

# UNHCR Age, Gender and Diversity

## Accountability Report 2015



**UNHCR**  
The UN Refugee Agency



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Cover page: Burundian refugees queue to be transferred by boat from Kagunga Peninsula to Kigoma in Tanzania to reach Nyarugusu refugee camp.

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# Executive Summary

A refugee woman walks past men playing soccer at sunset in the Tongogara refugee camp in Zimbabwe.  
© UNHCR/Tsvangirayi Mukwazhi/2015

Forced displacement and statelessness affect diverse women, girls, boys and men differently. The differences between people, whether actual or perceived, can play a central role in determining a person's opportunities, capacities, needs and vulnerabilities. UNHCR's Age, Gender and Diversity (AGD) Policy (2011) defines these differences by including age, gender, sexual orientation and gender identity, disability and belonging to a national or ethnic, religious and linguistic minority or indigenous group. UNHCR's AGD Policy commits all staff to ensuring that all diverse people have equal access to their rights, services, protection and resources as well as being able to fully participate in the decisions that affect their lives. This annual report analyses UNHCR's progress towards implementing the AGD Policy, highlighting key trends,

challenges, capacities and field practices, as well as providing a set of key recommendations.

## Key Challenges

This report is structured around the key challenges that UNHCR operations identified in their AGD reporting for 2015. For each challenge, the report includes examples of field practices, including innovations that operations are implementing to address these challenges:

### Women

- » Active and equal participation in leadership and management structures.
- » Equal access to sustainable livelihoods opportunities.

- » Effective prevention and response to sexual and gender-based violence.
- » Access to adequate sexual and reproductive health services.

#### **Persons with disabilities**

- » Reduction of stigmatization and discrimination.
- » Active and equitable participation in decision-making.
- » Access to adequate health services.
- » Accurate identification and registration.

#### **Older persons**

- » Adequate family and community support structures.
- » Active and equitable participation in decision-making.
- » Access to adequate health services.

#### **Lesbian, gay, bisexual, transgender and intersex persons**

- » Inclusive and confidential identification and registration.
- » Effective prevention and response to sexual and gender-based violence.
- » Respectful, supportive and knowledgeable staff.

#### **Youth**

- » Equitable engagement in protection.
- » Safe access to quality education.
- » Access to sustainable livelihoods opportunities.

#### **Children**

- » Safe access to quality education.
- » Effective protection from abuse, neglect, violence and exploitation.
- » Adequate protection and solutions for unaccompanied and separated children.
- » Universal birth registration.

### **Recommendations to strengthen AGD policy implementation**

These are the crosscutting recommendations for UNHCR, which directly respond to the challenges identified by operations in their 2015 AGD reporting.

1. UNHCR needs to increase the meaningful, active and equitable participation of diverse persons of concern throughout the operations management cycle, especially during the stages of planning, implementation, monitoring and evaluation.
2. In addition to targeted action, UNHCR must enable access of all UNHCR protection and assistance services to diverse persons of concern, in particular women, persons with disabilities, older persons and youth.
3. UNHCR needs to strengthen its prevention and response to discrimination, marginalization, exploitation, sexual and gender-based violence, abuse and neglect of diverse persons of concern.
4. UNHCR must ensure strengthened gender equality programming that intersects, informs and collaborates with areas necessary for the development of self-reliance amongst women and girls, such as livelihoods, education and public health.
5. UNHCR operations should improve accountability towards affected populations by improving safe, confidential, effective and accessible feedback, complaints and response mechanisms and also ensure adequate oversight of these mechanisms.
6. UNHCR must strengthen capacity building on AGD for staff and partners, particularly on gender equality and disability inclusion, including technical skills and attitude and behavioural change.
7. UNHCR should extend its engagement with communities of concern to work on existing gender roles, attitudes, behaviours, forms of privilege and power to encourage positive change in attitudes and behaviours.
8. UNHCR operations must strengthen their responses to, and report on, the challenges faced by national or ethnic, religious and linguistic minorities and indigenous peoples with the aim of strengthening services and protection responses geared towards their specific needs and concerns.
9. UNHCR must strengthen the collection of sex, age and diversity-disaggregated data.
10. UNHCR should continue developing strong partnerships with local organizations working on AGD related issues such as women's rights organizations, organizations of persons with disabilities and lesbian, gay, bisexual, transgender and intersex organizations.

# 1 | Introduction



A family of Syrian refugees, trying to keep a sense of normality in their daily routine, takes their young child for a stroll in a makeshift camp near the village of Idomeni on the border of Greece and the former Yugoslav Republic of Macedonia. © UNHCR/Achilleas Zavallis/2016

The Age, Gender and Diversity Accountability Report is UNHCR's annual report on the implementation of the Age, Gender and Diversity (AGD) Policy (2011).<sup>1</sup> The AGD Policy seeks to ensure that all diverse refugees, asylum-seekers, internally displaced persons (IDP), stateless persons and returnees enjoy their rights on an equal footing and are able to participate fully in all relevant decision-making. The Policy sets out UNHCR's AGD approach which holds that each person is unique and that the differences between people, whether actual or perceived, can play a central role in determining a person's opportunities, capacities, needs and vulnerabilities. By analysing the AGD dimensions, UNHCR is able to better understand the multifaceted protection risks, assistance needs and existing capacities of diverse individuals and communities in order to more effectively address them. This includes promoting equal opportunities as well as taking measurable actions to combat inequality and discrimination. All UNHCR staff are expected to understand and integrate the AGD approach into their work, including in all phases of UNHCR's operation cycle.

*“For male dominated communities, it is vital that the voices of women, children, adolescents and other marginalized groups are brought forward and considered during programme implementation.”*

*UNHCR Operation in Azerbaijan*

### **1.1 Age, Gender and Diversity Accountability Report**

This annual report analyses UNHCR's progress towards implementing the AGD Policy, highlighting key trends, challenges, capacities, and field practices, as well as providing a set of key recommendations. The report aims to reach out

to UNHCR staff at all levels, partners and external audiences. The report includes the following sections:

- » Implementing the AGD Policy
  - » Women
  - » Persons with disabilities
  - » Older persons
  - » Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons
  - » Youth
  - » Children
- » UNHCR accountability
- » UNHCR capacity
- » Conclusions and recommendations

The primary data used for this report is the mandatory annual AGD reporting submitted by each UNHCR operation, regional office and concerned headquarters entity. Guidance is issued annually on how to undertake AGD reporting and the information is submitted through UNHCR's results-based management (RBM) framework tool FOCUS. In total, this report compiles and analyses AGD reporting from 73 operations, 16 regional offices and eight headquarter divisions. The AGD reporting at the operational-level is based on data collected from persons of concern<sup>2</sup> during annual mandatory participatory assessments.<sup>3</sup> In addition, the report also includes data from the operational-level reporting on specific AGD-related indicators in UNHCR's RBM framework. All the graphs, percentages and charts presented in the report are calculated using data extracted from FOCUS. In addition, this report has drawn upon other UNHCR and partner publications that describe UNHCR AGD activities in 2015. Unless otherwise cited, all information included in this report is derived from UNHCR's 2015 reporting.

