

Open water sources at Yusuf Batil in South Sudan provide precious relief for livestock, but drinking untreated water poses serious health hazards for the Sudanese refugees who live there.



Providing for Essential Needs

The year 2012 was one of the most challenging in UNHCR's history in terms of the number and magnitude of crises that the Office had to respond to simultaneously, with unprecedented demands made on the financial and human resources of the organization. New and ongoing emergencies in Africa and the Middle East tested the Office's capacity to meet the essential needs of people of concern. Nevertheless, UNHCR was able to increase its capacity to provide essential services, thanks to the strength of its partnerships, including with non-governmental organizations (NGOs) and the wider humanitarian community, States and the private sector.

Considerable attention was paid to deploying experienced specialists with leadership and coordination skills. Throughout the year, UNHCR deployed more than 80 experts in the areas of health, nutrition, education and shelter, as well as in the water, sanitation and hygiene (WASH) sector. The aim was to position specialists on the ground rapidly at the onset of emergencies. Furthermore, with experts from Headquarters spending collectively more than 1,100 days on mission to support emergency operations, some ongoing operations were not able to receive the support they needed. ●●●

UNDER-5 MORTALITY RATE

In **Kakuma camp in Kenya**, the under-5 mortality rate of 0.6/1,000/month at the beginning of 2012 fell to 0.5/1,000/month. Although this is only a 0.1 drop, substantial health efforts were required to achieve this progress despite a large malaria outbreak. Reasons for this achievement include the opening of a second satellite clinic and improved access to secondary and tertiary healthcare services for severe cases. This change can also be attributed to an increase in the number of nurses deployed, who assured appropriate maternal and child care. Efforts were also made to improve the supply chain for essential drugs, and measles vaccination coverage had increased to 96 per cent by the end of the year.

In **Chad**, the under-5 mortality rate among Central African refugees increased from 0.7 deaths /1,000/month to 1/1000/month. While this figure is still within the range of acceptable international humanitarian standards, the rise in the rate reflects certain systemic weaknesses that require further improvement.

Substantial progress was made in improving access to primary health care; however, improvements were hampered by a shortage of medicines, owing to delays in international procurement and lack of timely funding. In addition, the measles vaccination coverage level went down during the reporting period, which may have contributed to the increase in the under-5 mortality rate.

WATER

In **Kenya**, UNHCR made significant improvements to the water supply system for **Somali refugees** and asylum-seekers in Dadaab and Alinjugur camps. Daily water availability for the refugee population has increased significantly to reach a daily production rate of over 10,600 m³. Access to safe water reduced the number of diarrhoea cases in the camps, and schools and health centres received sufficient water supplies. These achievements were made possible by the installation of a high yielding borehole, an elevated steel tank to improve water storage, 200 taps, and around 55 kilometres of pipeline. There are now close to 25 high yielding operational boreholes throughout the Dadaab and Alinjugur camps. Water containers were distributed to all families in order to increase storage capacity at the household level, and safe water quality is being monitored. Finally, local host community members and refugees were trained and recruited as water committee members to manage water facilities, and ensure equitable and sustainable water supply distribution.

The water shortage situation in **Dukwi, Botswana** has not changed since 2011. Over 3,200 refugees continue to receive less than the minimum standard of 20 litres per day. In 2010, two boreholes were rehabilitated to address this problem; however, owing to bureaucratic delays in the commissioning of the boreholes, the equipment provided by UNHCR has been lying idle for over two years. Currently the limited water supplies to the camp are provided through a costly arrangement with a company. ●

These complex challenges called for new strategies and innovative approaches to keep pace with developments on the ground and help UNHCR maintain high standards and quality programmes. This was particularly important in urban and other non-camp settings, where comprehensive approaches involving many different stakeholders were necessary to address the needs of these populations.

UNHCR also invested in developing a new information and data management strategy in 2012, together with tools and training. Despite these efforts, obtaining accurate and timely data to reflect the actual situation on the ground remains a key challenge.

SHELTER AND SETTLEMENTS

The Shelter and Settlements Section improved UNHCR's ability to provide adequate, timely and efficient shelter and settlement options for refugees and others of concern by building partnerships, coordination and technical capacity. The deployment of some 35 shelter experts boosted the provision of lifesaving shelter and settlement assistance to millions of refugees and internally displaced persons (IDPs) affected by the crises in the Democratic Republic of the Congo (DRC), Mali, Myanmar, South Sudan and the Syrian Arab Republic (Syria).

