

**Executive Committee of the
High Commissioner's Programme**

Distr.: Restricted
21 February 2017
English
Original: English and French

Standing Committee
68th meeting

Global programmes

Summary

This paper takes stock of advancements and challenges in 2016 in the areas of public health, education, shelter and settlement, livelihoods and energy. It also highlights key developments in information management and statistics, as well as identity management and registration, and efforts to strengthen protection and assistance through the pursuit of alternatives to camps and cash-based interventions.

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I. Introduction

1. UNHCR's global programmes support field operations in addressing the needs of refugees and other people of concern in the areas of: public health, HIV/AIDS; water, sanitation and hygiene (WASH); education; shelter and settlement; energy and environment; and livelihoods. Guided by five-year strategies in each of these areas, global programmes are supported by information management, and identity management and registration. The "Policy on alternatives to camps"¹ and the "Policy on cash-based interventions"² provide strategic direction for activities implemented by the field, with headquarters support and in collaboration with a broad range of partners, including governments, other United Nations agencies, non-governmental organizations (NGOs), foundations and the private sector.

II. Updates on technical sectors

A. Public health

2. The "Global strategy for public health" (2014-2018)³ continued to set the strategic priorities for UNHCR's public health and WASH programmes. In 2016, regular monitoring⁴ and timely interventions ensured that UNHCR and over 240 partners were able to provide effective life-saving assistance in camp and non-camp settings. Timely responses, including during a cholera outbreak affecting refugees and the host community in Uganda in July 2016, helped maintain under-5 mortality rates at acceptable levels in 99 per cent of operations.

3. UNHCR continued to promote and support the inclusion of refugees in national health systems, with a view to benefiting host governments and communities, as well as refugees. As at February 2017, operations in eight countries were implementing multi-year plans to include refugees in community-based health insurance schemes. In Ghana, responsibility for refugee health facilities was transferred from UNHCR to national authorities, who completed the process of incorporating refugees into national health services. In sub-Saharan Africa, UNHCR and partners increased access to essential mental health care in underserved areas by training 460 primary health care workers and building training capacity, particularly in Ethiopia and Uganda.

Reproductive health and HIV

4. In Jordan, Kenya and South Sudan, UNHCR and the Gates Foundation strengthened new-born health by scaling up high-impact low-cost interventions, such as thermal care for low birth weight babies. Globally, efforts in maternal health care ensured that at least 90 per cent of births took place in health facilities in 86 per cent of surveyed operations, compared to 68 per cent of surveyed operations in 2014.

5. Working with national HIV programmes and partners, UNHCR resumed antiretroviral therapy for some 1,950 newly-arrived South Sudanese refugees in the north-east of the Democratic Republic of the Congo, also extending services to 400 host community members living without access to HIV treatment in this remote area. In Rwanda, with support

¹ Available from: <http://www.unhcr.org/5422b8f09.html>.

² Available from: <http://www.unhcr.org/581363414.pdf>.

³ Available from: <http://www.unhcr.org/530f12d26.pdf>.

⁴ "Twine", UNHCR's health information system, covers some 3.2 million refugees at 143 sites in 26 countries.

from the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNHCR initiated antiretroviral therapy and HIV prevention activities for Burundian refugees. The Joint United Nations Programme on HIV/AIDS, the United Nations Children's Fund (UNICEF), the International Organization for Migration and the International HIV/AIDS Alliance, together with UNHCR, developed a toolkit on addressing HIV in humanitarian emergencies for West and Central Africa, containing practical guidance on preparedness, contingency planning and response.

Nutrition and food security

6. Global acute malnutrition (GAM) remained within acceptable levels in 54 per cent of surveyed refugee-hosting locations, however 24 per cent of locations reported levels above the emergency threshold.⁵ Joint efforts between UNHCR and Save the Children improved infant and young child feeding practices, with over 70 per cent of mothers exclusively breastfeeding infants under 6 months at 45 per cent of sites. UNHCR continued to highlight the need for measures to improve the short and long-term nutritional status of refugee children, as 74 per cent of refugee-hosting sites reported levels of child anaemia above critical thresholds.

7. Overall availability of food assistance for refugee operations remained critical. Despite UNHCR's collaboration with the World Food Programme (WFP) to mitigate food insecurity, refugees in several operations experienced chronic and significant reductions in food rations during the year, particularly in sub-Saharan Africa. From December 2016, an online tool monitoring food assistance in refugee operations was used to support UNHCR-WFP coordination and advocacy efforts.

Water, sanitation and hygiene (WASH)

8. UNHCR improved access for refugees to safe water through cost-effective, long-term solutions that minimized negative environmental impacts. By the end of 2016, all 29 boreholes in the Dadaab camps in Kenya and in Nyarugusu and Nduta camps in the United Republic of Tanzania were powered by solar-hybrid water pumps, with savings of 50 per cent on operating costs through the reduction of requirements for diesel fuel. It was anticipated that solar water pump systems in Bidibidi settlement and Rhino camp in Uganda would generate savings of up to 80 per cent.