1 United Nations High Commissioner for Refugees (UNHCR), *Age, Gender and Diversity Policy* (Geneva: UNHCR, 2011). Available from <http://www.refworld.org/docid/4def34f6887.html>

2 Persons of concern to UNHCR include refugees, asylum-seekers, internally displaced persons protected and/or assisted by UNHCR, stateless persons and returnees (returned refugees and internally displaced persons). See UNHCR, "UNHCR Statistical Online Population Database: Sources, Methods and Data Considerations". Available from [http://www.unhcr.org/45c06c662.html/protection\\_and\\_operational/international-protection/refworld/refworld\\_internal.html](http://www.unhcr.org/45c06c662.html/protection_and_operational/international-protection/refworld/refworld_internal.html)

3 Participatory assessment is "a process of building partnership with refugee women and men of all ages and backgrounds by promoting meaningful participation through structured dialogue". UNHCR, *The UNHCR Tool for Participatory Assessment in Operations* (Geneva: UNHCR, 2006), 1. Available from <http://www.refworld.org/docid/462df4232.html>



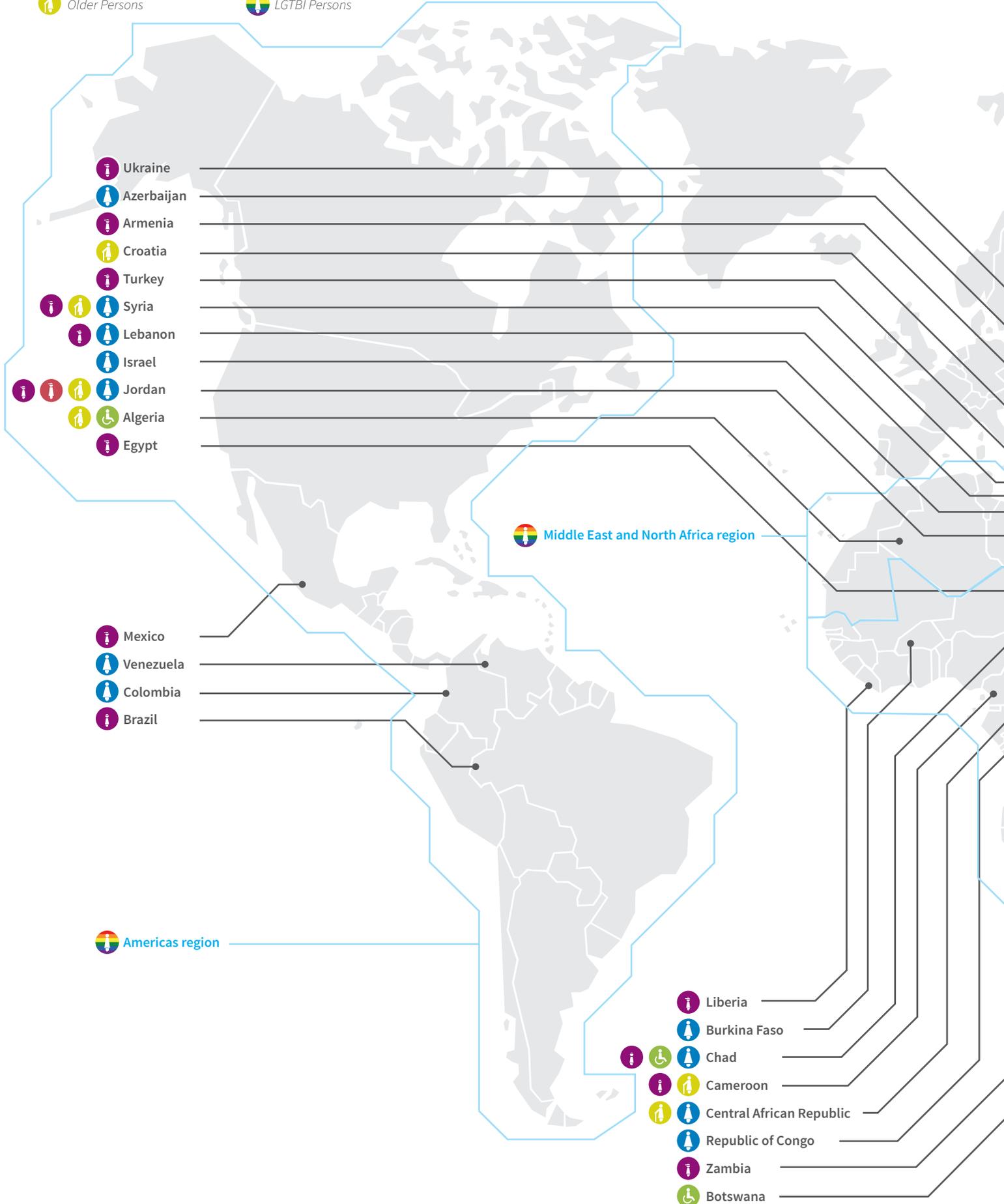
Refugees and migrants at the Tovarnik station in Croatia, after they crossed the nearby border with Serbia.  
© UNHCR/Rafal Kostrzynski/2015