In 2012, UNHCR pursued new, cost-efficient and more practical shelter solutions, including locally-procured materials and alternative shelter options. Some highlights of UNHCR's shelter activities during the year were:

- The development of a shelter prototype in partnership with the Refugee Housing Unit of Sweden and the IKEA Foundation. Fifty shelter units with innovative design features, will be field-tested in 2013 to validate technical performance and assess beneficiaries' acceptance.

- The deployment of shelter winterization kits in Jordan, in cooperation with the ICRC and the IFRC.
- The implementation of cash-for-rent programmes in several countries, including Lebanon and Mali, which provide refugees with access to housing that best meets their needs.
- Collaboration with Stanford University on developing a more holistic settlement design approach that links refugee camps to surrounding communities, taking into account socio-economic, environmental and local resource factors.

ENVIRONMENT

The serious protection risks associated with environmental degradation and limited access to safe energy sources continued to be apparent in 2012. They included exposure to sexual and gender-based violence (SGBV) as women ventured far from the relative safety of camps in search of firewood, and social tensions arising from competition among refugees and host communities for scarce natural resources. To counter these trends, UNHCR worked to enhance its environmental programming for refugees, with a focus on Ethiopia, Rwanda, Southern Africa and West Africa. This included improving the protection of refugees and others of concern by addressing the domestic energy crises in several operations. Among UNHCR's environment-oriented projects were the following:

- A comprehensive domestic energy assessment conducted in six African countries – Burkina Faso, Chad, Ethiopia, Kenya, Rwanda and Sudan – which provided the evidence base for revamping UNHCR's strategy on domestic energy in 2013.
- The provision of lighting and energy for refugees in camps in Kenya, Rwanda, Sudan and Uganda through the purchase of more than 150 solar

“RIGHT ACROSS THE WORLD, BECAUSE OF DISASTER, BECAUSE OF POVERTY, CHILDREN ARE BEING DENIED A CHANCE TO CHANGE THEIR DESTINIES. WE CAN CHANGE THIS, AND BECAUSE WE CAN, WE MUST.”

UNHCR TACKLES PROBLEM OF SHELTER IN YEMEN REFUGEE CAMP



Faduma's children welcome a visitor to their new home.

UNHCR YEMEN

KHARAZ CAMP, YEMEN, NOVEMBER 2012 | Five years after fleeing to Yemen to escape tribal fighting that killed her mother in *Somaliland*, Faduma finally feels she has a proper, secure home, giving her renewed hope for the future of her three children.

The family recently moved into one of 300 new brick and timber shelters built by UNHCR in the Kharaz refugee camp. The new homes, constructed with funding received from the European Commission Humanitarian Aid and Civil Protection (ECHO), are now providing permanent shelter for some 1,260 refugees, in particular elderly and disabled people, some of whom had been living in tents for six years.

Kharaz, located in the desert in southern Yemen, is home to almost 20,000 Somali refugees who fled their homeland and made the dangerous sea crossing of the Gulf of Aden to Yemen. In the camp, UNHCR and its partners provide people like Faduma and her children with food, shelter, medical care and education.

Faduma, now 35-years-old, was three months pregnant when she set off with her children to Yemen and was beaten by smugglers during their crossing of the Gulf of Aden. She suffered a miscarriage and a severely damaged kidney which left her in need of hospitalization for several months. Upon recovery, she moved to Kharaz with UNHCR's help.

She felt safe in Kharaz and happy that her children were able to go to school despite having to live in a tent for four years under scorching and humid temperatures. This harsh environment aggravated her medical condition and placed a great strain on the wellbeing and development of her children. Faduma's new home, though spartan with just a room and a latrine, is a vast improvement on what she had to endure before.

Lack of sufficient shelter has been a problem in Kharaz camp, compounded by limited space and a substantial increase in the camp population. Since the beginning of 2011 the camp population has increased by 28 per cent and now has nearly 20,000 residents, 96 per cent of them Somali. Many urban refugees have also moved there over the past year because of difficult economic and security conditions.

