Internally displaced children in al-Mazrak camp, close to the border town of Harad, Yemen. More than 65,000 persons were displaced in 2010.

6 Data Collection to Inform Protection: Case Studies

FOR SEVERAL YEARS, the Statistical Yearbook has sought to provide quantitative insights into the protection and the well-being of persons of concern to UNHCR. Over the past years, the statistical reporting on living conditions and the well-being of UNHCR's beneficiaries has improved significantly. Nevertheless, presenting meaningful geographical and time-based comparisons remains difficult. Incompatible data, varying data collection methodologies and changes in reporting tools complicate the task of providing a global picture of UNHCR's performance in protection and assistance.

This chapter provides examples of the potential use of protection data to support decision-making among relevant stakeholders. Most of the data were derived from UNHCR's Health Information System (HIS) and its Standards and Indicators (S&I) Report. The HIS system collects systematic data on health and related indicators in 44 countries, primarily focusing on camp-based populations. The S&I Report is an annual report produced by UNHCR offices on selected indicators assessing protection, living conditions and the well-being of populations of concern. Other data sources include the registration software *proGres*, the results-based management software FOCUS, surveys undertaken by UNHCR or partners, as well as reports from UNHCR health coordinators and other protection data collection mechanisms.

This chapter contains three distinct case studies. The first one reflects nutrition and health-related indicators for refugees, with a focus on malnutrition, HIV/AIDS, malaria and anaemia. The second case study examines a recent IDP profiling exercise undertaken in Serbia. The third case study looks at some of the challenges faced by a relatively young refugee population in the East and Horn of Africa.

A. Public Health Trends

UNHCR / H. MACLEOD

BACKGROUND

In 2010, UNHCR continued to consolidate the quality of its public health programmes in refugee camp settings through strengthened coordination and prioritization of critical areas to ensure effective and equitable use of limited resources. At the same time, the Office responded to the new challenges for health care in urban areas. In its public health programmes, UNHCR played a policy-making, planning, coordination, supervision, monitoring and evaluation role, working closely with a diversity of partners in a range of challenging settings. Interventions were based on an assessment of needs, vulnerabilities and risks.

Data used in this section were primarily derived from nutritional surveys and the Health Information System (HIS). The role of the HIS is to generate, analyse and disseminate routine public health data to rapidly detect and respond to health problems and epidemics, to monitor trends and address public health priorities, and to evaluate the effectiveness and quality of interventions and service coverage.

A web-based version of HIS was released in November 2010.[80] This new online tool made it easier for UNHCR and partners to access and visualise HIS data. Through more timely analysis and interpretation of data, HIS aims to improve understanding of the

80 Available at http://his.unhcr.org

public health needs of populations of concern, and better inform public health responses.

NUTRITION: LEVELS AND TRENDS

Improving nutritional status in refugee camps has been a priority for UNHCR. In 2010 UNHCR made a concerted effort to improve the reach and quality of nutritional programmes aimed at pregnant women and infants from birth until 23 months, as evidence shows that most positive change can be achieved with these groups.

Global Acute Malnutrition

Between 2008 and 2010, reductions in global acute malnutrition (GAM) and childhood anaemia were achieved in approximately 69 and 44 per cent of camps, respectively *(see Figure VI.1)*. Among camps assessed in 2010, 30 per cent met the acceptable standards of a GAM of <5%.

Notable improvements towards targets were made in southern Chad, Uganda and Thailand *(see Figure VI.1)*. Although a very positive achievement, the challenge with reducing GAM prevalence to <5% is that the threshold is very low and not far above would be acceptable under the best possible health, nutrition and environmental conditions where 2.5 per cent GAM would be expected. Low levels of GAM are also susceptible to seasonal effects and minor fluctuations, so under 5 per cent GAM could be considered an unrealistic threshold for the environments in which UNHCR operates.