# 2 | Implementing the AGD Policy



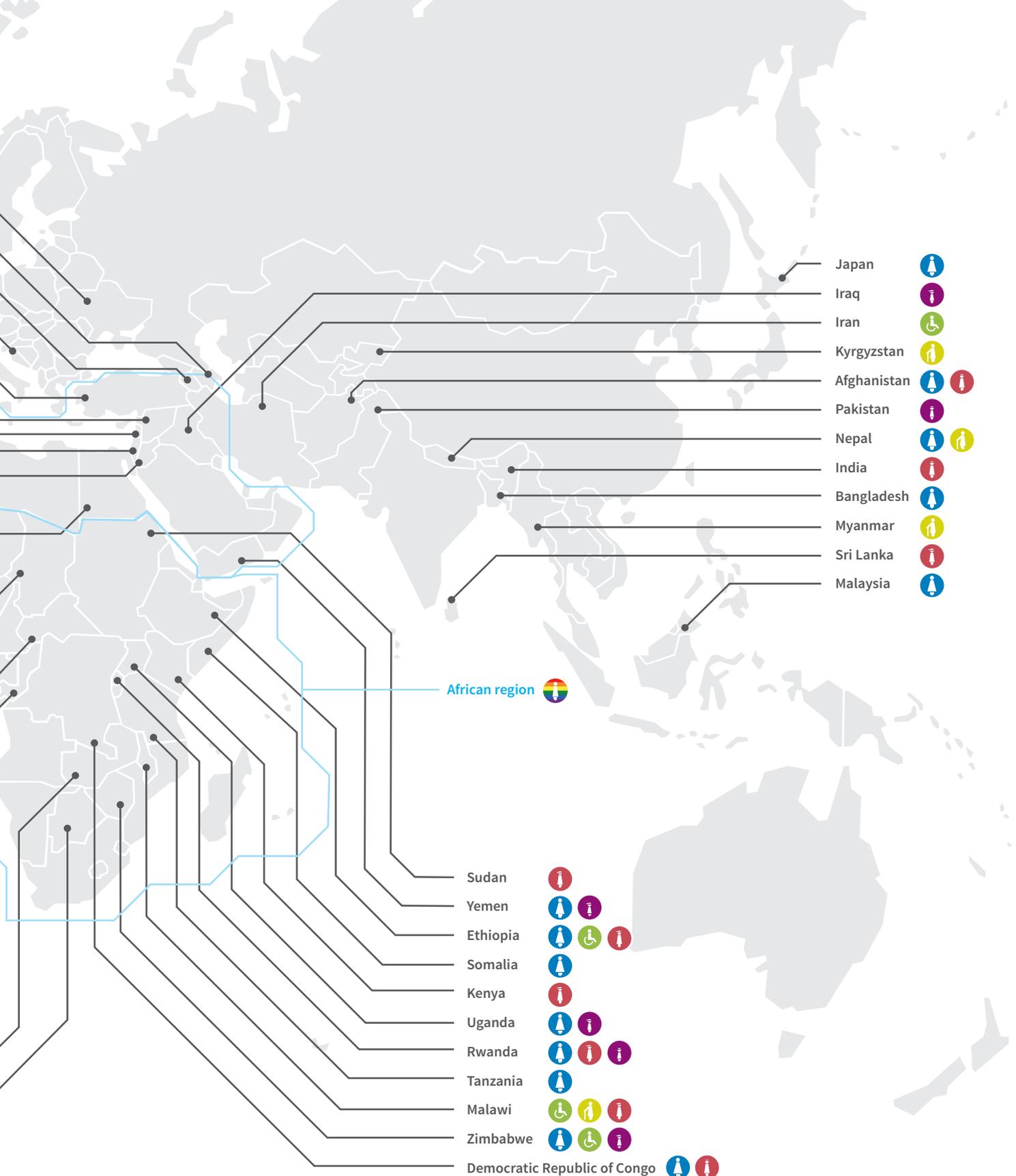
## Field practice examples highlighted in this report from various UNHCR operations

-  Women
-  Persons with Disabilities
-  Older Persons
-  Youth
-  Children
-  LGBTI Persons



This chapter analyses and summarizes the key trends, challenges, capacities and field practices in meeting the specific needs of women, persons with disabilities, older persons, LGBTI persons, youth and children. It is important to note that these groups of people are not homogenous. Each person has a unique multi-layered identity which, depending

upon the particular context, can either enable or disable access to rights, protection and assistance. Nonetheless, the findings in this chapter, drawn primarily from the annual participatory assessments at the operation-level, are valuable as they give voice and insight into the challenges and capacities of persons of concern worldwide.





A returnee processes harvested seaweed before drying it on UNHCR's solar dryer in Leha-Leha village in Zamboanga, the Philippines. UNHCR is assisting returnees in Zamboanga's island villages to get back on their feet by supporting their traditional livelihoods, including through building seaweed dryers. © UNHCR/Kent Truog/2015



## 2.1 Women

### Key trends emerging from the analysis of UNHCR's work with women in 2015:

- » The indicator “% of active female participants in leadership/management structures” was included as a UNHCR Global Strategic Priority (GSP).<sup>4</sup> In the 67 refugee and IDP situations that reported on this indicator, 53 per cent declared an increase in the percentage of female participants.<sup>5</sup>
- » Two indicators on SGBV were included as GSPs. In the 116 refugee, IDP, and returnee situations that reported on one of the indicators, an average of 42 per cent improved the extent to which known SGBV survivors received appropriate support.
- » UNHCR continues to place great importance on providing quality sexual and reproductive health services to forcibly displaced populations. In the 24 refugee and asylum-seeker situations that reported on the indicator “% of live births attended by skilled personnel”, the percentage of women accessing safe deliveries increased to 90 per cent.<sup>6</sup>

Around the world, women face different forms of discrimination and violence due to socially ascribed gender roles. The discrimination and violence that they may face during their lifetime is often magnified in forced displacement<sup>7</sup> or in contexts in which they are stateless. Operations reported that women are at risk of gender-based discrimination, exclusion, stereotyping and numerous forms of sexual and gender-based violence (SGBV), including domestic violence, sexual violence and female genital mutilation (FGM). The exact type and prevalence of discrimination and violence, differs according to the specific context and other factors such as socio-economic level, ethnicity, religion, minority status, sexual orientation and gender identity. It is important to raise awareness, prevent and respond to these risks to women's rights, protection and access to assistance, without framing all women as vulnerable and potential victims. Diverse women of concern work, function as caregivers, and take on domestic responsibilities as well as taking initiative to improve the

well-being of their families and communities. Their agency, capacity and resilience needs to be recognized and supported – including through full participation in decision-making and livelihoods programming.

**Operations reported that the most commonly cited challenges that women face related to active participation in leadership/management structures, equal access to sustainable livelihoods opportunities, SGBV, and sexual and reproductive health.**

### 2.1.1 Participation and Leadership

UNHCR strives to ensure women's equal and active participation in leadership/management structures, such as committees related to refugee camp management or neighbourhood committees. The set goal is 50 per cent active female participants in these decision-making bodies. In 2015, across the 67 refugee and IDP situations that chose to report

4 UNHCR Global Strategic Priorities are indicators from the RBM framework that are intended as a common set of key priorities for UNHCR operations worldwide. See UNHCR, *UNHCR Global Appeal 2014-2015* (Geneva: UNHCR, 2014), 14-17. Available from <http://www.unhcr.org/ga14/index.xml>

5 Operations themselves choose each year which indicators they would like to report on for each specific situation, choosing from the set indicators in UNHCR's RBM framework. This gives operations the flexibility to choose indicators that are relevant for their context; however, for this report it makes year-to-year comparison challenging. This report uses the term “situation” to refer to each individual population group in a specific context. Population groups that are relevant for UNHCR include refugees, asylum seekers, internally displaced persons, stateless persons and returnees.

