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Responding with Lifesaving Support

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Complex, protracted situations and recurrent conflict continued to cause internal and cross-border displacement throughout 2016. The Inter-Agency Standing Committee (IASC) system-wide Level 3 emergency declarations for Iraq, the Syrian Arab Republic (Syria) and Yemen remained in effect, as did six UNHCR emergency declarations for inside Yemen, as well as for the Burundi, Iraq, Nigeria, South Sudan and Syria situations.

By the end of the year, more than 20 UNHCR country operations were responding to large-scale refugee and internal displacement. The Office also deactivated six emergency declarations during 2016 for the Central African Republic (CAR), Myanmar, Uganda (for refugees from the Democratic Republic of the Congo only), Ukraine, Djibouti and Somalia as part of the Yemen situation, and the Europe situation.

In addition to enhancing emergency preparedness, UNHCR provided skilled staff and material support to protect and assist people of concern, as well as strengthen operational delivery and coordination in countries experiencing new or deteriorating situations of displacement.

The Office continues to prioritize measures to prevent and respond to sexual and

Villagers from drought affected areas in Kenya walk back to their houses with jerry cans distributed by UNHCR.

gender-based violence, as well as efforts to assist people of concern with specific needs, including at the onset of emergencies. Core relief items worth more than \$63 million reached people in need in 31 countries. In addition, UNHCR's

cash-based programming exceeded \$680 million in 2016, complementing a broad range of interventions made by the Office in sectors such as shelter and health, to meet the basic needs of people of concern.

Responding to emergencies

Emergency preparedness

More than 1,800 staff, partners and other stakeholders benefited from emergency preparedness and response training in 2016.

UNHCR's approach to emergency preparedness is grounded in robust risk assessments; collaborative and localized planning; and the rights, dignity and protection needs of people of concern. The Office worked with its partners and other stakeholders to ensure that effective preparedness measures: were in place across each sector; built upon the existing response and capacities; maintained and reinforced the centrality of protection; and integrated and addressed cross-cutting issues through quality programming.

UNHCR introduced the high alert list for emergency preparedness (HALEP) as a key diagnostic tool for early warning, monitoring of current and potential displacement risks, and assessing the readiness and response capacity of the organization. More than 40 country operations used the HALEP to assess risk and develop contingency plans.

The Office continued to provide training, guidance and tools to increase preparedness and enhance local response capacity. More than 1,800 staff, partners and other stakeholders benefited from emergency preparedness and response training. In addition, a dedicated team was established at Headquarters to provide guidance and support to field operations in countries at high risk of experiencing new or deteriorating situations of displacement.

Supply readiness was strengthened through the pre-positioning of relief items closer to "hot spot" areas, as well as by increasing logistics capacity, to respond to operational needs more rapidly. UNHCR also actively engaged in the "Ready to respond" initiative, working alongside DFID, OCHA, UNICEF and WFP to improve emergency response capacities, advance inter-agency coherence in humanitarian action, and yield efficiencies in the longer term.



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Displaced Yemeni children in Sirwah, Ma'rib governorate.

Emergency response

The rapid deployment of skilled staff plays a critical role in UNHCR's initial emergency response. More than 370 deployments were undertaken in 2016 to support 31 country operations, including Uganda in response to a refugee influx from South Sudan, as well as Greece, Iraq, Niger and Nigeria. The Office maintained internal multi-functional standby teams, led by senior emergency coordinators, and new functional rosters were created for human resources, supply and programme. In addition, UNHCR's standby partners provided expert surge personnel to emergency operations, expanding humanitarian outreach and further strengthening coordination. More than 40 per cent of emergency deployments in 2016 were facilitated by standby partnerships.

Emergency classifications

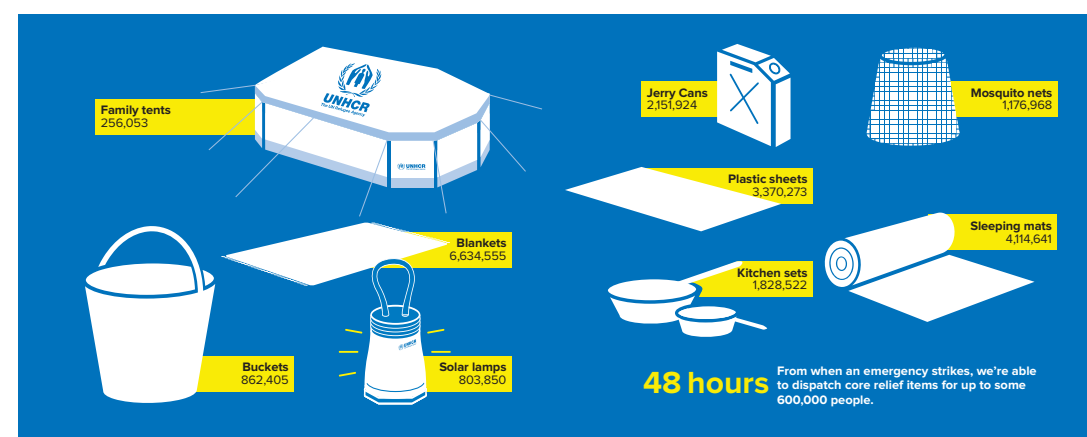
Level 3 – an IASC system-wide Level 3 (L3) emergency is the global humanitarian system's classification for the most severe crises. They require system-wide mobilization to significantly increase the scope of the response and improve the overall effectiveness of assistance. A system-wide L3 emergency is declared by the Emergency Relief Coordinator on behalf of the IASC, of which UNHCR is an active member.