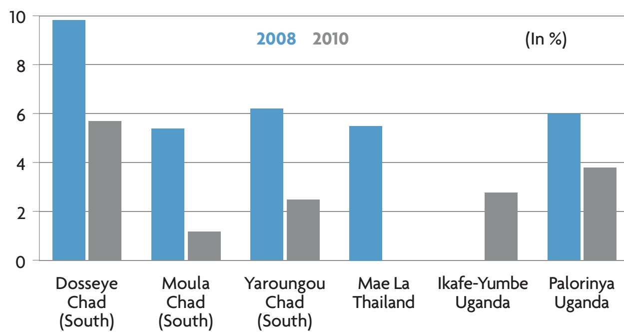
To better track progress over time, in 2010 UNHCR adjusted the target threshold for GAM to <10%. UNHCR nevertheless aims to attain GAM prevalence as low as possible in each of the camp situations. For example, out of 79 refugee camps reporting GAM in 2010, 29 camps achieved the target of <5% GAM while

One out of 21,000 Congolese refugees who fled the Democratic Republic of the Congo in 2010 and found refuge in the Republic of the Congo.

Fig. VI.1

Global acute malnutition rates

| Comparison 2008 and 2010, selected countries



47 camps achieved the target of <10% GAM.

ANAEMIA

Anaemia remains a serious public health challenge as many refugee camps reported high rates of anaemia in children between the ages of 6 months and 5 years in 2010. Nearly four-fifths of camps (78%) reported anaemia prevalence of over 40 per cent, exceeding the acceptable threshold of below 20 per cent.

The number of countries implementing the expanded anaemia strategy increased from seven to ten and, in collaboration with partners, the range of activities aimed at reducing all forms of malnutrition in the camps was expanded. Micronutrient strategies such as the use of micronutrient powders were introduced, and infant and young child feeding programming was improved in many sites.

In 2010, reductions in rates of anaemia were observed in some countries such as Djibouti and Nepal, but increases were recorded in others, such as eastern Chad and Bangladesh *(see Figure VI.2)*.

HIV/AIDS

In 2010, UNHCR successfully strengthened inter-linkages and integration of sexual reproductive health and HIV programmes, with a focus on access to quality maternal and newborn care, access to HIV prevention, and mother-to-child transmission programmes. In addition, HIV programmes were expanded to population groups most at risk.

Periodic HIV behavioural surveillance surveys (BSS) capture trends in behaviours and inform the planning and adjustment of HIV prevention programmes. Such surveys are especially valuable in protecting the rights of conflict-affected populations, countering the unsubstantiated and discriminatory assertions often made that the displaced have a higher prevalence of HIV, spread HIV infection in surrounding communities, and that conflict and forced displacement lead to increased risky sexual behaviours.

As part of the Great Lakes Initiative on HIV/AIDS, baseline BSSs were conducted in 2004/2005 and follow-up surveys in 2010 in refugee camps and surrounding communities in Kenya, the United Republic of Tanzania, and Uganda. This was the first regional analysis of trends in risky sexual behaviours over time among refugees and their surrounding host communities.[81]

Seven sites were surveyed. In Uganda, Kyangwali settlement and its surrounding communities in Hoima; in Kenya, Kakuma camp and Kakuma national town; and in the United Republic of Tanzania, follow-up data was available from three sites: Nyarugusu camp residents previously resident in the now closed Lugufu camp; Lugufu surrounding villages; and Lukole surrounding villages (Lukole camp was closed in 2007 as refugees repatriated to Burundi).

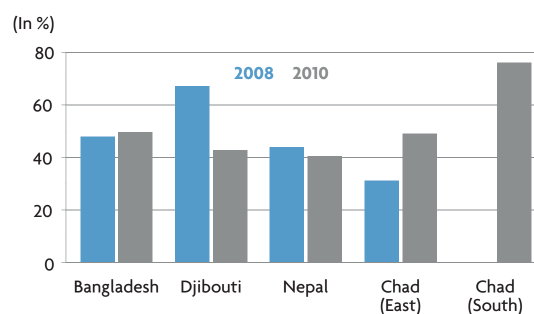
Participants in the survey had to be sleeping and sharing meals in a selected household for more than two weeks, and be between the ages of 15-49 years. In Uganda, the upper age limit was extended to 59 years, in line with the national guidelines.

Overall there was a consistent decrease in risky sexual behaviour, whether in multiple, non-regular or transactional sexual partnerships *(see Table VI.1 below)*. This was coupled with increases in abstinence among youths and condom use with non-regular partners. The same trends were generally observed across age and gender groups. These trends were consistent with those reported in countries most severely affected by HIV. The improvements in reported risky sexual behaviours, HIV knowledge, and testing are promising, and may be indicative of the success of HIV prevention programmes since baseline. Nevertheless these findings cannot be used to determine the extent to which HIV prevention efforts contributed to actual behaviour change, or to indicate which specific activities were most effective.

