



A vital service: a 10,000 litre water tank installed by UNHCR's partner OXFAM is filled up twice a day.

Providing for **Essential Needs**



UNHCR / J. BROUWER

THE MANY LARGE-SCALE emergencies involving massive displacement which occurred in 2011 presented challenges to UNHCR in meeting the basic needs of refugees and others of concern. The difficult operational environments required more collaboration and coordination with partners and the rapid mobilization of material and human resources, including the deployment of technical experts. The challenging field conditions also called for new

ways of delivering daily services and monitoring the well-being of refugees.

PUBLIC HEALTH

THE MONITORING OF HEALTH programmes improved, including in emergencies. All camp-based refugee operations used the webHIS software from the onset of new emergencies, and all protracted refugee operations were able to maintain crude mortality rates and under-five mortality rates within acceptable standards. But sometimes conditions changed rapidly for the worse. For instance, during the

crisis in the Horn of Africa, mortality rates in camps in southern Ethiopia rose to more than seven times above the acceptable emergency threshold.

UNHCR and its partners improved immunization programmes for children by strengthening community outreach campaigns and increasing the availability of vaccines. Some 60 per cent of the operations achieved the target of making measles vaccinations available to more than 90 per cent of the population of concern. Practical operational guidance for laboratory services,

Somalia emergency

In April 2011, one out of three Somalis in the Melkadida and Bokolmayo refugee camps in Ethiopia suffered from acute malnutrition, a rate far above the standard threshold for such emergencies. Between July and September 2011, famine was declared in six regions of Somalia. The humanitarian community was initially overwhelmed by the massive influx of refugees arriving in Ethiopia and Kenya from Somalia seeking protection, food, health care and other services. In addition, a major measles outbreak contributed

significantly to a spike in mortality in the refugee camps. Despite this challenging environment, which was made worse by deteriorating security conditions, UNHCR and its health, nutrition and WASH partners scaled up operations to respond to the needs of malnourished children, and eventually stabilized the situation. By the end of 2011, the health situation among the new arrivals in the camps in Ethiopia and Kenya had improved, though it was still precarious, and the accessibility of health services helped reduce mortality rates.

medicine management and epidemic preparedness and response also improved the quality of public health services.

Following new guidelines on how to address the needs of refugees in urban areas, UNHCR worked closely with national programmes to expand access to health insurance schemes. As a result, 300,000 Afghan refugees in the Islamic Republic of Iran gained access to health insurance. UNHCR also developed tools to monitor health programmes in urban areas more effectively.

NUTRITION AND FOOD SECURITY

UNHCR CONDUCTED NUTRITION surveys in 59 refugee sites. Despite greater efforts to reduce the levels of global acute malnutrition (GAM) and anaemia, only 47 per cent of

camps managed by UNHCR that were surveyed in 2011 met minimum standards. Rates of anaemia in children under five declined slightly, and in many camps the nutrition and food situation was stable or improving. For the newly arrived Somali refugees in Ethiopia, however, the situation deteriorated in 2011.

The monitoring of nutritional status has made progress through the implementation of guidelines and training on the measurement of malnutrition and anaemia. The guidelines also aided programmes in the areas of Water, Sanitation and Hygiene (WASH), mosquito-net coverage, food security and infant and young child feeding. UNHCR placed particular emphasis on the prevention of malnutrition.

UNHCR and its partners increased the use of special nutrition products for the youngest refugee children and pregnant and lactating women. Guidance and training on the use of special nutrition products to reduce micronutrient deficiencies and malnutrition in refugee populations improved the planning, implementation and monitoring of such programmes.

Food distribution was conducted in collaboration with WFP in 30 countries. UNHCR also explored the use of cash and voucher-based assistance in displaced settings to respond more efficiently to the food needs of refugees and others of concern. An internal working group will develop a policy to expand the use of cash and vouchers.

Cash assistance through ATMs in Jordan

Since 2007, UNHCR has provided cash grants on a monthly basis to almost 11,000 refugees in Jordan through a successful public-private partnership with Cairo-Amman Bank. Each month, UNHCR deposits the cash allotments for refugees in the bank and informs refugees by SMS messages when they can withdraw money, using their personal automated teller machine (ATM) card. The cash has

improved the financial situation of many refugees, enabling them to enjoy a minimum acceptable standard of living. A recent study showed that the assistance covers basic needs, mainly rent and food. Some 98 per cent of refugee families reported full satisfaction with this kind of assistance. UNHCR favours the programme because of the low overhead costs and sense of dignity it brings to refugees.

HIV AND AIDS AND REPRODUCTIVE HEALTH

UNHCR CONTINUED TO ADVOCATE for access to national HIV and AIDS programmes and services. In 2011, 88 per cent of refugees had access to anti-retroviral treatment at the same level as the national population, representing a 9 per cent increase in coverage from 2008. Faced with dwindling funding for HIV and AIDS programmes, UNHCR will advocate strongly for the continuation of similar or greater access to treatment.