There can be multiple “situations” in each country and each operation may have in their mandate to provide protection and assistance to multiple population groups.

6 UNHCR, “UNHCR Public Health 2015 Annual Global Overview” (Geneva: UNHCR, 2016). Available from <http://twine.unhcr.org/ar2015/>

7 International Federation of Red Cross and Red Crescent Societies (IFRC), *Unseen, Unheard: Gender-Based Violence in Disasters – Global Study* (Geneva: IFRC, 2015), 8, 20. Available from <http://www.rccr-resilience-southeastasia.org/document/unseen-unheard-gender-based-violence-in-disasters-global-study-2015/>

on this indicator, 53 per cent declared an increase in the percentage of female participation. In addition, 20 of these situations met the goal of 50 per cent female participation in leadership/management structures. Despite efforts by operations to advocate for and support women's active participation, there are still numerous challenges to reaching this goal. Operations reported that the most common barriers to women's active participation are:

- » restrictive gender roles;
- » customary or religious practices;
- » mobility restriction on women by family members;
- » domestic responsibilities;
- » high illiteracy rates; and
- » language barriers.

Figure 1: Overview of the 67 situations<sup>8</sup>



Operations generally try to address these barriers through structural changes such as instituting elections, quotas for participation and if needed, separate committees for women and men. They also targeted, capacity building for women, including leadership skills; and community-based awareness raising campaigns and training on gender equality and women's rights. For instance, in **Yemen**, the operation provided training to women on leadership and conflict resolution skills to empower them to actively and effectively manage community conflicts.

<sup>8</sup> The aim of the indicator “% of active female participants in leadership/management structures” is 50 per cent. However, to be able to measure and monitor the development of an indicator, UNHCR has three thresholds for every indicator, ranging from what is considered acceptable to critical. For the indicator on female

A few examples of UNHCR's field practices from 2015:

- » In **Bangladesh**, UNHCR has involved refugee men and boys as agents of change on gender equality, including on increasing the participation of women and prevention of SGBV. A men's anger management group was created to better prevent and respond to domestic violence in camps. The existing women support groups have also taken the initiative of providing adult literacy classes, awareness raising on women's participation, and support to domestic violence cases.
- » To address the lack of female participation from the Rohingya community, UNHCR **Japan** and its partner organized information sessions on children's education, a topic of special interest to Rohingya women. After several sessions, which also served to build trust, UNHCR and its partner succeeded in involving women in the annual participatory assessment sessions, in order to discuss concrete issues that they were concerned about and also to identify female community leaders, for further consultation.
- » In **Lebanon**, UNHCR took multiple initiatives to improve women's participation, reaching a 35 per cent participation rate at the end of 2015. This included actively enrolling more than 50 per cent women as refugee outreach volunteers and ensuring women's participation in refugee committees, such as the Sudanese and South Sudanese Committees. The President of the Sudanese Committee was a woman elected by her community in democratic elections.
- » In **Malaysia**, UNHCR organized trainings on leadership, communication, gender equality and self-development for refugee women. The operation also actively promoted women's participation in committees and meetings, resulting in 139 female refugees participating in management and decision-making roles. Women's active and meaningful involvement has considerably improved the awareness and response to the specific needs of refugee women and girls in Malaysia.

participation in leadership/management structures the three thresholds range from 35 per cent and above of active female participation in leadership/management structures as acceptable, 20-34 per cent as unacceptable and less than 20 per cent as critical.

» UNHCR facilitated three workshops addressing gender equality and power in the Bhutanese refugee camps in **Nepal** in order to reduce gender discrimination and enhance women's agency, including through encouraging the community participants to act as role models for gender equality.

### Box 1: Women, Peace and Security

In addition to increasing women's participation in leadership and management structures, there is a key gap in women's participation in peace and security decision-making, including peace negotiations and peacebuilding initiatives.<sup>9</sup> This is particularly the case for forcibly displaced and stateless women who are rarely included in national and local peace and security policymaking. This is despite United Nations Security Council Resolution 1325 on women, peace and security, as well as the following seven resolutions<sup>10</sup>, which mandate women's equal participation and full involvement in all peace and security efforts and increased decision-making roles in conflict prevention and resolution. In 2015, UNHCR actively advocated for women's participation at multiple levels of peace processes and peace and security policymaking. In Colombia, UNHCR actively enhanced female participation in the peace process through supporting the involvement of women's networks in the post-agreement scenario, strengthening community protection networks, and drawing attention to SGBV being perpetrated during the transition period. As a result, the operation reported to have involved 560 women in decision-making roles in community peacebuilding mechanisms, exceeding their target of involving 300 women.

### 2.1.2 Access to Livelihoods

Women's access to safe and sustainable livelihoods enables them to meet their basic needs, enhance their self-reliance, and increase their participation in decision-making, including in the areas of peace and security.<sup>11</sup> Livelihoods programming is also a part of the multi-sectorial response that certain operations provide to SGBV survivors. Forcibly displaced, stateless and returnee women often have existing skills and capacities, but may need additional support to access livelihood opportunities. For instance, they may need to build

their language skills or increase their understanding of new market demands or help to address barriers such as cultural constraints or lack of transportation and financial services.

Challenges to women's access to safe and sustainable livelihoods include the scarcity of economic opportunities in forced displacement contexts, challenges in accessing education and training initiatives, restrictions on women's assets and control over income, and the unequal burden of care including childcare. In addition, operations reported the challenges of exploitation, discrimination and sexual harassment in the workplace and on the way to work; family and community placing restrictions on women's mobility; and lack of access to work permits. Lack of access to sustainable economic opportunities not only impacts the health and wellbeing of women and

their families but can also lead to forced marriage, as well as negative coping mechanisms such as survival sex.<sup>12</sup> Another challenge is that livelihoods programmes targeting women can inadvertently reinforce gender stereotypes,<sup>13</sup> by offering training in low-paying skills typically associated with women such as childcare, sewing or cooking. While some women might want training in domestic livelihoods activities, it is important that the training is building marketable skills which generate a safe and sustainable income for women and their families.<sup>14</sup> Therefore humanitarian actors, including UNHCR,

9 United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), "Facts and figures: Peace and Security". Available from <http://www.unwomen.org/en/what-we-do/peace-and-security/facts-and-figures#notes>

10 United Nations Security Council Resolutions 1325 (2000), 1820 (2008), 1888 (2009), 1889 (2009), 1960(2010), 2106 (2013), 2122 (2013), 2242 (2015)

11 UNHCR, *Global Strategy for Livelihoods* (Geneva: UNHCR, 2014), 7. Available from <http://www.unhcr.org/protection/livelihoods/530f107b6/global-strategy-livelihoods.html>

