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Summary

This paper provides an overview of the latest developments in UNHCR's programmes in the areas of public health, education, shelter and settlement, livelihoods, environmental management and energy, as well as the use of cash-based interventions to strengthen protection and assistance. It provides an update on progress made in terms of identity and information management, and on efforts to improve data and evidence-based decision-making.

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I. Introduction

1. UNHCR's global programmes aim to improve the technical integrity of its interventions and the quality of services provided to persons of concern to the Office. Implemented from Headquarters in support of field operations, global programmes promote innovation and harmonized approaches across a wide spectrum of operational activities,¹ including public health; HIV/AIDS and reproductive health; nutrition and food security; water, sanitation and hygiene (WASH); shelter and settlements; education; livelihoods; and environmental management and energy. Registration and identity and information management, as well as the suitable use of cash-based interventions, underpin relevant, well-targeted programmes.

2. Technical interventions range from ensuring a life-saving response to enabling solutions for refugees and others of concern in urban and camp settings. In line with the sustainable development goals and the comprehensive refugee response framework (CRRF), the programmes are carried out in close collaboration with partners and aim to bridge UNHCR's humanitarian programmes with longer term development efforts for both refugee and host communities.

II. Strengthening technical quality and capacity

3. In 2017, UNHCR continued to support access to dignified and secure settlement and shelter solutions for persons of concern. Operational and coordination capacity for shelter was strengthened in Angola, the Democratic Republic of the Congo and Zambia. Following research and development efforts on innovative shelter options to better respond to needs, 10,000 refugee housing units (RHUs)² were also deployed to facilitate more sustainable shelter responses in eight operations in Africa and the Middle East.

4. Particular efforts were made to strengthen the capacity of local responders, staff and partners. UNHCR trained over 3,000 UNHCR and partner staff in cash-based interventions. In addition, capacity-building activities, namely in Algeria, the Republic of the Congo, South Sudan and Uganda, helped ensure that mental health is integrated into refugee primary health care. UNHCR aims to further complement the health response in operations by building local capacity on scalable psychotherapies.

5. Strategic and operational partnerships are vital in all areas to provide effective services and ease pressure on host countries. The support of the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria was instrumental in ongoing HIV/AIDS and reproductive health-related interventions. In Rwanda, UNHCR assisted the authorities with HIV prevention initiatives and the delivery of antiretroviral therapy to Burundian refugees. In Sudan, malaria services were reinforced to fill existing gaps. The United Nations Population Fund and UNHCR collaborated to improve access to reproductive health and HIV services through refugee peer education in Diffa, Niger. In Uganda, the agencies strengthened maternal health and HIV services for South Sudanese refugees, especially in the West Nile subregion, by providing training and clinical services to survivors of sexual and gender-based violence.

¹ Interventions are guided by five-year strategies in the areas of public health, including HIV/AIDS, food security and nutrition, and WASH; education; settlement and shelter; energy and environment; and livelihoods.

² The RHU is a pre-fabricated and complete shelter package, which can be installed rapidly to improve reception conditions, provide family shelter or respond to emergency community infrastructure needs.

UNHCR also reviewed the pharmacy system in order to ensure the rational and cost-effective use of medications, and improve clinical and public health outcomes. Globally, UNHCR and partners continued to advocate the use of the oral cholera vaccine to help prevent cholera transmission in humanitarian settings.

6. Frequent reductions and interruptions in refugee food rations due to funding constraints were of great concern to UNHCR, in particular in Cameroon, Chad and Ethiopia. Overall, 62 per cent of the surveyed refugee sites met the global acute malnutrition standards in 2017, showing a minor improvement over 2016. The levels of stunting among children under five reached acceptable standards in only 25 per cent of sites, remaining at similar levels compared to 2016. Over 50 per cent of the sites exhibited critical levels of child anaemia. The infant and young child feeding framework continues to be rolled out alongside nutrition treatment and prevention programmes, including in the Bangladesh emergency, where the levels of childhood and adult malnutrition are significant. Furthermore, funding constraints resulting in shortfalls in humanitarian assistance may lead Malian refugees to turn to negative coping mechanisms to meet basic needs. UNHCR and World Food Programme (WFP)³ are working closely to prioritize assistance to those most in need and pursue initiatives that enable self-reliance among refugees.

