



Refugee children from Bhutan in Beldangi camp, eastern Nepal.

Providing for Essential Needs

What are the most pressing needs of someone who has fled from home because of conflict or persecution? This chapter will seek to answer that question with examples of the ways in which UNHCR and its partners ensure the immediate survival of those who have been displaced, and provide them with the means to stay healthy and resilient while awaiting longer-term solutions. The challenges are many; meeting them calls for the international community to show solidarity with some of the most desperate people in the world. ●●●

In 2013, with constant media attention on the crisis in and around the Syrian Arab Republic (Syria), not a day has passed without heart-wrenching reminders of the predicament of people in many countries who have been forcibly uprooted from their homes. From familiar surroundings, millions of women, men, boys and girls across the world find themselves bereft of all they have known and cherished. UNHCR will continue to respond in 2014 to the most urgent needs of displaced people in camps and urban settings. The Office will reinforce the capacities of host States to respond to new refugee crises as well as protracted situations. Assistance programmes will draw on the expertise of UNHCR's technical specialists and partners within the wider humanitarian and development arenas, as well as government institutions, academia and private foundations. The views of refugees will be considered in all decisions.

An overview of some of the main areas of intervention anticipated in the coming year with examples is provided in the matrix in this chapter. These are extracted from UNHCR's programme plans for the 2014-2015 biennium.

COMMUNICABLE DISEASES ARE THE MAJOR CAUSE OF MORTALITY AND MORBIDITY AMONG REFUGEES

HEALTH

Communicable diseases are the major cause of mortality and morbidity among refugees, especially during the emergency phase. UNHCR will ensure that all refugee camps have updated outbreak response plans in place. The Office will help to strengthen national early warning systems for disease outbreaks, and reinforce multisectoral prevention and response programmes that link the public health and WASH (water, sanitation and hygiene) sectors.

Particular emphasis will be placed on child survival. UNHCR will work to improve and expand immunization programmes, as well as the use of standard clinical protocols. It will also seek

to give added impetus to community participation in health programming. Refugees will be given mental health and psychosocial support, and addressing non-communicable diseases will also be given greater priority. Health insurance schemes having proven a viable option for refugees living in out-of-camp situations, new schemes will be applied to operations in Africa, Asia and the Middle East.

The online health information platform *Twine* (twine.unhcr.org) will be fully functional in 2014. It will include information and tools from diverse public health domains, including health, HIV and AIDS, nutrition, food security and WASH. The platform will improve interactions not only between different sectors within UNHCR but also between UNHCR and its partners, such as ministries of health and natural resources, NGOs and donors.

HIV AND REPRODUCTIVE HEALTH

UNHCR continues to integrate its sexual and reproductive health and HIV programmes into the overall humanitarian response through UNAIDS (see also chapter on *Partnership*). The inclusion of refugees in national systems will remain a key priority. To this end, UNHCR will cooperate with national

people of concern will focus on supplying the most vulnerable refugee children and women with fortified nutritional supplements, or providing vouchers or cash grants for this purpose.

Equal prominence will be given to the promotion of healthy infant and young child feeding (IYCF) practices, and the treatment of malnutrition. The promotion of appropriate IYCF practices at the initial stage of an emergency is especially important as it helps to save the lives of the most vulnerable infants and children under the age of two. Awareness campaigns will promote feeding practices that support nutritional well-being and reduce morbidity in children under 24 months. UNHCR will also look for local and culturally adaptable solutions for the prevention of malnutrition. These include enhancing access to fresh milk among pastoral populations, and taking advantage of traditional foods, such as insects, that may improve nutrition.

It is difficult to obtain information on the nutritional status of urban refugee populations. UNHCR will address this problem in 2014 by introducing new methodologies for nutrition surveys amongst urban refugees.

WATER, SANITATION AND HYGIENE (WASH)

In 2013, UNHCR and its partners were able to achieve basic standards in WASH indicators in key emergency countries. However, major challenges remain to be met in 2014, particularly in countries affected by the situation in Syria (Lebanon, Iraq and Jordan). Targeting people of concern in need of WASH assistance in urban settings has proved particularly challenging. UNHCR is collaborating with UNICEF to develop a tool to calculate the cost of the water provided to refugees in camps, as a means of improving the planning and management of water supply systems.

