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STANDARDS FOR CHILDREN'S CENTERS
IN REFUGEE CAMPS

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A. INTRODUCTION

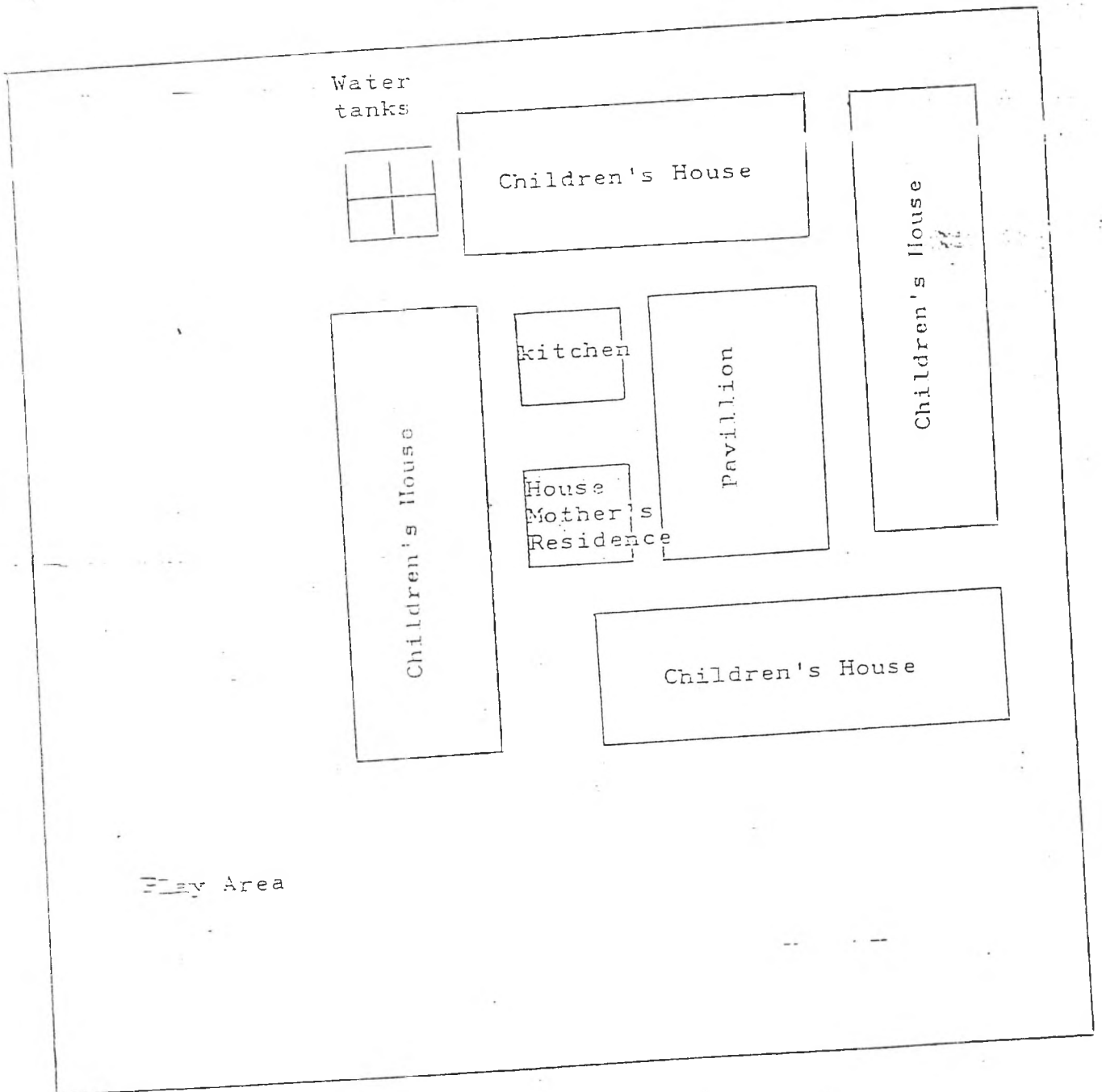
The children of Kampuchea are one of the few remaining assets of a devastated population and therefore special care and consideration should be given to not only the physical needs but the future potential of this very special group. The design of a centre to care for these children should include not only shelter, food and medical aid but an attempt to preserve the cultural heritage and instill the values of the Khmer family and not those of foreign refugee workers.

The growing number of refugees is matched by an increasing number of unaccompanied children. This term includes children ranging from infants to young adults who are actually orphaned by the death of both parents and sometimes any immediate relatives, those who have been separated from their family and are uncertain as to their existence or their location, those temporarily separated in the transition from camp to camp, and those abandoned by parents and relatives.

In an attempt to meet the immediate needs of newly arriving children and to also consider the long range effects of camp life on these children, the concept of the community based children's centres was developed. Basically it is an effort to restore the semblance of a community life within the camp itself to a group of children who might otherwise be placed into an institutional setting. The objective is to provide continuing care by the Khmer community and to place the responsibility for these children in the hands of the community instead of a temporary volunteer agency. This paper presents a brief description of how this system was implemented at Khao I Dang Holding Centre and how it can be duplicated.

It is important to consider at all times the ways in which these centres can be involved in the camp community itself and to work for the development of a system that can be operated by the camp residents with a minimum of assistance from outside agencies and volunteers.

