

A young refugee boy from Burundi sits by his mother, who is holding up a bowl of beans, in Bugesera, Rwanda.



A close-up photograph of a person's hand holding a red plastic bowl filled with a mixture of brown and yellow beans. The person is wearing a patterned fabric with green, blue, and black designs on a light background. The background is a solid blue color.

RESPONDING WITH LIFESAVING SUPPORT

In 2015, the international humanitarian system continued to be challenged by an unprecedented series of new or rapidly deteriorating conflicts. These large-scale emergencies had a serious impact, both on the lives of millions of uprooted people and on the social and economic fabric of refugee-hosting countries. Strengthening UNHCR's capacity to respond to emergencies, and assuring its preparedness for new emergencies, were accordingly key priorities.

In this chapter:

- Mobilizing resources to save lives
- Deploying staff to emergencies
- Anticipating emergency needs
- Institutionalizing the use of cash assistance
- Providing safe, dignified and sustainable shelter solutions
- Finding alternatives to camps
- Providing essential services to improve health and well-being



UNHCR/Alaa Kameel

RESPONDING TO EMERGENCIES

Mobilizing resources to save lives

Eleven UNHCR emergency declarations were active at the end of 2015, covering more than 30 operations. These included five new emergencies declared during the year to respond to refugee and internal displacement situations generated by the

crises in Burundi, Nigeria, Ukraine and Yemen, as well as for the Europe situation and ongoing regional responses to protracted conflicts.

The Office also worked with partners in the Inter-Agency Standing Committee (IASC) to respond to four ongoing system-wide Level 3 (L3) emergencies in the Central African Republic (CAR), Iraq, South Sudan and Syria, as well as to the Yemen L3 emergency, which was activated in 2015.

Emergency classifications

Level 3 – a system-wide Level 3 (L3) emergency is the global humanitarian system's classification for the most severe crises that 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 – UNHCR defines three levels of emergency response (level 3 being the most severe). 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 to respond to the crisis.

In responding to lifesaving needs, UNHCR worked hard to ensure that the needs, perspectives and aspirations of people of concern remained at the centre of its engagement in emergencies, including by deploying community-based protection officers and applying participatory approaches. Efforts were made to ensure that emergency operations were tailored to the needs and realities on the ground, taking into account and supporting national and local capacities including government, NGO and local communities.

In 2015, UNHCR continued to maintain global stockpiles in seven locations capable of deploying aid to at least 600,000 people, within 72 hours from the onset of an emergency. The Office established regional warehouses closer

to emergency operations to pre-position items and to ensure a timely response.

As part of its work to strengthen its emergency engagement and response, UNHCR issued a policy in 2015 on emergency response activation, leadership and accountability. A number of mechanisms introduced by the policy were activated during the year, including new procedures for emergency declarations; joint senior-level missions to newly-declared emergencies; real-time reviews of emergency operations; and the deactivation of three emergency declarations. The policy is supported by the updated digital version of UNHCR's emergency handbook (<https://emergency.unhcr.org>), also released in 2015, which contains more than 220 entries on preparation, implementation and coordination topics.

Operating in conflict environments required the organization to constantly review and adapt security measures for UNHCR staff and people of concern. As one of the few humanitarian agencies with dedicated structural security engineering capacity, the Office contributed significantly to equipping operations to deal with possible attacks. In 2015, UNHCR undertook continuous security reviews and developed mitigating measures to ensure the safety of staff and people of concern in a number of countries, including Cameroon, CAR, Mali, Nigeria, Somalia, South Sudan and Yemen.

Deploying staff to emergencies

UNHCR continued to maintain permanent standby teams for automatic deployment upon declaration of an

emergency. A key focus was to ensure rapid and effective field-level delivery by deployed teams, led by emergency coordinators, to support governments and partners with an emphasis on protection.

In addition to the deployment of UNHCR staff, agreements with standby partners provided flexible mechanisms to send highly qualified personnel swiftly to emergency operations. Some 460 new deployments were made to support UNHCR's emergency preparedness and response during the year, including 172 through standby arrangements with partners.

Technical staff supported efforts in the areas of shelter and site planning, information management, supply management, and water, sanitation and hygiene. Additional staff supported programme, administration, telecommunications, reporting and field safety activities. In total, 117 protection staff were deployed to establish community-based protection mechanisms (such as support to unaccompanied children, community policing, and protection monitoring); develop protection strategies; coordinate humanitarian organizations focusing on protection; establish mechanisms to reduce SGBV; and provide protection training and capacity building to partners, newly recruited staff, and people of concern.

