

Young South-Sudanese men displaced by conflict collecting supplies in Maridi, South Sudan.

# *Providing for* Essential Needs







**S**helter, food, water and medical care are the basics that UNHCR aims to provide to assure the health and well-being of displaced people, taking into account their specific needs.

In emergency and long-term displacement situations, UNHCR and partners pursue innovative and sustainable approaches to provide assistance for vulnerable displaced people to meet their immediate household needs. The provision of sustainable quality services requires comprehensive strategies, cost-effective operational approaches and environmentally-friendly responses. ●●●

## SHELTER AND SETTLEMENTS

**U**NHCR's Global Strategy for Settlement and Shelter (2014-2018) recognizes shelter as a fundamental priority for people who have been forced to flee their homes.

In 2016 and 2017, the organization will work to make available necessary expertise through continued capacity building and training of site planners, cluster coordinators and shelter technicians. In 2015, UNHCR has already strengthened its pool of experts with 46 personnel trained on shelter, site planning and cluster coordination.

UNHCR will focus on a sustainable settlement approach from the onset of emergencies. More operations will implement the Master Plan approach, developed together with Stanford University and Ennead Architects LLP, which seeks to anchor the refugee presence within the broader context of national and local development, services and infrastructure, society and the economy.

To ensure greater harmonization between site planning and design, and strengthen technical capacity, the organization will also disseminate more widely the physical site planner toolkit that was introduced at nine field locations in 2015.

In 2013 and 2014, UNHCR distributed more than 182,000 tents and 40 million square metres of plastic sheeting worldwide. The Office is pursuing innovative research and development to improve the quality of shelter and settlement solutions. In 2016, it will roll out a lighter and more durable self-standing tent, tested in Burkina Faso in hot climate conditions, with cold weather testing planned for Pakistan before the end of 2015.

UNHCR will continue to deploy the Refugee Housing Unit – a sturdy housing solution built from waterproof, sunproof and flame-retardant materials around a steel frame that is light enough to be shipped worldwide, designed to last

for three years and large enough to shelter a family of five. As of August 2015, 4,850 units were already deployed or being shipped to field operations for use by refugee families. A shelter catalogue is under development to help colleagues working in diverse locations and contexts, from emergency through to longer-term crises, to select the most appropriate shelter solution.

## PUBLIC HEALTH

Meeting the healthcare needs of refugees in emergency situations is a priority for UNHCR, as outlined in its Global Strategy for Public Health (2014-2018). While pursuing the mainstreaming of refugees in national healthcare systems, UNHCR will continue to bolster its capacity for the rapid deployment of technical healthcare experts to emergency situations. In 2015, such interventions helped keep mortality rates in new refugee emergencies within acceptable levels, with emergency public health and water, sanitation and hygiene (WASH) staff deployed to new refugee emergencies in Croatia, Greece, the former Yugoslav Republic of Macedonia, Rwanda, Serbia, Sudan and the United Republic of Tanzania (Tanzania).

Communicable diseases remain the major cause of illness among refugees. In response, UNHCR and partners pursue a systematic approach to disease control, which includes engaging national programmes to raise community awareness of the risks and detect outbreaks early, along with more efficient case management and cross-sectoral prevention activities. The organization will continue to emphasize the need to include refugees in national early warning systems for epidemics and to establish multisectoral response programmes with strong links to the WASH sector.

A core strategic objective is to improve childhood survival rates, including reducing preventable mortality among children up to 5 years during the first six months

of an emergency. In 2014, UNHCR recorded the lowest mortality rate among children under 5 years since 2010; however, infants still account for 42 per cent of all deaths reported in refugee camps. Together with Save the Children, the Office has developed a multisectoral framework for infant and young-child feeding (IYCF) programmes that addresses behavioural factors. In 2016-2017, UNHCR will roll out the IYCF framework globally, building on the ongoing pilots in Bangladesh, Jordan and Kenya.

UNHCR is addressing non-communicable diseases and mental health issues by focusing on the management of these conditions within primary healthcare systems. Mental healthcare training is being expanded, building on experiences in Cameroon, Chad, Greece and Tanzania in 2015. UNHCR will reinforce reproductive health services as an integral part of its public health programmes and work closely with the Global Fund for HIV, Tuberculosis and Malaria, the President of the United States' Emergency Plan for AIDS Relief (PEPFAR), and UNAIDS to ensure refugees have access to antiretroviral treatment and national AIDS programmes and services.

## CASH-BASED INTERVENTIONS

UNHCR continues to expand the use of cash and vouchers, or cash-based interventions (CBIs). The use of CBIs to deliver assistance to people of concern has grown from approximately 15 operations in 2000 to more than 60 in 2015, with a budget of USD 465 million.

While cash grants have long been used in return and repatriation programmes, UNHCR is increasingly using CBIs to cover the full range of basic needs. Operations in Egypt, Jordan and Lebanon, for example, are now implementing large-scale, multi-purpose cash assistance, while in some other countries, refugees receive vouchers to buy gas bottles, allowing them to meet their energy needs.

