

Providing for Essential Needs



A refugee child from the Central African Republic is examined on arrival at the health centre in Gbiti, Cameroon.



Despite strong support from the international community, meeting the most essential needs of millions of displaced people worldwide remained a challenging task for UNHCR and its partners in 2014. These included access to clean water, shelter, household energy, food, education, and health care.

Last year, UNHCR sought to improve its response to meet these needs. Details of the new strategies launched in 2014, key achievements and areas that continue to demand attention can be found in this chapter. ●●●

GLOBAL STRATEGIES LAUNCHED IN 2014

In 2014, UNHCR launched several five-year global strategies to guide its programmes. They cover public health (including HIV and reproductive health, food security and nutrition, water and sanitation), settlement and shelter, livelihoods (see also chapter on *Encouraging Self-Reliance*), and safe access to fuel and energy. Each strategy has a strong protection and solutions orientation, and is shaped by common guiding principles aimed at ensuring equity, access and community empowerment through an age, gender and diversity (AGD) approach.

The strategies aim to ensure that UNHCR's interventions are appropriate and sustainable. They focus on communication and advocacy; partnership, coordination and capacity-building; and evidence-based decision-making, coupled with impact measurement. Examples of their impact in 2014 are reflected below.

PUBLIC HEALTH

Many refugees are affected by disease and malnutrition and lack access to clean water, proper sanitation and health services. UNHCR's Global Strategy for Public Health is a comprehensive response to these challenges. It promotes sustainable service delivery by

mainstreaming refugees into national health care systems and enrolling them in special health insurance programmes. UNHCR monitors progress on implementation of the Strategy through *Twine*, the health information system, which provides up-to-date data and analysis on the full range of public health concerns.

"All refugees are able to satisfy their rights in accessing life-saving and essential health care; HIV prevention, protection and treatment; reproductive health services; food security and nutrition; and water, sanitation and hygiene services." – UNHCR's Global Strategy for Public Health

In 2014, UNHCR developed a regional health care strategy for Syrian refugees and devised new country-level strategies to mainstream refugees into national health care structures in six countries. The Office responded rapidly to disease outbreaks in three countries and supported the international response to the unprecedented Ebola epidemic in West Africa.

HIV and reproductive health
UNHCR continues to integrate refugee-specific HIV and reproductive health programmes into its humanitarian response.

The Office supports low-cost, high-impact interventions delivered through well-functioning health systems – including refugee access to national programmes, such as human papillomavirus (HPV) vaccination and cervical cancer screening for refugee women and girls.

Nutrition and food security

UNHCR maintained mortality and morbidity rates among refugees within acceptable standards by providing maternal and child health care. The Strategy prioritizes infant and young children feeding (IYCF), which increases chances of survival and promotes healthy growth and development. The development of an IYCF-friendly framework for refugee situations was initiated to offer guidance on breast milk substitutes. Standardized Expanded Nutrition Surveys (SENS) were also conducted in 58 sites, with findings showing that the global acute malnutrition (GAM) rate was under 10 per cent in more than half of the refugee sites surveyed, and anaemia rates were below 40 per cent in just over a quarter of the refugee sites. The organization also adapted the SENS guidelines to situations outside camps and explored approaches to targeting food assistance in Chad and Mozambique, with a view to expanding the use of this methodology to other operations in 2015.

● *UNHCR's cervical cancer prevention initiative reaches more than 12,000 girls in Uganda*

Cervical cancer is most common among women aged 15-44 years old. More than 4,000 women in Uganda are diagnosed annually and at least half die from this disease. UNHCR is running a reproductive health initiative with the Ugandan Ministry of Health to help reduce these rates through prevention, early diagnosis and treatment. The primary prevention service includes human papillomavirus (HPV) vaccination, which 12,068 girls aged 9-15 have received. These UNHCR-supported services are

available for the more than 440,000 refugees living in Uganda and their host communities. This initiative is a good example of how the organization and host governments are implementing the Policy on Alternatives to Camps and the Global Strategy for Public Health, by fostering the integration and mainstreaming of refugees into national and local services and strengthening links between refugees and host communities.