7. In response to critical gaps in refugee education, UNHCR embarked on a programme to increase access to quality education for more than 230,000 refugee and host community youth, starting in Kenya, Pakistan, Rwanda and Uganda. The programme seeks to create opportunities for training and education, including higher education, and its implementation will be monitored to assess its impact. Currently, some 6,700 scholarships provided by the DAFI higher education scholarship programme have been awarded. Connected learning blended programmes offered by 16 academic institutions and other partners are also supporting 6,500 students in 11 countries.

Strengthened emergency response

8. Technical approaches in emergency response lead to more rapid and effective service delivery. In the large-scale emergency in Bangladesh, UNHCR, together with its government partner, took an innovative approach to household registration by conducting shelter-to-shelter mobile data collection on refugee families living in the Kutupalong camp and settlements using a smartphone application. In under two months, over 760,000 refugees from Myanmar were registered and provided with documentation. Technical expertise was also deployed to ensure sound planning and management of the refugee sites, which had an extremely high population density. Drones facilitated the mapping of inaccessible areas, and data gathered informed choices on the development of critical infrastructure and settlements. WASH services were rapidly delivered in the emergency phase, though there remained serious gaps, including in terms of water quality and household storage capacity. A standardized minimum health service package contributed to the harmonization of services in over 120 health facilities in the first weeks of the emergency.

III. Sustainable approaches to deliver assistance

9. Increasingly, UNHCR's global programmes seek to make interventions more sustainable, technically viable and cost effective. The "waste-to-value" pilot projects in refugee camps in Ethiopia and Kenya have not only reduced the cost of

³ For more information on the partnership with WFP, please refer to the conference room paper on "Strategic partnership, including coordination" (EC/69/SC/CRP.4/Rev.1).

sanitation services but also doubled the lifespan of infrastructure and generated useful by-products such as cooking fuel. In addition, UNHCR is now tracking the cost of water supply through a specific water costing tool.

10. An expanded use of solar energy for water pumping reduced the cost of long-term WASH services in Chad, Mauritania, Uganda, the United Republic of Tanzania and Sudan. In Za'atri refugee camp in Jordan, a solar power plant provides electricity to 80,000 people, resulting in an annual reduction of 14,000 tons of carbon dioxide emissions and annual savings of \$5.5 million. In Dollo Ado, Ethiopia, energy cooperatives were established with refugee and host communities to enable small businesses to sell renewable energy to marketplace entrepreneurs. In Cameroon, UNHCR partners with a social enterprise that uses an innovative watering cocoon that helps trees survive and thrive in harsh conditions, and which contributes to the success of reforestation and afforestation programmes. New partnerships were established to enable support for access to energy and fuel in field locations and facilitate knowledge transfer. Of particular note are the joint efforts made with Philips to better incorporate protection considerations in lighting initiatives.

11. In Niger and Uganda, UNHCR is linking humanitarian responses to recovery and development by transitioning from emergency to semi-permanent and durable shelters. This also aligns with the objectives set out in national development plans. UNHCR, the government authorities and other partners also sought to ensure sustainable quality health care services for refugee and host communities. In 2017, UNHCR assisted eight countries with the inclusion of refugees in national health care structures through community-based health insurance schemes.⁴ The Office is also collaborating with the Global Alliance for Vaccines and Immunization to facilitate and support host countries including refugees in national vaccination programmes.

12. In 2017, the collaboration between the Global Partnership for Education and UNHCR was strengthened in order to support the inclusion of refugees in national multi-year education plans. UNHCR is participating in activities organized by the Global Partnership for Education, notably in local education groups in countries with large numbers of refugees and internally displaced persons.⁵ In the previous year, the Government of Turkey released a roadmap which promotes the progressive inclusion of refugee students in the national education system. Some 400,000 Afghan and Iraqi refugee children, including 46,000 who are undocumented, have now also been enrolled in schools in Iran (Islamic Republic of).