In 2015, UNHCR also instituted refugee response agreements (RERAs), initially with three international NGOs, to mobilize additional capacity in emergencies where critical gaps were identified, with the aim of assuring a more predictable response capacity.

EUROPE

A UNHCR level 2 emergency was declared on 30 June 2015 that covered Greece, the former Yugoslav Republic of Macedonia and Serbia. The declaration was extended to Hungary on 11 September 2015, and to Croatia and the wider region later that month. In 2015, 192 deployments were made in response to the situation in Europe.

YEMEN

Yemen was declared a system-wide L3 emergency on 1 July 2015. During the year, there were 30 deployments to Yemen and surrounding countries hosting Yemeni refugees, including Djibouti and Somalia.

NIGERIA

Initially declared as a UNHCR level 1 emergency on 16 October 2014, Nigeria and the affected neighbouring countries of Cameroon, Chad and Niger were declared a level 2 emergency on 13 February 2015. In total, 41 emergency deployments contributed to this response in 2015.

BURUNDI

Following political unrest in Burundi, UNHR declared a level 1 emergency in Rwanda on 22 April 2015 as it faced an influx of Burundian refugees. On 11 May 2015 new emergency operations in Burundi, the Democratic Republic of the Congo, Rwanda, Uganda and the United Republic of Tanzania were designated UNHCR level 2 emergencies. In 2015, there were 72 deployments in response to this crisis.

UNHCR's standby partners

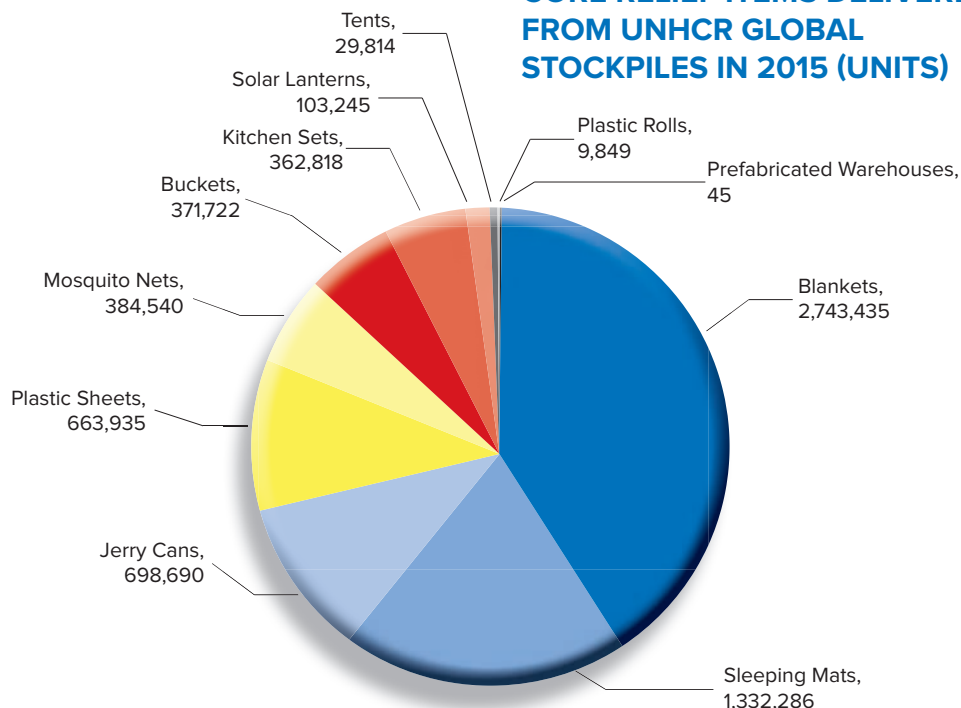
- CANADEM
- Centers for Disease Control and Prevention, United States
- Danish Refugee Council
- Department for International Development, United Kingdom
- Emergency.lu/Luxembourg Ministry of Foreign Affairs
- German Federal Agency for Technical Relief
- International Humanitarian Partnership
- Irish Aid
- Norwegian Directorate for Civil Protection
- Norwegian Refugee Council
- RedR Australia
- Save the Children Norway
- Swedish Civil Contingencies Agency
- Swiss Agency for Development and Cooperation/Swiss Humanitarian Aid Unit
- Veolia Environment Foundation
- White Helmets Commission, Argentina

Anticipating emergency needs

While UNHCR continued to maintain global stockpiles, the organization also established regional warehouses to ensure adequate preparedness closer to operations where assistance may be required, ensuring a more timely response.