Fig. VI.2

Anaemia prevalence rates

| Comparison 2008 and 2010, selected countries



81 For more information on changing regional trends in HIV-related behaviours in refugee camps and surrounding communities, see http://www.unhcr.org/4de5054c9.html.

UNHCR / F. NOY

TABLE VI.1

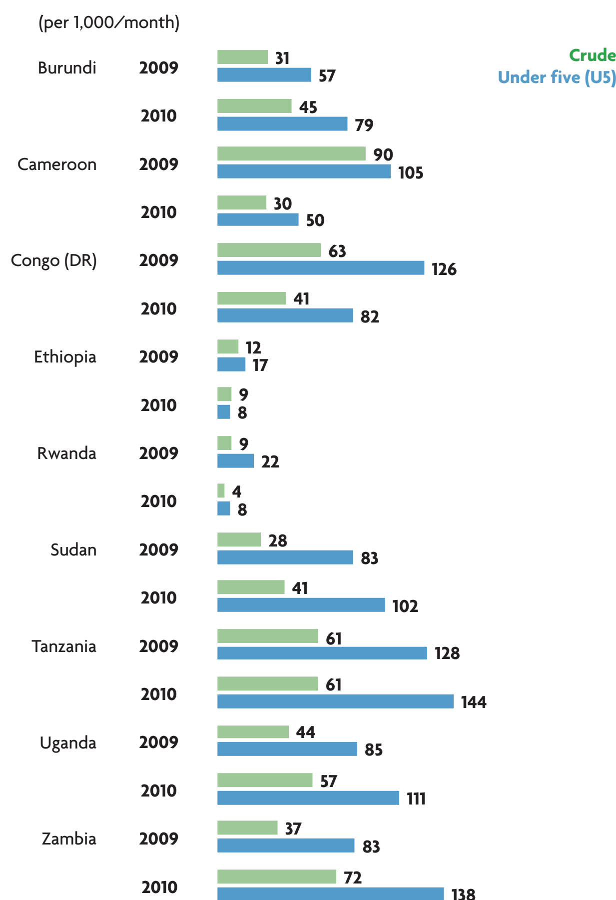
Comparison of trends in sexual risk behaviours in Kenya, Uganda and the United Republic of Tanzania | 2005 - 2010

Indicator (2005 to 2010)	Direction of behavioural change (2005-2010)
Among 15-24 year olds	
1. Never married young people who have never had sex	Increased (except Lukole town)
2. Young people who have had sexual intercourse before the age of 15	Mixed
Among 15-49 year olds (59 years for Uganda)	
1. More than one sexual partner in the past 12 months	Decreased
2. Sex with a non-regular partner(s) in the last 12 months	Decreased
3. Sex with a transactional partner(s) in the last 12 months	Decreased
4. Condom use at last sex with a non-regular partners in the last 12 months	Increased (except Uganda camp)
5. Women forced to have sex in the past 12 months	Decreased (except Lukole town)
6. Received an HIV test in the past 12 months and know the results	Increased
7. Comprehensive correct knowledge of HIV/AIDS	Increased

Fig. VI.3

Malaria incidence rates

| Comparison 2009 and 2010, selected countries



MALARIA

Malaria has remained a leading cause of morbidity and mortality among refugees. A majority of refugees live in areas where the disease is endemic or occurs in seasonal epidemics. Many factors promote susceptibility to malaria morbidity and mortality among refugees: pregnant women and young children are particularly at risk of severe illness and death. Refugee camps are often situated on marginal lands that are breeding sites for malaria vectors.

In past years, UNHCR strengthened malaria prevention and control programmes. With support from the United Nations Foundation Nothing but Nets campaign[82], UNHCR distributed an additional 412,000 nets in 11 countries in Africa in 2010, while improving the diagnosis and treatment of malaria. Additional efforts were also made in 2010 to increase collaboration with public health, water and sanitation and hygiene (WASH) and food security, with the decision to systematically integrate malaria and WASH questions into nutrition data collection.

These interventions have started to have an impact. The introduction of diagnostic confirmation to the malaria protocols and the availability of

82 See http://www.nothingbutnets.net/partners-people/united-nations-foundation.html

highly effective artemisinin-combination therapy (ACT), in combination with the distribution of long-lasting insecticide treated bed nets, reduced the incidence of malaria in a number of operations including Cameroon, the Democratic Republic of the Congo and Rwanda *(see Figure VI.3)*. However, reductions were not yet observed in other countries (such as Burundi, Sudan, Uganda and Zambia). The reasons for the disparities are not yet fully understood, and will be the focus of further analysis in 2011.