The High Commissioner has made the expanded and systematic use of CBIs an institutional priority. A forthcoming strategic plan for CBIs will provide a framework for these efforts through 2020. UNHCR's objective is to ensure that operations managers and staff have the knowledge and capacities needed to choose and use the most appropriate assistance modality, whether in-kind, cash-based or a combination

## ● *Cost of water*

UNHCR seeks to ensure that refugees have access to water supplies of sufficient quality and quantity, and to improve sanitation systems and hygiene conditions. The organization has been working to reduce the operational costs of water supply systems by increasing the use of solar energy-powered water pumping facilities. In Kaya refugee camp in South Sudan, for example, the conversion of 80 per cent of fuel-powered boreholes into hybrid systems has halved the fuel consumption. In April 2014, UNHCR launched a "Cost of Water" pilot project together with IRC-NL (formerly known as IRC International Water and Sanitation Centre), with the

aim of identifying best practices and improving the cost-effectiveness of water management in camps and settlements. These objectives will be instrumental in enabling UNHCR to provide more sustainable water services to refugees and others of concern.

In 2015, refugees living in camps and settlements have been able to access an average of 19 litres of potable water per person per day. In 2016, the Office will continue to seek solutions that reduce longer-term operational costs and environmental impact, without compromising quality. ■



of both. UNHCR's partners will be fully engaged in efforts to achieve the institutionalization of CBIs within UNHCR and expand their use across all relevant operations (see also chapter *Working in Partnership*).

#### ALTERNATIVES TO CAMPS

UNHCR's Policy on Alternatives to Camps aims to create opportunities for refugees to live legally, peacefully and independently in host communities. In 2015, UNHCR introduced the Diagnostic Tool for Alternatives to Camps, to provide an overview of the current state of implementation of the Policy: 92 UNHCR operations serving some 11 million refugees completed the Diagnostic Tool exercise as part of

the operational planning for 2016-2017. The results have highlighted good practices by field operations pursuing alternatives to camps, including the mainstreaming of refugees into national healthcare and education systems, and community outreach.

For 2016 and 2017, field responses will reinforce contingency planning and preparedness; advocate and engage more with national development planning and in partnerships with development actors; and focus on efforts to increase displaced families' self-reliance. Building on the recently launched *Alternatives to Camps – Making It Work: Good Practice and Guidance* series, UNHCR will provide guidance on each of the key actions outlined in the Policy ■

## ● *Renewable energy*

UNHCR is working with partners to study and test the use of renewable energy technologies in different operational settings, such as the use of hybrid power generation for the delivery of water. Such efforts have the potential to reduce fuel consumption substantially, leading to significant cost savings.

They include the development of a solar farm to meet the lighting and low-power energy needs of 20,000 refugees currently living in Jordan's Azraq camp, with plans to expand the system in 2016 as the camp population grows. Excess energy will be fed into the national power grid. In Bangladesh, biogas technology is converting human waste into cooking fuel in one camp. Meanwhile, UNHCR is

working with Engineers Without Borders in Nepal to develop "mini grids" as a viable and cost-effective means of providing electricity in places where the population is too remote or sparse to justify connecting to the national power grid.

UNHCR has advocated the inclusion of refugees and other populations of concern in the Secretary-General's Sustainable Energy for All initiative and has been engaged in the Moving Energy Initiative (MEI), funded by the United Kingdom's Department for International Development (DFID). The MEI seeks to meet the energy needs of refugees and internally displaced people in ways that reduce costs and benefit host communities. ■

**AREAS OF INTERVENTION  
ANTICIPATED IN 2016**

**KEY ACHIEVEMENTS TARGETED**

**Basic needs and essential services**

**Health status of the population improved**

Review access to primary healthcare ■ A healthcare access and use survey will be implemented in at least 5 non-camp situations.

Establish referral mechanisms ■ The referral-care monitoring tool will be rolled out in at least 10 refugee operations.

**People of concern have optimal access to reproductive health and HIV services**

People of concern have optimal access to reproductive health services ■ Births attended by skilled personnel will be extended from 85% to 90%.

People of concern have optimal access to HIV services ■ Advocacy for legislation protecting the rights of refugees will be conducted in countries with mandatory HIV testing.

**Nutritional well-being improved**

Implement Infant and Young Child Feeding (IYCF)-friendly framework ■ The IYCF-friendly framework will be implemented in at least 3 UNHCR operations.

**WASH services improved**

Improve the quality of WASH programmes through standardized knowledge, attitude and practices (KAP) surveys ■ Standardized KAP surveys will be implemented in 3 refugee operations.

**Population has sustainable access to energy**

Implement the UNHCR Global Strategy for Safe Access to Fuel and Energy (SAFE) effectively ■ Country-based energy strategies will be developed in 2 additional countries in 2016.

Increase knowledge of energy interventions through strengthened monitoring and evaluation ■ The monitoring and evaluation toolkit will be compiled in 2016.  
■ Renewable energy testing monitoring equipment will be deployed with training in 4 country operations and additional equipment will be provided to 10 operations.

