Public Services
& Facilities (PSF)

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Public Services and Facilities

The Planning Principle for Public Services and Facilities promotes equitably distributed and easily accessible infrastructures.

- Make a Programme according to the type of users and needs.
- Include existing Infrastructure and facilities.
- Incorporate various typologies of facilities and public services.
- Seek equitable distribution and accessibility.

1. INTRODUCTION

In humanitarian settlements, access to basic services, facilities, and infrastructure - such as water, latrines, food, education, health, etc. - is essential for displaced populations. Access is crucial when planning equitable distribution of facilities throughout the camp. However, due to limited resources and the various phases of implementation and growth, the planning and allocation of facilities has proved to be a challenge.

In a settlement, at the beginning of the emergency phase, facilities are usually provided quickly and assume many elements, implementing those of primary need. For the most part and according to what is possible, these are conducted in temporary structures such as tents and/or mobile devices. There is also provisional use of some facilities, if possible, within the host community.

The most important consideration in adequate planning and design is to assess the needs of the displaced population and to know first-hand their socio-cultural characteristics, using and age, gender and diversity inclusive approach. However, in emergency situations, time is usually short. Although an estimated population is considered, several factors remain unknown. If there are already settlements nearby, a viable option is to consult with UNCHR and the field staff about the characteristics of the population living in the camp. This information can help to reveal needs and some social characteristics (social structures, gender roles, socio-spatial practices, etc.) that can help to predefine some spatial characteristics for the settlement design. It is important to remember that each situation is unique, despite proximity to other settlements - use this information as a support.

While the situation is prolonged, and the possibility of extension in time and territory is evaluated, new facilities are gradually integrated and new needs covered. Although it is common to talk about the emergency phase and the protracted situation, these are not usually two phases with determined beginnings and endings since there is a transition between them both in time and in their structural materialization. Similarly, at the beginning of the emergency phase, a contingency program is usually implemented to meet the most urgent, immediate, and basic needs.

At present, UNHCR has minimum standards and indicators for public services, infrastructure, and facilities to support the planning and design of refugee settlements. However, there are still some doubts regarding how much space is predetermined for such facilities, as well as more concrete precisions regarding the location of each provision, the distance of the facilities from their beneficiaries, pre-dimensioning, environmental considerations (if necessary), general recommendations, amongst others. This document attempts to answer some of these questions specifically aimed at planning and design, by compiling recommendations from UNHCR, SPHERE, partner organizations, specific and generic research (especially in rural contexts), amongst others. Please note that design and planning require assessments and contextualization for each settlement. This document does not integrate all services but presents a range of the most used services. Similarly, we provide a general understanding and explanation of the program, typologies, and sub-typologies of facilities. These are often specific to planning the humanitarian segment and are even more particular to refugee and IDP settlements.

2. LAND USE PROPORTIONS

Currently, in refugee and IDP settlements, the Master Plan[1] recommends reserving 15-20% of the settlement's total surface for Public Facilities and Open Spaces. Other international recommendations[2] on urban contexts suggest allocating between 45% and 50% to public space, including public services and facilities. Several factors can affect these proportions, such as the topography, other natural features, urban layout morphology, the housing scheme, number of persons displaced, agricultural land, cultural traits, and so on.

Particularly in UNHCR settlements, this proportion is affected by the strategy used to implement public facilities and public services - either by using some of the host community's pre-existing services, or implementing services in the host community or nearby, i.e. at an intermediate point between the displaced and the host population. Alternatively, new services may be implemented partly or additionally in the UNHCR settlement itself. There may also be a combination of several of the above strategies. It is therefore difficult to compare the percentage of land use in the following case studies; however, we can see useful information on the strategy used and the particularities of each settlement. These four settlements have an urban layout morphology guided to a greater or lesser degree by the so-called "grid pattern". The size of the territory varies between them, as does the number of refugees (around 50,000). Also note that for comparative purposes a baseline was used which excludes agricultural land, buffer zones and areas for future development, so actual percentages will vary.

As shown in the table below, featuring four refugee settlements, their percentages dedicated to Public Services and Facilities vary between 3%-33%.

COUNTRY	NAME	DATE	MORPHOLOGY AND FEATURES	TOPOGRAPHY	SIZE BASELINE[3]	# OF DISPLACED PEOPLE[4]	DENSITY	M² PER PERSON	% OF PUBLIC SERVICE & FACILITIES	M² OF PUBLIC SERVICE & FACILITIES[5]
South Sudan	Ajoung Thok Refugee Camp	2013	Grid Layout.	Relatively flat (Slopes between 2% and 5%)	7.17km² (12.2km2)	46,455	6479 p/km²	154.34 m²	3.50%[6]	5.39 m²
Rwanda	Mahama Refugee Camp	2015	Partial grid layout. Hilly morphology. Marked by areas prone to flooding.	Some steep slopes (Between 6% and 18%).	1.75 km² (1.75 km²)	55,925	31957 p/km²	31.29 m²	12.63%	3.95 m²
Kenya	Kalobeyei Refugee Settlement	2015	Three villages (similar to sector level) with grid layout. Settlement marked by seasonal rivers and areas prone to flooding[7].	Relatively flat (Average slope of 0.5%)	6.08 Km²[8] (10.5 km²)	449,539	7394 p/km²	135.25 m²	33.20%[10]	44. 90 m²
Ethiopia	Kobe Refugee Camp	2011	Grid layout. Marked with gullies as buffer zone.	Relatively flat. (Gentle slopes).	4.15km² (4.15 km²)	37,089	8937 p/km²	111.89 m²	7.31%	8,17 m²

This large variability is primarily due to the strategy used by each refugee settlement to meet the need for public services and facilities, and secondly due to the facilities put in place adapted to the specific needs of the population (e.g., Mahama Refugee Camp has 11 nutrition sites). Ajoung Thok refugee Camp, with 3.50%, situates a good part of their facilities within the camp perimeter. However, some large services shared with the host community are located just outside the camp, such as the market, secondary school, vocational training center, amongst others. Kalobeyei Refugee Settlement, with 33.20%, planned to meet their need for public services and facilities within the camp's perimeter. However, Mahama Refugee Camp and Kobe Refugee Camp situate most of their public services and facilities within the camp boundaries. Another contrasting approach regards WASH facilities, for example Ajoung Thok implemented plots for refugee accommodation each with individual latrines. Mahama refugee camp uses shared areas for shelter latrines. It is also worth noting that the land use percentages are directly related to the size of the land planned for such purposes and do not represent the size of existing buildings or structures. In some cases, these two figures vary greatly. Therefore, the most important consideration when planning Public Services and Facilities is to define the program according to needs and the possible use of pre-existing or new facilities in the host community.

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[3] This area does not necessarily correspond to the area of settlements found in official UNHCR documents (added in parentheses). Due to the diverse characteristics of each settlement, agricultural lands, areas for future development and buffer zones were excluded to create a baseline for comparison.

[4] Please, keep in mind that this number will vary depending on the date. Data from: Ajoung Thok from February 2022, Mahama from March 2022, Kalobeyei from May 2022 and Kobe from June 2022.

[5] Please, keep in mind that this number will vary according to population changes.

[6] Only considering the area occupied by the settlement.

[7] Areas at risk of flooding were planned as green areas, occupying approximately 15% of the settlement. There are also flooded areas on the agricultural land.

[8] Excluding agricultural land.

[9] Planned capacity 60,000.

[10] Does not include some paths and other forms of circulation between shelters because no information is available. Surely including such information, it could be closer to 15%.