UNHCR, with the support of ECHO, has also constructed two communal blocks of latrines and a drainage system for the health centre. In addition, it has improved the camp water supply system with three electrical submersible pumps. The UN refugee agency has also been working closely with the Government on an expansion plan for the camp. Considerable challenges remain, not least for 3,000 refugees still living in tents and makeshift shelters.

Yemen hosts some 223,000 Somali refugees who have fled drought, conflict, political instability and human rights violations in their homeland. New refugees from the Horn of Africa continue to arrive in Yemen and many have settled in Kharaz camp. "UNHCR remains committed to do whatever is possible to continue to improve the living conditions in the camp," said Naveed Hussain, UNHCR's representative in Yemen.

For Faduma and her children the results are now tangible. After moving into their new house Faduma observed: "Living in a tent caused me pain in my kidneys and it was difficult for my children. Now I can live and believe that life can improve for my children." ■

street lights, 7,000 fuel efficient stoves and 11,000 solar lanterns. Funds for the project were provided by the *Light Years Ahead* fundraising initiative.

- Community environmental action plans, which were implemented in Burkina Faso and Niger on the basis of impact assessments conducted by the Environmental Foundation for Africa, were aimed at involving communities in environmental issues.

EDUCATION

UNHCR rolled out its Education Strategy 2012-2016 in the following 13 countries which collectively host 50 per cent of the global school-age refugee population: Bangladesh, Chad, Egypt, Ethiopia, the Islamic Republic of Iran, Kenya, Malaysia, Pakistan, South Sudan, Sudan, Syria, Uganda and Yemen. The strategy included training for 300 field staff, partners and government officials, with an emphasis on creating safe learning environments. To strengthen the overall quality of its education programmes, UNHCR established eight national staff education positions and introduced improved monitoring systems in 11 countries. Support for education in emergencies was considered a crucial protection measure, and UNICEF was an essential partner in this effort. Activities in 2012 in this area included:

- Joint efforts conducted with UNICEF, working in conjunction with governments, NGOs and refugee communities, increased the participation of girls in education in eight African countries.
- The development by UNHCR and Save the Children of guidelines on community-based early childhood education.
- The start of a four-year education programme in cooperation with the Educate a Child (EAC) Programme, part of the Education Above All Foundation chaired by Her Highness Sheikha Mozah bint Nasser of Qatar. The aim of the programme is to accelerate the enrolment of refugee children in school, and in 2012, it has already enabled 176,000 refugee children to attend school in 12 countries. The EAC initiative was inspired by Millennium Development Goal 2 - to

achieve universal primary education. Both parties to this strategic partnership have committed themselves to making financial contributions on a matching basis: 50 per cent to be funded through the EAC initiative and 50 per cent by UNHCR (see also the chapter on *Drawing support from the Private Sector*).

- The enrolment of 690 new students in the DAFI scholarship programme, which benefited more than 2,000 pupils in 40 countries. The nine-million.org sports and technology programme benefited children and youth in Algeria, Costa Rica, Morocco and South Africa, helping to tackle xenophobia and strengthen social cohesion.

PUBLIC HEALTH

The high priority given to health interventions in emergency operations led to the deployment of nearly 50 experts from UNHCR and standby partners to support health, WASH and nutrition interventions in Burkina Faso, Iraq, Jordan, Lebanon, Mali, Mauritania, Niger, South Sudan, Syria and Turkey. From UNHCR alone, just under 70 technical missions from headquarters, lasting a total of almost 500 days, helped improve interventions in several emergency and ongoing operations. The web-based Health Information System (*WebHIS*) was renamed *Twine* and upgraded to include a fuller integration of the information management tools that are used to assess, monitor and evaluate public health, nutrition, food security, WASH, HIV/AIDS and reproductive health interventions. Progress was achieved in a number of areas. For instance:

- At the end of 2012, 84 out of 95 monitored sites (88 per cent) had acceptable Under-5 mortality rates (U5MR). The UNHCR standard for U5MR is < 1.5 deaths/1,000/month.
- UNHCR published global guidance on access to national health insurance programmes for refugees and assisted operations in Azerbaijan, Malaysia, Rwanda, the Russian Federation and Thailand with conducting studies on the feasibility of health insurance schemes.