UNHCR classifications – the organization defines three levels of emergency response. Considerations in assessing the level of an emergency include the impact on affected populations, the complexity of the situation, and the capacity of the Office to respond. A UNHCR emergency declaration triggers an immediate mobilization of financial, human and material resources to support the country office in responding to the crisis.

UNHCR standby partners included:

- Bundesanstalt Technisches Hilfswerk (THW)
- CANADEM
- Centers for Disease Control and Prevention, United States of America
- Danish Refugee Council
- Department for International Development, United Kingdom of Great Britain and Northern Ireland (DFID)
- Directorate for Civil Protection and Emergency Planning, Norway (DSB)
- Dutch Surge Support Water (previously Netherlands Enterprise Agency)
- Emergency.lu, Luxembourg Ministry of Foreign Affairs
- International Humanitarian Partnership
- iMMAP
- Irish Aid
- Norwegian Refugee Council
- RedR Australia
- Save the Children Norway
- Swedish Civil Contingencies Agency (MSB)
- Swiss Agency for Development and Cooperation (SDC)
- Veolia Environment Foundation
- White Helmets Commission, Argentina

In 2016, core relief items from UNHCR's global stockpiles reached people of concern in 31 countries



UNHCR's global supply chain enables it to meet the basic needs of 600,000 people of concern in simultaneous and complex emergencies, by drawing on its seven global stockpiles (in Accra, Amman, Copenhagen, Duala, Dubai, Isaka and Nairobi). Core relief items to the value of \$63.8 million from these global stockpiles reached people of concern in 31 countries, including Burundi, Greece, Iraq, South Sudan, Syria and Yemen. UNHCR's emergency procurement and supply procedures were also updated to facilitate the fast delivery of goods and services to people in need.

The Office continuously reviews and adapts its security risk management

practices to be able to operate in conflict settings and be situated close to affected populations. More than 800 UNHCR staff worked in countries with security levels designated by the UN to be "high" or "extreme". UNHCR's continued presence in countries such as Afghanistan, Iraq, Somalia, South Sudan, Syria and Yemen would not have been possible without effective risk management measures. UNHCR security personnel managed 272 security incidents and 37 functional assessment missions were undertaken for security assessments and evaluations, development of contingency plans, and programme criticality assessments.

KEY AREAS OF INTERVENTION IN 2016	KEY ACHIEVEMENTS IN 2016
EMERGENCY PREPAREDNESS AND RESPONSE	
Emergency response capacity and effectiveness reinforced	
	A dedicated unit was established at Headquarters to provide guidance and support to operations, and develop analytical tools. More than 20 countries were supported in 2016, including Afghanistan, the Democratic Republic of the Congo (DRC), and operations affected by the Burundi, Nigeria and South Sudan situations.
	The HALEP and its accompanying diagnostic tools were introduced and assisted 43 operations to assess preparedness.
Enhance emergency preparedness	Refugee emergency response agreements with NGOs were expanded to include response capacity in SGBV; health; water, sanitation and hygiene (WASH); cash-based interventions; and nutrition; in addition to existing agreements for camp coordination and camp management; shelter; community-based protection; and education.
	UNHCR, in consultation with the Government and other partners, identified priorities for a joint approach on emergency preparedness, which was rolled out in the United Republic of Tanzania. The approach focuses on mapping and complementing local capacity; analysis and planning; protection-centred preparedness; and capacity building.
	More than 370 deployments and missions were undertaken to support emergency operations, including 40% from stand-by partners.
Deploy standby emergency coordination, preparedness and response teams	UNHCR emergency stand-by teams worked to strengthen protection, operational delivery, and coordination in 15 operations. New technical rosters for human resources, supply and programme capacity were established.
	The Emergency Handbook (accessible online at https://emergency.unhcr.org/ and as a mobile application) was updated to reflect new policies, guidance and tools.
Build capacity in emergency preparedness and response, security and supply chain management	More than 1,200 UNHCR and external participants were trained in emergency preparedness and response; more than 1,500 participants were trained in security management; and some 900 participants were trained in supply chain management.
	The eCentre in Bangkok facilitated 22 capacity-building activities for more than 600 practitioners from the Asia and Pacific region.
	Security risk management measures were reviewed and adapted to protect and assist people of concern in conflict and high-risk environments.
Reinforce security management as an organizational culture	Security analysis was integrated into emergency preparedness and response plans, as well as business continuity plans.
	Operations were assessed through the annual minimum operating security standards (MOSS) survey to ensure appropriate risk mitigation measures are in place.
	Security structures and equipment were maintained to meet appropriate standards and operational needs.