3. UNHCR PROGRAM AND SPECIFIC NEEDS

UNHCR advocates the use of pre-existing public services and facilities and/or strengthening these where possible. However, in many cases this is not possible due to the lack of such facilities in the vicinity, the large number of displaced populations, lack of resources, among others. For planning purposes, public services and facilities may be targeted:

- Entirely to the displaced population.
- Shared between the displaced population and the host community.
- Some shared facilities and others exclusively for the displaced population.

To create a Public Services, Infrastructure and Facilities program, the first step is to identify the needs of the displaced population. Where sharing is possible, the first step is to identify pre-existing or upgradeable facilities. Keep in mind that favoring mixed use (by the displaced population and host community) promotes peaceful coexistence and integration.

Service requirements vary from settlement to settlement and are determined by the social profile, socio-cultural dynamics and needs of the displaced population. Generally, in humanitarian settlements there is space and infrastructure for the following type of services and activities:

- Public and Community Services (e.g., education, health, women's centers, community centers, youth spaces, child friendly spaces, etc.).
- Service Network (e.g., water, sanitation, drainage, electricity, and lighting).
- Administration and Distribution (e.g., UNHCR Offices, Reception Centers, Distribution Centers, NGO Offices, etc.).
- Religious (e.g., mosques, churches, praying areas, etc.).
- Livelihood (e.g., Market, agricultural land, commercial areas, etc.)
- Communal Open Spaces (e.g., Playgrounds, green areas, sport fields, etc.).
- Others (e.g., Fire service, airfields, warehouses, etc.).

One of the most critical challenges in design planning is the location, organization, and distribution of public services / facilities, affected by factors such as travel time (to reach the facilities), costs, coverage, types of users (or target group), terrain, and other uncertainties. It is critical that core protection principles of prioritizing safety and dignity, and avoiding causing harm, meaningful access, accountability and participant and empowerment are considered throughout the design, planning and implementation of all public services/facilities. Poorly considered placement and organization of public services/facilities can increase risks of GBV and thus risk mitigation must be considered in the design and planning on all services/facilities. Challenges depend on the types of facilities to be implemented; therefore, the following section offers some supporting material on typologies that can support settlement planning and design. Below are some general recommendations:

- Consider that commonly the vast majority of the settlement population is pedestrian. Distance to public services and facilities is a critical factor, considering that in many camps more than 50% of inhabitants are children and young people. Generally, UNHCR recommends11 a maximum distance of 2.5 km for children and adolescents and 5km for adults (Please check the information below according of the type of facility).
- Include environmental considerations when planning facilities' location. Some situations may weaken accessibility (e.g., topography, flood zones, etc.), put certain populations at risk, or include contaminants / health hazards, etc.
- Keep in mind that cultural and social aspects may prevent access to certain areas of the camp, e.g., inter-community conflicts may create security risks, or gender roles may become connected to certain spaces.

- Avoid placing all public services and facilities in one sector of the settlement. This may allow for quick construction, especially during an emergency, but there are potential risks that may lead to these services not being used (e.g. they are located far from certain populations, are crowded, can increase GBV risks, etc.).
- Seek equitable distribution. Resources may be limited, and distances may vary between populations. Ensure that services are accessible to the entire population by respecting maximum/recommended distances.
- Consider expansion or identify possible course scenarios. In most situations, it is impossible to know the lifespan of a settlement, so when planning, leave room for expansion for each facility. If this is not possible, note in which direction the settlement could expand.
- Avoid duplicating spaces. Keep in mind that in many cases, structures can have multiple roles and functions. E.g. in some cases the health center and the nutrition site are located in the same building; in others, due to the general needs of the refugee population and host communities, there may be separate structures for each activity.
- Note that some public services and facilities require open spaces within their structures (e.g. schools and schoolyards). Therefore, consider this aspect when planning size and location.
- Leave space available and flexible for possible implementation of other spaces. Consider lower priority or unforeseen needs that may not have been considered at the initial stage.
- Consider funding cycles and other programs. It may help to make decisions on implementation needs and thus location and distribution of facilities.
- Keep in mind that other non-essential facilities may also be located outside the camp (e.g. warehouses of partner agencies).

3.1 HEALTH FACILITIES

UNHCR supports access to healthcare in a wide range of contexts (e.g., urban, rural, in settlements, emergency, post-emergency, etc.) that evolve over time.[12] Displaced populations should have access to healthcare services similar or equivalent to those of the host population. In fact, UNHCR advocates for refugee inclusion in national health systems and plans, including facilities. When existing facilities/services in the host population are insufficient, UNHCR may strengthen local health infrastructure (e.g. constructing or renovating facilities, providing medicines, medical equipment and laboratory diagnostics).[13] However, in many cases it is necessary to set up new health facilities within the settlement according to circumstances, such as population movement to areas without pre-existing health facilities, a high burden of acute health problems including illness outbreaks, existing health facilities being overwhelmed by an influx of patients, insufficient local facilities in the area, a large refugee population, conflicts between refugees and the local population, etc..[14] There is no single model for setting up health services in UNHCR settlements, and many context-specific factors to consider, such as population figures (current and anticipated), disease patterns, possible outbreaks, available resources, the host country's health policies, existing health facilities and their accessibility (including whether they accept refugees).[15] The implementation of health services is based on these assessments – made by UNHCR and partners – and contextual knowledge. Clinical services in UNHCR settlements do not usually go beyond the primary level, unless the settlement or group of settlements is very large and the necessary resources are available.[16] Healthcare for displaced populations living in settlements is generally supported partly or fully by UNHCR together with partners (usually NGOs, local government and other entities). Facilities are usually also open to host communities, who similarly benefit from free healthcare. UNHCR also supports referral of refugees to the secondary and tertiary levels, usually government facilities (transport, food, accommodation, and often treatment costs depending on resources available).[17]

TYPES OF FACILITIES

A health system is ideally made up of four levels of health services:
1. Tertiary Referral Hospital
2. Central/District Health Facilities
3. Primary Care Health Facilities (Health centers and health posts)
4. Community Health (which does not require a facility but is often associated with peripheral facilities).

In camps, the focus is generally on primary care and community health systems. Healthcare can also be delivered through a combination of mobile[18] and fixed healthcare facilities. The number, type and location vary by context. In addition, special treatment units/centers may provide nutritional support, and care during epidemics (e.g., Cholera Treatment Unit). During disease outbreaks, a review of infrastructure requirements and comprehensive guidance from specialist bodies (E.g., WHO, UNICEF and MSF) may be needed. Other types of health facilities, such as laboratories, pharmacies, or medicine warehouses, may need to be implemented in specific cases. However, the Primary Health Center should include basic laboratory and medicine storage. Furthermore, the Primary Healthcare package includes other health programs - such as sexual and reproductive health, HIV/aids, sexually transmitted diseases, tuberculosis treatment, children's healthcare, non-communicable diseases, and mental health - that can be incorporated within the facilities, amongst other providers (e.g., women's centers). A number of these programs may be incorporated or prepared in a basic form during the emergency phase, but it is usually during the protracted situation that they are effectively developed.

EMERGENCY PHASE

Implementation of the public health response should begin as soon as possible, focused on identifying and addressing lifesaving needs. It is important to ensure that facilities are suitable, accessible, and functioning at maximum capacity even in emergencies.[19] At the beginning of an

emergency, a Primary Healthcare Facility is normally established. A Community Health network and a referral system to a hospital (nearby or on-site) should be organized as quickly as possible. Subsequently, services may be decentralized by opening health posts, ensuring coverage of the entire population. One of the major differences between the emergency phase and the protracted situation is the type of building implemented. In the emergency phase tents will usually be used, with the number and dimensions depending on the number of people to be served and the typologies used by UNHCR and partner organizations. For hospitalization or outpatient care, these are some of the dimensions of tents pre-established by the organization:

- UNICEF: 24 m2 (4x6), 42m2 (6x7) and 72m2 (6x12) (Multipurpose tents).
- IFRC: 88m2 (5.5 x 16)[20]
- MSF: Dispensary tent 27.5m2 (5 x 5.5) and Hospital Tent 82 m2 (6 x 13.7) with the extension of 123 m2 (6 x 20.5)[21]

Please keep in mind the following recommendations:

- Shelters and tents should be durable enough to withstand the normal wear and tear of emergency responses, the rigors of transportation, and the climatic conditions in which they are used.
- Shelters and tents should be of sufficient height to allow clinical care staff to move freely and provide maximum space with vertical or near-vertical walls.
- Include minimum WASH standards and medical waste disposal mechanisms in all healthcare settings, as well as energy and 24-hour lighting for emergency and power equipment.