13. Host governments, development actors, the private sector and UNHCR have made major advances in fostering refugee self-reliance, in line with the New York Declaration for Refugees and Migrants. In Djibouti, refugees have been allowed to work and access all services on the same terms as nationals.

14. UNHCR and partners worked to translate political milestones into the economic inclusion of refugees. Building on the results of UNHCR's "graduation approach"⁶ pilots since 2014, a multi-year project is being carried out in Uganda to

⁴ These efforts were undertaken in Benin, Burkina Faso, the Democratic Republic of the Congo, Guinea, Mali, Niger, Senegal and Togo.

⁵ The specific countries where collaboration was established and has continued since 2016 include Burkina Faso, Burundi, Chad, the Democratic Republic of the Congo, Ethiopia, Liberia, Mali, South Sudan and the United Republic of Tanzania. In 2017, the collaboration was expanded to include Afghanistan, Angola, Bangladesh, Cameroon, Djibouti, Egypt, Kenya, Mauritania, Myanmar, Niger, Pakistan, the Republic of the Congo, Senegal, Sudan, Uganda and Zambia.

⁶ Pioneered by BRAC, the graduation approach enables refugee and local families to progressively move out of extreme poverty and access sustainable livelihood opportunities.

support extremely poor refugees and host community members. With a view to facilitating the access of refugee artisans to global markets, UNHCR introduced product lines created by refugees in 12 countries to buyers at the international consumer goods trade show in Frankfurt, Germany in February 2018.⁷

15. UNHCR continued to collaborate with the Swedish International Development Cooperation Agency, the Grameen-Crédit Agricole Foundation, the United Nations Capital Development Fund and Financial Sector Deepening Africa (FSDA) to provide access to refugee and host communities to financial services through a lender's guarantee facility and loans. Research on remittances, financial inclusion market assessments and technical assistance to financial service providers have also been expanded. In Zambia, refugees were enabled to access bank accounts and mobile wallets. In Rwanda, financial service providers were invited to present innovative proposals in the area of microcredit, savings and payments to meet the financial needs of refugees, for which FSDA will provide grants to pilot test products.

16. UNHCR intends to use cash-based interventions to further foster financial inclusion and strengthen refugee resilience. In 2017, UNHCR delivered over \$500 million in cash, reaching some 8 million persons of concern in over 94 operations. When compared to 2016, the volume has decreased, mainly due to a reduction in return grants in Afghanistan, but a greater number of operations, including in Greece, Rwanda and Somalia, have introduced or expanded the use of cash. Currently, 31 operations are processing the procurement of financial services, while UNHCR has doubled the number of cash experts in country operations.

17. UNHCR also promoted common cash transfer mechanisms to maximize efficiency. The findings of a review conducted by the Cash Learning Partnership (CaLP) showed that the common cash facility⁸ in Jordan is a secure and efficient cash transfer approach, which is scalable and makes payments more predictable. The common cash facility is now standard practice at UNHCR and is an important part of the addendum on cash assistance to the 2011 memorandum of understanding between UNHCR and WFP. In 2017, the Office also continued to study the use of cash to improve protection, health, education, WASH and basic needs outcomes. In line with its strategy to institutionalize cash-based interventions, UNHCR integrated cash in existing guidance, tools and processes while developing additional cash tools.⁹

IV. Improving data for evidence-based decision-making

18. UNHCR continued to enhance its capacity to make available quality data and analysis on displaced populations, stateless persons and host communities, including their protection situation and living conditions, to inform humanitarian and development responses to forced displacement.

19. Access to accurate and up-to-date information on persons of concern to UNHCR is crucial for the implementation of efficient and targeted humanitarian

⁷ MADE51 is an initiative by UNHCR and a global network of social enterprises to help refugee artisans strengthen their skills and resilience and access economic opportunities by linking them to global markets. For more information, see <http://made51.org/>.

⁸ A common cash facility is a platform used by humanitarian actors to deliver cash assistance through a single mechanism.