12 Women's Refugee Commission (WRC), *Preventing Gender-based Violence, Building Livelihoods – Guidance and Tools for Improved Programming* (New York: WRC, 2011),

2. Available a from <https://www.womensrefugeecommission.org/resources/document/798-preventing-gender-based-violence-building-livelihoods-guidance-and-tools-for-improved-programming>

13 WRC, *A Double-edged Sword: Livelihoods in Emergencies* (New York: WRC, 2014), 6. Available from <https://www.womensrefugeecommission.org/resources/document/1046>

14 UNHCR, *Internal Review of Gender Equality in Operations* (2016), 25.

need to conduct proper market and value chain analyses to identify where and how women can best benefit from the livelihoods programming.<sup>15</sup>

Operations report on supporting women's access to livelihoods by offering literacy and language courses, vocational training and income generating activities. In **Uganda**, in order to engage refugee women in income generating activities they were provided with start-up kits including seeds and farming tools and encouraged to cooperate and participate in farmers' associations. Women often require a special set of support mechanisms to ensure that they can engage in successful livelihoods activities without adding too much to their already heavy workload. Certain operations, such as **Chad** and **Jordan**, have responded to this need by offering childcare services to women, especially to female-headed households, to make it possible for them to pursue livelihood opportunities.

A few examples of UNHCR's field practices from 2015:

- » Following a comprehensive participatory assessments process, UNHCR supported the implementation of a women's economic empowerment project in **Afghanistan** to provide marketable skills and start-up support in poultry and farming for 120 women. The project also contributed to women's increased participation in public life, including through their participation in awareness-raising campaigns, such as in the 16 Days of Activism Against Gender-Based Violence campaign.
- » UNHCR **Burkina Faso** initiated a project in July 2015 which seeks to contribute to the self-reliance of Malian refugee artisanal households through sustainable income-generation. Forty per cent of Malian refugees in Burkina Faso were artisans and this multi-year project supported them by providing access to raw materials, tools and adequate work spaces; promoting savings through building upon the tradition of women pooling their savings; strengthening technical skills; improving numeracy and

literacy; supporting the formation of associations; and identifying local and international demand. Women at risk of SGBV are being targeted for inclusion in this project and will be supported by female case managers trained in SGBV prevention and response.

- » UNHCR in the **Central African Republic** supported the establishment of three women's centres, where IDP women organized sessions on literacy, different types of counselling and the management of cooperatives as well as providing information on SGBV prevention, response and income generation activities.
- » In **Syria**, UNHCR with a partner organization supported 700 IDP women to be able to secure employment through participation in livelihoods and self-reliance activities. These activities included six-months of training in the production of items such as blankets, towels, jackets, and detergents and the selling of these items.<sup>16</sup>

### 2.1.3 Sexual and Gender-Based Violence

In forced displacement contexts, rates of SGBV often increase<sup>17</sup> including domestic violence, sexual assault, forced and child marriage, human trafficking, forced sex work, sexual exploitation and abuse, homophobic and transphobic violence, and FGM. Women and girls in most contexts continue to suffer high levels of SGBV due to root causes such as gender inequality, however men and boys can also be victims of SGBV.<sup>18</sup> While the majority of operations reporting on SGBV focused on violence against women and girls, UNHCR recognizes that SGBV impacts diverse women, girls, boys and men of all ages. Therefore, UNHCR strives to improve prevention and response towards all forms of SGBV, including meeting the specific needs of male survivors (see Box 2) and LGBTI survivors (see Section 2.4.2). However, this section of the report focuses specifically on SGBV against women.

A number of operations have carried out community outreach and awareness initiatives on SGBV prevention. For example, in **Rwanda** the operation worked on prevention of SGBV with

15 UNHCR, *Internal Review of Gender Equality in Operations*, 25.

16 UNHCR, *Protecting and supporting the displaced in Syria UNHCR Syria End of Year Report 2015* (Damascus: UNHCR, 2015), 27. Available from <http://www.unhcr.org/unhcr-syria-2015-end-of-year-report.html>

17 IFRCR, *Unseen, Unheard: Gender-Based Violence in Disasters*, 8 and UNHCR, *Action against Sexual and Gender-Based Violence: An Updated Strategy* (Geneva: UNHCR, 2011), 6. Available from <http://www.refworld.org/docid/4e01ffeb2.html>

18 UNHCR, *Working with Men and Boys Survivors of Sexual and Gender-Based Violence in Forced Displacement* (Geneva: UNHCR, 2012), 3, 6. Available from <http://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=5006aa262&skip=0&query=WORKING%20WITH%20MEN%20AND%20BOYS%20SURVIVORS%20OF%20SEXUAL%20AND%20GENDER-BASED%20VIOLENCE%20IN%20FORCED%20DISPLACEMENT>, Wynne Russell, "Sexual Violence against Men and Boys" in *Forced Migration Review 27* (2007): 22-23. Available from <http://www.fmreview.org/sexualviolence.html> and IFRC, *Unseen, Unheard: Gender-Based Violence in Disasters*, 14.

partner organizations and the Rwandan National Police by conducting village to village awareness raising campaigns on SGBV. In addition, street theatre was used as a medium for SGBV prevention and mobile cinema events reached out to more than 25,000 refugees. Numerous operations also engaged in awareness raising campaigns during the 16 Days of Activism against Gender-Based Violence. Multiple operations, such as the one in **Uganda**, worked to prevent SGBV by contributing to making the environment safer, for example by forming community-based watch groups including women and men, as well as by installing solar street lights in the refugee settlements.<sup>19</sup> UNHCR also specifically recognizes the importance of engaging men and boys in prevention of SGBV. For example, in the **Democratic Republic of the Congo**, men actively participated in awareness raising sessions focusing on ending violence against women. This included participatory theatre and radio show broadcasts that promoted women's rights, denounced SGBV, and called for men's behaviours and attitudes to change.