B. Needs assessment survey of IDPs in Serbia

BACKGROUND

Following the conflicts of the 1990s and the Kosovo crisis in 1999, Serbia was host to the largest number of refugees and IDPs in Europe. By the end of 2010, over 200,000 IDPs were still displaced within Serbia, mostly in central and southern Serbia, while a small number, mostly ethnic Roma, were living in the northern region of Vojvodina.

In response to this situation, Serbia had launched several programmes over the past years, aimed to provide sustainable return options to Kosovo and to identify durable solutions within the country. However, there were few IDP returns to Kosovo, and sustainable integration was relatively rare.

Although a Living Standards Measurement Survey (LSMS)[83] was conducted in Serbia in 2007, the Government and international actors needed supplementary information not only to establish the number of IDPs still in need of assistance, but also to define their specific needs and to prioritize assistance for the most vulnerable. A profiling survey of the 207,000 IDPs living in Serbia was therefore conducted in 2010 to collect the information required, and provide the disaggregated information, as well as details of those in need.

The survey was managed collaboratively by the Serbian Commissioner for Refugees, UNHCR, and the Statistical Office of the Republic of Serbia, with technical and financial support provided by the Joint IDP Profiling Service (JIPS).[84] Survey fieldwork was launched late in 2010, and the final report *Assessment of the Needs of Internally Displaced Persons in Serbia* was released in February 2011.[85]

METHODOLOGY

The survey was designed to define the characteristics of IDPs including their numbers, needs and areas of concentration. Other characteristics included socio-demographic indicators, labour market participation, income, housing conditions, access to social services, social integration and willingness to return.

The Serbian Commissioner for Refugees' registration database for IDPs, continuously updated since 2000, provided the sampling frame. Population numbers per geographic settlement were generated and 220 settlements were randomly selected. Ten households from each settlement

TABLE VI.2 **Estimated number of IDPs in the Republic of Serbia** | 2010

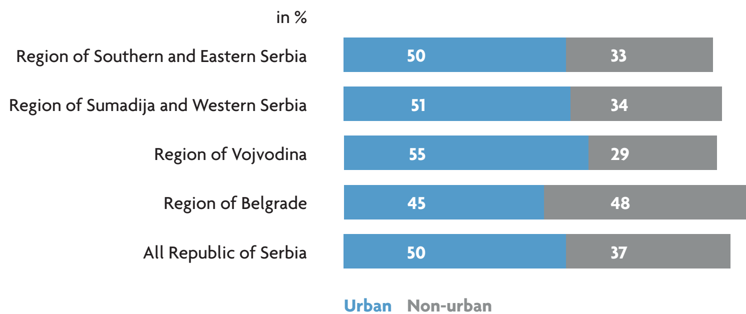
	Males	Females	Total
Republic of Serbia	105,736	101,356	207,092
- Urban areas	83,740	81,697	165,437
- Non urban areas	21,996	19,660	41,656

83 Vukmirovic, D and Smith-Govoni, R. (2007), *Living Standards* Measurement Study: Serbia 2002-2007, Statistical Office of the Rebublic of Serbia / The World Bank Department for International Development.

84 See www.idp-profiling.org

85 Statistical Office of the Republic of Serbia / UNHCR / JIPS. (2011) Assessment of the Needs of Internally Displaced *Persons in Serbia*, available at http://www.unhcr.rs/media/IDP_Needs_AssessmentENGLISH.pdf

Fig. VI.4 **Percentage of IDPs in need, in urban and non-urban areas**



were randomly selected for interviews. The two-stage stratified random sampling approach allowed the findings to be applied to the overall population, while reducing costs as interviews were grouped within limited geographic areas.

A total of 2,006 households and 8,335 individual interviews were conducted using a questionnaire with eight thematic sections: four provided individual level information, and four yielded household level data. 'In-need' households were identified as those where responses revealed levels below agreed parameters for housing and income.

CHALLENGES

A major challenge was to agree on the methodology to be used within budgetary and political constraints. The consensus obtained gave stakeholders a shared understanding of trends and vulnerabilities within the remaining IDP population, and led to better targeted strategies and possibly assistance programmes.