EDUCATION

In **Yemen** UNHCR continued to implement a 5-year education programme for refugee children of kindergarten and primary school age, children with special needs, adult-learners and at-risk mothers. Despite the general unrest in the country forcing the relocation of and reduction in teaching hours at some schools, remarkable progress has been made in education. Thanks to the Educate a Child initiative, over 1,800 out-of-school children in Sana'a, and over 1,300 in Basateen, were enrolled in education programmes. This represents an enrolment of over 800 new students in Basateen compared to 2011. In close cooperation with the Ministry of Education, UNHCR trained more than 1,000 teachers and school managers in order to improve the quality of education in the refugee camps, and an inspection report confirms remarkable improvement in the performance of teachers. Uniforms and school materials were provided for out-of-school children in order to allow students from poor families to re-enrol in classes. Furthermore UNHCR was able to anticipate and accommodate the surge in enrolment rates by constructing eight new classrooms.

The operation in **Chad** did not reach its education targets in the camps during the first part of the 2012-2013 biennium. Primary school enrolment rates dropped from 32 to 28 per cent amongst refugees from Central African Republic, and from 61 to 43 per cent amongst Sudanese refugees. Access to and the quality of education programmes were affected for a variety of reasons, including difficult climatic conditions and the relocation of two camps. Furthermore, the lack of qualified teachers, cultural barriers to making education available for girls, and significant budgetary cuts limited the Office's ability to fully deliver services as planned. In order to overcome these obstacles, teacher training programmes will be strengthened, and information campaigns will promote the importance of education. Finally, the planned distribution of school uniforms and the introduction of community-based school feeding programmes are expected to help raise school enrolment and retention rates.

NUTRITION AND HEALTH

Survey reports in **Ethiopia** provide a mixed picture of the nutrition and health situation of the refugees. The nutrition survey results in **Dollo Ado camps** in 2012 showed great improvements with global acute malnutrition prevalence at around 12 per cent in Bokolmanyo; 15 per cent in Melkadida; 13 per cent in Kobe; 16 per cent in Hilaweyn; and 32 per cent in Buramino.

In contrast, clinical reports in **Sherkole and Tongo camps in western Ethiopia** indicated a very poor nutritional situation for refugees. Following the onset of the Blue Nile emergency in late 2011, refugees were forced to travel long distances and live in the bush without food. As they had to leave their belongings behind, newly arriving refugees often had to exchange portions of their food ration for firewood and clothing. The combination of these factors explains the critical nutritional status of refugees, particularly children, in western Ethiopia.

The improvements in Dollo Ado can be attributed to effective collaboration amongst humanitarian agencies working in various sectors. Nutrition centres were decentralized, enabling increased access for refugees to nutrition and feeding programmes. In addition, the Office established a strong community outreach programme to identify and refer malnourished children. Finally, general food and water distribution mechanisms were improved following the installation of permanent water systems. In western Ethiopia, UNHCR plans to launch long-term measures, similar to those undertaken in Dollo Ado. However, the main priority in response to the Blue Nile emergency was to set up regular nutrition monitoring in order to identify and enrol vulnerable groups, such as malnourished children aged 6-59 months, lactating mothers, elderly people and refugees in supplementary feeding programmes. People of concern continued to receive an average of 2,100 kcal per person per day. Additional training sessions on proper feeding practices should help to improve the health of children in the coming year.

SHELTER

Approximately 23,000 houses were affected by the 2010-11 crises in **western Côte d'Ivoire**. In response, UNHCR contributed to the construction of some 1,600 houses. By the end of 2012, 80 per cent of households were living in adequate dwellings: an increase from 75 per cent in 2011. As part of assistance measures for returnees, UNHCR ensured that the needs of vulnerable groups were addressed. This involved pursuing participatory rehabilitation and reconstruction process in close collaboration with the owners of each house. These efforts contributed directly, not only to the housing needs of the families concerned, but also to the attitude of displaced populations about return. This also encouraged some communities to invest in the reconstruction of farms, schools and other essential infrastructure.