GLOBAL STRATEGIC PRIORITIES

SHELTER

Shelter is vital for the local integration of IDPs in **Afghanistan**. In 2014, UNHCR provided 852 shelter units to IDPs and vulnerable families in local communities, 100 of which were constructed through the provision of cash for shelter in collaboration with partners. The delivery of shelter has not only provided physical protection for vulnerable IDP families, but also facilitated their integration within communities and thus may also help to prevent secondary displacement.

With the situation in Afghanistan remaining uncertain, it is important to assist IDPs with shelter and to pursue local integration as a durable solution where return to places of origin is not possible. The needs are still high and remain unmet for a substantial number of IDPs.

Although the security situation in Mali stabilized during 2014, there are still incidents that continue to push people across the border into **Niger**. An estimated 50,000 Malians are being assisted in the three refugee camps of Mangaize, Tabarey Barey and Abala in the Tillaberi region and two refugee-hosting zones of Intikane and Tazalite in the Tahoua region of Niger.

The refugee-hosting zones, which currently accommodate over 15,000 displaced people, include an innovative approach to meeting refugees' settlement needs through the allocation of land. However, unlike other planned settlements, the refugees are free to establish themselves in a location of their own choosing. In order to ensure access to basic needs, UNHCR and partners, in close collaboration with the Government of Niger, have established essential infrastructure, including a school, a health centre, emergency latrines and showers, and ensured that sufficient water is available on site for both refugees and their livestock.

Exploring this alternative settlement option was made possible by the Government's allocation of 60,000 hectares of land in Intikane, located 80 km from the border with Mali and 25 km from the village of Telemces. The decision to explore this settlement option was also motivated by the fact that the refugees are predominately Tuareg and Tamachek – Berber people who have a traditionally nomadic pastoralist lifestyle. The approach taken included the centralization of all infrastructure; the distribution of basic materials so that the refugees could construct their own shelters; and permission for people to settle with their cattle wherever they chose.

This initiative, which is aligned with UNHCR's Policy on Alternatives to Camps and UNHCR's Global Strategy for Settlement and Shelter (2014-2018), has nevertheless presented some challenges, notably with regard to respecting international humanitarian standards for the provision of adequate space, water and hygiene facilities. As refugees were provided with shelter kits and other materials to construct their own shelters, some did not meet the minimum standard of 3.5 m² of covered area per person. This ultimately had an impact on the percentage of households living in adequate dwellings in 2014.

By the end of 2014, 60% of all shelters had been evaluated against sectoral indicators and adequate living standards, including surface area, family composition, GPS coordinates, pictures and a structural assessment of the shelter. In 2015, this data will be used to launch a competition to select the best design of a prototype shelter created by refugees which meets minimum international standards.



GLOBAL STRATEGIC PRIORITIES

UNDER-5 MORTALITY RATE

In the first half of 2014, sites in the Gambella Region of **Ethiopia** hosting South Sudanese refugees were among the refugee camps that reported high rates of mortality. However, the situation improved in the latter six months, with under-5 mortality rates improving to below emergency threshold levels (0.21-0.72 deaths/1,000/month). Continued implementation of comprehensive public health approaches, including preventative health and strong nutrition interventions and programmes, reduced the mortalities attributed to acute malnutrition, diarrhoea, malaria and communicable diseases, such as measles.

At the onset of the influx of South Sudanese refugees into northern **Uganda** in January 2014, excess mortality rates of 2.63/1,000/month were recorded by UNHCR partners in Adjumani. The majority of the children who were severely malnourished on arrival were aged under 5 years. The situation worsened when measles cases were reported coming in from South Sudan. A comprehensive multi-sectoral response was launched that included: immediate public health measures such as measles vaccination upon arrival; screening for malnutrition; increasing water and sanitation coverage; and ensuring

emergency food rations. The establishment of a rapid relocation and movement plan to settle refugees in settlements prevented further excess mortality and led to a stabilization of the situation. Furthermore, through effective coordination and close collaboration with district authorities and partners, further outbreaks of meningitis and cholera within the host communities were successfully prevented.