9. UNHCR increased overall household latrine coverage in refugee communities by 9 per cent through environmentally sustainable solutions. Mahama camp in Rwanda was increasingly using highly water-efficient latrines. In Ethiopia, camps in Dollo Ado and Gambella were moving towards exclusive use of urine diverting dry toilets, which eliminated pathogens and reduced waste volumes by up to 90 per cent. The installation of a small bore system connecting every household to sewage treatment networks in the Zaatari camp in Jordan was expected to reduce the health and environmental impacts of unregulated wastewater discharge.

B. Education

10. UNHCR continued to work with governments and other partners to provide access to quality education for refugees within national education systems from the onset of emergencies, ensuring their needs were addressed through multi-year education sector plans. At the end of 2016, refugees had access to national schools in 64 countries. In 2017, UNHCR

⁵ Results from 66 surveyed sites.

planned to focus on including refugee children in national school systems in an additional nine countries, namely Burkina Faso, Burundi, Chad, the Democratic Republic of the Congo, Ethiopia, Liberia, Mali, South Sudan and the United Republic of Tanzania, in collaboration with the Global Partnership for Education (GPE).⁶

11. Despite progress, as at the end of 2016 UNHCR estimated that only one in five refugee adolescents had access to secondary education. In 2017, UNHCR planned to support an additional 230,000 young people to complete their education, initially in operations with high numbers of adolescent refugees, namely Kenya, Pakistan, Rwanda and Uganda. Accelerated education programmes for overaged youth reached some 45,000 young refugees across Africa, Asia, the Middle East and North Africa in 2016, while over 110,000 out-of-school children were enrolled in primary school across 12 countries with large refugee populations.

12. UNHCR and the Vodafone Foundation worked to enhance the quality of education through technology in 30 innovative online Instant Network Schools throughout East Africa. Over 9,000 refugee students also benefited from higher education through scholarships and connected learning programmes supported by UNHCR and a consortium of connected learning partners.

C. Shelter and settlement

13. Through the “Global strategy for settlement and shelter” (2014-2018),⁷ UNHCR continued to strengthen refugee access to safe and adequate shelter. All operations with large-scale shelter programmes have developed context-specific strategies to progress from emergency shelter to transitional solutions that provide more dignified living conditions. “Master Plan” initiatives, developed in cooperation with the governments and United Nations and NGO partners, were progressing in Chad, Kenya, Mozambique, Uganda and Zimbabwe.⁸

14. Emergency shelter remained a priority. Twenty shelter and settlement planning experts were deployed to field operations to support technical planning in emergency and protracted situations, including in Chad, Ethiopia, Greece, Iraq, Jordan, Malawi, Nigeria, Uganda and the United Republic of Tanzania. UNHCR made plans to focus in 2017 on strengthening shelter responses in urban areas and for internally displaced persons (IDPs).

15. UNHCR consolidated technical site and shelter planning capacities in operations. During 2016, UNHCR released a shelter design catalogue, a number of case studies of implemented settlement designs, and a physical site planning toolkit (PSP toolkit). The Office also trained 27 shelter experts and established a community of practice for users of the PSP toolkit. The new self-standing family tent, developed with International Federation of the Red Cross, will become available in 2017.

D. Information management and statistics

16. UNHCR reinforced information management capacity through deployments to 17 operations, including emergencies in Libya, Nigeria and Ukraine, as well as by training 25 trainers on information management in emergencies and 20 staff on data visualization. UNHCR’s Operational Web Portal (www.data.unhcr.org) covered 15 situations and 80 countries by the end of 2016.

⁶ The GPE supports refugee inclusion in education sector plans in lower-income countries through grant financing.

⁷ Available from: <http://www.unhcr.org/530f13aa9.pdf>.

⁸ See below Part III.A. More information on the Global Shelter Cluster is provided in conference room paper EC/68/SC/CRP.8 on “Strategic partnerships, including cooperation”.

17. UNHCR continued to work towards predictable, responsible and protection-sensitive data sharing to support transparent, evidence-based decision-making and advocacy. Together with its partners, UNHCR developed a framework for protection information management, with a view to ensuring interoperability, simplification and easy data sharing between partners.

18. UNHCR developed a centralized, secure platform to house internal population datasets collected and maintained by UNHCR operations, facilitating analysis and easy generation of statistics. At the Expert Group on Refugee and IDP Statistics (EGRIS), UNHCR and its partners presented an outline of the “Handbook on refugee statistics”, as well as a technical report on IDP statistics detailing a way forward for developing international recommendations.

E. Identity management and registration

19. UNHCR undertook 19 verification exercises in 2016. Through UNHCR’s global programmes, a number of registration experts were deployed to support large-scale exercises in Cameroon, Kenya and Niger, and for emergency registration in Ethiopia, Greece and Uganda. An important update of “proGres in Partnership”, UNHCR’s registration and case management tool, was released in August 2016. “proGres in Partnership” was used by UNHCR, partners and host governments to standardize registration and case management practices across 15 operations.