⁹ A number of such tools have been designed. For example, UNHCR's cash delivery mechanism assessment tool (CDMAT) helps humanitarians assess the adequacy of cash delivery mechanisms. UNHCR's cash feasibility and response analysis toolkit compiles new tools and knowledge on conducting cash feasibility assessments and response analysis, and UNHCR's multisectoral market assessment companion guide and toolkit provides guidance for carrying out market assessment and monitoring.

assistance. By the end of 2017, UNHCR had rolled out its web-based case management database, proGres in partnership (“proGres v4”), in 37 countries, helping UNHCR partners and host governments to further standardize registration and case management practices. Of particular note is that proGres in partnership is now being used in all operations in Eastern Europe. In total, over 4.2 million refugees and asylum-seekers have been biometrically registered in 47 countries through UNHCR’s biometric identity management system (BIMS) or IrisGuard. Verification exercises have further confirmed refugee population figures and registration data in 17 operations.

20. In 2018, UNHCR will roll out a more pragmatic and centralized system for registration and identity management. This new population registration and identity management ecosystem (PRIMES) is a platform which brings together a number of UNHCR’s caseload management and biometric systems, such as proGres and BIMS. It increases their functionality through a rapid registration tool and Dataport.¹⁰ PRIMES aims to be interoperable with other systems, including those of UN partners and host governments.

21. In 2017, UNHCR harmonized data activities and enhanced interoperable systems for information management. UNHCR’s operational data portals now cover 17 situations in 83 countries. A significant addition has been the portal on operations in Bangladesh, supplementing data and analysis provided by the International Organization for Migration and the Office for the Coordination of Humanitarian Affairs. In addition, a collaborative framework for data-sharing and data collaboration is being developed with UNHCR’s protection partners. In the last quarter of 2017, a total of 71 UNHCR and partner staff were trained on information and data management principles and practices, including from a protection perspective.

22. Recognizing the need for more complementarity between humanitarian and development approaches in the area of data management, UNHCR and the World Bank plan to establish a Joint Data Centre¹¹ in 2018. The centre will build on existing efforts and capacities to collect, analyse and disseminate primary microdata for a range of stakeholders, and on the work of the Expert Group on Refugee and Internally Displaced Persons Statistics (EGRIS) to strengthen global and country-level data collection systems.¹² Greater efficiency of statistical systems on displaced populations will provide the foundation for more effective and accountable monitoring and evaluation processes, and support reporting activities on sustainable development goals and the global compact on refugees. Draft recommendations for refugee statistics are anticipated to be adopted by the United Nations Statistical Commission in March 2018.

23. UNHCR also continued to improve its public health and WASH information systems to ensure they are scalable, integrated electronic systems, capable of providing real-time information. The upgraded public health information system,¹³ which also enables users to collect data offline, was piloted in Rwanda, South Sudan, the United Republic of Tanzania and Zambia with good results.

¹⁰ Dataport is the repository of statistics and data generated by the various applications and elements of PRIMES.

¹¹ The collaboration with the World Bank Group was reinforced through an increasing number of joint activities, including research projects, thematic workshops and technical staff exchange. For more information on the partnership with the World Bank Group, please refer to the conference room paper on “Strategic partnership, including coordination” (EC/69/SC/CRP.4/Rev.1).

¹² UNHCR is member of the EGRIS steering committee within the United Nations Statistical Commission, together with Eurostat, the United Nations Statistics Division and Statistics Norway, which have been tasked to develop standards for refugee and IDP statistics.

¹³ For reference, see <http://twine.unhcr.org/>.

V. Looking ahead

24. In 2017, UNHCR sought to further leverage new technology and strategic partnerships to enhance the technical integrity of its interventions and bring them to scale in a cost efficient way over the short, medium and longer term. It will continue to build on new partnerships with technical and development partners to better support refugees and host communities. With a view to providing greater data ownership to persons of concern to UNHCR, the Office is committed to delivering a new strategy on digital identity, and aims to strengthen its evidence-base programming and accountability, as well as improve its ability to monitor and report on the outcomes of its interventions.