GLOBAL STRATEGIC PRIORITIES

SANITATION

Hiloweyn camp in Dollo Ado, **Ethiopia**, is situated on hard rocky ground. The cost of excavating traditional pit latrines is very high and the low permeability of the ground limited the longevity of any pit latrine to less than two years. In light of these challenges, WASH actors in the region explored alternative sanitation options and use of the Urine Diversion Dry Toilet (UDDT) technology was introduced in 2012.

The advantages of the UDDT technology include high user acceptance, a long lifespan, environmental benefits such as the potential of waste reuse and the reduction of contaminants, and improved cost-effectiveness. Over the course of 2013 and 2014, about 1,000 family UDDTs have been constructed in Dollo Ado. According to survey results, the user acceptance is very high: the community prefers the UDDTs because there is less odour and fly menace, they are easier to clean and offer more privacy than other sanitation options. The ecological footprint in Hiloweyn and the risk of contaminating the already high ground water level are also reduced with the use of the UDDTs. ●

Water, sanitation and hygiene

The Strategy focuses on water, sanitation and hygiene (WASH), and particularly on improving emergency response and the impact and cost-efficiency of interventions. UNHCR has now introduced the WASH Monitoring System in 66 camps globally. A standardized knowledge, attitudes and practices (KAP) survey is underway to improve WASH programme monitoring in protracted displacement situations. UNHCR has also launched the “Cost for Water” project to strengthen planning and management of water supply systems, with the aim of reducing operational costs and environmental impacts.

SHELTER

UNHCR’s Global Strategy for Settlement and Shelter aims to improve the quality of life among both refugee and host communities and help find durable solutions that promote peaceful coexistence. An important feature is the “Master Plan” approach, which seeks to link refugee camps and settlements to surrounding communities in a more holistic and sustainable way.

In 2014, UNHCR doubled the number of priority countries that have developed comprehensive settlement and shelter strategies, and placed emphasis on developing technically sound shelter strategies in all emergency situations. The organization also introduced new guidance on emergency response for the shelter sector. During the year, UNHCR deployed 32 technical experts and undertook 20 field missions and eight regional support missions, with the assistance of partners, for emergency response, coordination support and capacity-building.

“All refugees are able to satisfy their settlement and shelter needs in a safe, dignified and sustainable manner wherever they live, be it in urban or rural settings.” – UNHCR’s Global Strategy for Settlement and Shelter

UNHCR helped build local and international capacity by training

20 site planners and designing a new e-learning programme. The organization continues to promote innovative research and development to ensure that new shelter solutions are devised and tested. In 2015, the Refugee Housing Unit, which UNHCR has developed with Better Shelter SA and the IKEA Foundation, will enter production and be deployed in field operations.

ENERGY

UNHCR’s Global Strategy for Safe Access to Fuel and Energy recognizes that safe and reliable access to energy for cooking, lighting and power is a basic need. The lack of such access can create protection and security risks for refugees and other people of concern. The Strategy seeks to ensure that domestic energy programmes respond to protection concerns across sectors, ranging from health and nutrition to livelihoods, education and the environment.

“All refugees are able to satisfy their energy needs for cooking and lighting in a safe and sustainable manner, without fear or risk to their health, well-being and personal security.”

– UNHCR’s Global Strategy for Safe Access to Fuel and Energy

In 2014, UNHCR designed context-specific energy strategies for five priority countries, incorporating innovative technology, such as bio-gas production and solar-powered cooking stoves. Some strategies focused on preparedness and response planning through emergency contingency plans. Others promoted innovative renewable energy solutions in several locations by distributing solar lanterns, street lights and clean cookstoves. In 2015, UNHCR will develop strategies for five additional priority countries.

UNHCR conducted comprehensive baseline assessments in four countries, which will serve to inform the future provision of fuel-efficient technologies and renewable energy alternatives for refugee households.