KEY AREAS OF INTERVENTION IN 2016	KEY ACHIEVEMENTS IN 2016
<p>Inter-agency and strategic partnerships strengthened</p>	<p>UNHCR continued to actively engage in the IASC Emergency Directors Group; Reference Group on Preparedness and Resilience, and its Analyst Group on Early Warning, Early Action and related initiatives; Reference Group on Principled Humanitarian Action; UN Crisis Management Working Group; Communicating with Disaster-Affected Communities Network; as well as inter-agency security forums.</p> <hr/> <p>UNHCR co-chaired the IASC Task Team on Accountability to Affected Populations.</p> <hr/> <p>Partnerships with UN Global Marketplace and the Common Procurement Activities Group continued to increase the efficiency and effectiveness of procurement activities.</p> <hr/> <p>UNHCR continued to work with the Programme Criticality Steering Group and Programme Criticality Coordination Team, and was an integral part of inter-agency facilitation teams deployed to Afghanistan, Burundi, Mali, Syria, Tajikistan and Yemen.</p>
<p>Global supply management optimized for efficient delivery</p>	<p>The global emergency stock was maintained to respond to the needs of 600,000 people of concern in simultaneous and complex emergencies.</p> <hr/> <p>A roster of supply experts was created and drawn from to support emergencies through 10 deployments.</p> <hr/> <p>The regulatory framework for procurement in emergencies was revised to facilitate faster responses.</p>



CASH ASSISTANCE FOR PREPAREDNESS

UNHCR is expanding its ability to systematically assess the feasibility of using cash-based interventions (CBIs) through all phases of the humanitarian response. In 2016, CBI feasibility assessments and related training were carried out in

Afghanistan, Burundi, Myanmar, Niger, Nigeria and Uganda. The results of these assessments will be integrated into contingency plans that will serve as a model for CBIs and preparedness moving forward.

Addressing sexual and gender-based violence

Sexual and gender-based violence (SGBV) is a human rights violation with devastating consequences. Vulnerability to SGBV is exacerbated in displacement settings, and proven measures should be taken from the start of humanitarian responses to comprehensively address risks and protect affected populations.

UNHCR prioritizes the prevention of, and response to, SGBV, in particular in emergencies. Through an SGBV specialist deployment scheme, funded by the “Safe from the start” initiative, 10 country operations (CAR, Greece, Italy, Malawi, Niger, Nigeria, Rwanda, South Sudan, Uganda and the United Republic of Tanzania) received 55 months of dedicated technical support in 2016. This additional support increased both the efficiency and coverage of SGBV programming, including through the establishment of referral pathways to connect survivors with appropriate service providers. The additional expertise also strengthened the capacity of UNHCR staff, partners and government authorities to better identify and mitigate the risks of SGBV, as well as assist survivors and those at risk.

UNHCR continued to focus on strengthening measures to identify SGBV survivors as early as possible and ensure they receive timely and appropriate assistance. In Cameroon, 13 community-based committees have been established in neighbourhoods with large concentrations of urban refugees to facilitate the early identification of SGBV survivors and the timely referral to government-run services. In Jordan, UNHCR scaled up the provision of legal aid to SGBV survivors through the

deployment of specialized lawyers in women and girls’ safe spaces in refugee camps. This contributed to an increase in the use of legal services to address SGBV. In the United Republic of Tanzania, medical staff worked to improve health and protection screening at border entry points to identify survivors and accelerate their referral to health services and psychosocial counselling.

Throughout the year, UNHCR continued to develop innovative, multi-sectoral approaches to SGBV prevention and response that could be replicated in different operations. Projects in 13 countries have been designed to prevent specific SGBV risks affecting the community in sectors such as energy, livelihoods, and information and technology. Some examples of these are presented below.

To help reduce the SGBV risks associated with collecting firewood, UNHCR is trialling projects that provide refugee communities with access to alternative energy sources. In Cameroon, a project provided the community with an alternative energy source to firewood by engaging 30 refugee women to collect biomass, and make and sell briquettes. In Kigeme camp, Rwanda, UNHCR partnered with a local social enterprise to provide 300 households with low-emission cooking stoves and biomass pellets, as an alternative to firewood. In Nyarugusu camp in the United Republic of Tanzania, the Community Environmental Management and Development Organization distributed gas and cooking stoves to 3,000 households for an initial 12-week period. Protection outcomes of the project will be assessed in early 2017.

A lack of livelihood opportunities and support for displaced people are high-risk factors for SGBV. Women and girls excluded from livelihood opportunities, for example, can be exposed to sexual exploitation and abuse because of their precarious economic situations. In Malaysia, an artisan project provided sewing, embroidery and knitting training to support refugees in selling their products online and in local bazaars, with revenue from sales invested back into the provision of services for SGBV survivors. In the Republic of the Congo (Congo), a social support network for young women and girls developed an outreach and training programme to reduce the risk of sexual exploitation. Literacy, life skills, and vocational training were provided to

facilitate job placements for the participants.