PROTRACTED SITUATION

Once the emergency phase is over, tents must be replaced by durable or semipermanent health structures that can last for several years. At the beginning of this phase, a reassessment is needed to determine new healthcare priorities. Some of the health services established during the emergency phase often need to be reoriented and reinforced. In general, there will be a transition from to longer-term support (care and maintenance). If possible, it is also very important to include communities in planning and running the programs[22]. Furthermore, if possible, the curative healthcare system will have to be adapted to the healthcare system of the host country, and it is crucial that health agencies consider the local population. Keep in mind that the degree of integration into existing national systems, including community health, may vary,[23] affecting the types and characteristics of health infrastructure. Please keep in mind the following recommendations:

- Use national standards and adapt to the emergency context.
- Use international guidelines if national guidelines are outdated or unavailable.
- Include minimum WASH standards, lighting or power and medical waste disposal mechanisms, in all healthcare settings.

LOCATION

The location of health facilities must be carefully determined. Devise measures to make healthcare facilities safe, protected, and accessible. Operating in complex settings brings challenges and requires flexibility and adaptability. Optimal location of facilities is improved by considering the camp's planned expansion. It is similarly advisable to minimize the distance between refugees and sanitary facilities and consider the shelter coverage in the camp.[24] Please,keep in mind the following recommendations:

- Clearly identify health facilities[25] and locate them close to the road network, accessible to vehicles (for supplying goods and patients), particularly during any type of crisis such as flooding or conflict.[26]
- Accessibility should consider reduced mobility and other social considerations (e.g., separate facilities, access, or schedules for different gender[27] or ethnic groups).

- Provide space for growth. Site selection should allow for extension in case of population increase or epidemic.
- Consider local laws and customs, particularly in relation to the location of the proposed site.
- Medical storage must be accessible to all health facilities served. Ideally, locate by itself on a separate lot to enhance security (from thieves, fire, etc.) and control access. Minimize human and automobile congestion.[28]

DISTANCE

Shorter distances make the population more likely to visit healthcare facilities, influenced by the proximity to the road network, which increases accessibility.[29] The Sphere standard recommends the health facility be within 1-hour walking distance from the dwellings of at least 80% of the population.[30] One study of a refugee settlement notes the maximum accepted distance between shelter and health center as about 400 meters. However, in this context, the area was densely populated and very steep.[31] A report in Cox's Bazar recommends **access to a Health Post within a 20-minute walking radius and a Health Center within a 30-minute walking radius**, considering physical and topographical barriers.[32]

ENVIRONMENTAL CONSIDERATIONS

The health facility area, including air, water and soil, should be free of contaminants. Avoid swampy terrain and flood basins as much as possible. Since many areas are prone to flooding, consider placing health services at the highest point of the land's topography. If this is not possible, ensure adequate drainage. Avoid hills that may be dangerous due to strong winds and consider prevailing winds. Medical waste management is essential to avoid spreading diseases or impacting the environment.[33] Although it is advisable for some facilities to be shaded by trees as they can provide thermal comfort, keep in mind that tents can suffer from corrosion and that some tree's root systems can damage the building's foundation.

PRACTICAL INFORMATION FOR PLANNING AND DESIGNING

The following table provides useful recommendations for planning and designing some common health facilities found in UNHCR settlements. Please note that just some of them are found in UNHCR guidance. However, you will find other recommendations based on guidelines or research conducted by partner organizations. These are guiding recommendations, but each context requires precise analysis adapted to the specific situation.

TYPE	COVERAGE	SIZE	WASH STANDARDS	COMMENTS
Referral Hospital (District or Rural Hospital) If possible, these services are provided in an existing hospital in the vicinity of the settlement. Transport such as an ambulance may be needed. If a settlement is far from a referral hospital, a field hospital will be needed on site to meet immediate health needs.[34]	1 per 250,000 people[35]	The size of district hospital is a function of the hospital bed requirement (in function of population size). 4,000 m2 (120 bed) 25 m2 per bed + 1000 m2 (reserved for possible extension)[36] 33.5m2/ bed 6m2/patient[37]	*Water:* 60 l per bed per day[38] *Sanitation:* 10 latrines per 120 beds[39] 10 showers per 120 beds[40]	- Usually, 1 per 10 settlements. - Generally, large hospitals should not be set up in settlements. **UNHCR should not be involved in setting up referral hospitals, occasionally support could be provided.** - The hospital, if one is necessary, is frequently an expansion of the central facility's inpatient service. - No more than 120 beds, to maintain acceptable working conditions. - Plan space for eventual expansion. - Consider diverse traffic and access requirements when locating the hospital facility - Segregated if possible into patient foot traffic, ambulance movements, delivery of supplies, garbage collection, etc.
Primary Care Health Facilities (Primary Health Center or Dispensary) Usually provides primary healthcare. This is where mass consultations in the acute phase take place. During the chronic phase, it becomes the referral center for the health posts.	1 per 10,000-30,000 people[41] (in rural dispersed settings, 1 per 50,000 people).[42]	Space required depends on the type and desired capacity of medical services provided. 3600 m2 (Includes possible expansion)	*Water:*[43] 10 l per outpatient per day 50 l per inpatient/bed per day *Sanitation:* 20 outpatients per toilet/latrine10 inpatients/ beds per toilet/latrine[44]	- Usually, 1 per settlement.[45] Depends on the population, some need more than one. - Preferably located in a secure place beside the refugee site or in a central location, accessible by road, with sufficient free space surrounding to allow for possible extension.[46] - Possibly provide basic hospitalization. A small inpatient facility may be required to give emergency treatment.[47] Inpatient service excluding delivery beds, more than 1 bed per 1000–refugees)[48] However, bed requirements will be largely influenced by the context of each situation. -Normally, a population of 30,000 refugees cover 700 consultation/ day, but during chronic phase consultations diminishes to 400 consultations/day.[49]
Primary Care Health Facilities (Health Post orHealth Clinic). Decentralization of health services ensures accessibility to everyone. This level usually deals withonly a few killer diseases, and refers serious cases tothe health center.	1 per 3,000-5,000[50]	Space required depends on the type and desired capacity of the medical services to be provided.	*Water:* 10 l per outpatient per day *Sanitation:* 20 outpatients per toilet/latrine[51]	- Usually, 1 per sector (the number required is based mainly on the size of population). - When the displaced population exceeds 10,000, opening peripheral health services is recommended.[52] - Should be centrally located within the area they serve, with easy access. - In stable populations, there are typically 0.5–1 new consultations per person per year. In unstable populations, there are usually four new consultations per person per year.[53] - A simple construction consisting of one or two rooms is sufficient.[54]