AREAS OF INTERVENTION

ACHIEVEMENTS IN 2014

<p>Public health</p>	<ul style="list-style-type: none"> ■ UNHCR's Global Strategy for Public Health (2014-2018) was introduced. ■ The community-based “Balanced Scorecard” methodology was developed and introduced. ■ Clinical protocols for treating the most common non-communicable diseases at primary-health-care level were developed and piloted in 4 countries. ■ Assessment missions on health insurance schemes to ensure refugee access to specialist care and national health systems were undertaken in 4 countries. ■ UNHCR's health information system, <i>Twine</i>, was rolled out in 3 new countries. An urban monitoring system called the Health Access and Utilization Survey (HAUS) was designed and piloted in 3 countries. ■ Joint WHO/UNHCR guidelines on clinical management of mental, neurological and substance use conditions in emergencies were developed.
<p>HIV and reproductive health</p>	<ul style="list-style-type: none"> ■ A multi-year reproductive health and HIV strategic plan was rolled out under the UNHCR Global Strategy for Public Health (2014-2018). ■ 2,600 girls aged 9 to 12 from Rwanda and Uganda received the HPV vaccination, and capacity building on screening for and treatment of pre-cancerous lesions of the cervix was undertaken. ■ The updated “Balanced Scorecard” with a reproductive health module was piloted in 2 countries.
<p>Water, sanitation and hygiene (WASH)</p>	<ul style="list-style-type: none"> ■ Innovative solar pumping technologies were explored as alternatives to reduce the operational costs of water systems, through the “Cost for Water” project, and piloted in 2 countries. ■ A standardized knowledge, attitudes and practices (KAP) survey was developed to improve WASH programme monitoring in protracted situations. ■ Standby partner training was conducted for WASH programming in emergencies.
<p>Nutrition and food security</p>	<ul style="list-style-type: none"> ■ 58 SENS were conducted and guidelines were developed to promote improved monitoring of nutrition indexes. ■ An infant and young child feeding friendly framework for refugees was developed and new operational guidance on breast milk introduced. ■ A pilot project for targeting for food assistance started in Chad.
<p>Settlement and shelter</p>	<ul style="list-style-type: none"> ■ UNHCR's Global Strategy for Settlement and Shelter (2014-2018) was implemented, with 60% of operations with a shelter budget above USD 1 million developing national strategies. ■ Support was provided to embed settlement strategies into contingency planning. ■ UNHCR's Digital Emergency Handbook was revised to include guidance on the implementation of comprehensive settlement and shelter programmes in urban or rural contexts. ■ UNHCR's first settlement and shelter e-learning programme was developed. ■ New shelter options enhancing protection, thermal comfort and security were developed, applying innovative technologies.
<p>Energy and environment</p>	<ul style="list-style-type: none"> ■ 5 priority countries developed context-specific multi-year energy strategies in line with UNHCR's Global Strategy for Safe Access to Fuel and Energy (2014-18). ■ A comprehensive baseline assessment was conducted, setting the foundation for the monitoring and evaluation of natural resource management and domestic energy activities. ■ Innovative renewable energy solutions, including solar lanterns, street lights and clean cookstoves were procured and distributed in 5 countries.

ALTERNATIVES TO CAMPS

UNHCR released its Policy on Alternatives to Camps in July 2014 to move away from traditional camp-based operational responses and create possibilities for refugees to live lawfully, peacefully and independently in communities.

Today, four out of 10 refugees worldwide still live in camps, the majority of whom are in Africa. UNHCR is applying the logic

and lessons learned from the implementation of the Policy on Refugee Protection and Solutions in Urban Areas to all operational contexts. Through the Policy on Alternatives to Camps, UNHCR is also promoting sustainable operational approaches that build on refugees' resources and capacities and strengthen collaboration with national and local development, infrastructure and service delivery systems.



While its implementation will be defined in the framework of national laws, UNHCR believes that exploring alternatives to camps can lead to better outcomes for refugees and countries of asylum alike.

Governments in many countries hosting refugees have concluded that the disadvantages of camps outweigh the justifications. They have decided not to establish camps. Alternatives to camps exist today and the purpose is to build and expand such good practice.