Innovative approaches using information and technology solutions to empower those at risk are a key component of UNHCR's approach to SGBV prevention and response. A community technology access project established a women-only internet café in Herat, Afghanistan, for refugee returnees, IDPs and the local community. Run by a local women's association, the café allows women to access information or report SGBV incidents in a safe environment. For survivors, the café also provides counselling services and referrals for additional support.



CASH ASSISTANCE FOR PROTECTION

UNHCR continues to lead on efforts to assure the protection of people of concern through cash assistance. Research by UNHCR and its partners has shown that cash, particularly unrestricted multi-purpose grants, can help mitigate the vulnerability of refugees and IDPs to negative coping strategies, such as survival sex and child labour.

Protection-oriented cash interventions were in place in more than 30 field operations during 2016. Cash assistance was, for example, provided as part of case management for urgent or monthly needs in Jordan and Syria; to assist people with specific needs in Kenya, Morocco and Tunisia; to cover subsistence expenses for unaccompanied children in Ethiopia, Sudan

and Yemen; to meet protection and mixed solutions needs in India; to support survivors and those at risk of SGBV in the Congo, alongside other forms of assistance, such as counselling and livelihood support; and as part of governmental safety net programmes in Ukraine and Zambia.

UNHCR also continued to build its knowledge base, capacity and systems to implement CBIs as a protection tool. Technical support on cash and protection was provided to 11 country operations, including Afghanistan, CAR, the DRC, Syria, Turkey and the United Republic of Tanzania. Specific training on cash and child protection was undertaken in Egypt, Ethiopia, Sudan and Yemen.

KEY AREAS OF INTERVENTION IN 2016	KEY ACHIEVEMENTS IN 2016
SECURITY FROM VIOLENCE AND EXPLOITATION	
Risk of SGBV is reduced and quality of response improved	
Ensure SGBV programming in emergencies	<p>10 operations (CAR, Greece, Italy, Malawi, Niger, Nigeria, Rwanda, South Sudan, Uganda and the United Republic of Tanzania) benefited from 55 months of technical support to help mitigate the risk of SGBV and improve access to, and the quality of, vital services for survivors.</p> <p>4 gender and SGBV protection specialists were deployed to the Congo, the DRC, Rwanda and Ukraine through the International Rescue Committee Protection Surge Capacity Project.</p> <p>13 multi-sectoral projects were supported to mitigate the risks of SGBV.</p>
Develop capacity in SGBV prevention and response	<p>UNHCR actively participated in the inter-agency GBV Guidelines reference group, which organized 7 global launch events, 4 global training sessions, 1 regional training session for countries responding to the Syria situation, and 52 training sessions in 10 countries to disseminate the IASC guidelines.</p> <p>The "SGBV prevention and response training package" (2016) was published and disseminated to UNHCR field operations.</p>
Increase efficient data management	<p>Technical support to improve the gender-based violence information management system was provided to 27 operations (Brazil, Burundi, Cameroon, CAR, Colombia, the DRC, Ecuador, Egypt, Ethiopia, Greece, Iraq, Jordan, Kenya, Lebanon, Malaysia, Mali, Mauritania, Myanmar, Niger, Nigeria, Rwanda, Somalia, South Sudan, Uganda, United Republic of Tanzania, the Bolivarian Republic of Venezuela and Ukraine).</p>
Strengthen gender equality within UNHCR's work	<p>Some 140 UNHCR staff are working as gender focal points, SGBV focal points and age, gender and diversity (AGD) focal points across the organization.</p> <p>UNHCR's "Review of gender equality in operations" was published with analysis of data from 73 operations to identify needs, challenges and recommendations.</p> <p>UNHCR's "Age, gender and diversity accountability report" (2015) was published and analyses organization-wide implementation of the AGD policy.</p> <p>Content for a gender equality e-learning course content was developed for launch in 2017.</p> <p>Technical support was provided to operations, including Rwanda and Ukraine, to improve gender equality programming.</p> <p>An AGD review of all indicators in UNHCR's results-based management framework was conducted.</p> <p>Annual reporting on UNHCR's progress regarding gender equality was completed, including through: the "UN-system wide action plan on gender equality and the empowerment of women"; UN Security Council Resolution 1325 on women, peace and security; the UN Secretary General's report on the status of women in the UN system; the UNDG Gender Equality Task Team reporting on headquarters gender expertise; and International Geneva Gender Champions' commitments.</p> <p>UNHCR worked on the revision of IASC tools on gender equality, including the revision of the gender marker, and the revision of the IASC "Gender Handbook in Humanitarian Action."</p> <p>UNHCR participated in the UN Commission on the Status of Women, including the implementation of the World Humanitarian Summit (WHS) gender equality commitments.</p>