The methodology was not without limitations. It excluded IDPs not registered by the Serbian Commissioner for Refugees while including registered non-IDPs. Also, as the survey did not recount the IDPs, gaps in registration could have affected the sampling. Nevertheless, these limitations were not uncommon for studies focused on analysing trends and estimating figures. The methodology remains both statistically defendable and politically acceptable, facilitating the actual data collection as well as its utilization for programmes and strategies.

KEY FINDINGS

Eleven years after the movements from Kosovo, over 207,000 IDPs were still registered in Serbia. The majority had migrated towards urban areas and were concentrated in the regions of Sumadija and Western Serbia. Vojvodina had the highest percentage of needy IDPs. Ethnically, Serbs made up the highest number of IDPs, followed by Roma, then Gorani. Of IDPs surveyed, 45 per cent were considered "in need" (49,000 men and 48,000 women). Roma were more vulnerable than other displaced; 75 per cent of the Roma IDP population was assessed as "in need".

As indicated in Figure VI.4, the displaced in urban areas were more likely to be "in need" (50 per cent) compared to 37 per cent in non-urban areas.

Housing

About 94 per cent of IDPs surveyed expressed housing as a central concern. Although the majority of IDPs lived in private houses and apartments, 14 per cent of those "in need" lived in buildings unintended for housing, generally with less space than that of less needy displaced. IDPs in general reported 59.4 m² per household, an average of 17.7 m² per household member, while households "in-need" lived in an average of 47.6 m², with 12.6 m² per household member. The living conditions of Roma were the most constrained, reporting an average living area of 10 m² per household member.

About half (49%) of respondents had owned an apartment/house in Kosovo, but in most cases, property was either destroyed or occupied.

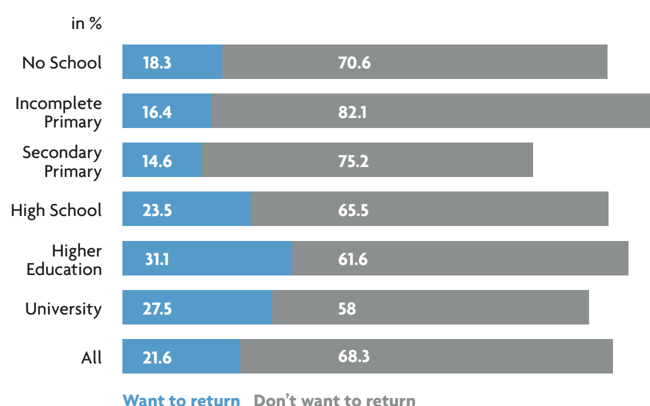
Livelihoods

Internally displaced men in Serbia had higher employment rates than women, with 30 per cent of men and only 18 per cent of women in employment. The displaced suffered from unemployment at higher rates (32%) than the general population in Serbia (estimated at around 19 per cent).[86]

Willingness to return

Only 22 per cent of IDPs expressed a willingness to return to Kosovo, whereas the overwhelming majo-

Fig. VI.5 **Willingness to return by educational attainment**



86 Statistical Office of the Republic of Serbia. (2007) *Labour Force Survey*, available at http://reports.aiidatapro.com/SSI/Labour_Force_Survey_Oct_2007.pdf

87 Vukmirovic, D. and Smith-Govoni, R. (2007) *Living Standards Measurement Study: Serbia 2002-2007*, Statistical Office of the Rebublic of Serbia/The World Bank.

rity of IDPs were opposed to return. This was a significant change from the 2007 LSMS in which over 50 per pent of IDPs had expressed a desire to return.[87] Few Roma (9%) expressed an interest in returning to Kosovo. Main reasons for the reported unwillingness to return included safety concerns, ethnic discrimination and restricted movement. Better educated IDPs were relatively more willing to return to Kosovo than those with less education *(see Figure VI.5)*.

Access to documents

Eight per cent of displaced people surveyed did not have identity cards or birth certificates. This figure was higher amongst the displaced Roma population (17%). For those without documents, the greatest difficulty was access to employment and health services.

POLICY IMPLICATIONS

The profiling exercise demonstrated that the active participation of various stakeholders in the process helped ensure the usefulness of collected data. As findings highlighted dire housing conditions and limited access to basic services among some vulnerable IDP groups, the Government of Serbia intends to develop a new national strategy on refugees and IDPs. The dataset produced has also formed a basis for UNHCR's operational plans in Serbia for 2012 and beyond.

