

**A Somali refugee** helps to build transitional housing at Kobe refugee camp, Ethiopia.



# Providing for Essential Needs

**U**PROOTED FROM their homes, often with nothing but the clothes on their backs, and frequently exiled in harsh and insecure conditions, many refugees and internally displaced persons (IDPs) are in need of basic assistance just to stay alive. Meeting the needs of these people for food, water, shelter, sanitation and health care is a challenge for States and the humanitarian community; for UNHCR, it is also a priority.

However, the sheer scale of many displacement emergencies means UNHCR cannot meet the needs of people of concern without the help of strong partners and the support of host governments and donors. To use that support effectively, UNHCR seeks to design and implement new strategies and improve the capacity of its staff through training and guidance. Rigorous monitoring of programmes and the application of good practice also help to improve the quality of its work in this area.

## **SHELTER AND SETTLEMENT**

UNHCR'S NEW SHELTER AND Settlement Strategy calls for consistent support to priority countries, field-based shelter clusters and operations where potential emergencies may erupt. In addition to improving the shelter and settlement conditions of refugees and others of concern, the strategy also aims to improve their access to shelter-related core relief items (CRI).

As in Burkina Faso, Mauritania and Niger, where experts have adjusted camp layout and local shelter to the needs of a predominantly nomadic and pastoralist population, UNHCR will adapt its settlement solutions to the context. It will also enhance alternative shelter and settlement solutions where possible. Among these are cash and CRI support to host families, rental assistance, the renovation of abandoned buildings for collective centres and the use of prefabricated shelter units as a more durable and culturally appropriate alternative to tents. To reduce reliance on internationally procured emergency shelter material, UNHCR will promote local shelter solutions.

In cooperation with IFRC and ICRC, UNHCR has developed specifications for a shelter winterization kit and frame tent which will be manufactured in 2013. UNHCR will next confirm the standards for lighter-weight synthetic materials and fire-retardant plastic sheeting. New ways to enhance emergency shelter and settlement response mechanisms, including rapid needs assessments, will improve emergency response.

UNHCR will deploy technical specialists to emergencies to develop shelter strategies, establish camps, oversee construction activities, coordinate shelter clusters and design shelter and

settlement programmes. To meet the increasing demand for such expertise, UNHCR will strengthen its standby partnerships with the Danish Refugee Council, the Norwegian Refugee Council, RedR Australia, the Swedish Civil Contingencies Agency, the Swiss Agency for Development and Cooperation, the United Nations Volunteer programme and the White Helmets.

To ensure the effective roll-out of the shelter strategy, new training materials on shelter, settlement and water sanitation and hygiene (WASH) will be distributed to upgrade the skills of UNHCR and partner staff in these areas. The publication of lessons learned from recent emergencies has been jointly consolidated with the IFRC and UN-Habitat, while modules for a settlement handbook and an urban learning programme will provide further guidance. A course included in the Master's Degree programme, Shelter and Settlement in Disaster, developed with the IFRC and the University of Copenhagen, will strengthen shelter capacity globally.

A revised monitoring and evaluation system for shelter, based on the collection of more and better data, will allow for improved strategic planning, decision making and coordination. The system will also alert UNHCR and its implementing partners to urgent gaps in shelter programmes.

## PUBLIC HEALTH

UNHCR WILL STRIVE TO REDUCE death and illness rates in emergencies through rapid deployment of qualified and experienced personnel, early detection and control of epidemics and appropriate disease management and control. Data gathered through the planned urban surveillance system will assist advocacy for urban refugees' access to national health care systems. Health insurance schemes are now available to refugees in Benin, Burkina Faso, Cambodia, Costa Rica, Gambia, Georgia, Ghana, Guinea, the Islamic Republic of Iran, Nigeria and Togo.

The quality of public health interventions will improve through the Balanced Score Card (BSC) methodology, developed in 2012 and successfully tested in Ethiopia, Ghana and Uganda. The BSC assessments of the quality and capacity of health care provision will help UNHCR staff make the necessary adjustments to improve programmes. UNHCR will introduce protocols to ensure the quality of laboratory tests, using the experience gained from a pilot project in Uganda.

UNHCR will address the gaps identified during the mid-term evaluation of the 2008-2012 Public Health and HIV Strategic Plans, notably in malaria control. It will provide more long-lasting insecticide-treated bed nets and access to prompt diagnosis and early treatment with appropriate anti-malarial medicines. This will be undertaken through advocacy, resource mobilization and collaboration with health ministries, donors and other agencies. One goal is the greater inclusion of refugees and others of concern in national malaria control and other public health programmes, including those covering tuberculosis and HIV and AIDS prevention and treatment. Guidelines will be provided on the systematic implementation of a minimum set of mental-health and psychosocial support services at the onset of a refugee emergency.