KEY AREAS OF INTERVENTION IN 2016	KEY ACHIEVEMENTS IN 2016
BASIC NEEDS AND ESSENTIAL SERVICES	
Services for persons with specific needs strengthened	
Strengthen capacity to address the specific protection needs of lesbian, gay, bisexual, transgender and intersex (LGBTI) people of concern	<p>"Training-of-trainers" curriculum was developed, in collaboration with IOM, and piloted in December 2016 for UNHCR and IOM staff.</p> <p>Technical support and guidance were provided to field operations on protecting LGBTI people of concern.</p> <p>Sharing of good practices and lessons learnt was facilitated through LGBTI learning programme.</p>
Strengthen capacity to address the specific protection needs of people with disabilities	<p>Technical support and guidance on disability inclusion were provided to field operations. 7 operations (Chad, Djibouti, Malawi, Mauritania, Rwanda, Ukraine and Zimbabwe) developed and implemented action plans to strengthen the protection of people with disabilities.</p> <p>New partnerships were strengthened with disability actors at global, regional and country level. UNHCR played a lead role in developing the "Charter on inclusion of persons with disabilities in humanitarian action," launched at the WHS, and the establishment of the IASC Task Team to support implementation of the Charter.</p> <p>Technical support and guidance were provided to field operations on protecting older people, who face similar obstacles to inclusion as people with disabilities.</p>
COMMUNITY EMPOWERMENT AND SELF-RELIANCE	
Community mobilization strengthened and expanded	
Strengthen capacity to design, implement, monitor and evaluate protection and assistance programmes	<p>3 thematic guidance issue briefs were produced and technical support provided to 19 field operations.</p> <p>A curriculum for a community-based protection learning programme was developed and piloted across 14 operations in the Middle East and North Africa region, and in Turkey.</p> <p>An online community of practice on community-based protection was developed to facilitate information-sharing on guidance, tools and good practices.</p>
Strengthen participatory approaches and mechanisms for accountability to affected populations	<p>The drafting of the IASC 2016 Emergency Directors Group's "Guidance note on accountability to affected populations and protection" for Humanitarian Country Teams and Humanitarian Coordinators was supported.</p> <p>Accountability to affected populations guidance was incorporated into UNHCR training programmes.</p>

Expanding the use of cash-based interventions

Existing data indicates a clear preference among populations of concern for cash over other forms of assistance. In line with its Grand Bargain commitment to double the use of cash as a proportion of its assistance by 2020, UNHCR's cash-based programming reached a value of \$688 million in 2016 – a 106 per cent increase from \$325 million in 2015. Building on three decades of experience in multi-sectoral assistance and CBIs, UNHCR uses cash for a wide range of purposes, including protection, basic needs, education, shelter, health, livelihood activities, and protection against winter conditions. Multi-purpose cash grants continue to constitute the bulk of UNHCR's cash assistance.

In 2016, UNHCR's assistance through cash mechanisms exceeded that of in-kind provision of goods for the first time, reaching 2.5 million vulnerable refugees, asylum-seekers, stateless people and IDPs in more than 60 operations worldwide. This included some two million vulnerable people in the Middle East and North Africa region, who received some \$355 million in cash assistance. Post-distribution monitoring found that cash assistance helped prevent Syrian refugees from resorting to negative coping strategies, such as child labour. In Jordan, 64 per cent of the Syrian refugee respondents reported that the assistance had a positive impact on their psychological

2.5 million vulnerable people of concern in more than 60 operations worldwide received UNHCR cash assistance in 2016.



Hamidi (34), with daughter Aya (7) and son Mohamad (4), picks up his family's UNHCR monthly cash assistance at the bank. The family fled Aleppo, Syria in 2013 and live in Amman, Jordan.



well-being. More than half of the respondents stated that it helped to pay rent and a quarter felt that the quality of their housing was improved.

The efficiency gains from using CBIs were also prominent. A joint study by UNHCR and PricewaterhouseCoopers of UNHCR's three largest, established cash operations in 2016 (Afghanistan, Jordan and Lebanon) confirmed that up to 93 cents of each dollar went to people of concern. The review suggests between 88-93 per cent of the total CBI expenditure reached the beneficiary, while recognizing that the cost of delivering cash assistance will vary depending on the size and maturity of cash programmes.

UNHCR launched its "Policy on cash-based interventions" in 2016 and began implementing its "Strategy for the institutionalization of cash-based interventions in UNHCR" (2016–2020). These frameworks ensure the Office has the necessary policies, procedures, guidance and systems in place to effectively and efficiently implement cash assistance where appropriate, at scale and with accountability.

As part of its strategy, the Office worked to significantly scale-up its capacity to assess,

design, implement and monitor cash programmes. Some 700 staff received training on CBIs and two cash-specific capacity-building programmes were launched. In addition, UNHCR expanded dedicated CBI capacity in numerous field operations, including Afghanistan, Cameroon, the Congo, the DRC, Ghana, Malawi, Mozambique, Myanmar, Rwanda, Uganda, Zambia and Zimbabwe.

UNHCR is pursuing open and collaborative engagement on cash assistance and, together with WFP and UNICEF, has committed to working with a full range of partners. A priority was to continue working with host governments to include refugees in existing social protection and safety net delivery systems, whenever possible.

The Office continues to pioneer and promote approaches to cash transfer arrangements that provide equal, direct and shared access to all humanitarian actors. In 2016, UNHCR pioneered this approach through the common cash facility in Jordan, which allows all response partners to transfer cash through the same banking arrangements and share the efficiency gains generated by collective volume. This significantly decreased bank fees for partners.