– High Commissioner António Guterres



● *Alternatives to camps in Niger*

"We couldn't stay in the camps, we are nomads, we travel with our animals."

– Senat Kabani, Tuareg village elder and Malian refugee.

The Intikane Hosting Area was set up in Niger for Senat and all nomad Malian refugees to allow them to continue to practise a pastoral lifestyle while accessing UNHCR's humanitarian aid. A vast reception zone where refugees can move with their animals and find pastures

was provided through partnerships with the Government and local community members who agreed to share their land.

This shows that alternatives to camps are a reality in some rural areas. To take cultural and social factors fully into account, including the views of the refugees and their host communities, is essential for enabling refugees to live more normal lives. ■

In 2014, UNHCR initiated several activities to implement the Policy on Alternatives to Camps. Examples include:

Assessing opportunities for change

Field operations now have available a Diagnostic Tool for Alternatives to Camps. This self-assessment tool provides an overview of the current situation in each operation and assists country teams in analysing the prospects, opportunities and challenges of pursuing alternatives to camps. The results will also provide a useful global baseline for implementation of the Policy.

Helping refugees fulfil their potential

The UNHCR policies on refugees in urban areas and alternatives to camps focus on the ability to make choices, exercise rights and enable people to take care of themselves. The key to achieving these goals is removing obstacles and building on the strengths and capacities of refugees and displaced people as well as the communities that host them. This includes providing the tools they need. UNHCR's Global Strategy on Livelihoods incorporates practical, assessment-based and market-oriented thinking and introduces innovative models and approaches (see the chapter on *Encouraging Self-Reliance*).

Developing settlement and shelter responses

The innovative "Master Plan" approach is a cornerstone of the Global Strategy for Settlement and Shelter. It promotes settlement alternatives that explore the role refugees play in national and local development, services and infrastructure, society, and the economy. In 2014, the "Master Plan" concept influenced the development and rethinking of refugee sites in Chad, Ethiopia and Rwanda.

Adapting service delivery

The Policy on Alternatives to Camps and UNHCR's Global Strategy for Public Health promote refugee access to national health care systems. In 2014, the Office worked closely with host governments and achieved encouraging results in several countries in West Africa, the Middle East and Asia. Community-based health insurance for refugee populations is being tested as an affordable and sustainable health care financing mechanism. In 2014, the organization carried out detailed evaluations of health insurance options in Jordan, Lebanon, Malaysia, Mali, Nepal, the Russian Federation, Rwanda, Senegal and Togo.

Gathering evidence

UNHCR is supporting research on the economic impact refugees have on the local, national and regional economy. A favourable national legal and policy framework for refugees, including freedom of movement and the right to work, is a prerequisite for pursuing alternatives to camps. Making these alternatives a reality also requires new strategies that complement appeals to State responsibility and support a rights-based approach with outcome-based advocacy. Evidence is needed to buttress advocacy to allow refugees to exercise an economic activity and mainstream service delivery within national systems. Efforts in this regard are yielding better policy outcomes for refugees, host communities, as well as national and local authorities.

Tailoring partnership models

Strengthened collaboration with national line ministries, municipal and local government authorities, national and international NGOs, community-based organizations, other civil society actors, and the private sector, is the basis for an effective response. UNHCR's partnership strategy increasingly seeks engagement with national development planning and international development organizations, as well as with development-oriented UN agencies and others.

CASH-BASED INTERVENTIONS

The High Commissioner has made the expanded and systematic use of cash-based interventions a key institutional priority. While cash and vouchers, along with in-kind assistance have long been part of the standard UNHCR assistance delivery tool kit, the increased use of cash-based interventions, particularly through multi-purpose, unconditional grants, is having a transformational impact on humanitarian operations. In 2014, UNHCR operations increased their use of cash-based interventions, with more than USD 170 million reaching refugees and other people of concern through cash and cash alternatives in more than 60 countries.