At the end of 2012, approximately 130,000 **Syrian refugees** were registered in **Lebanon**. This figure is growing exponentially from day to day and shelter needs in Lebanon are extensive. According to UNHCR's assessment, by the end of 2012, only 16 per cent of the Syrian refugees were living in adequate housing. Refugees were forced to rent unfinished buildings and warehouses, or move to informal tented settlements. UNHCR's partner agencies had difficulties in reaching refugees dispersed across more than 700 locations. Lebanon also lacks large public and private buildings that could be converted into collective centres, thus limiting any expansion of collective shelter capacity. Given the urgent situation in Lebanon, the Office concentrated mainly on providing emergency support in order to prepare for the winter months.

Locally made tents and weather-proofing kits were distributed to some 3,600 families and unfinished houses were insulated. These winterization activities compromised plans to rehabilitate shelters, but were an urgent and life-saving necessity. Funds were provided for over 300 hosting families, benefiting some 1,500 individuals, but in 2013, support for host families who are providing shelter and hospitality clearly has to be increased. ●

- Twine now includes several new tools to monitor the health of refugees and other persons of concern in urban settings, including the Urban Health Information System, the *Balanced Scorecard* approach, a laboratory evaluation tool and surveillance tools (see twine.unhcr.org).
- UNHCR and WHO jointly developed a toolkit for assessing mental health and psychosocial needs and resources in humanitarian settings (<http://www.unhcr.org/509bb3229.html>); an updated list of essential medicines and medical supplies; and minimum emergency preparedness and response strategy matrices for HIV and AIDS, nutrition and food security, and WASH.

FOOD SECURITY

UNHCR has many years of experience with cash-based assistance interventions in the context of voluntary repatriation and urban programmes. This experience was useful most recently in the Middle East, and the High Commissioner has strongly endorsed a systematic increase in the use of cash-based interventions in UNHCR operations so that refugees and others of concern can enjoy the protection benefits of this type of assistance. Reliable and predictable partnership with WFP remains critical to UNHCR's engagement in cash-based interventions as well as to food security overall. Some highlights of UNHCR's work in the area of food security in 2012 were:

- The launch of a new guide, *An Introduction to Cash-based Interventions in UNHCR Operations*, which provides advice to field staff on the use of cash and vouchers.
- Feasibility studies conducted in Bangladesh, Burundi, Eritrea, Malawi, Mozambique, Namibia, Niger and Zimbabwe with a view to expanding cash-based interventions.
- Joint evaluations conducted in close partnership with WFP in Bangladesh, Chad, Ethiopia and Rwanda on the impact of food assistance in protracted refugee situations. The findings imply the need for a renewed focus on the promotion of self-reliance through a multi-stakeholder approach.
- The joint roll-out with WFP of the newly revised guidelines for Joint

Assessment Missions (JAMs) informed field assessments in 10 countries, including on the use of cash and vouchers. More guidance on JAMs will follow in the first quarter of 2013.

NUTRITION

UNHCR focused its technical support in this area on nutrition assessments, programming and monitoring for emergencies, in support of nutritional interventions in Bangladesh, Burkina Faso, Chad, Ethiopia, Jordan, Kenya, Liberia, Malawi, Mauritania, Mozambique, Nepal, Niger, Rwanda, South Sudan, Sudan and Zimbabwe. Interventions included:

- Field testing and revision of the guidelines for Standardized Emergency Nutrition Surveys, which will be finalized in 2013. UNHCR scaled up the use of mobile phone technology in this area from one pilot country in 2011 to 11 in 2012.
- The updating of UNHCR's strategy to address anaemia, based on the results of a comprehensive review of the strategy in seven pilot countries by the Emergency Nutrition Network and the Institute of Child Health.
- The provision of operational guidance to reinforce programme monitoring on the use of new nutrition products in 10 countries.
- Evaluations of the use of the complementary food supplement Nutributter® in the Horn of Africa and Plumpy'Doz® in Bangladesh and their effect on anaemia and acute malnutrition, which will help improve the quality of nutrition interventions.

REPRODUCTIVE HEALTH AND HIV AND AIDS

As co-lead with WFP in the UNAIDS Division of Labour area "Addressing HIV in Humanitarian Emergencies," UNHCR seeks to identify HIV-related needs from the early stages of an emergency through the post-emergency phase, ensuring the integration of HIV interventions into development programmes. In the area of reproductive health, UNHCR focused its efforts on adolescents and improving access to family planning health services.