C. Challenges facing a young refugee population in the East and Horn of Africa

BACKGROUND

The East and Horn of Africa has been one of the most important refugee-hosting regions in the world with well over a million refugees hosted in ten countries including Ethiopia, Kenya, Sudan, the United Republic of Tanzania and Uganda *(see Figure VI.6)*. In 2010, Kenya, Ethiopia, Uganda and Burundi all received more people seeking asylum.

The age structure of the refugee population in these countries was similar: children and young adults of both sexes accounted for over 80 per cent of the refugee population. As a rule, children of 5 to 17 years were the majority, followed by young adults (youth) aged 18 to 34 years of whom males generally slightly outnumbered females *(see Figure VI.7)*.

The majority of refugee populations were hosted in camps set up by host governments and supported by UNHCR and its partners. In many of these countries, governments allowed relatively small refugee populations to live outside the camps, either in urban centres or in rural communities. In collaboration with governments, NGOs, and UN partners, UNHCR provided protection and assistance pending durable solutions to most of these populations.

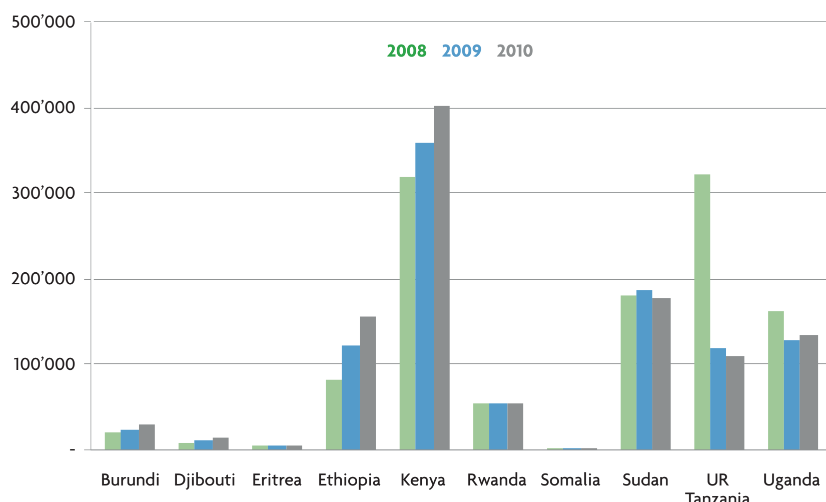
IMPLICATIONS OF THE CHILD AND YOUTH BULGE

Education

With the large number of refugee children and youth, demands for programmes and services targeting children and youth far exceeded resources. Vital educational programmes failed to reach many children. Across all camps in the region, only about 53 per cent of the eligible population had access to primary, and 17 per cent to secondary education.

Host countries in the region are struggling to achieve the Millennium Development Goal[88] on universal primary education. Yet, to varying degrees, governments and host communities provided support for refugee education, including access to government schools and facilitated exam registration and supervision. Nonetheless, the combination of educational assistance from governments and UNHCR with the resources raised by the donor community have not matched the ever-increasing needs of refugee children in the host countries for even basic primary education.

Fig. VI.6 Refugee population in the East and Horn of Africa | 2008-2010 (end-year)



88 See http://mdgs.un.org/unsd/mdg/Default.aspx

While UNHCR gave priority to primary education for refugee children, opportunities for secondary education were very limited in refugee camps and sponsored through scholarships provided by partners such as the Jesuit Refugee Services and the Norwegian Refugee Council. Community schools also provided important contributions to refugee education. For example, in Gihembe in Rwanda, three out of six secondary schools were run by the refugee community.