In 2015, 11,175 metric tons of core relief items were delivered from the global stockpiles to assist people in emergencies via 21 airlifts that delivered 632 metric tons, while 10,543 metric tons reached those in need by road and sea. As an example, in response to the deteriorating situation in Yemen, UNHCR arranged six flights to deliver 150 metric tons of relief supplies during the humanitarian corridor operation in May. Items delivered by air included blankets, kitchen utensils and sleeping mats, while more aid made its way to the country by sea via Djibouti.

CORE RELIEF ITEMS DELIVERED FROM UNHCR GLOBAL STOCKPILES IN 2015 (UNITS)



Areas of intervention in 2015	Key achievements in 2015
Emergency response, security and supply	
Capacities, skills and knowledge fostered and developed	
Increase security awareness and skills of UNHCR and partner staff	<ul style="list-style-type: none"> ■ Field safety staff spent 810 mission days across the globe in 2015 providing onsite guidance and support, and establishing security measures for staff and people of concern. ■ Training was provided to 600 staff in the field, including a security management learning programme, workshops for field safety advisors, field tests for blast vulnerability against blast and fragment hazards, security awareness, and programme criticality and business continuity. An online core security learning programme was also developed.
Enhance preparedness and contingency planning, and develop new tools	<ul style="list-style-type: none"> ■ 4 situational emergency trainings (SETs) with 180 participants offered a flexible programme on the development of contingency plans in 4 countries. ■ Targeted support was delivered on UNHCR-led inter-agency refugee contingency planning for the situations in Afghanistan, Burundi, DRC, Tunisia and Yemen. <p>Regional Centre for Emergency Preparedness (“eCentre”), Tokyo, Japan:</p> <ul style="list-style-type: none"> ■ Workshops, field simulations and inter-agency initiatives addressed a spectrum of emergency preparedness and response issues, including: preparedness and contingency planning; implementation of the refugee coordination model (see <i>Glossary</i>); operation continuity and delivery in complex security environments; inter-agency coordination; technical sector responses; protection in emergencies; humanitarian negotiation; field communications; civil-military relations; operating in complex security environments; and media management. ■ 461 practitioners in the area of emergency preparedness and response were trained during 14 capacity building activities.
Emergency response capacity and effectiveness reinforced	
Optimize supply chain for shelter and core relief items in emergencies	<ul style="list-style-type: none"> ■ A total of 11,175 metric tons of core relief items were delivered to people of concern from UNHCR’s 7 global stockpiles through 21 airlifts and by sea/road. ■ The warehouse network optimization process in pro-bono partnership with CHEP progressed with the establishment of a second regional warehouse in Djibouti.
Deploy standby emergency coordination, preparedness and response teams	<ul style="list-style-type: none"> ■ 460 emergency missions were deployed in 2015, including 178 from standby partners. ■ The Headquarters Emergency Standby Service undertook 29 emergency missions to provide robust emergency capacity, strong leadership, coordination and delivery of protection and assistance. Members of the Senior Corporate Emergency Roster undertook 7 missions.
Inter-agency and strategic partnerships strengthened	
Implement the inter-agency Transformative Agenda	<ul style="list-style-type: none"> ■ UNHCR participated in the Emergency Director’s Group with missions to Burundi, Nigeria and Ukraine as well as interagency Operational Peer Review missions to Iraq. ■ UNHCR continued to work with IASC partner agencies on preparedness and early warning/early action and began implementation of an inter-agency preparedness project.
Strengthen partnerships for emergency preparedness	<ul style="list-style-type: none"> ■ Emergency standby agreements with the existing 16 standby partners continued. ■ 3 refugee emergency response agreements (RERAs) were concluded with three international NGOs.
Participate in the UN Security Management System	<ul style="list-style-type: none"> ■ UNHCR continued to engage in inter-agency security forums which included the security policy working group; the Gender Inclusion in Security Management Group and the Residential Security Working Group for local staff. Active participation continued in UNDSS-led missions to high-risk environments.