The number of refugees receiving HIV anti-retroviral therapy has grown over the past five years. This can mostly be explained by increased access to HIV testing and the decentralization of treatment in countries hosting refugees, leading to improved access for both refugees and surrounding populations.

A review of 37 sexual and reproductive health programmes for adolescents resulted in the launch of new tools and guidelines. Additionally, an assessment of the family planning programme in Bangladesh highlighted the key role of community leaders.

WASH

UNHCR established expert WASH positions in 20 countries to reinforce its technical network for emergencies. In addition, operations in Ethiopia, Jordan, Kenya, Lebanon, and Nigeria, as well as in the Central Africa, West Africa and East and Horn of Africa regions, benefited from deployments of WASH staff, secondments and capacity-building efforts. UNHCR also improved its collabora-

tion with UNICEF to strengthen the WASH response in refugee emergencies. Significant WASH activities in 2012 included:

- The successful roll-out of the WASH Monitoring System in eight countries involving the use of monthly report cards. The Monitoring System will be expanded to two additional countries in 2013.
- The procuring and distributing of WASH equipment, including water quality test kits, to improve direct monitoring in relevant operations.
- Training for WASH officers in Djibouti, Ethiopia, Kenya, South Sudan and Uganda in emergency preparedness and response.
- Cooperation with the University of Neuchâtel on a project to monitor the quality of the aquifer in the Dadaab refugee camp in Kenya using satellite technology demonstrated positive results.
- Revision of UNHCR's strategic WASH plan in Ethiopia based on an assessment conducted by the Veolia Environment Foundation. ■

● Cash-Based Interventions

More than half of the people of concern to UNHCR are living alongside local populations in urban or rural settings, where they have to fend for themselves. Rather than developing dependency

on humanitarian aid, cash-based assistance or vouchers provide beneficiaries with the flexibility to choose assistance that best meets their particular needs. The table below illustrates the many different ways in which such assistance may be provided.

Transfer modality	Description
“Cash in envelope” or direct cash payment	Cash handed out directly to beneficiaries by the implementing agency.
Paper voucher	Paper voucher that is handed out directly to beneficiaries and is cashed out in designated outlets.
Delivery through micro-finance institutions and trader networks	Cash delivered to final beneficiary through a formal or informal institution that acts as a “middle man”.
Bank account	Personal bank accounts or sub-bank accounts that are used to deposit cash grants. Requires formal ID and often formal residence.
Pre-paid card	Plastic cards usable in ATMs, used for providing cash grants. Requires network connection.
Smart card	Plastic card with a chip, valid in point-of-sale devices, used for providing cash grants and obtaining store purchases. Does not require network connection.
Mobile money	SMS code that can be cashed out in outlets, used for providing cash grants and vouchers. Requires network connection.
Mobile voucher	SMS voucher code used at shops. Requires network connection.

In addition to enabling refugees to determine their own priorities and how they wish to address them, cash-based interventions increase protection by minimizing the need for displaced persons to resort to negative coping mechanisms, such as survival sex, child labour and forced marriage. They may also help prevent family separation. Some theories suggest that cash-based interventions may result in the misuse of funds and

actually induce problems such as gender-based violence and corruption. However, UNHCR evaluations of cash-based interventions have concluded that such theories are generally unfounded and can be avoided by good programme design and monitoring. The following table provides examples of some recent situations across the world where cash-based interventions have helped refugees cope and stay resilient. □

Objective	Country examples
Cash grant to address basic needs of displaced persons in urban settings, particularly housing costs	Egypt Ethiopia
Cash grant to address basic needs of vulnerable groups in a camp	Chad
Seasonal cash grant to cover increased expenditures during winter (e.g. for clothes and utilities)	Afghanistan Jordan
Cash grant for host communities to renovate homes to host displaced people	Lebanon
Food vouchers to provide access to basic foods	Syria
Vouchers to cover milling cost of cereals	Sudan
Fresh food vouchers to diversify diet as a complement to general food distribution	Kenya
Vouchers to provide access to non-food items in super markets	Ecuador
Vouchers to provide access to core items in a market	DRC
Health insurance to provide access to health care	Iran (Islamic Rep of)
Shelter grants for returnees	Sri Lanka
Cash grant to facilitate the socio-economic reintegration of returnees	Afghanistan Honduras Mozambique