Expand energy and environment expertise and capacity in field operations ■ 2 new energy and environment positions will be established.  
■ Relevant staff in priority countries will be trained on energy and environment.

Test innovative approaches to energy provision ■ A solar farm will be installed in Azraq, Jordan, in 2016.

Enhance research and development ■ Procurement specifications will be designed for 5 fuel-efficient cookstove types.  
■ More partners will be engaged in research and development projects focusing on cookstoves, electricity distribution and generation.  
■ The recommendations made by the First Energy Advisory Board held in 2015 will be implemented.  
■ The development of the institutional environmental impact measuring toolkit for carbon assessment will be supported.

**AREAS OF INTERVENTION  
ANTICIPATED IN 2016**

**KEY ACHIEVEMENTS TARGETED**

**Basic needs and essential services**

**Cash-based interventions**

Develop and systematize tools and guidance to support the institutionalization of cash-based interventions (CBIs)

- Market assessment tools will be developed.
- Tools for cash and protection will be created.
- The multi-purpose cash grant toolkit will be rolled out in priority operations.
- Guidance on the selection of financial service will be provided for CBIs rolled out in priority countries.

Mainstream CBIs in to the work of divisions and services at UNHCR headquarters

- The capacity of divisions and services to accommodate CBIs will be strengthened.
- Gaps in UNHCR's systems will be identified and addressed to enable the use of CBIs.

Build capacity within UNHCR to implement CBIs

- Corporate CBI training will be rolled out.
- CBIs will be incorporated into sectoral training.
- Training on cash and preparedness will be developed.

Enable UNHCR country operations to systematically consider and use CBIs

- CBIs will be implemented in established targeted operations systematically.
- Additional tailored interventions will support self-starter CBI operations.

Develop CBI delivery arrangements

- The development of cash transfer solutions that can be rapidly adapted and deployed to different contexts will be explored.

**Populations are able to satisfy their settlement and shelter needs in a safe, dignified and sustainable manner wherever they live, whether in urban or rural settings.**

Implement the UNHCR Global Strategy for Settlement and Shelter (SSS)

- 100% of target countries will have developed comprehensive shelter strategies.

Increase the number of shelter and settlement experts available within emergency rosters and the SSS human resources database

- Dedicated training will benefit, shelter technicians, cluster coordinators and physical site planners.

Ensure systematic deployment of senior settlement and shelter experts at the onset of emergencies

- Experts will be on standby to respond to immediate emergency needs.
- The SSS human resources database will be improved to link urgent needs for expertise with available and known profiles.

Equip settlement and shelter experts with updated tools and guidance to support the development of country programmes, including the adoption of Alternatives to Camps and the Master Plan approach

- The use of the physical site planner toolkit will be mainstreamed following the completion of the pilot phase.
- The site assessment format will be piloted and adopted in field operations.
- A standard outsourcing modality for flood analysis will be developed.
- The shelter-design catalogue will be completed.

Pursue shelter-related research and development to secure improved shelter solutions, adopting innovative technologies

- Specifications for the self-standing tent will be finalized.

# Cholera containment measures stall death rate in Tanzania refugee camp

*This article is an adapted version of a UNHCR news story*

26 May 2015



UNHCR/B. LOYSEAU

**GENEVA, May 2015 |**

*The UN refugee agency has reported that containment measures to tackle a cholera epidemic in western Tanzania's Lake Tanganyika area appear to be working.*

Burundian refugees being treated in a cholera treatment centre in Kigoma, Tanzania.

The epidemic had this month claimed 30 lives among refugees and the local community, but UNHCR spokesman Adrian Edwards said that no new deaths had been reported since last Thursday. In all, 4,408 cases have so far been reported, but the number of new cases daily has fallen to around 100 from a peak of 915 on 18 May.

"The reduction in the reported cases is largely due to the concerted approach to contain the spread of the outbreak through intensified measures to promote hygiene. For now the situation is improving, but resolving it fully may take several weeks," Edwards told journalists in Geneva.

UNHCR, the World Health Organization and other partners are working closely with the Tanzanian health authorities to ensure treatment of patients and to strengthen prevention measures, including improved access to safe water and sanitation.

A team from Médecins Sans Frontières (MSF) is running cholera treatment centres

in Kagunga and supporting other partners in Kigoma. The health programme at the Nyarugusu refugee camp is being run by the Tanzanian Red Cross Society and MSF is setting up the cholera treatment centre.

The village of Kagunga, one of the epicentres for the outbreak and which until only recently was hosting tens of thousands of people, has now been almost emptied of refugees. "Around 30,000 people there have been moved to the Nyagurusu refugee camp, and we hope to complete the movements of the remaining few thousand refugees either today or tomorrow. Arrangements have begun for massive decontamination," UNHCR's Edwards said.

At the Tanganyika stadium in Kigoma, another epicentre, efforts to improve the water and sanitation situations have also been showing positive results with fewer critical cases appearing. Currently, at both Kagunga and Kigoma, there is a shortage of bed nets and malaria is still a concern. ○