Nutrition Structures (Stabilisation Center) Therapeutic feeding Centersare mainly for children underthe age of 5 suffering severe malnutrition, requiring special intensive feeding combined with medical care.[55] - Outpatient therapeutic centers are principally for managing children suffering from severe malnutrition whodo not need inpatient care, The Supplementary Feeding Center is principallyfor children suffering moderate malnutrition.[56]	*150 Children (24/24h)* *200-250 Children(day care)*[57]	20m2/ bed and 4m2/ child[58]1100 m2[59]	*Water:* 10 l per outpatient per day *Sanitation:* 20 outpatients per toilet/latrine[60]	- The stabilization center should be in or near a hospital compound and can be housed in simple buildings or tents. - 480 Children is the maximum capacity for Outpatient Therapeutic Centers and Supplementary Feeding Centers. If preferable, build a new center.[61] - Adequate supply of drinking water is required. Facilities should be located next to a water point, and central tanks should be able to hold enough water for at least two full days of operations.[62] - Ensure that there is storage space for nutrition supplies.
Cholera Treatment (Cholera Treatment Center, Cholera Treatment Unit, Cholera Camp) - This space should consist ofspecial wards for the isolation and treatment of patients separated from other health facilities.		UNHCR recommandation: 2.5 m2 per patient + 1 attendant 30 m2 tent can accommodate 10 patients + attendants. 80 m2 tent can accommodate 30 patients + attendants.[63] MSF recommendation: 35m2/bed 6m2/ patient[64]	Water: 60 l of (chlorinated) water needed per patient per day (this includes needs for drinking water,food, hygiene of the patient and the caregiver).[65] Sanitation: 1 latrine per 20 patients in recovery(2 minimum in total). 1 latrine per 50 patients in hospitalization (2 minimum intotal).[66]	- Must have sufficient capacity for potential needs and extension. - Provide adequate water and sanitation. - Distribute treatment facilities to shorten journeys for care-seekers. - Do not locate on low ground or depressions. High ground with good drainage is the best option.[67] - Distance from the market and other dwellings of at least 100m, from water source at least 40m (on sandy soil) or at least 15m (if clay).[68] - Access for trucks is crucial for regular supplies and for water trucking.

3.2 EDUCATION FACILITIES

Education is essential for the social cohesion and well-being of displaced children and adolescents, as it supports protection mechanisms and helps develop their foundational and socio-emotional skills.[69] [70] UNHCR provides infrastructural support in collaboration with stakeholders, sector specialists, education professionals and the education management agency in the host country.[71] However, there must be an understanding of the education systems and traditions of the displaced and host communities.[72] Consideration should be given to non-formal schooling among the displaced population when it is meant to help learners catch up on lost learning and when it will lead to/support enrollment in national systems,[73] and thus the related infrastructure. UNHCR supports implementing new facilities[74] or strengthening existing ones, if possible and appropriate.

TYPES OF FACILITIES

Education in UNHCR settlements is generally aimed at preschool, primary and secondary levels.[75] While the latter was not always possible due to financial, social, and cultural constraints in the past, Increasingly, post-secondary education facilities such as language training and college prep options are provided in settlement contexts. Additionally, to vocational training, higher education may be offered through tertiary level TVET courses and full connected or blended learning degree programs. Other types of education include training for adolescents and adults. The types of educational establishments are as follows:

- **Child Friendly Spaces (CFS):** These types of facility are not considered as places of formal continuing education in every context. However, in emergencies they offer the first resort for providing protection, psychosocial wellbeing and education. They also allow a first point of entry and prepare children and adolescents to re-take formal education.[76] Activities can be recreational and are adapted to various genders, abilities and age groups (up to 17 years old).[77] Depending on context the CFS could be a tent, a fenced-off area in a tree's shade, or a room specifically for this purpose, but it should always be safe and accessible.[78]
- **Pre-School (Lower Primary School/ Centers for Early Childhood/ Centers for Early Childhood Development):** Formal education facilities prior to elementary school enrollment. Focused on younger children's needs (up to 6 years old, depending on the country's educational system) so the space must include considerations related to activity type (e.g., floor play areas or rest areas). In some contexts, may be included in elementary schools or as part of transitional learning spaces.
- **Primary School:** Access to primary education is a basic right of every child. In primary school children learn foundational skills that prepare them for life.[79] Typically designed for children from 6 to 11 years old (this might vary by country).
- **Secondary School:** In displaced populations, the attendance of referred children and adolescents declines with each academic year, but this effect is especially pronounced in the transition to secondary school. Secondary school is mainly aimed at adolescents and youths from 12 to 17 years old.
- **Vocational/ Training Centers:** Aimed at adults and adolescents, especially in contexts where vocational training is the only way to acquire skills for the future and contribute to family livelihoods. Training and courses are usually linked to possible labor markets and needs (e.g. in rural contexts, agriculture can be incorporated as atopic).[80] Consequently, the type of facility will be linked to the prospective types of courses.
- **Virtual Schools and Mobile Learning Centers:** Create virtual primary and secondary schools alongside mobile learning centers equipped with laptops, tablets, and internet connectivity. These solutions overcome physical limitations, extending education to a wider range of students.
- **Online Vocational Training and Language Learning:** Establish online vocational training hubs aligned with labor market needs and digital language learning platforms to address linguistic diversity and skill development.
- **Community Learning Spaces and Interactive Apps:** Develop community-based learning spaces furnished with computers or tablets, coupled with interactive mobile apps for engaging preschool and primary-level education.
- **Child-Friendly Online Platforms:** Expand Child Friendly Spaces digitally by creating online platforms offering a mix of education, psychosocial

support, and interactive activities for children and adolescents.
- **Teacher Development and Parental Engagement:** Conduct teacher training webinars to enhance tech integration and classroom management. Implement online parental engagement platforms for parents to collaborate with teachers and support their child's learning.
- **Digital Libraries and Mentorship:** Establish digital libraries as resource centers, offering a wealth of educational materials. Launch virtual mentorship programs connecting students with experienced educators or professionals.

EMERGENCY PHASE

Child-Friendly Spaces or Safe Spaces are usually the first to help while formal education is being reestablished.[81] In an emergency situation, it is important to reevaluate the existing infrastructure and its capacity. The first structures to be implemented for educational purposes in a UNHCR settlement will usually be made of perishable materials, such as tents. For example: UNICEF: 24 m2 (4x6), 42m2 (6x7) and 72m2 (6x12) (Multipurpose tents).

Depending on the context, **Transitional Learning Spaces (TLS)** targeting Schools, ECD and CFS may be implemented. These structures are used in the emergency phase to re-establish educational activities as soon as possible. TLS are not exclusively used in displaced populations, but have previously been used in UNHCR settlements (e.g. Gihembe Refugee camp and Dollo Ado Refugee camp). Please note that each construction responds to its situation and the availability of financial, human and material resources. Therefore the construction systems used, and their lifespans, vary. Depending on the typology and material used, TLS may be used in an emergency situation or could withstand the protracted phase.[82] It is important to understand that TLS are not permanent constructions, but experience has shown that many of these transitional spaces remain in use for longer than originally planned or are located on permanent school grounds where future permanent construction is expected.[83]

PROTRACTED SITUATION

In some contexts, children are integrated into the local surroundings and semi-permanent facilities are constructed to serve the displaced and host community. Access for the local population can help integrate the two communities, especially in areas where the local school infrastructure is poor. Due to space limitations or where the settlement is overcrowded, it is difficult to insert a new school and meet the population's needs. Instead, individual classrooms can be inserted, using the space outside or around other buildings (churches or community centers) if appropriate.[84] However, keep in mind that in the long term, the isolated classroom is not enough. WASH facilities, fencing, a safe play space, and space for teachers is required for a safe and healthy learning environment.[85]

LOCATION

The choice of site is very important, given that after a crisis it is important that children and adolescents feel safe in the environment, the access, the route, and the site itself.[86] The following recommendations may help in choosing the most suitable site for educational facilities:
- Involve (if possible) children, youth, caregivers, and community members in choosing an appropriate site for the educational facility that is safe, accessible, and spatially appropriate for children's activities. Remember that young children, older children, and children with disabilities face different safety and security risks.[87]
- Evaluate the immediate environment and routes to educational facilities to provide safety and security and avoid contaminated or flood-prone locations.
- Avoid locating close to sources of excessive noise (e.g., informal sector activities) or pollution.
- Educational facilities should be as decentralized as possible so that they can be used for other purposes outside of school hours (e.g., meeting rooms or schoolyards as recreational areas). This will help to optimize the use of space.[88]
- Choose an easily accessible location with multiple routes, wide enough to allow for group walking to ensure accessibility.[89] Thus, it increases the likelihood of safe routes for girls and adolescents or ethnic minorities. [90] However, be aware that too many labyrinthine pathways can

sabotage users' safety and security.