In the past, WASH systems were often set up without taking into account their long-term maintenance needs or environmental impact, such as aquifer depletion. Swiss academic and development partners are working with UNHCR to prevent this happening again. UNHCR will also implement the second phase of its WASH monitoring system in 2014. *(continued on page 43)* ►

BASIC NEEDS AND ESSENTIAL SERVICES

Public health

Strengthening the monitoring of quality primary health-care programmes

- The community-based “balanced scorecard” methodology developed with Johns Hopkins University will be introduced in 20 refugee settings.

Favouring childhood survival through improved coverage of expanded immunization programmes

- Expanded programme on immunization (EPI) coverage will be improved in 5 country operations that do not meet the target in 2013.

Facilitating access to integrated chronic disease prevention and control

- Clinical protocols will be updated for the most common non-communicable diseases (NCD) and training and support will be provided to 3 countries to improve their NCD programmes.

Improving mental health and psychosocial support programmes

- Assessment missions and support to mental health and psychosocial programmes will be conducted in 10 countries, in line with UNHCR operational guidance.

Ensuring access to specialist care and access to national health systems, including health insurance schemes

- Assessment and potential for introduction of a health insurance scheme will be carried out in 8 countries.

Strengthening evidence-based health programing in urban areas

- Systematic collection and use of data through the urban health information system (HIS) and the prospective urban surveillance system will be expanded.

HIV and reproductive health

Improving women's access to comprehensive reproductive health programmes and to innovative technologies

- A new five-year reproductive health and HIV strategic plan (2014-2018) will be rolled out.

Ensuring access to antiretroviral therapy and eliminating mother-to-child HIV and AIDS transmission

- An updated version of the *Clinical guidance for antiretroviral therapy for displaced populations* will be published.

Making progress in women's health

- UNHCR and partners will actively advocate for making human papilloma virus (HPV) vaccines available for young refugee girls in countries where the national population already has access to these.

Nutrition and food security

Improving the detection of anaemia

- 20 refugee operations will screen all pregnant women for anaemia.

Improving infant and young child feeding (IYCF) practices

- New interventions for IYCF, including baby-friendly spaces and milk kitchens, will be established in 5 countries.

Maintaining high quality nutritional survey data to inform programmatic responses

- UNHCR's standardized expanded nutrition survey (SENS) will be implemented in 20 operations, using mobile phone technology.

Water, sanitation and hygiene (WASH)

Improving monitoring of the quality of WASH programmes

- A standardized knowledge, attitudes and practices (KAP) survey will be carried out in 2 countries.

Bolstering capacity to respond to WASH in new refugee emergencies

- A training course on WASH programming in emergencies will be organized for UNHCR staff and standby partners.

Applying innovation to WASH activities

- A solar pumping system will be piloted in 2 countries.

Shelter and settlements

Developing a comprehensive emergency shelter and settlement response

- UNHCR Global Shelter and Settlement Strategy (2014-2018) will be disseminated and implemented.

Integrating settlement in contingency planning

- Settlement strategies will be embedded in contingency planning processes and include a range of suitable shelter and settlement layout options for a given situation.

Enhancing UNHCR's capacity to deliver a combination of settlement options

- Operational guidelines on refugees living in host villages and cities will be introduced.

- A shelter and settlement interactive web platform will provide sectoral guidance and a variety of shelter solutions.

- The first UNHCR shelter and settlement e-learning programme will be organized.

Investing in research and development for alternative shelter options

- Research and development for the improvement of tent performance will continue; alternative shelter options applying innovative technologies will be developed.

Environment and energy

Building a long-term vision on access to energy

- A five-year strategy on access to energy in refugee camps will be introduced in 6-8 countries.

Bringing cleaner cooking stoves to refugees, including renewable energy solutions

- Innovative ideas, including renewable energy solutions, will be promoted in at least 2 major operations (one in Africa and one in MENA).

Strengthening monitoring and evaluation (M&E) capacity

- A robust M&E framework for natural resources management and domestic energy activities will be developed, and UNHCR and partner staff trained to use it.

Placing environmental management at the centre of any humanitarian response

- 2 workshops on mainstreaming environmental management into humanitarian operations will be delivered.