The redesign of the webHIS site ([www.his.unhcr.org](http://www.his.unhcr.org)) will consolidate all public health and HIV and AIDS data on a single platform, and partners will be trained to use the site for maximum impact. The data sources on the platform in 2013 will include the nutrition survey database, WASH report cards, maternal death audits, disease outbreak records, BSC assessments, laboratory evaluations, weekly updates and advanced and basic indicator profiles. UNHCR will also ensure that the system is compatible with other internal data systems, such as *Focus*, to reduce duplication and increase efficiency.

## HIV AND REPRODUCTIVE HEALTH

CLOSELY LINKED TO THE UNAIDS "Zero" strategy, the global call for an HIV-free generation, UNHCR will continue to push for sexual and reproductive health and HIV and AIDS programmes to be made an integral part of the overall humanitarian response. The programmes will be guided by the mid-term evaluation of the 2008-2012 Reproductive Health and the HIV Strategic Plans as well as monitoring data. However, despite considerable advocacy for the inclusion of refugees and others of concern in national HIV and AIDS policies and plans, currently only 38 per cent of countries with fewer than 10,000 refugees have done so. The inclusion of refugees in national prevention and treatment systems will thus remain a key priority.

UNHCR will promote the Minimum Initial Services Package (MISP) for reproductive health at the onset of an emergency, increasing this to comprehensive services as soon as the situation allows. The early identification of HIV-positive displaced individuals under anti-retroviral therapy (ART) will ensure the continuity of their treatment.

The mainstreaming of HIV-sensitive programming and strategies within humanitarian clusters will strengthen the provision of these services in emergencies.

The linkages between sexual and reproductive health, HIV and protection programmes will be strengthened. Although noting a six per cent increase in the number of countries with legislation protecting refugees who live with HIV and AIDS, UNHCR will continue to lobby for the alleviation of discriminatory legal measures, such as mandatory HIV testing, as well as access to sexual and reproductive health, HIV prevention and treatment programmes for all.

To reduce preventable death and illness among new mothers and babies, UNHCR will address weaknesses in access to, and the utilization of, appropriate services. It will also seek to improve mothers' knowledge of and adherence to prevention and treatment regimes. Reproductive-health services for adolescents will improve their knowledge of safe and respectful sexual behaviour, reproductive health rights and needs, life skills and access to services.

Although a positive trend is evident in access to national HIV prevention and treatment programmes, including programmes to prevent mother-to-child transmission and to provide ART, efforts are still needed in the areas of service utilization and adherence to treatment. Building on good practice in reducing unsafe sexual activity in Kenya, the United Republic of Tanzania and Uganda, UNHCR will work towards reducing stigmatization and sexual behaviour that puts people at risk.

The successful regional multi-sectoral strategies in East Africa addressing the special protection and health needs of sex workers, adolescents involved in survival sex and sexual exploitation, and men who have sex with men, will be replicated in other countries.

Most operations show sustained improvement in the provision of post-exposure prophylaxis (PEP) to rape survivors. However, UNHCR will try to reach the standard of 100 per cent of rape survivors receiving PEP within 72 hours of an incident.

#### NUTRITION AND FOOD SECURITY

LEVELS OF ACUTE MALNUTRITION, stunting and anaemia remain above acceptable standards in many refugee situations worldwide, although several countries, including Bangladesh and Nepal, have reduced anaemia among refugees. Guidance on the reduction of micronutrient deficiencies and standardized nutrition surveys will be provided in 10 priority countries. UNHCR will also replicate good practices and lessons learned in the successful nutrition programmes in Bangladesh, Ethiopia and Nepal.

The Nutrition and Micronutrient Strategy will be adapted to reflect the findings of the 2012 evaluation of those nutrition programmes that use special products to reduce malnutrition and micronutrient deficiencies. Improving infant and young child feeding practices, one of the weaker areas of programming, will reduce malnutrition in key countries such as Chad and Ethiopia.

Initiatives to provide cash-based nutrition assistance promise to improve the efficacy of services. Building on the cash and protection studies undertaken in 2012, UNHCR will more systematically use cash-based options in food and non-food assistance. Today, UNHCR and its partners conduct cash-based interventions in approximately 43 operations.

Improved monitoring of data on malnutrition and anaemia has helped UNHCR identify successes and gaps in programming. Innovative and successful pilot projects in Kenya, Rwanda and Sudan that have used mobile technology for data collection

in nutrition surveys will be replicated in other operations. The integration of data, analysis and reports on nutrition in the webHIS will help in the dissemination of information on nutrition and food security.

Little is known about the nutrition status of urban refugee populations, partly due to the complexities of sampling in urban contexts. UNHCR will address this through the introduction of innovative methods, such as geospatial sampling techniques in urban settings.

## **WATER, SANITATION AND HYGIENE**

PROVIDING REFUGEES AND OTHERS of concern with access to safe drinking water and proper sanitation services, whether in emergencies or ongoing and protracted situations, remains one of UNHCR's global strategic priorities. The organization will focus on improving access to adequate WASH services in the ongoing emergencies in Burkina Faso, Ethiopia, Jordan, Lebanon, Mauritania, Niger, Rwanda, South Sudan and Uganda. Regular field visits by UNHCR experts from the region and WASH training for partners will ensure that minimum standards are met to the extent possible.