- Evenly distribute educational facilities for children and adolescents so that walking distance is feasible. Where resources are limited, they should be located in the center of settlements (unless there are risk factors). [91]
- Create community open spaces (COS) such as squares or plazas around educational facilities to avoid hidden corners where potential attackers can hide.[92] These can also include stalls to increase the number of eyes present and take advantage of the social activity in the area for livelihood purposes. However, plan appropriately to avoid security risks, potential noise, or stalls encroaching on the pathways.
- Keep in mind that some educational facilities may operate at night, so it is important to include lighting, both on the site as well as in the surrounding areas and access roads.[93]
- Avoid having the main entrance to the school grounds between major road crossings that increase the vulnerability of students and staff.[94]
- The location should allow for expansion of the facilities, especially in the emergency phase.

DISTANCE

Travel time/distance between shelters and basic service centers, such as educational facilities, should not exceed half an hour, i.e., 2.5 km for children and adolescents; for adults, the maximum distance is 5 km.[95] The distance to an elementary school should not exceed 2 km.[96] Other recommendations[97] note that the walking distance norm for schools is 1.5 km in the plains and 1 km in mountainous areas. Especially for girls it is important that the school is located nearby, one study showing that at a distance of 1 km from their homes the attendance rate was 70% while if the distance was more than 3 km the rate dropped to 30%.[98] Another recommendation[99] in urban contexts suggests that around 0.8 km is as far as most kindergarteners will be comfortable walking, 1.6 km is a reasonable length for older elementary school kids, and almost 2.5 km is acceptable for secondary school students. Keep in mind that distance is not the only factor to consider in planning educational facilities in settlements, as the perception of distance, accessibility and environmental as well as socio-cultural factors can influence site selection.

ENVIRONMENTAL CONSIDERATIONS

Avoid placing educational facilities on steep slopes as access will be difficult, especially for children and people with physical disabilities. Similarly, slopes often present higher risks of landslides and impede access (especially for fire protection or emergency equipment).[100] Consider the local climate (including rainfall and the impact of local winds) and building orientation, which can help increase indoor comfort. It is important to allow for open outdoor space or nearby open space as a fire safety measure, as many constructions use local materials that can be easily combustible (e.g. straw or bamboo).[101] Note that the facilities' location should allow for sufficient ventilation and natural light. In very hot environments it is advisable to grow trees and vegetation in the surroundings for sun protection and to regulate internal temperatures. [102]

PRACTICAL INFORMATION FOR PLANNING AND DESIGN

The following table compiles planning and design recommendations from guidelines and research by UNHCR and partner organizations. Educational spaces should be adapted to sex, age, physical ability, and socio-cultural considerations. Keep in mind that each context requires a precise analysis adapted to the specific situation (including max class size).

TYPE	COVERAGE	SIZE	WASH STANDARDS	COMMENTS
Pre-School		*ECD:* 2m2-3m2 per child. [103] *Early Child Care Facilities*: 4.5m2-5m2 per child[104]	There is no standard provided, but consider latrines for caregivers/educators and adapted latrines for younger children.	- Consult the country's existing building regulations. - Respond to the environmental and cultural contexts of the location. - Provide quality standards to protect against potential disasters. - Younger children need more space per child than primary school children, as they engage in more flexible activities and some are still crawling. - Locate near or within schools to make it easier for caregivers or siblings to drop off younger children. - Include electricity or another means of power to provide light and operate equipment.[105]
School	1 per 5000[106] 1 per Sector[107]	3 classrooms of 50m2[108] *Classroom size:* 3.75 m2 per student (primary school)[109] *Class Size*[110]: -35 to 40 students on an average day -25 to 30 for multi-grade classes -While there is no 'gold standard' pupil to teacher ratio (PTR) it is understood that for younger learners a lower PTR is helpful to ensure learning is taking place.	*Water:* 3 liters of potable water per student per day 400 students per usable handpump/well 200 students per usable water tap *Sanitation:* 50 students per toilet/latrine (30 girls per toilet, 60 boy per toilet-add urinals for boys)[111] Have appropriate dimensions and features for children.[112]	- Keep in mind that placed and spatial arrangement influences learning. - Consult the country's existing building regulations. - Note that in some contexts, multigrade systems are implemented within the classroom, impacting spatial and design needs. - Respond to the location's environmental and cultural contexts. - Provide quality standards to protect against potential disasters. - Consult with education specialists to determine if classes can be taught in shifts to reduce the infrastructure required. [113] - Facilitate accessibility for disabled children. - School buildings can serve different purposes for the community (even after the camp closes). - School facilities should include indoor and outdoor space. - Provide sufficient latrines and water. - Include gender-segregated latrines/toilets (for students and teachers), hand washing facilities, filtered drinking water and solid waste disposal facilities. - Include electricity or another means of power to provide light and operate equipment.[114]
Secondary School	-	Classroom Size: 4-4.15 m2 per student[115] Class Size:[116] -35 to 40 students on an average day -25 to 30 for multi-grade classes -'Subject teacher' system	*Water:* 3 liters of potable water per student per day 400 students per usable handpump/well 200 students per usable water tap *Sanitation:* 50 students per toilet/latrine (30 girls per toilet, 60 boy per toilet-add urinals for boys)[117]	- Implement secondary schools whenever possible. Poor infrastructure and long journeys to these facilities substantially affect adolescents' opportunities, protection and wellbeing. - Location at a short distance is extremely critical to the attendance of girls and young women. - Keep in mind that placed and spatial arrangement influences learning. - Consult the country's existing building regulations. - Respond to the location's environmental and cultural contexts. - Provide quality standards to protect against potential disasters. - Consult with education specialists to determine if classes can be taught in shifts to reduce the infrastructure required. [118] - Facilitate accessibility for disabled adolescents and youth. - Give special attention to implementing latrines and washing facilities for girls, as this critical factor will impact their involvement. - Keep in mind that implementation costs are often higher than in elementary school.[119]

Transitional Learning Space (Include Schools, CFS & ECD).		1m2–1.5 m2 per child[120] (Indoor activities) However, space allocation needs to be appropriate to age, physical ability and cultural considerations. It is generally advisable to increase the allocation per child in younger children'sfacilities.	*Water:* 3 l per student per day (min.) *Sanitation:* 1 latrine per 30 girls 1 latrine per 60 boys Both within 20 m of the TLS and visible from the classrooms.[121] Give consideration to latrines for kids with disabilities or special needs.	- Provide space for outdoor activities. - Provide sanitary and hygienic facilities, including adequate gender-segregated latrines/bathrooms, hand-washing points, potable water, site drainage and waste disposal. - Natural, even and sufficient lighting is essential for TLSs. - Ensure enough flat ground for a tent or temporary structure (if needed), latrines and hand washing facilities. - Particularly on sloped or terraced sites, external drainage channels are needed to prevent flooding and erosion.