UNHCR strengthened its support to survivors of SGBV, which included access to medical and legal services; mental health and psychosocial support, such as individual and group therapy; as well as establishment of safe shelters. While UNHCR made strides in providing these core support services to survivors, operations reported that access to justice continues to be a major ongoing challenge. Numerous barriers limit the ability of SGBV survivors to access justice, and impunity for perpetrators is widespread. In order to address this, UNHCR operations supported legal aid and mobile court initiatives; engaged in advocacy for improved national legislation; and provided training for law

enforcement agencies. For example, in **Somalia**, UNHCR partnered with the non-governmental organization (NGO) Legal Action Worldwide, the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP) to provide technical expertise on the drafting of the Sexual Offences Bill in Somaliland, Puntland and the Federal Government of Somalia. The Bill is the first piece of legislation specifically addressing SGBV in Somalia. It criminalises all forms of sexual offences including rape, gang rape, sexual assault, human trafficking and child marriage as well as providing appropriate sentencing guidelines.<sup>20</sup>

### Box 2: SGBV Against Men and Boys

UNHCR recognizes that men and boys face SGBV and investing in capacity building for UNHCR staff and partners improves their work with male survivors. Following UNHCR's 2012 *Need to Know Guidance on Working with Men and Boy Survivors of SGBV in Forced Displacement*<sup>21</sup>, in 2015, a three-day regional workshop was held in Amman, **Jordan**, for UNHCR staff and partners. The workshop provided an opportunity to exchange information and increase knowledge on the types and prevalence of SGBV inflicted on men and boys in the region, as well as how this violence relates to constructs of gender, masculinity and sexuality. In addition, the participants were trained on how to identify and respond to the needs of male survivors in humanitarian settings.

A few examples of UNHCR's field practices from 2015:

- » UNHCR in **Azerbaijan** actively promoted community participation and active leadership of refugee women and men in the 2015 campaign to prevent domestic violence and child marriage. This included distributing brochures in the six most common languages containing information on domestic violence and child marriage to refugees and asylum-seekers.
- » In the **Republic of the Congo**, due to the risk of SGBV, UNHCR and its partners have taken action to improve women's security. Additional solar lights have been installed in the camps and 1,500 individual solar lanterns

19 See more at United States of America Department of State, "Call to Action on Protection from Gender Based Violence in Emergencies, Partner Progress Report: Executive Summaries - UNHCR". Available from <http://www.state.gov/j/prm/policyissues/issues/c68694.htm#unhcr>

20 Legal Action Worldwide, "Sexual Offence Bill". Available from <http://legalactionworldwide.org/sexual-offences-bill/>

21 UNHCR, Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement (Geneva: UNHCR, 2012). Available from: <http://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=5006aa262&skip=0&query=men%20and%20boy%20survivor%20of%20SGBV>

were given to women. A mechanism for the protection of women going out of the camps to collect wood was established. Community leaders have also been trained to ensure security and equity among refugees in the camps.

- » In partnership with the Hebrew Immigrant Aid Society, UNHCR **Venezuela** carried out 30 training activities on SGBV prevention and response. Those trained included the Public Prosecutor's Office, persons of concern, the armed forces, the police, and community leaders. The operation also continued to strengthen community-based protection through the creation of community-based committees prepared to identify SGBV cases, refer them to relevant institutions and work on SGBV prevention.
- » UNHCR **Zimbabwe** held SGBV awareness raising campaigns during the course of the year, informing communities about what constitutes SGBV and where it can be reported. This contributed to improvements in reporting of domestic violence and child marriages. In 2015, the operation received 23 SGBV reports, an increase from 13 in 2014. All reported cases received the necessary medical, mental health and psychosocial support, as well as assistance in filing police reports.

#### 2.1.4 Sexual and Reproductive Health

Women face particular health risks in the context of forced displacement and statelessness, especially with regard to accessing quality sexual and reproductive health. In fact, 60 per cent of preventable maternal deaths take place among women struggling to survive conflicts, natural disasters and displacement.<sup>22</sup> Limited access to sexual and reproductive health care means higher rate of maternal and infant mortality, unwanted pregnancies, and health risks associated with human immunodeficiency virus (HIV), sexually transmitted infections (STI), FGM and untreated rape. Reproductive health education for women, girls, boys and men, including youth, is also important, helping to raise awareness about

the prevention and response to these health risks, including family planning, and HIV and STI prevention.

UNHCR continues to place great importance on the systematic investigation, reporting and review of maternal and neonatal deaths as a means of improving maternal and child survival by strengthening the quality and accessibility of service delivery. Lessons from these reviews have been compiled into the 2015 publication of UNHCR Operational Guidelines on Improving Newborn Health in Refugee Operations.<sup>23</sup>

UNHCR works with partners and governments to ensure the full implementation of Elimination of Mother To Child Transmission (EMTCT) services to prevent HIV. UNHCR strives to achieve universal access to counselling and testing for all pregnant women; access to appropriate antiretroviral regimen for pregnant women and exposed babies, including adherence counselling; counselling on infant feeding practices; and early infant diagnosis.<sup>24</sup> EMTCT services are not a stand-alone programme, but firmly integrated into strengthened maternal and child health systems, focusing on access and availability of quality antenatal services and deliveries taking place in a health facility by a skilled birth attendant.<sup>25</sup>

Several operations highlighted the challenges women face in accessing health services because of the lack of female doctors and nurses. Operations have addressed this issue by recruiting female nurses, as in **Ethiopia** where the recruitment of female nurses was prioritized in order to encourage women to seek medical services, including reproductive health. In addition, new unmet public health priorities have emerged in recent years. Cervical cancer prevention being one for which new solutions and innovative models that increase access to affordable and quality healthcare services for girls and women are being piloted in several countries.<sup>26</sup> UNHCR has been at the forefront of advocating for refugee women and girls to be included in the national prevention programmes. In **Liberia, Rwanda** and **Uganda**, 11-year old refugee girls

22 The United Nations Population Fund (UNFPA), *State of the World Population 2015* (New York: UNFPA, 2015), 4. Available from: <http://www.unfpa.org/swop>

23 UNHCR, *Operational Guidelines on Improving Newborn Health in Refugee Operations* (Geneva: UNHCR, 2015). Available from: <http://www.unhcr.org/cgi-bin/texis/vtx/home/opedocPDFViewer.html?docid=54bd0dc49>

24 UNHCR, *Global Strategy for Public Health – Public Health – HIV and Reproductive Health – Food Security and Nutrition – Water, Sanitation and Hygiene (WASH) – A UNHCR Strategy 2014-2018* (Geneva: UNHCR, 2015), 38. Available from: <http://www.unhcr.org/>

[protection/health/530f12d26/global-strategy-public-health-unhcr-strategy-2014-2018-public-health-hiv.html](http://www.unhcr.org/protection/health/530f12d26/global-strategy-public-health-unhcr-strategy-2014-2018-public-health-hiv.html)

25 UNHCR, *Global Strategy for Public Health*, 38.

26 UNHCR, "UNHCR Public Health 2015 Annual Global Overview". Available from <http://twine.unhcr.org/ar2015/>

27 UNHCR, "UNHCR Public Health 2015 Annual Global Overview".

have been successfully included in the national human papillomavirus vaccination programmes, a programme that is partially subsidised by the Global Alliance for Vaccines and Immunization in Sub-Saharan Africa.<sup>27</sup> UNHCR will continue to focus on the inclusion of forcibly displaced women in national screening programmes for cervical and breast cancer, where this exists and affordable treatment is available.