CASH-BASED ASSISTANCE

UNHCR's vision is that the people it serves can meet their needs in **dignity**, are **protected** and can transition to **solutions** through the **expanded use of cash assistance**.

Cash Facts
UNHCR 2016

\$688 million

cash assistance reaching people

2.5 million

people receiving cash assistance

60 countries

with UNHCR cash programmes

For each \$

UNHCR delivered up to 93 cents to people (source: joint PwC/UNHCR study)

UNHCR Cash Programmes

10 LARGEST CASH OPERATIONS

● Lebanon ● Afghanistan ● Jordan ● Somalia ● Ukraine ● Sudan ● Iraq ● Egypt ● Syrian Arab Republic ● Turkey

CASH FOR

Cash creates important new opportunities for meeting **humanitarian needs** in ways that restore and enhance individual **dignity** and increase operational **effectiveness** and **efficiency**.

Cash is the means and not the objective. Saving lives and protecting people comes first. The choice of modality to respond to the needs of people is context-specific.

Meeting basic needs

Shelter and settlements

UNHCR provided shelter assistance to more than 1.2 million people in 2016.

Providing access to safe and adequate shelter remains critical to ensuring the protection of people of concern. UNHCR's "Global strategy for settlement and shelter" (2014-2018) continues to provide a framework for operations to pursue more effective and comprehensive responses, from emergency shelter interventions to more sustainable and durable shelter and settlement solutions.

Throughout 2016, efforts were focused on four overarching themes: operational support; capacity building; research and development; and partnership and coordination.

UNHCR continues to invest in research and development to find affordable shelter options that maximize protection, safety and dignity for refugees. In 2016, a new self-standing tent was designed with IFRC, which will become available in 2017.

The new model can be locked and divided into two separate rooms for increased safety and privacy, and significantly improves the living environment for people of concern at the same cost as the existing UNHCR family tent. On average, UNHCR distributes 70,000-100,000 tents each year.

In recognition of the inherent links between shelter and the environment, livelihoods and public health, UNHCR continues to advocate the Master Plan approach (see *Glossary*) for refugee settlements. In 2016, three operations (Chad, Nepal and Uganda) began piloting the approach, in addition to ongoing efforts in Kenya and Mozambique. UNHCR also implemented technical trainings and developed resources and tools, such as the physical planning toolkit, shelter design catalogue, site assessment form, settlement folio and e-learning programme to strengthen the coherence and effectiveness of its settlement and shelter responses.



Jena, 8 months, with her mother and a nutritionist at a UNHCR-funded clinic in Azraq refugee camp, Jordan.

Public health

UNHCR uses its health information system, Twine, to monitor the health status of refugees and the coverage and quality of interventions for some 3.2 million people of concern in 26 countries. Trend analysis of key health indicators contributed to timely and appropriate life-saving responses in camps and host communities.

Where possible, UNHCR and partners pursue a systematic approach to disease control, which includes preparedness and response to outbreaks through community awareness, early detection, efficient case management, and cross-sectoral prevention activities. Effective monitoring and strong technical support helped government authorities, UNHCR and other partners to manage cholera outbreaks in Kenya and Uganda. In response to a yellow fever outbreak in East Africa, UNHCR procured more than 26,000 vaccines and ensured refugees were included in national yellow fever outbreak prevention in Kenya, Rwanda and the United Republic of Tanzania.

UNHCR believes working through and supporting national health systems benefit refugees as well as host communities and governments. The Office advocates the inclusion of refugees in national health-care systems and is rolling out multi-year plans to facilitate access to national health insurance schemes and systems in countries such as Benin, Burkina Faso, Djibouti, Rwanda, Senegal and Togo. In 2016, a three-year plan to transfer management of refugee health clinics in Ghana to the Government was successfully completed, while the integration of one million Afghan and Iraqi refugees into the national health insurance scheme in the Islamic Republic of Iran is ongoing.

Addressing mental health needs and providing psychosocial support are priority areas for UNHCR. Significant progress was made to integrate mental health response into primary health-care programmes in sub-Saharan Africa, with 460 health workers trained jointly by UNHCR and WHO in 2016. The training increased refugees' access to

7.4 million refugees benefitted from health services supported by UNHCR in 2016.

essential mental health care in under-served communities by enabling clinical staff working in primary health care to manage common mental health problems.

Proper sanitation is the foundation for favourable health conditions. In 2016, UNHCR made significant progress in improving access to safe water and sanitation to meet emergency needs, as well as its longer-term goals of maximizing cost-effectiveness and minimizing environmental impact. Globally, household latrine coverage in refugee settings increased from 27 per cent to 36 per cent in 2016, with the remaining refugees continuing to rely on communal latrines.