Areas of intervention in 2015	Key achievements in 2015
Global supply management optimized for efficient delivery	
Global fleet management	<ul style="list-style-type: none"> ■ 760 light vehicles were rented for field operations and 511 vehicles were disposed, recuperating USD 7.8 million. ■ Vehicles were equipped with a vehicle tracking system to enhance the safety and security of UNHCR and partner staff; 2,145 tracking devices were in use by the end of 2015.
Enhance supply chain through training of staff	<ul style="list-style-type: none"> ■ 1,598 individuals were trained in logistics, procurement, inventory, and fleet and asset management, including UNHCR staff, government officials and commercial partners.
Policy development strengthened	
Fully integrate revised UNHCR emergency policies and procedures into UNHCR operations	<ul style="list-style-type: none"> ■ The Policy on Emergency Response Activation, Leadership and Accountabilities, designed to enable UNHCR to engage and respond even faster and more effectively in emergencies, was issued in January 2015. This included: new procedures for emergency declarations; joint senior-level missions to newly-declared emergencies in Cameroon and the United Republic of Tanzania, and across Europe; real-time reviews of emergency operations; and the deactivation of three emergency declarations. The policy is supported by the updated digital version of UNHCR's emergency handbook (https://emergency.unhcr.org/), also released in 2015. ■ 4 workshops on emergency management (WEM) were held, including the first francophone one in Dakar, Senegal, enabling 139 UNHCR staff to be placed on the Emergency Response Team roster. 16 senior staff were trained through the Senior Emergency Learning Programme and an emergency leadership workshop for UNHCR for 16 Representatives was held. ■ Up-to-date policies, guidance, standard operating procedures, and tools have been developed for emergency preparedness and response and integrated into all emergency training. These took into account operational needs, lessons learned, and commitments under the IASC Transformative Agenda (see <i>Glossary</i>).
Security management reinforced as an organizational culture	
Strengthen governance and oversight mechanisms to ensure appropriate accountability at all levels	<ul style="list-style-type: none"> ■ UNHCR contributed to the development of a number of new United Nations Security Management System policies. Internally, administrative instructions were issued on: corporate accountability and decision making in rapidly changing security situations; Headquarters' response and support during critical security incidents in the field; and on procedures for submitting requests for missions to extremely high-risk areas.



UNHCR/Kate Holt

MEETING BASIC NEEDS

Institutionalizing the use of cash assistance

The expanded and systematic use of cash-based interventions (CBIs) is an institutional priority for UNHCR. In 2015, the Office responded to refugees' needs with cash grants or vouchers in more than 60 operations worldwide, with a combined value of USD 357 million – a significant increase from USD 302 million in 2014.

CBIs were used to provide assistance and services to protect people of concern across a variety of sectors, and to respond to their basic needs in a comprehensive manner. As an example,

UNHCR provided cash assistance to more than 145,000 Syrian refugee families (an estimated 726,000 individuals) in Lebanon to help them withstand the harsh winter conditions.

The Office also started to prepare for implementing its five-year policy on the institutionalization of CBIs. The policy will ensure that UNHCR has the knowledge, systems and processes in place to support the efficient implementation of CBIs by building staff capacity, and identifying and addressing potential gaps and opportunities across sectors and functions.

UNHCR and partners conducted research on the protection implications of CBIs and the use of multi-purpose cash grants to meet basic needs. The research led to the development of guidance and tools, including to mainstream protection in CBIs and to ensure their use contributes to protection outcomes.

For more information, UNHCR's *2015 Global Strategy Implementation Report* provides a detailed report on progress made in the implementation of UNHCR's Global Strategies for Public Health, Settlement and Shelter, Livelihoods and Safe Access to Energy (SAFE).

Areas of intervention in 2015	Key achievements in 2015
Develop tools and guidance to support the institutionalization of cash-based interventions (CBIs)	<ul style="list-style-type: none"> ■ Operational guidelines for CBIs in displacement settings were launched. ■ Cash and protection tools and guidance were developed. ■ Inter-agency operational guidance and a toolkit on multipurpose cash grants were developed. ■ A cash delivery mechanism assessment tool was developed.
Build capacity within UNHCR to implement CBIs	<ul style="list-style-type: none"> ■ Training materials were developed on e-transfers and data protection; coordination of cash transfer programmes; protection in CBIs. ■ Training workshops were conducted in Bangkok, Amman and for multiple operations in Africa.
Enable UNHCR operations to systematically consider and use CBIs	<ul style="list-style-type: none"> ■ Technical support missions were conducted to 14 operations; remote support was provided to 32 operations across Africa, Asia, Europe and the Middle East and North Africa.