Closely linked to public health is water, sanitation and hygiene (WASH), which is not only a human right but key to preventing many health risks. For women, WASH is particularly important for their safety and well-being in regards to menstrual health management and SGBV prevention. Designing, constructing and evaluating gender-appropriate sanitation and hygiene facilities is a protection priority. UNHCR must ensure that WASH facilities are safely accessible and adequate for women and girls of all ages, not only in camps, but also in rural and urban contexts of forced displacement, during both emergencies and in protracted situations.<sup>28</sup> Installing solar lighting in and around latrines, showers and water stands are prerequisites for UNHCR operations. The limited access to hygiene articles, including sanitary materials, and limited knowledge on WASH, has negative effects on women's and girls' health and well-being as well as impacts their general mobility.<sup>29</sup> To address this challenge, operations distributed sanitary materials to women and girls. An example is **Nepal**, where 73 per cent of the Bhutanese refugee women and girls received reusable sanitary materials.

A few examples of UNHCR's field practices from 2015:

» In **Israel**, UNHCR supported training workshops for women asylum-seekers in Ashdod and in Tel Aviv, aimed at increasing awareness and knowledge of family planning and reproductive health. An interactive video has been developed by the operation to encourage discussion.<sup>30</sup>

» UNHCR **Malaysia** assigned interpreters to five maternal health clinics in Kuala Lumpur and Selangor, which benefited an estimated 3,000 – 3,500 refugee women. Post and pre-natal services were also offered at UNHCR's implementing partner clinics in Kuala Lumpur and Selangor, which benefitted an estimated 300 women. In Penang, free mobile health clinics were established which benefitted an estimated 400 women.

» During the emergency influx of Burundians in **Rwanda** and **Tanzania** in 2015, UNHCR ensured that the minimum initial service package<sup>31</sup> (MISP) for reproductive health was provided at all sites. MISP rapidly scaled up to comprehensive reproductive health services within weeks into the emergency in both countries. With an increase in the number of camps and refugee hosting sites, logistical support for referral was a key priority, especially during emergencies. For example, to avert a referral crisis, UNHCR supported partners in Tanzania with ambulances. Coordinated work with partners supported 13,939 women (11,368 in Tanzania and 2,571 in Rwanda) with delivering their babies in 2015. Respectively 98 per cent and 95 percent of deliveries were assisted by skilled personnel.<sup>32</sup>

28 UNHCR, *UNHCR WASH Manual* (Geneva: 2015). Available from <http://wash.unhcr.org/download/unhcr-wash-manual-unhcr-2015-2/>

29 House, Mahon, Cavill, *Menstrual Hygiene Matters – A Resource for Improving Menstrual Hygiene around the World* (WaterAid, 2012), 22, 131. Available from <http://www.wateraid.org/what%20we%20do/our%20approach/research%20and%20publications/view%20publication?id=02309d73-8e41-4d04-b2ef-6641f6616a4f>

30 UNHCR, *Informational Video* (Tel Aviv: 2016). Available from [https://www.youtube.com/watch?v=Xnmft\\_StjHY&feature=youtu.be#f12d26/global-strategy-public-health-unhcr-strategy-2014-2018-public-health-hiv.html](https://www.youtube.com/watch?v=Xnmft_StjHY&feature=youtu.be#f12d26/global-strategy-public-health-unhcr-strategy-2014-2018-public-health-hiv.html)

31 WRC, *Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A distance Learning Module* (New York: WRC, 2006). Available from <http://www.unhcr.org/4e8d6b3b14.html>

32 UNHCR, "UNHCR Public Health Annual Global Overview". Available from <http://twine.unhcr.org/ar2015/>



## 2.2 Persons with Disabilities

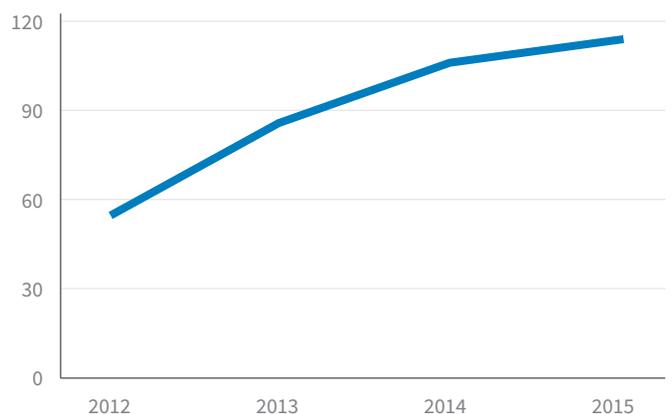
### Key trends emerging from the analysis of UNHCR's work with persons with disabilities in 2015:

- » An average of 46 per cent of persons of concern with disabilities were reported to receive services for their specific needs in the 117 refugee, asylum-seeker and returnee situations that reported on this indicator.<sup>33</sup>
- » Operations reported that the main types of assistance they provided to persons with disabilities were cash assistance, food items and medical support.
- » UNHCR worked with partners and government agencies to develop projects to promote inclusion of persons of concern with disabilities.

Persons with disabilities have diverse skills, capacities and needs, which are often not adequately recognized in humanitarian response. Operations reported that women, girls, boys and men with disabilities are one of the most socially excluded groups in crisis-affected communities. In situations of forced displacement, persons with disabilities may be at increased risk of discrimination, exploitation, and violence, as well as facing numerous barriers to accessing services and assistance.<sup>34</sup> Persons with disabilities are often excluded from the decision-making processes that affect their lives as well as opportunities to participate in protection and assistance programming.<sup>35</sup> In addition, persons with disabilities may face multiple and intersecting discrimination on the basis of age, gender and other diversity factors.<sup>36</sup> Humanitarian actors need to strengthen the involvement of persons with disabilities during all stages of the operations programming cycle while recognizing their diversity and capacities. Humanitarian actors also need to identify and address barriers that persons with disabilities face with regard to accessing services and assistance. At the same time,

humanitarian actors should build on the skills and capacities of persons with disabilities for the benefit of themselves, their families and their communities.<sup>37</sup>

Figure 2: Number of situations where the indicator on access to services for persons of concern with disabilities has been selected for reporting<sup>38</sup>



33 The aim of the indicator “% of persons of concern with disabilities who receive services for their specific needs” is 100 per cent.