20. By December 2016, over 3 million refugees and asylum-seekers had been registered by 30 operations using either the Biometric Identity Management System (BIMS), UNHCR’s global biometric tool, or IrisGuard, which was used in operations involved in the Syria situation. UNHCR developed and piloted a distribution system in Kenya’s Kakuma camp that used BIMS to verify identities at food-distribution points, ensuring a faster and more secure and efficient distribution process. The global deployment of BIMS continued to move forward in 2017.

F. Livelihoods and self-reliance

21. UNHCR continued to make progress in developing results-driven and market-oriented programmes to ensure refugees were able to meet their basic needs in a safe, sustainable and dignified manner, in line with the “Global strategy for livelihoods” (2014-2018).⁹ By December 2016, 32 operations had developed context-specific livelihoods strategies, with 46 qualified livelihoods experts developing programmes in the field to support refugee access to wage and self-employment. In Europe, UNHCR and the Organisation for Economic Co-operation and Development promoted the inclusion of refugees and asylum-seekers into labour markets through a series of dialogues with the private sector.

22. UNHCR has successfully connected refugee artisans to global markets by partnering with local social enterprises to include refugees in value chains. This approach, piloted in Burkina Faso, was expanded to six countries in East Africa and Southeast Asia in 2016. Following training by local social enterprises, the first products made by refugee women in Mahama camp in Rwanda and by refugee artisans in Burkina Faso were made available for sale on international markets.

⁹ Available from: <http://www.unhcr.org/530f107b6.pdf>.

G. Energy and environment

23. The “Global strategy for safe access to fuel and energy (SAFE)” (2014—2018)¹⁰ provides the framework for UNHCR’s efforts to increase the use of clean and sustainable energy in refugee operations. Together with the Food and Agriculture Organization, UNHCR worked to extend biomass assessments for available wood supplies in Djibouti, Ethiopia and Uganda. In the United Republic of Tanzania, UNHCR partnered with the World Bank to support the national environmental strategy. While testing innovative technologies to improve land restoration with new partners in Malawi and Rwanda, UNHCR also continued to work with the Gates Foundation to explore how to convert household waste into cooking fuel in Kakuma camp, Kenya, with a view to reducing protection and environmental risks, as well as reliance on wood and charcoal.

III. Other initiatives

A. Alternatives to camps

24. In line with the “Policy on alternatives to camps”, UNHCR continued to promote approaches that build on and invest in the capacities of displaced persons, creating opportunities for them to fully exercise their rights and live lawfully, peacefully and productively in and alongside hosting communities. In 2017, UNHCR will focus on strengthening synergies with national and local development processes, infrastructure and service delivery systems. In Rwanda, UNHCR started to explore how refugees could be progressively connected to the national social protection system through a series of interventions over multiple years, using cash-based interventions (CBIs), evidence-based targeting approaches and measures to promote economic inclusion.

25. In Chad and Mozambique, UNHCR promoted the “Master Plan” approach to explore how investments in infrastructure and the provision of services in refugee-hosting areas could be better connected to local development planning, in the interests of both refugees and host communities. UNHCR is supporting the Government of Malawi to develop settlement options for new arrivals from the Democratic Republic of the Congo and to provide alternatives for refugees already residing in congested settlements.

26. With the support of the European Commission Humanitarian Aid and Civil Protection department (ECHO), UNHCR worked to implement the “Policy on alternatives to camps” by developing guidance and lessons learned on targeting. The guidance emphasized conducting quality data analysis and working with multiple stakeholders to ensure coordinated and coherent targeting approaches.

B. Cash-based interventions

27. In 2016, UNHCR implemented CBIs in over 60 countries with an estimated expenditure of US\$ 430 million, representing a 20 per cent increase from 2015. In line with UNHCR’s “Policy on cash-based interventions” and the “UNHCR strategy for the institutionalization of cash-based interventions”,¹¹ released in October 2016, UNHCR provided dedicated capacity to expand the use of CBIs in 12 new operations, supported 47 operations in their efforts to streamline the use of cash assistance, and released new market and cash delivery mechanism assessment tools, piloted in six countries. Overall, UNHCR

¹⁰ Available from: <http://www.unhcr.org/530f11ee6.html>.

¹¹ Available from: <http://www.unhcr.org/584131cd7.pdf>.

provided CBI training for some 700 staff and partners, including through two new learning programmes.

28. Some 1.8 million people received cash assistance in the Middle East. In Jordan, studies found that CBIs had helped to prevent Syrian refugees from resorting to negative coping strategies, such as child labour. In Turkey, UNHCR's cost-effective cash distribution system provided winterization support to some 108,000 refugee families.

29. Partnerships remained at the core of cash implementation, with WFP and UNICEF acting as UNHCR's key strategic partners in this area. Together with WFP, UNICEF and the NGO Cash Consortium, UNHCR established first of its kind common cash delivery arrangement in Lebanon. UNHCR also worked with PricewaterhouseCoopers to develop a roadmap for the organizational changes and alignments required to fully institutionalize CBIs.