Providing safe, dignified and sustainable shelter solutions

UNHCR's *Global Strategy for Settlement and Shelter* (2014-2018) provides a framework to achieve effective and comprehensive immediate shelter and settlement responses, while pursuing more sustainable shelter and settlement solutions.

Throughout 2015, UNHCR's operations worldwide continued efforts to ensure people of concern were provided with adequate dwellings. Close to 70 per cent of priority countries (those with a shelter budget of at least USD 1 million) were implementing a comprehensive shelter and settlement strategy, compared to 30 per cent in 2013.

As part of the emergency response in Europe, UNHCR assisted with the identification and winterization of temporary accommodation and reception centres across the region, notably for people transiting via the Balkans route. In Presovo, which became the main entry point for refugees moving into Serbia from the former Yugoslav Republic of Macedonia, UNHCR and partners rehabilitated rundown buildings to accommodate refugees.

The Office consistently advocated the implementation of more sustainable and durable shelter solutions from the early stages of an emergency to ensure refugees do not remain in emergency shelter for long periods of time. In Rwanda, the prompt deployment of technical specialists enabled UNHCR and partners to develop a comprehensive shelter strategy for Burundian refugees during the first month of the emergency. The construction of more than 1,150 transitional shelters, using timber, eucalyptus and mud, assured the refugees access to safe and dignified living conditions, and reduced the costly use of tents. Furthermore, in order to support field practitioners in developing comprehensive and technically sound strategies, UNHCR developed a shelter design catalogue outlining how shelters can progress from an emergency structure toward longer term accommodation while using local materials.

Improving existing shelter solutions and developing new options for homes for people in need remained at the forefront of UNHCR's research and development efforts. In 2015, the new self-standing

family tent developed through an inter-agency technical committee, composed of UNHCR, the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC), underwent rigorous testing to verify its safety and structural resistance to extreme weather conditions, and to assess its cultural suitability in a variety of contexts. UNHCR was finalizing the specifications for the new tent on the basis of laboratory and field testing in Burkina Faso and Pakistan, with a view to making an improved tent model available to operations worldwide in 2016.

Finding alternatives to camps

UNHCR's 2014 *Policy on Alternatives to Camps* – which incorporates the 2009 *Policy on Refugee Protection and Solutions in Urban Areas* – promotes more inclusive, sustainable and development-oriented approaches to programming for refugees. The ultimate aim is to create opportunities for refugees to live legally, peacefully and independently in host communities.

At the field level, UNHCR continued to promote settlement alternatives that enable refugees to play a role in national and local development, society and the economy. The 'master plan' approach (see *Glossary*), developed in partnership with Stanford University and Ennead

Architects LLP in 2014, was employed to inform the development and rethinking of refugee sites in Chad, Ethiopia, Kenya, Mozambique and Rwanda. The master plan concept encourages a holistic approach to settlement planning by linking the settlement to the local context, thereby taking into consideration the integration prospects of refugees as well as the needs of the local population. As an example, in Mozambique, UNHCR introduced plans to integrate the Maratane refugee camp into UN Habitat's development strategy, in collaboration with the municipal authorities.

UNHCR and host governments achieved encouraging results throughout 2015 in mainstreaming refugees into national health-care and education systems. In the Congo and the Democratic Republic of the Congo, refugees from the Central African Republic were integrated into the national education system. In Egypt, more than 133,000 Syrian refugees were able to access the national primary health-care services for a nominal fee, while refugees in Malaysia could subscribe to private insurance plans considered affordable by more than 95 per cent of them. The comprehensive strategy for the integration of Malian refugees into the public health-care system was being successfully piloted in Aballa and Mangaize camps in Niger, where pregnant women and children younger than five years had access to consultations free of charge.