3.3 MARKETPLACE

UNHCR promotes livelihood and economic inclusion for displaced populations.[122] These include support services, projects and mechanisms to help the displaced population to become more resilient and achieve self-reliance. Marketplaces are an essential infrastructure for families' livelihoods and support the displaced population's integration into the local community. However, implementation of marketplaces is not always possible due to political, social, economic and displacement dynamics constraints, particularly in refugee situations. Like other types of facilities, UNHCR encourages access to general services wherever possible, avoiding the need to develop parallel services for the camp population.[123]

TYPES OF FACILITIES

The market or marketplace is the place in which goods or services are exchanged.[124] There is no agreed typology in the texts of UNHCR or partner organizations. Markets can be fixed or occasional (a few days a week). They may be formally located in a planned or reserved space or in a square or road. They can also emerge informally on the main roads. Not all settlements have a market, but some may have several. It is important to note that some geographical contexts feature bazaars, some of which are exclusively for women.

EMERGENCY PHASE

Marketplaces are usually implemented after an evaluation of the market sector and related factors (such as stakeholders, host country regulations, supply chains, demand, communication roads, other livelihood opportunities, etc.). However, in many contexts during the emergency phase, economic relations tend to emerge spontaneously through informal mechanisms and social interaction (within the displaced population and/or host communities). These may include stall areas and informal markets.[125] It is important to manage these areas as soon as possible, for protection and to mitigate possible risks to displaced communities and the natural environment (e.g. waste management).

PROTRACTED SITUATION

Efforts to physically formalize the market may be possible up to this stage. The market may need to be upgraded, expanded or relocated to ensure commercial activities and to meet safety measures.[126] If relocation is needed (to upgrade the settlement project), be extremely careful with moving market functions and dynamic economic centers. Consider that these types of spatial modifications can lead to vendor resistance and/or undermine the settlement's economic vitality. Instead, use these functioning poles to enhance the settlement project.[127]

LOCATION

Markets are directly associated with people's daily lives, being a social and economic attraction pole within the settlement. Their location should take into account the large social dynamics that they generate, their possible relationship with other types of economic centers (mainly in the host community), and (especially in rural areas) with existing agricultural land. For its location within the settlement, the following recommendations may be valuable:

- Situate markets (if possible) in locations that are accessible to the host community and the displaced population,[128] fostering social and economic dynamics. [129]
- Ensure access from all areas of the camp and that entrances communicate freely with the surrounding roads.
- Locate near a communal open space (COS) (e.g., plaza).
- Clearly define the area and boundaries of the market or group of stalls, allowing free passage of people, protecting women and girls.[130]
- Give special attention to the location of the market, including sufficient space for its future extension. Crowded markets can generate GBV risks.[131]
- Allow a good circulation of both pedestrians and supply vehicles. The contiguous roads should have a good dimension and, if possible, parking

areas for discharging supplies.

- Locate the market in conjunction with other compatible facilities (e.g., avoid close proximity to schools).
- If the settlement is too large or dispersed, opt for several sales areas if possible (e.g., central market and several sales stall areas). Remember that especially in rural areas, markets are essential for livelihood and communitydevelopment.
- For safety and security reasons, it is important to locate the market in well-illuminated areas at night (these areas are usually empty at night).

DISTANCE

Travel time/distance between shelters and basic service centers should not exceed half an hour, i.e. 2.5km for children and adolescents; for adults, the maximum distance is 5km.[132] The Sphere suggests a maximum distanceof 5km from dwellings to markets.[133] Another text suggests that for catchment distances the market should be located within 2km.[134] According to analyses of settlements, problems and complaints from users arose when the market was located at a distance of more than 1km. However, distance perception varies according to the pedestrian's background; some cultures and contexts are accustomed to walking several kilometers, but keep inmind that journeys to market require individuals to carry extra heavy weights.

ENVIRONMENTAL CONSIDERATIONS

Markets require special attention to waste management, both solid and liquid. Therefore, designate and adapt areas for this purpose. If necessary, dispose of liquid waste in a pit. [135] It is also important to have water available to maintain hygiene and cleanliness. Avoid areas with too many slopes or different levels that may accelerate the distribution of liquid wastes or stagnate wastes for long periods of time, thus endangering environmental safety. Similarly, slopes are not suitable for circulation reasons.

PRACTICAL INFORMATION FOR PLANNING AND DESIGNING

The following table compiles recommendations for planning and design from guidelines or research conducted by UNHCR or partner organizations.

TYPE	COVERAGE	SIZE	WASH STANDARDS	COMMENTS
Marketplace	1 per 20,000 persons[136]	No agreed standard exists. Examples in rural areas: - Bangladesh: average 14,000 m2 (Approx.)[137] - Kenya: average 5,200 m2 (Approx.)[138] - In the case studies the dimensions varied from 500 m2 to 85,000 m2(Approx.) depending on the number within the same settlement and the amount of population.	*Water:* Work with the community to decide water points (sitting, design and use) within the market.[139] *Sanitation*[140]: -Short term 1 toilet for 50 stalls. -Long term 1 toilet for 20 stalls.	- Consult the country's existing building. regulations. - The size must correspond to demand and consumption. It is also important to determinethe size of the sales area and stalls (indoor oroutdoor), sufficient circulation area between the sales stalls. Similarly, the size should allow for the integration of other activities and areas(administrative offices, public latrines, waste management areas, etc.). - Provides adequate and appropriate waste storage for the market (formal or informal).[141] - Provides drainage areas for cleanliness andhygiene of the area. - Include some means to provide electricity, some stalls may need electricity depending on the type of product. - Fire risks should be evaluated.[142]

3.4 COMMUNITY CENTERS

Community Centers are a crucial tool of the Community-based protection approach. It supports the reintegration and strengthening of communities after forced displacement.[143] The community Centers are "*safe and public places where women, men, boys and girls of diverse backgrounds can meet for social events, recreation, education and livelihood programmes, information exchange, and other purposes.*"[144] The purpose of these is to provide a space to promote the participation of displaced and host communities in the programs that affect them and promote self-resilience and coexistence.[145] However, in some contexts, due to security considerations the opportunity of bringing together both communities can be limited.[146] Similarly, when feasible and possible supporting existing community centers should be the ideal option.[147]

TYPES OF FACILITIES

The community centers integrate a variety of services and programs designed for different profiles (age, gender, and abilities). UNHCR has integrated a variety of measures to prevent the exclusion of certain groups and individuals, including the implementation of community centers targeted to specific groups such as:

- Women's Centers (also known as Women and Girls Safe Spaces or other names)
- Children's Centers (also known as Child-Friendly Spaces or other names)
- Child-Friendly Online Platforms: Expand Child Friendly Spaces digitally by creating online platforms offering a mix of education, psychosocial support, and interactive activities for children and adolescents.
- Youth Centers
- Centers for persons with disabilities
- Community Learning Spaces and Interactive Apps: Develop community-based learning spaces furnished with computers or tablets, coupled with interactive mobile apps for engaging preschool and primary-level education.

However, it is essential to have a Community Center open to the public where different types of groups can interact with each other and guarantee their participation. Another strategy used is to reserve a space or time within the Community Center for a specific group[148]. Community Centers are often run in collaboration with other sister organizations, NGOs or local associations, which may have specific typologies.

EMERGENCY PHASE

Although it is preferable to use existing facilities, in the initial phases this may not be possible. It is therefore possible that in the initial phases they may be provisionally managed by UNHCR or partners[149], and hence the temporary facilities. However, it is essential that local organizations or refugee groups are identified as soon as possible to manage the centers[150]. In such a manner that local ownership is promoted and displaced populations are empowered.