The installation of efficient and inclusive WASH systems requires significant upfront investment. However, analysis of the use of innovative solutions has shown cost savings of 80 per cent for boreholes powered by solar energy, established in the Bidibidi settlement and Rhino camp in Uganda. Cost savings of 50 per cent were also evident for boreholes powered by solar-hybrid systems in the Dadaab refugee camps in Kenya, and in Nyarugusu camp and Nduta camps in the United Republic of Tanzania. The water-efficient latrines in Mahama camp in Rwanda only use 0.5 litres of water per flush, while the urine-diverting dry toilets in Ethiopia's Dollo Ado and Gambella camps reduce waste volumes by up to 90 per cent.



CASH ASSISTANCE FOR BASIC NEEDS

In Ukraine, the UNHCR-led shelter and NFI cluster used cash assistance to enable IDPs to afford rent, heating and utilities, as well as fuel and clothing for winter. The response also included vouchers and cash for shelter repair, accompanied by technical support for land tenure considerations and engineering expertise. Post-distribution monitoring surveys of the multi-sectoral cash assistance found that IDPs prioritized rent, utilities, clothes, heating and core relief items, with variations according to geographical zones and times of the year. The cluster also released guidance on monetizing assistance, with a focus on monitoring protection risks and taking into consideration the social protection system in place in Ukraine.

In Jordan, UNHCR is providing cash assistance as a part of a broader range of interventions for refugees to access health care. As an example, cash was provided to pregnant women to help them afford costs associated with delivery, with the value and targeting criteria adjusted depending on the medical needs. Using the cash modality has enabled UNHCR to assist more vulnerable people of concern with the same overall budget. The cost of delivery is up to four-times less if women pay for the care themselves, rather than being referred to health services by UNHCR's partners.

Food security and nutrition

In 2016, food assistance was provided to more than 4.8 million refugees in 30 countries. However, global funding shortages led to cuts in food assistance for refugees during the year, ranging between 14 per cent in Ethiopia to 75 per cent in Uganda. Limited resources had to be shared across a larger population, often in contexts where the food security and nutrition situation were already precarious. Populations of concern in the East and Horn of Africa were particularly affected due to conflict and drought conditions weakening food security. Nutrition screening among Somali refugee arrivals in Dollo Ado, Ethiopia, revealed levels of acute malnutrition as high as 79 per cent (against the emergency threshold of >15%). Globally, nutrition programmes contributed to global acute malnutrition (GAM) remaining within acceptable levels in 36 of the 66 surveyed refugee-hosting locations.

UNHCR worked closely with WFP to mitigate the risks of diminishing food rations for refugees, and to target the available food to the most vulnerable. The UNHCR-WFP "Joint strategy for enhancing self-reliance in food security and nutrition" (2016) aims to support refugees in protracted situations of displacement by combining the distribution of food rations with livelihood support to build self-reliance. In recognition of the need to target assistance to those most in need, UNHCR and WFP also worked on a joint targeting mechanism that allows a more comprehensive assessment of a household's socio-economic situation. In December 2016, UNHCR launched a food analysis and coordination tool to strengthen the monitoring of food assistance and

coordination globally. With WFP support, UNHCR has begun to collect information through this tool as part of efforts to improve food assistance programming.

UNHCR's comprehensive multi-sectoral approach to reduce mortality among children aged 5 and under within the first six months of new emergencies, adopted in 2014 through its "Global strategy for public health," recorded encouraging results in 2016. By year-end, mortality among children under five had decreased to within acceptable standards in 99 per cent of non-emergency operations, against 93 per cent of the 140 locations monitored in 2014. However, 74 per cent of refugee-hosting sites reported levels of child anaemia above critical thresholds and none of the 160 sites surveyed in 2016 recorded acceptable child anaemia levels. Further, stunting levels amongst children aged 6–59 months were above the critical level (>30%) in 63 per cent of the 160 sites surveyed, and met the standard (<20%) in only around 25 per cent of sites. These results highlight the necessity of maintaining efforts to improve the nutritional status of refugee children.

To address the complex causes of malnutrition, UNHCR promotes low-cost, high-impact interventions, including kangaroo mother care for pre-term infants and prioritized assistance to families with infants. As an example, UNHCR used a special nutritional product for children under two years old, which had good success in Chad. In collaboration with Save the Children, UNHCR revised the multi-sectoral infant and young child feeding (IYCF) framework to expand prevention activities.