UNHCR, UNICEF and standby partners will rapidly set up water and sanitation facilities in acute refugee emergencies. In 2012, the deployment of more than 22 technical experts significantly improved access to water in operations. Training for standby partners on WASH programming in emergencies will increase the effectiveness of such deployments in 2013. Thirteen newly recruited international staff will support emergency deployments, develop and implement WASH strategies and coordinate UNHCR's overall WASH activities. Particular attention will be paid to the expansion of the WASH monitoring system beyond the current eight priority countries. The system will also include household indicators and be fully integrated in the WebHIS.

The installation of probes in boreholes has been a successful innovation in the monitoring of water quantity and quality. The method has proved effective in Djibouti and Kenya, where such probes transmit regular information about water quality, pumping rates and fluctuations in aquifer levels through satellite and mobile phone networks. UNHCR also plans to test the use of hybrid power (solar and fuel combined) sources for water pumps. UNICEF, the ICRC and UN Habitat will play an important role in the assessment of how best UNHCR can meet the WASH needs of refugees.

## **EDUCATION**

UNHCR's EDUCATION STRATEGY will be rolled out in seven new countries, bringing the total number of countries involved to 20 and covering approximately 70 per cent of school-age refugees. Tailored implementation will increase access to quality education in school as well as provide opportunities for vocational training, adult literacy and higher education. A community-based early-childhood development approach, elaborated in 2012, will target at least four countries in 2013.

Training education partners in programme planning, implementation and monitoring will support an effective and sustained implementation of UNHCR's Education Strategy. In-country technical assistance to broaden partnerships and adapt the global strategy to the country context will be consolidated in those countries where the strategy was rolled out in 2012 and will be introduced in new operations in 2013.

Renewed emphasis on education in emergencies will provide protection and education opportunities for children in the immediate aftermath of conflict and displacement. Efforts that led to the enrolment of an additional 172,000 refugee children in primary school in 12 countries in Asia, Africa and the Middle East and North Africa region in 2012 will continue in 2013 to ensure these children remain in school.

Innovations initiated in 2012 on the use of technology will be expanded in 2013. These include the utilization of mobile phones in education data collection in 12 countries and in teacher training. A pilot project on the use of SKYPE communications software in the classroom in Kenya will be evaluated and introduced in additional operations to connect children in camps with classrooms in other countries.

The strategy includes tertiary education as a part of the continuum of education activities. UNHCR will raise funds to expand the number of scholarships available for refugees and encourage study in the country of asylum through distance-learning programmes or upon repatriation.

activities at night. Innovative practices supported by the private sector in Chad, Djibouti, Ethiopia, Kenya, Rwanda and Uganda in 2012 on the use of practical solutions, such as fuel-efficient stoves and solar lighting, will be expanded.

A revised monitoring and evaluation framework for domestic energy use will allow for improved strategic planning, decision making and coordination based on enhanced collection, monitoring and quality of data. The protection of refugees and others of concern is closely linked to the preservation of their surrounding environment. This is particularly evident in emergency situations. UNHCR will promote

## EMPHASIS ON EDUCATION IN EMERGENCIES WILL PROVIDE PROTECTION AND EDUCATION OPPORTUNITIES FOR CHILDREN IN THE IMMEDIATE AFTERMATH OF CONFLICT AND DISPLACEMENT

The German Albert Einstein Academic Scholarship Programme for Refugees (DAFI) remains the main resource for refugees seeking access to higher education, with more than 1,700 students per year benefitting from it. The goal for 2013 is to cross the threshold of 2,000 scholarships. UNHCR will also encourage more women to continue their education, using female role models and student networks to reach out to families and students.

### ENVIRONMENT

UNHCR IS DEVELOPING GUIDELINES on the use of domestic energy in refugee situations, with the objective of increasing access to energy for cooking and lighting. The strategy will seek to reduce protection risks, such as sexual violence and other forms of abuse that women and children are exposed to when collecting firewood or when in darkness at night. In addition, UNHCR will seek to provide lighting in some of the camps to allow for education and income-generating

the conservation and rehabilitation of natural resources in and around camps, with particular emphasis on sustainable land use and livestock management and the creation of livelihood opportunities through environmental activities. Such projects will lessen tensions among refugees, host communities and governments, reduce environmental degradation in hosting areas and improve sanitary conditions in camps.

Community Environmental Action Plans, introduced in 2012, will strengthen community participation in environmental management. Practical guidance will facilitate environmental impact assessments, monitoring and evaluation in each of the sectors in environmental management. Throughout, UNHCR will work with other UN agencies to help operations become environmentally sustainable and pursue green procurement. Finally, the organization will build capacity in risk assessment with regard to climate change and natural disasters. ■