Figure 1. Diagram of a Typical Children's Center Compound



B. GUIDELINES

1. Construction of the Centres

A suggested design for the physical construction of a centre is shown in Figure 1. Basically it includes four long houses arranged in a square which houses the children. Inside this area is a large covered area for play and other activities, the Housemother's living area, the kitchen and four water tanks.

The design utilises the same building materials issued to the refugees but allows for more space than the average family is now enjoying. Each longhouse should be constructed of bamboo, matting and thatch roofing and contain an elevated bamboo platform for sleeping and eating. In keeping with the plan to integrate the children into camp conditions, no special facilities should be constructed. The Centres should use the facilities provided for the residents of the section. Each centre does receive its own water supply with four tanks installed near the kitchen area. All centres should be accessible to the main roads and be located near the open areas designated as parks or playgrounds. The UNHCR policy is to not further isolate this unit by fencing. The positioning of the four children's houses creates a natural courtyard for centre activities.

2. Housemothers

Selection of Housemothers for each section is made by the section leaders. Older women with child rearing experience or those with job related experiences are preferred. There should be a ratio of approximately one Housemother per ten children with additional staff for cooking and infant care. The women selected should divide the job responsibilities among themselves and also select the Head Housemother. A typical format of organisation is a Head Housemother, her assistant, an administrator/secretary, a group of mothers responsible for child care, a cook and her assistant.

As soon as a centre is occupied, a volag should be assigned to help support the centre. Initially staff meet daily to discuss problems, set up kitchen facilities, and develop a system of ordering food and other supplies. As the centres move into operation these meetings can be reduced. Initially they should also include regular meetings with the section leaders. In time the meetings can be conducted by the Housemothers entirely. Given the possibility of sudden large influxes of refugees with little prior notice, plans should be developed to utilise the Housemothers of the older centres in the opening of the new centres.

Training in public health, para-medical aid and nutrition should be provided to the Housemothers through the Public Health Training Programme offered in each camp. Housemothers also receive nutrition training and infant care and feeding instructions from the Supplemental Feeding Centre staff. All infants residing in the centres should be carefully supervised by the SFC staff and are placed on a one to one ratio with the Housemothers of each centre. Problems of discipline or regulations are the responsibility of the Head Housemother.

The Housemothers are eligible to receive the supplementary food payment offered through UNHCR. Each centre determines its own needs as the number of mothers who live in the centres on a full time basis and those who maintain their own homes apart from the centres.

3. Health Care

As mentioned earlier, the Housemothers in each centre will be receiving public health and para-medical instruction through the Public Health Training Programme in each camp. If any child in the centre becomes ill, the Housemother should utilise the out-patient clinics that provide the health services in each section of the camp. If hospitalisation is necessary, a Housemother accompanies the child to the hospital for admission and, in the case of younger children or infants, remains on the ward with them until their return to the centre. Housemothers should also tag hospitalised children with identification bracelets to avoid confusion. Children who are sick but do not require hospitalisation should be moved into the Housemother's quarters and simple medical equipment such as bedpans, thermometers, hot water etc. provided.

4. Feeding and Nutrition

The normal feeding procedures for all refugees should be followed. Kitchen supplies and utensils will be supplied and the Housemothers are responsible for preparing 3 meals per day. Children under 5 yrs should be sent to the Supplementary Feeding Centres with a Housemother or older child as an attendant. The provision of staples to the centre follow the same guidelines as those for food distribution within the camp. As mentioned before, all cooking is currently conducted by the Housemothers. The SFC in that section will periodically check to ensure that meal preparation is adequate and hygiene.

5. Infants

Young infants pose a special problem in the area of unaccompanied children and so receive special consideration. The UNHCR Policy is to create a natural age spread within the centres by including infants in each one. In a natural family setting, older children help in the care of younger ones and these responsibilities should occur in the childrens centres as well. An infant is placed into the care of one Housemother who has total responsibility for her charge. This includes responsibility

for attending to feeding problems and if necessary, to accompany the child to the hospital (where she remains until the child's release). All infants are tagged with an identification bracelet to assure ready identification.

6. Tracing and Identification

The children's centres undertake the task of preliminary tracing and identification of the unaccompanied children. Using the Red Cross tracing forms, a team of Khmer volunteers should interview each child to gather family background and other information. These workers should be given basic instructions in how to interview young children. They should conduct their interviews in the centre with the aid of the Housemothers.

There is a need for a system of identifying infants and small children. It is suggested that photographs be taken as soon as an unaccompanied infant arrives and this along with all pertinent information be compiled into notebooks. These can be circulated within the different camps by the tracing centres and would offer additional security against the problem of "baby snatching" that has occurred in other camps. It is suggested that the Red Cross Tracing Form be modified to include the child's names in English, French, Thai and Cambodian spelling. (A card file for the camp will be established from the Red Cross Tracing Form information.)

7. Education

Educational systems to meet the needs of the entire community have been planned. The children from the centre shall attend the regular school system. This will play an important part in the assimilation of these children into the community. In the school setting, friendships will be made and open the door for involvement with families and participation with friends in family activities. To establish a separate school would isolate the children for a significant period of time each day as well as limit social contacts and play to within the children's centre area.

Many of the Housemothers enlisted for the centres will be former teachers. It should thus be possible to create a pool of tutors among the different centres should the need arise.

8. Special Areas of Consideration

Children that will present special care problems should be identified. Deaf, mute, blind, mentally retarded or physically handicapped children should receive special attention and education. All special children should live in the centres, dispersed according to age as normal children.