KEY AREAS OF INTERVENTION IN 2016	KEY ACHIEVEMENTS IN 2016
BASIC NEEDS AND ESSENTIAL SERVICES	
Shelter and infrastructure established, improved and maintained	
Roll out the “Global strategy for settlement and shelter” (2014-2018)	<p>Comprehensive shelter and settlement strategies were developed in all 25 operations with a shelter budget of \$1 million or above; 84% (21 out of 25) of operations were implementing their strategy by end-2016.</p> <p>Shelter and settlement planning in both emergency and protracted situations was strengthened through 87 technical support missions.</p>
Enhance capacity to deliver a combination of settlement options	<p>A settlement folio was developed to analyse the design and service distribution of 5 refugee settlements and highlight key lessons learnt to inform settlement planning in various contexts.</p> <p>26 UNHCR and partner staff benefited from 2 settlement and shelter trainings on the use of standardized software, hardware and tools.</p> <p>60 physical site planning toolkits were procured, with 9 rolled out to field operations.</p> <p>The “Introduction to settlements and shelter” e-learning programme was launched; 62 staff completed the programme in 2016.</p>
Invest in research and development for alternative shelter solutions	<p>UNHCR continued its collaboration with Better Shelter to further develop the refugee housing unit (RHU). By the end of 2016, more than 5,600 RHUs were deployed to field operations. All operations with RHUs were supported to ensure accurate assembling and proper maintenance.</p> <p>Technical tests and specifications for the new self-standing tent were finalized.</p>
Promote and implement the Master Plan approach	<p>3 additional operations (Chad, Nepal, and Uganda) started piloting the Master Plan approach to strengthen service provision for both refugee and host communities.</p>
Health status of the population improved	
Review access to primary health care and establish referral mechanisms	<p>The health access and utilization survey was employed in non-camp settings in Egypt, Ethiopia, Jordan, Lebanon and Malaysia to inform programme priorities.</p> <p>The medical referral monitoring tool and database was rolled out in Egypt, Ethiopia, Jordan, Kenya, Lebanon, South Sudan, Thailand, Uganda, the United Republic of Tanzania, and Yemen. Feedback informed revisions and implementation.</p>
Ensure refugees have optimal access to reproductive health services	<p>Proportion of births attended by skilled personnel was increased to an average of 92% in 2016 from 85% in 2015.</p>
Ensure refugees and asylum-seekers have optimal access to HIV services	<p>UNHCR continued to advocate an end to mandatory HIV testing of refugees and asylum-seekers. Mandatory testing for refugees and asylum-seekers was halted in some settings. Advocacy by UNHCR, UNAIDS and the National AIDS Programme enabled refugees living with HIV in Yemen to successfully renew their identity cards.</p>
Implement IYCF-friendly framework	<p>The IYCF-friendly framework was successfully rolled-out in Bangladesh, Jordan and Rwanda.</p>
Improving the quality of WASH programmes through standardized knowledge, attitude and practices (KAP) surveys	<p>Standardized KAP surveys were undertaken in Algeria and Niger to monitor and improve the quality of WASH services.</p>

Driven by hunger, Iraqis risk all to flee Mosul violence

This article is an adapted version of a UNHCR news story. **16 December 2016**

On 10 December, more than 500 displaced Iraqis arrived at Laylan 2 camp from in and around Hawiga.

KIRKUK, Iraq | Driven by hunger, Iraqi mother Iqbal Qalaf picked her way across a minefield in the dark with her children in search of food and safety.

“No one would be crazy enough to walk for three hours in the night but we had to – we were hungry. We had to cross through areas with mines,” she said, clutching her youngest son, shortly after they arrived at Laylan 2 camp.

She is among hundreds of displaced Iraqis who waded through rivers, walked across minefields and carried their children to reach safety at the recently opened camp, south of the city of Kirkuk.

Hawiga district fell in the summer of 2014 and has been encircled since Iraqi security forces advanced towards nearby Shirgat earlier this year, ahead of the offensive to retake the city of Mosul and surrounding areas.

In addition to nearly 97,000 displaced by fighting in and around Mosul since the start of the offensive on 17 October, an estimated 51,000 people have also fled the deteriorating humanitarian situation in and around Hawiga since August. Civilians have reported a lack of access to medical care and children suffering from malnutrition.

Laylan 2 camp was opened by UNHCR at the start of December in response to the large numbers of displaced people fleeing Hawiga. Hundreds of civilians have been arriving at Kurdish peshmerga front lines every week after walking all night over open ground ridden with explosives.



On December 10, more than 500 displaced Iraqis arrived at Laylan 2. These numbers are expected to rise in the coming weeks as supplies in the town run critically low. Families are being forced to pay smugglers to escape to Kurdish controlled territory in order to find food.

“If you went to Hawiga you would cry from hunger. There is no medicine for the sick, nothing,” said Bade Hussein, 33.

“I hope it is better here,” said Bade, assessing her new tent in the darkness after reaching safety. “It is horrible on the other side – they take kids and slaughter them.” Her youngest daughter coughed and rattled an empty plastic jar that had contained some milk. Her four young children had skin lesions and were wearing filthy, wet clothes.

Families arriving at Laylan 2 on Saturday evening received blankets, mattress and food parcels from UNHCR and its partners. As the sun set, they were led to their assigned tents.

As the Mosul conflict enters its third month, and the number of people displaced climbs towards 100,000, UNHCR is bolstering its capacity to host and support civilians fleeing the fighting as cold weather sets in.

“People fleeing for their lives are in a state of utter distress and are in need of both moral and material support,” said Bruno Geddo, UNHCR’s Representative in Iraq. “Our priority as UNHCR is to make sure that they receive relief items and have access to a safe place as soon as they reach us.”

Armed groups took over the district’s hospitals and ambulances, so families have not had access to medical care. Fighters confiscated civilians’ animals and farming equipment and imposed harsh punishments for smoking or trying to escape.

Families escaping Hawiga and nearby villages told UNHCR that they were living off bread made with stale wheat and water after basic items like tomato paste and sugar became too expensive.