Maternal health indicators improved in protracted refugee operations with expanded community-based programmes, such as “mama taxis”, i.e. taxis bringing pregnant women to the health facilities, and programmes to encourage women to give birth in health centres. The proportion of deliveries taking place in such centres remained constant, at 80 per cent, between 2010 and 2011. Multi-country baseline studies in Jordan, Djibouti, Kenya, Malaysia and Uganda on family-planning-related beliefs and practices among refugees will be used to improve the delivery of services in this area in both camp and urban settings.

WATER, SANITATION AND HYGIENE

INCREASED INVESTMENT IN THE WASH sector improved access to safe water and adequate sanitation facilities in the 10 priority countries, namely Bangladesh, the Central African Republic, Chad, the Congo, Ethiopia, Djibouti, Kenya, Uganda, Rwanda and Sudan. This was achieved by drilling new boreholes, upgrading and rehabilitating water systems and constructing new latrines. However, more efforts are required to ensure that the majority of the refugees and others of concern have access to adequate WASH services. Globally, only 42 per cent of the camps met the standard of providing at least 20 litres of water per person per day, and only 12 per cent of the camps met the minimum standard of having at least 90 per cent of households with access to latrines.

UNHCR strengthened partnerships with NGOs and pursued collaboration arrangements and innovative approaches with universities, private companies and research centres. For instance, probes were installed in

HIV and AIDS prevention and care

UNHCR is stepping up efforts to address the special needs of women, men, boys and girls involved in sex work and survival sex. In Kakuma camp in Kenya, UNHCR and partners established and trained a multi-functional team to identify and respond to protection risks relating to sex work. It became apparent that girls as young as 12 are involved in sexual activities to finance school supplies. Some 300 women identified themselves as sex workers and reported that many more are involved in sex work. Although HIV and AIDS are known, understanding

is limited, and unsafe abortions were considered a recourse in the case of unwanted pregnancies. Women and girls reported that they agreed to intercourse without condoms for an extra 50 Kenyan Shillings—the price of a cup of tea. To respond to these protection risks, the multi-functional teams focused on a three-pronged approach: providing adapted, non-judgmental and confidential services for sexual and reproductive health and HIV and AIDS prevention and care; building supportive environments through a peer-led and risk-reducing approach; and reducing sexual violence, abuse and exploitation.

boreholes in the Dadaab camps in Kenya to provide data that will be sent via satellite for analysis so changes in the quality and quantity of water in the aquifer can be monitored.

In-country WASH training sessions strengthened the technical capacity of UNHCR and its partner staff in Chad, the Central African Republic, the Congo, Ethiopia, Kenya and Uganda. In addition, UNHCR began rolling out the new WASH monitoring system in eight of the priority countries in the last quarter of 2011, and will complete this in 2012.

SHELTER AND OTHER INFRASTRUCTURE

IN THE FACE OF INCREASING SHELTER needs and several large-scale emergencies erupting simultaneously in various countries, providing adequate living conditions for refugees and others of concern in some parts of the world was challenging.

At the global level, UNHCR created a new Shelter and Settlement Section to strengthen its capacity to respond to the shelter needs of refugees and others of concern. Four strategic shelter objectives in 2011: to maintain and establish strategic partnerships; provide policy guidance and leadership; deliver effective and timely field support in emergencies; and build shelter staff capacity.

With the huge refugee influxes to the camps in Dadaab in Kenya and Dollo

One-room shelter construction in Pakistan

In July 2010, heavy monsoon rains and the swelling of major rivers gave rise to floods that destroyed some 1.8 million homes across Pakistan, including 875,000 in Sindh province. As the waters receded, families wanted to return home. In March 2011, UNHCR completed a one-room shelter pilot project, providing 175 households in Sindh province with improved shelter. Each 25-square-metre shelter was built of burnt brick and had an accompanying kitchen and latrine in line

with the design agreed with the displaced. UNHCR provided building materials, skilled labour and technical support. By the end of 2011, more than 2,500 one-room shelters had been constructed in a larger-scale programme in Sindh, aiming to provide the most vulnerable flood-affected internally displaced families with safe, durable, cost-effective and environmentally sustainable shelters. UNHCR, along with its partners, supported the construction of another 13,000 one-room shelters in other provinces.

Ado in Ethiopia, shelter needs increased exponentially in 2011. Improvements in the percentage of households living in adequate dwellings had been recorded in 41 camps across the world; however these positive trends were offset by the impact of the significant emergency challenges in Africa in 2011.

Thirty-five emergency missions improved camp development and the provision of shelter and infrastructure in 14 countries in Africa. UNHCR also co-led the global emergency shelter cluster with the IFRC and coordinated country-based clusters in nine countries. It improved the sustainability of shelter solutions in protracted situations by promoting the use of local building techniques and materials, taking into account the local culture

and climate as well as the wishes of the community.

