompanied children must be in agreement with the principles set out herein, and not have conflicting organizational objectives, such as adoption or placement.

28. Programmes for the care of unaccompanied children must be carefully co-ordinated with all involved to ensure common aims and standards.

#### 26.6 Education

- 
- ☐ Every child has a right to education. Even in an emergency, start providing appropriate education as soon as possible.
  - ☐ The priority is to make primary schooling available to all.
  - ☐ Special account must be taken of the fact that the children are probably already educationally deprived.
  - ☐ The education service should be organized and run by the refugees to the extent possible, with proper outside support.
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1. Every child has a right to education. Schools for the refugees are thus essential. The start of an education programme will make a significant contribution to the well-being of the whole community, and this should only be delayed if the characteristics of the emergency are such that it is clearly going to be short-lived. Although priorities in the emergency phase may mean that the full elaboration and implementation of an education programme is not possible, a start must be made.

2. The time before a durable solution may be possible and the likely nature of such a solution are the key factors influencing the type and content of an education programme. Adult and vocational education facilities and community development programmes will be important matters for consideration once priorities allow and the longer-term prospects for the refugees are clearer.

#### Aim and guidelines

3. The priority aim of the education programme should be to provide basic education, free but compulsory, to all refugee children. The level of the programme will depend on the educational background of the refugees and on the national education services. As a general indication, it should reflect the level of education available in the host country, with the minimum aim being literacy in the first language of the refugees and simple numeracy.

4. It is probable that refugee children will have had both their formal education and the informal family-based learning process disrupted. The design of the programme must take account of this, and, in particular, the foundation cycle must cater in a consistent way for the needs of children already educationally deprived, regardless of age.

5. A single unified primary school system should be developed, equally serving the needs of all the refugee children without discrimination between

children or schools. Priority should be given to this over the establishment of second level programmes. The language of instruction and text books should be the first language of the refugees.

6. Rapid regeneration of the informal learning processes of the home will be equally important. This should start to take place automatically as the emergency situation becomes stabilized and general family life can return to normal. Because of the disruptions, the involvement of parents in their children's education, for example through parent-teacher contacts, will be particularly helpful.

7. Smaller, decentralized schools are generally preferable to large schools. Local materials and construction styles are usually the most appropriate. The buildings should be in keeping with others in the community and with local practice.

#### Organization

8. The organization should take account of the education systems in both the country of origin and asylum. Specialized advice on the establishment of appropriate educational programmes should be available locally and may also be sought from UNESCO, the World Bank, bilateral aid programme organizers and qualified NGOs. An education director may be useful to develop and supervise the overall programme.

9. To the extent possible, the educational service at the community level should be organized and administered by the refugees themselves, through such structures as education committees. The most appropriate teachers are likely to be refugees with teaching experience. Experience suggests that refugee teachers should receive some remuneration if the programme is to be sustained in the longer term.

10. Outside support will be required for the development of common curricula, to ensure equality of standards between schools within a community, and between different sites if applicable. Help will also be needed from outside in the provision of education materials. As it is likely that more teachers will be needed than are available and suitably qualified within the community, special teacher training programmes should be developed. National education institutions, such as teacher training colleges, may be a valuable source of expertise and may be able to provide teacher training or even teachers.

FURTHER REFERENCES

- WHO (28 April 1976) Reports on specific technical matters:  
A29/INF.DOC/1 Disability Prevention and Rehabilitation  
The basic WHO policy document, including  
definitions of impairment, functional limitation  
and disability.
- Helander E., Training the Disabled in the Community WHO Geneva  
Mendis P., Subtitled "An experimental manual on  
Nelson G. (1980) rehabilitation and disability prevention for  
developing countries", the manual includes guides for  
policy makers and planners; local supervisors;  
community leaders; and teachers. There are booklets  
for persons who have fits; have difficulty with hearing  
and/or speech; have difficulty with learning; have  
difficulty with moving; have difficulty with seeing;  
and who show strange behaviour.
- "This manual describes a set of new approaches. The  
process of rehabilitation has been demystified by  
breaking it up into component parts, each of  
which is described in such a way that rehabilitation  
can safely and effectively be carried out by lay  
persons, such as a family member or a friend of the  
disabled, or by the disabled persons themselves."
- The experimental edition is available both as a single  
bound volume and as separate parts. It is being tested  
in several developing countries in all parts of the  
world. The final version is scheduled to be printed  
in 1982.



## 18. Other relatives

<u>name</u>	<u>date of birth</u>	<u>last known address</u>	<u>date of last contact</u>
Grandfather			
Grandmother			
Sister			
Brother			
Aunt			
Uncle			
Cousin			
Guardian/Godmother			
Guardian/Godfather			
Other (specify)			

## 19. Date and place of arrival in country of asylum

## 20. Date of arrival in present location

## 21. Date and location of last contact with parents/family

Description of how they became separated.

## 22. Remarks (including names of adults at present location who know child/family).

Date completed

Name of interviewer