Multi-purpose grants make up most of the cash-based interventions implemented by UNHCR. These cash grants promote dignity and enable refugees to prioritize assistance themselves, especially in the context of an emergency. This helps ensure the efficiency and effectiveness of UNHCR's response.

The unprecedented demands of the Syria crisis demonstrated both

the potential and challenges of cash-based programming in humanitarian operations. This experience is shaping UNHCR's approach towards key aspects of cash-based interventions, including needs assessment, vulnerability and targeting criteria, delivery mechanisms, and monitoring and evaluation.

Cash-based interventions in Africa have been used to a limited degree in camp settings, and are now gradually expanding both in scale and to other operational settings, including urban areas. UNHCR's activities, which were largely carried out with WFP in the framework of the 2014 Cash and Voucher Joint Plan of Action, moved from food distribution to cash vouchers.

UNHCR has established a dedicated section within the Division of Programme Support and Management at its Headquarters in Geneva, to provide strategic direction, coordination, guidance and support to field operations on cash-based interventions, within the framework of the organization's Operational Guidelines for Cash-Based Interventions in Displacement Settings. ■

● *Cash programming in Lebanon*

Refugees in Lebanon live in over 1,750 locations across the country, which sometimes makes it difficult for humanitarian organizations to provide them with appropriate humanitarian protection and assistance. To help address this, UNHCR and its partners are distributing cash through bank ATMs. Around 7,700 refugees who were deemed the most socially and economically vulnerable have received these cards. This

approach saves the time that refugees would normally spend traveling to traditional distribution sites and empowers them to make choices about their lives. Despite many challenges encountered, UNHCR and its partners have made good use of existing funds by discontinuing in-kind assistance. This has saved funds previously used for procurement, storage and distribution. ■

Cash grants transform life in Congo camp for Central African refugees

This article is an adapted version of a UNHCR news story

3 OCTOBER 2014



MOLE REFUGEE CAMP, Democratic Republic of the Congo, October 2014 |

The market in Mole refugee camp was buzzing on a recent Saturday morning, with traders selling everything from fish and vegetables to clothes and electronics.

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A refugee from the Central African Republic counts money that she has received for her family of four during a cash grant distribution in Mole camp in northern Democratic Republic of the Congo.

Just two months earlier, the same market had been lifeless. The change came when WFP decided to end food distributions and introduced cash grants for the 13,000 Central African refugees, transforming life in Mole camp in northern Democratic Republic of the Congo (DRC).

“Food distribution was always chaotic; some food was missing. Now [with the grants], everyone receives their cash without any problem,” noted Patrick N’Gocko, a 25-year-old refugee representative. The funds are distributed by UNHCR.

These grants have helped to create new economies and enable refugees to earn a living. Many refugees have been cultivating extra crops around the camp for sale in the market, while others have become traders, bringing in goods from other parts of Equateur province to sell to their compatriots.

Many refugees have told UNHCR that, since WFP introduced the cash grants in the camp three months ago, they can eat and buy what they like and vary their diet. “They are happy. Cows are killed in the camp,” said N’Gocko, in an isolated region where beef is regarded as a bit of a luxury.

However, cash grants also present challenges. The prices of food and other items in the market have risen, and a smaller proportion of the money provided is being used to buy food. When refugees receive cash grants, some buy items they could not previously afford, like clothes, household items or leisure goods.

N’Gocko claimed that, since food distributions ended and cash grants began, a link has been established between the purchase of non-food items and rising malnutrition. “Before when food was distributed there was automatically

something to eat,” he said. He added that the introduction of a blanket supplementary nutrition programme would be particularly beneficial for pregnant and lactating women and children aged up to five years.

But the biggest challenge to the programme is a lack of funding for food and cash distributions in the DRC. “While we have seen significant improvements in the life of the Central African Republic refugees since the introduction of cash grants, their suspension could have a very negative impact,” said Stefano Severe, UNHCR’s Kinshasa-based regional representative.

“We renew our call to donors to continue to support the provision of cash grants and assistance to Central African Republic refugees, despite increased humanitarian needs worldwide.” ○