PROTRACTED SITUATION

There is no one-size-fits-all model. As a starting point for planning and designing a Community Center, it is important to ensure and promote the participation of all groups in the displaced community. This will ensure that they are appropriate and accessible.

LOCATION

A community center should be accessible to all groups without any kind of barrier or difficulty. When planning its location, please take into account the following considerations:

- Preferably locate them in places where there are high concentrations of beneficiaries.[151]
- Avoid places where access may put them at risk (e.g., checkpoints or landslides).
- Preferably, locate them inside shelter blocks. To avoid potential risks on exceptionally long distances, especially for women and girls. It will also foster their identification as a community.[152]
- Remember that Community Centers can function as social anchors so locating them on the edges of settlements or main roads can increase the protection of the area by the number of users.
- Avoid steep slopes to facilitate good accessibility, especially for people with limited mobility.
- Avoid placing it in locations where it may duplicate functions (e.g., Community Center near a Women's Center).[153]
- Please provide the possibility of extension if it is required.

DISTANCE

Travel time/distance between shelters and basic service centers should not exceed half an hour, i.e., 2.5km for children and adolescents; for adults, the maximum distance is 5km.[154] However, please note that some of the facilities will be targeted to specific groups. For example, study conducted with women and girls on different countries revealed **30 minutes was acceptable** distance to reach a women's facility.[155] This study also noted that adolescent girls calculate distance regarding the **number of houses they have to pass** between their own and the women facility.[156]

ENVIRONMENTAL CONSIDERATIONS

Beyond the implementation of a structure on the terrain, these facilities do not usually have a major impact on the environment. Unless any of its activities produce some type of waste that requires special treatment. However, in terms of location, it is important to avoid placing them on top of a hill or being inaccessible to people with mobility problems, such as the elderly, pregnant women, people with disabilities, etc.[157]

PRACTICAL INFORMATION FOR PLANNING AND DESIGNING

The following table compiles recommendations for planning and design from guidelines and research conducted by UNHCR or partner organizations.

TYPE	COVERAGE	SIZE	WASH STANDARDS	COMMENTS
Community Centre	1 per 10,000 persons[158]		*Water:* 3 l per person per day.[159] *Sanitation:* Keep in mind that in a community center with a high presence of men, it is unlikely that women or girls will use the latrine nearby. Therefore, consult with the affected community.[160]	- Consult the country's existing building regulations. - Provide the facility with water and electricity supply. - For proper pre-dimensioning keep in mind that the physical layout and design should reflect culturally appropriate norms and consider differences related to available resources and activities. - Please note that these types of structures may be managed by local NGOs, partner organizations, the government, the volunteer community, amongst others. Therefore pre-existing considerations may need to be integrated into planning and design.
Children's Centers		There is not agreed standard. For example: Minimum Standard used in Cox's Bazar is 80m2 (No more than 125 children per CFS per shift).[161]	*Water:* 5 l per person per day[162]. *Sanitation:* 1 latrine per 30 girls 1 latrine per 60 boys Both within 20 m distance from the TLS and visible from the classrooms.[163] Give consideration to latrines for kids with disabilities or special needs.	- Consult the country's existing building regulations. - If possible locate near to a Women's Center or School, to facilitate caregivers' routes. - Provide access to outdoor areas whenever possible. - Sufficient privacy so that children are not watched by outsiders. - Provide areas adapted for WASH installations, including separate boy/girl latrines with locking doors, near handwashing, and safe drinking water. - For more information on appropriate distances, locations and others see Educational Facilities.
Women's Center	**1 per 10,000 to 20,000** (reference point)[164]. There is no official standard; this should be based on a comprehensive assessment, geographic location and accessibility.[165]		*Water:* A minimum of 1 access to water point.[166] *Sanitation:* A minimum of 1 toilet and a hand washing area.[167]	- Provides areas adapted for WASH installations, including proper pre-dimensioning. The physical layout and design should reflect culturally appropriate norms (e.g. In Cameron they are circular and constructed with mud blocks)[168] and consider differences related to available resources, the activities program e.g. childcare) and safety features (e.g. fences). [169] - Use local materials and good ventilation, but be careful not to compromise privacy and confidentiality. [170] - Include minimum sanitation facilities and if possible surrounding lighting. - If Women's Centers share facilities with other public services it is important to provide a good separation between them and minimum measures to preserve the privacy or identity of its users if necessary.[171] - It is quite possible that sales stalls will emerge on the access roads of the centers as livelihood opportunities, so it is important that they are planned in advance and managed by women.[172] - Please note that these types of structures may be managed by local NGOs, partner organizations, the government, the volunteer community, among others. Therefore, pre-existing and pre-established considerations may need to be integrated into the planning and design. - For more information about distance, location and others see Women's Facilities.
Youth Centers			*Water:* 3 l per person per day.[173]	- Please note that programs usually attempt to mitigate the (potentially disruptive) impact that young men may have on their communities.[174] However, this may raise gender biases and the needs of this group may be overlooked. [175] It is advisable to include a targeted space for this group to meet their needs.

3.5 WOMEN AND GIRLS' FACILITIES

Due to structural and systemic gender inequality and discrimination, women and girls experience a wide range of restrictions on their mobility and participation. In IDP and refugee settlement settings, women and girls focused on safety (including risks of gender-based violence- GBV) and survival needs, reduces their participation and access to support. [176] In times of crisis, many women are except to fulfil gendered roles and responsibilities (such as household tasks and family caregiving) and take on new responsibilities as heads of households.[177] As a result, dedicated spaces for women and girl's participation and empowerment are crucial, and their design and planning require special considerations.

TYPES OF FACILITIES

Various facilities aim to support diverse women and girls within the UNHCR settlement, such as:

- **Women and Girls' Safe Spaces (WGSS):** physical spaces where women and girls can be free from harm and harassment, express their needs, access services, and acquire knowledge and skills. These spaces help to create and foster support networks and communities, so are critical in humanitarian crises.[178] Similarly, WGSS are linked to GBV programming, as they support access to response services for survivors, help to reduce the risk of sexual and gender- based violence[179] and are spaces for gender transformative impact as fundamental to address GBV prevention.[180] They are usually a formal, fixed physical space (although there maybe informal and mobile spaces) where women feel physically and emotionally safe. They are often semi-permanent, free-standing structures or tents.[181] It is worth noting that in some cultures or settlements, there may be spaces exclusively for adolescent girls. These spaces may vary in name according to the settlement since the name is assigned jointly with the community of women and girls; the most frequent are "Women's Centers", "Women and Girl- Friendly Spaces", "Women-friendly centers", "Women's protection centers" "Women's listening centers" "Safe spaces for women and girls". [182]
- **Women-only spaces in reception areas**: to facilitate the administration and formal registration to the settlements for single, separated, unaccompanied, or other groups of women and adolescents at risk in the specific context. This helps to mitigate the risk of violence or harassment while undergoing the camp admission processes of being assigned shelters, receiving initial assistance packages, and formal registration. They are located inside the centers and reception areas and are linked to them.
- **One-stop Centers (OSC):** intended to provide response for GBV survivors. May be attached to a health facility or to larger service centers that offer integrated multi-disciplinary services, such as psychosocial, health, and legal services, in a single location. They could also be stand-alone or integrated into local police or court offices.[183]
- **Safe House / Shelters:** physical structures or networks of space that provide immediate safety, temporary refuge and support to survivors escaping violent or abusive situations. Safe shelters deliver specialized services and provide survivors with personal security. [184] Although not always exclusively for women, women tend to be the most frequent users and certain safe houses/shelters may be women only. Location and physical configuration depend on the type of model implemented by UNHCR, partner organizations and the community.[185]

Similarly, **Child-friendly Spaces (CFS)** have elements in common with Women and Girls' Safe Spaces by targeting adolescent girls, but they should not be confused; in fact, there is often a preference for them to be located in close proximity for referral purposes as well as to facilitate access of women child-caregivers to WGSS. Although there are a variety of facilities geared toward women, the vast majority are linked to other types of facilities, therefore in the next sections the recommendations will **focus on Women and Girls Safe Spaces.** However, keep in mind that the design and planning of all facilities should take the women and girls specific needs and risks into account, especially sanitary areas and water points.

