

CHAPTER 10.

PLANNING, LAYOUT, AND MANAGEMENT OF TEMPORARY SETTLEMENTS AND CAMPS

Health authorities will not usually be directly responsible for setting up and managing camps and temporary settlements. Since many aspects of camp management affect the health of the occupants, however, the Health Disaster Coordinator should be involved in decision making as early as possible.

PLANNING SETTLEMENTS AND CAMPS

Temporary settlements or more permanent camps arise in a number of ways. After floods, people can be forced to move to higher dry ground. Such settlements often disband spontaneously when flood waters recede, but may become long-standing if a flood seriously damages agricultural or building land.

After earthquakes or destructive winds, some people who have lost their own houses may be unable to find lodging with relatives and friends. When after-shocks occur and a continuing risk is perceived, people often move into open spaces, parks, and fields.

Humanitarian assistance should be provided to people in or close to their homes. Whenever possible, the deliberate creation of camps should be avoided. More problems will generally be created than are solved because camps and temporary settlements present the greatest potential for communicable diseases once the immediate disaster has passed, and often become permanent even when that is not intended.

It might be expected that providing services to a camp would encourage the population to stay and become dependent on relief. Though this may become true after long periods, it is unusual in the short term. People generally prefer to return to their normal lives and surroundings, and when they become dependent on relief it is usually for want of an alternative.

SETTING UP CAMPS AND SETTLEMENTS

There are two objectives in setting up camps and settlements. The first is to ensure a standard of living for the inhabitants as close as possible to that among similar groups in the country outside the camps. Particularly in temporary settlements, voluntary workers and agencies sometimes provide much better services, food, and housing than the occupants had before and will have after the emergency. This

causes friction with the surrounding population, and gives refugees expectations that the national authorities cannot possibly meet. The second objective is to minimize both capital and recurring costs and the degree to which continuing external administration is required in running a camp.

SITE SELECTION

Locations for camps and settlements should be defined in disaster plans. If this has not been done, a suitable location should be chosen as soon as possible, since that will influence all other decisions about layout and provision of services. The site should be well drained, not prone to seasonal flooding, landslides, tidal waves, or sea surges, and located as close as possible to a main road to ease supply problems. If international support is anticipated, a site with reasonable access to an airport or port should be selected. Locating a camp away from existing urban areas makes access easier and can minimize administrative problems, but for long-term resettlement, a site close to an existing community facilitates the provision of transport and employment.

Around urban areas, where the pressure on land is high, camp land may be available precisely because it is unsuited for residential use. The possibility of acquiring land by purchase or from government holdings should be considered.

CAMP LAYOUT

Permanent communities are characterized not only by their buildings and streets but also by their social cohesion. Since people share services and have common needs, mutual obligation systems evolve that regulate behavior in regard to property protection, waste and water disposal, latrine use, and play areas for children. In shantytowns these mechanisms may be inadequate, but in camps they will be lacking entirely. Such lack of social cohesion contributes to the spread of disease (e.g., by failure to use latrines) and makes camp administration more difficult. Adequate and early attention to physical layout will minimize such problems.

Camps should be laid out so that a small cluster of families is grouped around communal services. Access to a set of services (latrines, a water point) should be limited to a fixed group of people, and individual "communities" within the camp should be small enough to encourage the development of social structures. Many administrative tasks such as latrine maintenance and disease surveillance can be partially delegated to these groups instead of being assigned to an employed workforce. The camp can be expanded with no reduction in the quality of services by adding units at the periphery. Areas must be set aside for administration, reception and administration of camp residents, warehouse facilities, supply distribution sites, and recreation areas.

Grid layouts with square or rectangular housing areas intersected by parallel roads, which were widely used in the past, have the advantages that water, drainage, and power systems can be incorporated easily into the camp plan where land is limited, and they can accommodate high density population. This may also be disadvantageous since it is likely to encourage the spread of disease. Grid camps

are relatively unsuitable for family occupation and should be avoided, particularly for long-term use.

CAMP SERVICES

Water Supply

Proximity to safe water sources is one of the most important criteria for site selection. If the camp is close to a public water supply, a connection may be possible and an important problem solved. Other systems and sources such as self-contained pumps or purifiers may be used, but they are more costly and require regular maintenance. In some areas, tube or dug wells may provide cheap drinking water of high quality.

Contamination of water in temporary storage facilities such as collapsible tanks or household containers is common. Adequate water chlorination and daily residual chlorine and bacteriologic monitoring will prevent illness. The UNHCR recommends a minimum of 15 liters of clean water, per person, per day for domestic needs.

Excreta Disposal

Adequate sanitation is an essential component of diarrheal disease prevention. At least one latrine should be provided for every 20 people, and latrines should be sited for easy access from any part of the camp to encourage their use. Ideally there should be one latrine per family.

Health Services

If the camp is well organized and has adequate sanitation, water, and food supply standards, health conditions will be similar to those in the general population. Unless there is clear medical justification, providing a higher standard of care to camp residents than to the general population should be avoided. Health services can be provided by assigning volunteers or government health workers to the camp or enlarging the capacity of the nearest fixed health facility. The focus of the health services should be mainly on prevention of specific communicable diseases and the establishment of a health information system.