Vocational skills and other targeted programmes

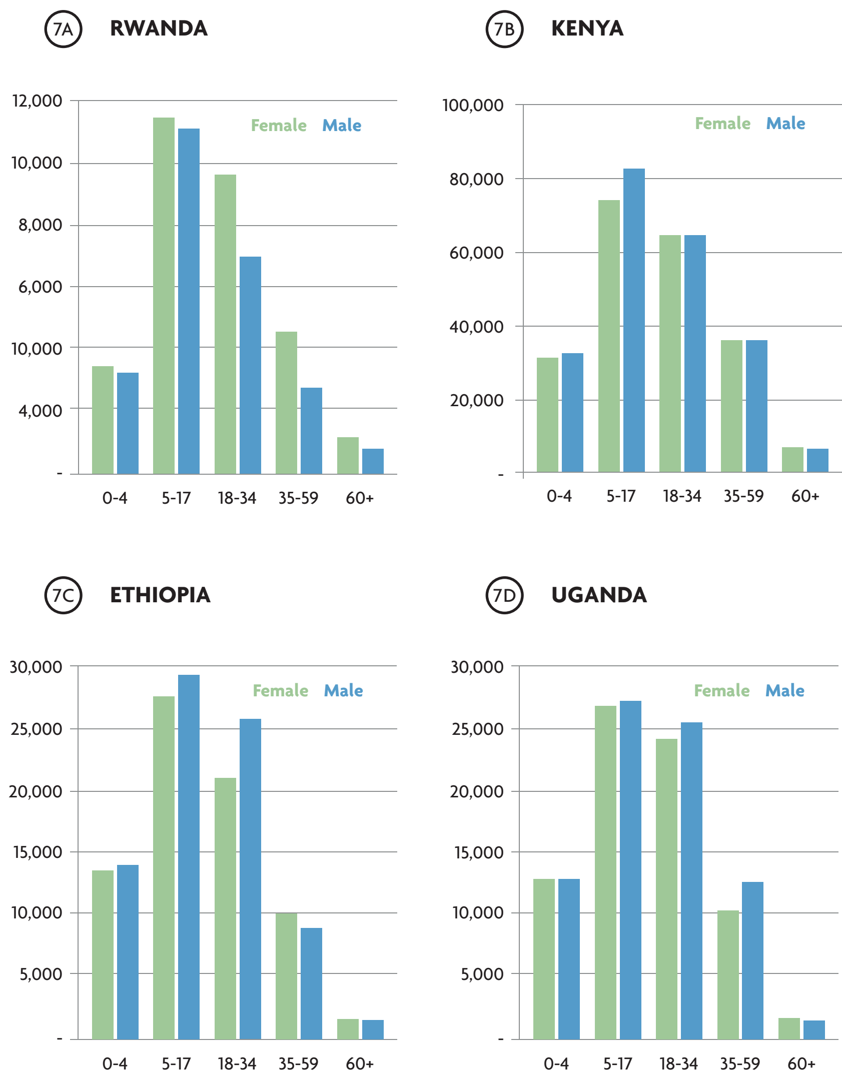
In efforts to compensate for the lack of education opportunities for children and youth, UNHCR and its partners developed targeted programmes for adolescents designed to help them develop into responsible adults and contribute to their communities. The programmes included sports and health awareness, domestic skills such as cooking and gardening, sensitization on HIV/AIDS and reproductive health, and socio-cultural activities. Constraints on financial and skilled human resources were the main challenge to the wider implementation of these innovations. Only 23 per cent of the adolescents aged 12 to 17 years were reached through these targeted programmes in the region during 2010. Burundi showed the highest proportion with almost 60 per cent participation.

Another targeted intervention was the provision of non-formal training and vocational skills for the benefit of teenagers and young adult refugees by UNHCR and its partners. In view of the limited scope of these programmes, an average of only 4 per cent of the target population aged 15 to 24 years residing in camps in the region were enrolled in vocational skills training during 2010. Refugee camps in Uganda showed the highest rate with an average of 13 per cent participation.

Official documentation

Birth registration establishes proof of age and identity, and provides children with a degree of protection against child labour, early marriage, illegal adoption, sexual exploitation, recruitment into armed forces/groups and trafficking. In 2010, 27 per cent of camps in the region reported that all newborns were registered and issued with a birth certificate. Only 42 per cent of urban programmes reported that all newborn babies were issued with birth certificates. Resources allocated to support host governments in birth registration and certification need to be increased to ensure the realization of this right for refugee children.

Fig. VI.7 **Age-sex distribution of refugees** | end-2010



CONCLUSIONS

The indicators demonstrated some of the problems encountered in the East and Horn of Africa by the large young population. The continued lack of opportunities for this growing population in refugee camps and urban centres remains a challenge that calls for significant interventions to address gaps and restore hope. Specifically, more resources should be made available to the educational sector to enable universal access by all refugee children. Educational budgets for host countries should be increased to cater for all children, including refugees. The international community should advocate for the easing of restrictions in host countries to allow refugees to access informal or formal employment opportunities and thus contribute to the well-being of refugee and host communities alike. ■