Areas of intervention in 2015	Key achievements in 2015
Basic needs and essential services	
Shelter and infrastructure established, improved and maintained	
Roll out the <i>Global Strategy for Settlement and Shelter (2014-2018)</i>	<ul style="list-style-type: none"> ■ Of all priority countries, 68% (17 out of 25) had a comprehensive shelter and settlement strategy in place in 2015, including 6 established in 2015. ■ 68 technical missions supported new emergencies and more protracted displacement situations.
Enhance capacity to deliver a combination of settlement options	<ul style="list-style-type: none"> ■ A shelter design catalogue outlining the progression of emergency shelters toward sustainable accommodation, in terms of design and cost, was produced. ■ 3 settlement and shelter trainings were conducted for 55 staff and partners using standardized software, hardware and tools. ■ A variety of tools were developed to support site planners in designing more holistic settlements, including a standard site assessment form. ■ The UNHCR site planning toolkit was piloted by 10 shelter and settlement experts and will be rolled out in 2016.
Invest in research and development for alternative shelter solutions	<ul style="list-style-type: none"> ■ More than 7,300 refugee housing units were deployed to 8 locations, including Djibouti, Greece and Iraq. ■ The new self-standing family tent developed through the technical committee (UNHCR, ICRC, IFRC) underwent rigorous field (Burkina Faso and Pakistan) and laboratory testing to ensure its safety and structural resistance to extreme weather conditions, along with assessing its cultural suitability in a variety of contexts. The specifications for the new tent were to be finalized in early 2016 with a view to making an improved tent model available to operations worldwide.
Promote and implement the 'master plan' approach	<ul style="list-style-type: none"> ■ 4 operations (Ethiopia, Kenya, Mozambique and Zimbabwe) were supported in applying the 'master plan' approach, which seeks to promote the integration of refugees within existing host communities as well as sharing key resources.
Enhance monitoring of shelter and settlement responses	<ul style="list-style-type: none"> ■ New sectoral indicators to improve UNHCR's ability to monitor the impact of shelter and settlement programmes were introduced. The development of tools to allow for more systematic data collection was ongoing.

Providing essential services to improve health and well-being

Several factors affect the extent to which refugees have access to national health care, including the levels of coverage for health and social services available to refugees in the country of asylum and the varying funding mechanisms. UNHCR's *Global Strategy for Public Health (2014-2018)* and *Policy on Alternatives to Camps* support synergies with national development planning by contributing to local infrastructure and bringing refugees within national social protection and service delivery systems.

The Office works with national authorities, using country-specific strategies to mainstream refugees within national health-care systems. As an example, in 2015, the Islamic Republic of Iran, the Iranian Health Insurance Organization and UNHCR signed a tripartite agreement on the inclusion of

nearly 1 million Afghan and Iraqi refugees in the Government-sponsored Universal Public Health Insurance Scheme. This allows refugees access to health-care services in all public hospitals affiliated with the Ministry of Health.

In 2015, eight new disease outbreaks affected people of concern, including a cholera outbreak among Burundian refugees in Tanzania which claimed 29 lives. Through rapid procurement of medicines and supplies, and enhanced coordinated health, water, sanitation and hygiene interventions in Nyarugusu camp, UNHCR and partners managed to contain the cholera outbreak and provide treatment. Many more fatalities were prevented through an ensuing cholera vaccination campaign at the camp and in surrounding communities.

With both new and ongoing crises and growing numbers of refugees, the demands on health services increased

significantly, putting further strain on UNHCR's capacities. The variety of interventions and settings called for rapid adaptation and allocation of resources in an appropriate and timely manner in each situation. UNHCR sought to ensure effective quality responses through the introduction of tailored public health and WASH strategies. This included measures

to calculate the needs related to the large-scale arrival of people of concern in Europe in 2015, to ensure coherent interventions in the region. The minimum standards of 20 litres of water per day/person and a maximum of 16 people per latrine were met globally, although challenges remained and many sites still reported below-standard figures. ■