EMERGENCY PHASE

In the emergency phase, WGSS are usually established through a comprehensive assessment, where their appropriateness to the context is evaluated and the focus and nature of activities is determined. This can be done rapidly at the onset of the emergency or in more stable settings after a few weeks or months. Assessments should actively involve women and girls in recommending both the location, structural design/layout considerations, and activities to be carried out.[186] In placements within refugee and IDPs settlements, it is difficult to conduct an assessment as there will be little information about the women in the community who will be using such spaces or they may have been planned in advance. In these cases, it may be necessary to consult with neighboring settlements (if they exist) or consult with women attending such services from the location/country of the displaced population. In any case, establishing a safe space requires consultation with women and girls, and in particular with the populations involved. It is always critical to seek to allocate appropriate space and resourcing for WGSS in emergencies, however, there may be situations where, due to space constraints or overcrowded settlements, there is not enough space to implement a dedicated WGSS, so the necessary activities can be identified and accommodated in smaller structures or in other existing facilities within the camp[187], ensuring adherence to WGSS guidance.

PROTRACTED SITUATION

It is crucial to have at least one dedicated space at the service of women and girls. If it has not been implemented or has not been fully installed, it is at this stage that the specific location of this type of space is identified. It is also at this stage that more durable structures are often built or more spaces are implemented if deemed necessary.

LOCATION

Determining the location of a safe space requires an understanding of community dynamics and existing social norms (considering mobility restrictions) as well as identification safe and unsafe locations, as well as wider GBV risks based on an assessment by the women and girls of the community involved.[188] Establishing a safe space does not always mean building a structure exclusively for this purpose, although this is most advisable. The location will depend mainly on the consultations and the area of anticipated catchment. For example, the space for women and girls is for the exclusive service of displaced populations, it could be located in residential areas of the settlement; if it will also take the host communities into account, it could be located closer to the entrance(s) of the settlement.[189] Another strategy is to locate it centrally, allowing access to the majority of those involved.[190] In determining the location it is advisable to account for the following considerations:

- Should be safe and appropriate throughout the day, every day (e.g. food distribution days) and season (e.g. during monsoon season), located in an easily and freely accessible area. Although it is not possible for the site to be secured for all, it is possible to identify the "safer" site.[191]
- Do not include these spaces within buildings or public service structures where the male group will have wide access, as this may undermine the safety, confidentiality and accessibility of women and girls, and put them at risk from their aggressors.[192]
- May be close to markets, health services, schools and child-friendly spaces, which can enhance their use if in the context these are places that women usually visit or can support their visit (e.g., leaving children at CFS during a consultation).[193]
- Should be accessible to all women and girls, including older women and those with different abilities.
- Avoid places or situations that make users feel uncomfortable or unsafe, or access barriers (e.g. being. Stopped at a checkpoint).[194]
- Avoid isolated or high-risk locations where the site or its accessibility lacks visibility (e.g. areas with too many bushes or trees).
- Avoid isolated places or the center of a square if the space needs to go unnoticed, in which case it is better to group with other structures.[195]
- Avoid spaces or nearby areas usually frequented by men and boys, such as sports fields, mosques or religious buildings, police or military points, distribution points, among others.
- Privacy: not close to residences houses/places where community meet, also community or political leadership/decision making spaces, also consider space to

include a perimeter and sufficient space from shelters/infrastructure to maintain privacy.

- Consider the program of activities (and if possible the planned layout) to define the location since the space must be sufficient to meet needs. These places should guarantee privacy from being seen or heard by other members of the settlement. In some cases it is advisable to have open spaces or perimeter fences.[196].
- Make sure the space is located on accessible routes with good visibility – if possible include lighting – to help anticipate and avoid attacks.[197] However, avoid placing on main streets/routes where traffic and movement can sabotage the security, integrity and confidentiality of the space. If this is the only possibility, avoid having the public look in or hear in through the structure. [198]

DISTANCE

In this context, women usually have to fulfill multiple tasks and functions. Therefore, the distance to women's services depends on multiple factors, such as time available, time of day, weather, types of roads or social relations. At the moment there is no global standard for the maximum distance to a Women's Facility. The distance to women's services depends on multiple factors, such as time available, time of day, weather, or social relations of the geographical and socio cultural context. However, a study conducted with women and girls in Cameroon, Ethiopia, Lebanon and Thailand learned after several experiments that distance is often very relative, for example **30 minutes was acceptable** to reach a women's facility, but not to access a water point.[199] Similarly, this study also revealed that it is possible that adolescent girls calculate distance not by the amount of time they need to walk but by the **number of houses they have to pass** between their own and the WGSS.[200] It is thus advisable to include distance considerations in the initial WGSS assessment with women and girls in the catchment area.[201] Similarly, for service referral reasons, it is advisable to locate the WGSS **within 1 km of a health facility**.[202]

ENVIRONMENTAL CONSIDERATIONS

Beyond implementing a structure on (relatively) undeveloped land, women's facilities do not usually have a major impact on the environment. However, in terms of location, it is important to avoid placing them on top of a hill or areas inaccessible to people with mobility problems, such as women and girls with disabilities, the elderly or pregnant women.[203] Similarly, risky, potentially flood-prone areas that prevent accessibility for women and girls should be avoided.

PRACTICAL INFORMATION FOR PLANNING AND DESIGN

The following table compiles recommendations for planning and design from guidelines and research conducted by UNHCR or partner organizations. Keep in mind that each context requires precise analysis adapted to the specific situation.

TYPE	COVERAGE	SIZE	WASH STANDARDS	COMMENTS
Women and Girls' Safe Spaces (WGSS)	**1 per 10,000 to 20,000** (reference point)[204]. There is no official standard; this should be based on a 27comprehensive assessment as well as geographic location and accessibility.[205]	There is no recommended size or standard, but according to analysis of existing refugee settlements, these are around 150 m2.[206] This figure does not take into account the size of the plot (these vary greatly) but of the building, so the. Size needs a larger dimensioning. More importantly, sizing should always be proportional to the number of users and activities, and the need for group activity room as well as a private conversation room.	*Water:* A minimum 1 access to water point.[207] *Sanitation:* A minimum of 1 toilet and a hand washing area.[208] Waste disposal: Consider menstrual hygiene management, and a safe and private place to dispose of menstrual hygiene products	- For proper pre-dimensioning keep in mind that the physical layout and design should reflect culturally appropriate norms (e.g. In Cameron, WGSS are circular and constructed with mud blocks)[209] and consider differences in available resources, the activities program (e.g. Child care) and safety features (.[210] - Use local materials and good ventilation, but be careful not to compromise their privacy and confidentiality. [211] - Include minimum sanitation facilities and if possible surrounding lighting. - If the WGSS shares facilities with other public services it is important to provide good separation between these, and take minimum measures to preserve users' privacy and identity where necessary.[212] - It is quite possible that sales stalls will emerge on the access roads of the centers as livelihood opportunities, so it is important that these are planned in advance and managed by women.[213] - Do consider road/access for service providers who may use the space. Having more than one entrance/exit is important for safety as well as space for a perimeter for privacy in some contexts. - Please note that these types of structures may be managed by local NGOs, partner organizations, the government, the volunteer community, among others. Therefore, pre-existing and pre-established considerations may need to be integrated into the design and planning.

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