Fourteen shelter experts were deployed through standby arrangements with seven partners, providing essential technical support in Côte d'Ivoire, Ethiopia, Ghana, Liberia, South Sudan, Togo and Tunisia.

UNHCR developed lighter shelter materials in partnership with the IFRC and the ICRC. Research on winterization options for family tents and other structures will improve the shelters provided in cold climates.

UNHCR, IFRC and UN Habitat consolidated a collection of good practices for shelter response.

A joint physical planning, shelter and WASH workshop enhanced the capacity of 22 technical staff working in Africa, Asia and the Middle East to plan, deliver, monitor and coordinate services in these sectors.

Literacy assessment

UNHCR conducted an assessment of literacy among youths and adults in southern Chad, using a tool developed by UNESCO's Institute for Statistics (UIS). The assessment identifies literacy and numeracy skills and helps glean reliable data that can assist policy development, the planning of interventions and monitoring. The process was supported by UIS, Education Above All, the Refugee Education Trust, Norwegian

Refugee Council and Women's Refugee Commission. This first assessment was a way of testing the UNESCO tool. Among the 420 randomly selected respondents, the assessment revealed very low literacy and numeracy skills but also a strong motivation to learn to read. The assessment revealed low competency in French, the language of instruction, and an almost complete lack of availability of books, newspapers and journals.

EDUCATION

REFUGEE ENROLMENT RATES AT THE primary level have followed an upward trend, yet around a quarter of refugee children overall still do not have access to primary education and only one out of five young refugees is enrolled in secondary school. A new UNHCR education strategy for 2012-2016, developed in broad consultation with partners, builds on the recommendations of a 2011

review of refugee education to provide clear guidance in this area. The strategy places a strong emphasis on learning achievement, strengthened partnerships and mainstreaming within national education systems.

Two training sessions strengthened the capacity of 51 UNHCR staff in education programme planning. The dissemination of an e-learning programme on Safe Learning Environments (SLE), coupled with two workshops, supported the development of action plans for SLE in Iraq, South Sudan and Uganda. A workshop on data management conducted in cooperation with UNESCO advanced the development of an education management information system. Furthermore, local education partners were assisted to develop their capacities in more than 14 countries.

UNHCR improved the sharing of knowledge through the creation of a global network of education focal points. Substantial technical assistance and seven education expert deployments improved education programmes in 15 field operations, including Egypt, Kenya, South Sudan and Yemen. UNHCR and UNICEF developed a joint education strategy for more than 200,000 children in the Dadaab camps in Kenya.

The ninemillion.org campaign raised USD 800,000 to support sports and education programmes for more than 62,000 refugee children in eastern Sudan, Costa Rica, Kenya, India, Malaysia, South Africa and South Sudan. The Albert Einstein Academic Scholarship Programme for Refugees (DAFI) enabled 1,680 students to pursue higher education in 40 countries. Sixty DAFI Scholars participated in a workshop in Nairobi on Strategic Human Resource Development. Eight DAFI country clubs organized workshops and events, promoting self-reliance and team building.

ENVIRONMENT

UNHCR WORKED TO BRING environmental management into the

Light Years Ahead in Eastern Sudan

S hagarab and Kilo 26 refugee camps are two of many locations supported by the *Light Years Ahead* campaign. A donation from the Prosolidar Foundation enabled UNHCR to provide 61 solar streetlights, 5,200 solar lanterns and 5,000 sets of fuel-efficient stoves to the camps. Refugees report that the stoves help them save firewood worth USD 4 and forestall the need for three visits

to the market per week. The solar lanterns are used daily to enable children to study at night and help adults to attend social events. The lanterns allow refugees to save the money they would have used for kerosene, torches and candles. One refugee said he was saving the dollar and a half per week that he was spending on batteries for his torch. The refugees also said they use the solar lantern during morning prayers.

mainstream of all refugee and internal displacement operations.

In January 2011, UNHCR launched the five-year thematic fund-raising package, *Light Years Ahead*, to provide solar lighting and fuel-efficient stoves for more than 450,000 refugees in seven African countries. The campaign raised USD 1.4 million, and while this met only 13 per cent of the requirements, UNHCR was nonetheless able to install and distribute some 200 solar-powered street lights, 15,000 lanterns and more than 8,000 fuel-efficient stoves in refugee camps in Chad, Djibouti, Ethiopia, Kenya, Rwanda, Sudan and Uganda.

UNHCR introduced 1,250 fuel-efficient stoves with heat retention boxes in Togo and 60 institutional-sized fuel-efficient stoves in health clinics, schools and feeding centres in Ethiopia. Both initiatives could reduce rates of firewood consumption by up to 75 per cent. In addition to those locally manufactured and currently in use, new-generation solar cookers were introduced in Chad. UNHCR also worked on community environmental action planning in Kenya, Rwanda and Uganda and conducted environmental impact assessments in Ethiopia, Ghana and Liberia. ■