Liquid treasure: the challenge of providing drinking water in a new refugee camp

This article is an adapted version of a UNHCR news story

4 JULY 2013

AB GADAM, CHAD, JULY 2013 | Many people like to have a glass of water beside their bed in case they get thirsty in the middle of the night. Zenab keeps a jerry-can full of the precious fluid. “That’s our emergency ration,” she explained to UNHCR.

The mother of five is a refugee from Sudan’s troubled West Darfur region and she lives in a camp in a semi-arid area of south-eastern Chad, where clean water is a luxury rather than a bountiful resource. Ensuring that all 14,000 refugees in the newly opened Ab Gadam camp get sufficient water to drink and cook with is a major challenge.

The recommended minimum in an emergency situation is 15 litres per person per day, but in Ab Gadam, UNHCR and its partners are struggling to reach 10 litres per person a day. For the moment, they are filtering water from a nearby lake, which will be

the camp’s main source of water when the rains come and cut off Ab Gadam. The minimum survival level is 7 litres.

“It is really serious [...] We need to increase the supply – and that is what we are working on,” said Dominique Porteaud, UNHCR’s senior water and sanitation officer. He explained that without sufficient clean water, people would go to alternative, untreated sources and this could lead to the outbreak of diseases.

Since the camp opened in May, UNHCR has been trucking in water from a lake in the town of Tissi. But ironically, this source of

water will be cut off when the rains come, so other measures will be needed to boost the water supply. These include increasing the water-storage tanks and bladders on site as well as the number of available water tankers, and continuing to search for productive boreholes – which met with some success at the end of June.

While UNHCR is encouraged by this find, the main source of water for the time being will be a lake located about nine kilometres from Ab Gadam. The problem with the lake is that the water is unsafe to drink. However, a water treatment plant has been built with the help of partners, Norwegian Church Aid and the International Rescue Committee. Currently, the plant can produce enough clean water to supply every refugee with at least 10.5 litres per day.

The refugees themselves are involved in the efforts to make the **best use of available water supplies**: a refugee water committee was recently elected to monitor the water supply.

Meanwhile, Zenab and her family are grateful for their daily ration of about 80 litres of water. But she still worries about the future, and that’s why she keeps the jerry-can full of water in reserve – it makes her feel a bit safer. ○



Treated with chemicals in big tanks, the brown lake water comes out clear, clean and drinkable after an 11-hour cycle.



An abandoned school in Saida, Lebanon, is now home for hundreds of Syrian refugees.

(continued from page 40) ► The system collects information at the household level to aid the targeting of assistance to meet specific needs.

SHELTER AND SETTLEMENTS

The main objective of UNHCR's Master Plan approach to shelter and settlement, developed together with Stanford University, is to reduce the socio-economic vulnerability of the population of concern. With this in mind, UNHCR has worked with academic and architectural partners to draw lessons from field operations in Rwanda, Ethiopia and Jordan and create a practical reference tool for the design of settlements. The resulting design toolkit and a set of settlement layouts will be piloted in two countries in 2014.

The magnitude and nature of the displacement generated by the crisis in Syria has confirmed the need to scale up the capacity to deliver combined shel-

ter and settlement solutions in urban settings. Both displaced and resident populations are provided with a range of shelter solutions: cash and core relief items (CRI) for host families, rental assistance, rehabilitation of public buildings for collective centres, and renovation of housing units. UNHCR continues to invest in supporting shelter programmes based on locally-procured options in a bid to enhance the use of traditional and culturally-sensitive building techniques, particularly in South Sudan, Myanmar and Mali.

UNHCR is equally committed to applying new technologies and alternative construction materials. The refugee housing unit (RHU), a new lightweight modular shelter developed by UNHCR and sponsored by IKEA, was field-tested in Dollo Ado, Ethiopia. Following an evaluation of the shelter's performance, UNHCR will consider its application in larger-scale shelter projects.

ENVIRONMENT AND ENERGY

UNHCR's strategy on access to energy aims to improve safety, reduce cases of sexual and gender-based violence (SGBV) related to firewood collection and darkness at night, help children to study at night, support people's livelihoods and protect the natural environment. It will explore renewable-energy options and introduce technologies that can reduce the burden that using firewood presents for refugees and their environment. Improved monitoring and evaluation systems will help to identify gaps.

Engaging closely with refugees and identifying their needs helps UNHCR to manage these environmental programmes more effectively. UNHCR will also seek to broaden its engagement in this area with the private sector, academic institutions and research and technology centres. ■