Areas of intervention in 2015	Key achievements in 2015
Basic needs and essential services	
Health status of population improved	
Improve access to quality primary health care programmes	<ul style="list-style-type: none"> Acceptable under-5 mortality rates were achieved in 98% of operations worldwide (from 93% in 2014).
Improve child survival (Increased vaccination coverage)	<ul style="list-style-type: none"> The coverage of measles vaccination improved slightly, reaching 90% among refugees.
Decrease morbidity from communicable disease (Improved outbreak response)	<ul style="list-style-type: none"> Overall fatality rates in eight new disease outbreaks were kept below threshold through well-coordinated health WASH and logistical support.
Improve access to comprehensive reproductive, maternal and newborn health services	<ul style="list-style-type: none"> UNHCR continued to support access to comprehensive reproductive health services. Refugee women enjoyed access to safe childbirth, with 90% of women having full access to skilled birth attendants. As part of the inter-agency task team HIV in Humanitarian Emergencies, UNHCR led the development of a guide to help improve prevention of mother-to-child transmission in emergencies (<i>PMTCT in Humanitarian Settings</i>), based on a review of lessons learned.
Improve care of mental illness	<ul style="list-style-type: none"> More than 270 staff of partner organizations working in refugee camps in Cameroon, Chad and Ethiopia completed a four-day mental health training course on the <i>mhGAP Humanitarian Intervention Guide</i>, developed with WHO in 2015. Health and community workers also benefited from one-day workshops to foster cooperation between clinical staff and the refugee workforce around mental health.
Nutritional well-being and food security improved	
Implement standardized expanded nutrition surveys (SENS)	<ul style="list-style-type: none"> SENS surveys were conducted at 84 sites in 2015. 48 sites (57%) met the Global Acute Malnutrition (GAM) standards of < 10%, whilst 19 (23%) were above the emergency threshold of ≥ 15%. Remarkable decreases in levels of anaemia were recorded at 21% of sites.
Promote and support adequate infant and young child feeding (IYCF) and care practices	<ul style="list-style-type: none"> An IYCF-friendly framework to guide multi-sectoral integration to improve infant and young children nutrition and survival was developed and piloted in three countries (Bangladesh, Jordan and Kenya). Experiences from these pilots will feed into wider implementation in 2016. 22% of all sites monitored showed levels of exclusive breastfeeding to be low (<50% of infants 0-5 months).
Improve effectiveness of food assistance	<ul style="list-style-type: none"> New and innovative approaches to food assistance targeting were piloted in Chad, Jordan and Lebanon, the results of which are being analysed.
Population lives in satisfactory conditions of sanitation and hygiene	
Ensure refugees have safe access to water	<ul style="list-style-type: none"> A global average of 16 people per latrine was achieved, although many sites still reported instances where the standard of 20 people per latrine was not met.
Supply of potable water increased or maintained	
Ensure refugees have safe access to water of sufficient quality and quantity	<ul style="list-style-type: none"> A global average of 20 litres of water per day per person was achieved, although many sites still reported figures below the standard. UNHCR reduced operational costs for water supply systems by increasing the number of water pumping facilities powered with photovoltaic (solar) energy. In 2015, 13 boreholes in Dadaab, Kenya were converted to operate with solar-hybrid energy. After conversion, fuel consumption for pumping water was reduced by 50%.

For refugees in Iran, health plan brings care and comfort

This article is an adapted version of a UNHCR news story.
17 December 2015

TEHRAN, Islamic Republic of Iran |

As an Afghan refugee and an only son, Ajab Khan Yaghoubi's entire family relies on him to survive. But the 22-year-old suffers from hemophilia, a genetic illness which until recently left him with painful bleeding, expensive medical bills and an uncertain future.

Now, he can once again live life to the fullest thanks to an unprecedented initiative from the Government of the Islamic Republic of Iran that will eventually bring nearly a million refugees within the national healthcare safety net.

Ajab is part of the second generation of Afghan refugees whose parents fled to neighbouring Iran following the Soviet invasion in 1979. He and his four sisters were born and raised in the Saveh settlement, 165 kilometres southwest of Tehran, where they still live today.

With hemophilia affecting many in Ajab's family, heavy medical expenses made life in exile harder than ever. "I felt hopeless," Ajab recalls, teary-eyed. "I always wanted to contribute to the society that I am living in and to the livelihood of my family. Every time I wanted to get my medication, I had to see if I could borrow money from friends and relatives."



UNHCR/S. Maghsoudi

Afghan refugee Ajab Khan holds up his Salamat Health Insurance booklet.

It was the Universal Public Health Insurance scheme, also known as Salamat Health Insurance, that eventually came to Ajab's aid. The large-scale initiative is based on an agreement between UNHCR, the Bureau for Aliens and Foreign Immigrants Affairs of the Ministry of Interior, the Ministry of Health, and the Iran Health Insurance Organisation (Salamat).

Through it, refugees can benefit from a health insurance package for hospitalization, similar to that of Iranian nationals. It was hailed on its launch by the UN High Commissioner for Refugees,

António Guterres, as "unprecedented." Guterres said he hoped other countries would follow Iran's "exemplary initiative which is going to profoundly impact the lives of its refugees."

Just three weeks after Ajab obtained his Salamat insurance booklet, he had already obtained the first batch of his medication.

Access to Salamat Health Insurance stands to benefit nearly one million Afghan and Iraqi refugees living in Iran, and addresses the financial challenges related to the high cost of health care. •