34 UNHCR, *Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement* (Geneva: UNHCR, 2011), 3. Available from <http://www.refworld.org/docid/4e6072b22.html>

35 UNHCR, *Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement*, 3-4.

36 UNHCR, *Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement*, 3.

37 UNHCR, *Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement*, 4.

38 Number of situations the indicator “percentage of persons of concern with disabilities who receive services for their specific needs” was reported on from 2012-2015 (Year/Situations): 2012/55, 2013/79, 2014/ 104, 2015/117.



Operations reported that the most commonly cited challenges that persons with disabilities face related to stigmatization and discrimination, participation, access to health care, and identification and registration.

### 2.2.1 Stigmatization and Discrimination

Persons with disabilities often expressed their concern about negative community attitudes about disability. In **Lebanon**, for example, the operation reported that persons living with disabilities faced isolation, neglect and degrading treatment from their communities. During participatory assessments, persons with disabilities and their families highlighted the need for operations to strengthen family and community support networks of persons with disabilities. In order to respond to this challenge, refugees from Western Sahara, in **Algeria**, participated in several community awareness raising sessions focussing on reducing stigma and discriminatory practices against individuals with physical and mental disabilities. The topics included learning about the specific needs and coping methods of persons with disabilities within their communities. Approximately 20 per cent of the community, including women, youth, children and persons with specific needs, participated in several social and recreational activities organized in the camps.

### 2.2.2 Participation

Due to stigmatization and discrimination of persons with disabilities, they are often excluded from participating in decision-making concerning their lives and well-being, as well as that of their families and communities. This particular challenge is one of the key concerns of persons with disabilities. As a response, some operations have established committees with and for persons with disabilities to enable them to actively participate in community-based leadership structures. For example, in **Botswana**, a committee of persons with disabilities meets regularly to discuss their concerns and brings them to the attention of the camp leadership. Other operations have promoted the inclusion of persons with disabilities in all existing community leadership structures. Participation of persons with disabilities is an effective tool to address the stigmatization and discrimination that they are often faced with. However, ensuring the active and meaningful participation of persons with disabilities is an ongoing challenge, especially the participation of women with disabilities and persons with psychosocial and intellectual disabilities.

### 2.2.3 Public Health

Operations reported on multiple challenges that persons with disabilities face in accessing health services. Operations

listed physical access to health facilities, especially for persons with mobility difficulties; communication barriers to accessing health services and information; limited access to rehabilitation and specialized health services; the lack of ability to pay for these services; and poor access to mental health and psychosocial support as key challenges. To address these concerns, UNHCR operations engaged in dialogue with partners to reduce barriers to accessing these services, to widen referral pathways to specialized health and rehabilitation organizations, and to distribute assistive devices.

For example, UNHCR in **Iran** has implemented a community-based rehabilitation project, focusing mainly on empowering Afghan refugees with disabilities by engaging trained refugees and specialized staff, including physicians and physiotherapists from the State Welfare Organization of Iran. The project has been able to serve 720 refugees with disabilities by providing them with community-based rehabilitation services such as disability-diagnostic assessments, medical or rehabilitation referrals, surgical operations, occupational and speech therapy, and the provision of assistive devices such as wheelchairs, canes, hearing aids, and special equipment for the blind. Despite these successful efforts, persons with disabilities often continue to have constrained access to health services and mental and psychosocial support.

#### 2.2.4 Identification and Registration

Identification of persons with disabilities remains a challenge for UNHCR, as is reflected in the significant under-identification of persons with disabilities in UNHCR's registration database proGres<sup>39,40</sup>. Challenges in collecting disability-related information during registration relate to differing understanding of the concept of disability; high levels of stigma against persons with disabilities, which may result in them being "hidden" by families; and the limited time available during registration processes, especially in emergency contexts.<sup>41</sup> As a response, UNHCR is working on strengthening the collection and analysis of disability data, through the development of guidance on registration for UNHCR staff

and partners. For instance, in **Chad**, biometric verification<sup>42</sup> of refugees has enabled the operation to improve registration of persons with disabilities and their specific needs, which has facilitated the provision of tailored assistance.

A few examples of UNHCR's field practices from 2015:<sup>43</sup>

- » In **Ethiopia**, UNHCR and its partner organization offered support to children with severe disabilities through specialized activity centres. The children received physiotherapy and intellectual stimulation, while the caregivers received guidance as well as an opportunity for respite, with their children in a safe and friendly environment. The caregivers at the centre were all women from the refugee communities, including mothers of children with severe disabilities.
- » In **Malawi**, 165 persons with disabilities were provided with training on human rights to ensure that they were able to claim their rights as duty bearers. In addition, 66 children with disabilities, 34 girls and 32 boys, were provided with social care, educational activities, and physiotherapy.
- » In **Pakistan**, thanks to advocacy efforts, refugee students with disabilities were able to access distance learning programmes at Allama Iqbal Open University in Islamabad, Punjab and Sindh. The University agreed to provide full scholarships to refugee students with disabilities.
- » In **Zimbabwe**, referral networks were formed with the Government of Zimbabwe and NGOs outside of the camp in order to provide training to persons with disabilities as well as social support and training to the caregivers of children with disabilities. This helped increase the positive perception of persons with disabilities within the community. Persons with disabilities were given the opportunity to socialize with other persons with disabilities outside the camp, which helped raise their confidence and capacity to identify and voice their needs and concerns.

39 ProGres is UNHCR's standardized database for refugee registration. Through proGres, refugees are registered systematically upon arrival, improving management by accurately determining the size and composition of refugee population.

40 UNHCR, *Internal mission reports from Chad, Djibouti, Mauritania and Rwanda - Strengthening Protection of Persons with Disabilities* (Geneva: 2015).

41 Smit-Khan, Crock, Saul, McCallum, "To 'Promote, Protect and Ensure': Overcoming Obstacles to Identifying Disability in Forced Migration" in *Journal of Refugee Studies*

(Oxford: 2014, Oxford University Press). Available from <http://jrs.oxfordjournals.org/content/early/2014/07/06/jrs.feu020.abstract>

42 UNHCR, *Biometric Identity Management System*. Available from <http://www.unhcr.org/protection/basic/550c304c9/biometric-identity-management-system.html>

43 Most of these examples relate to access to disability-specific services, which highlights the need to further strengthen UNHCR's work on inclusion of persons with disabilities in mainstream services and in social activities together with other members of the community.



## 2.3 Older Persons

### Key trends emerging from the analysis of UNHCR's work with older persons in 2015:

- » Eighty-nine refugee, asylum-seeker, returnee and statelessness situations reported on the indicator “% of older persons of concern who receive services for their specific needs”. Thirty-two of these situations achieved the acceptable range of 80 per cent or above of older persons of concern who receive services for their specific needs.<sup>44</sup>
- » UNHCR offered mental, psychosocial and financial support to older persons and also provided home-based and social care services.
- » Although operations report on the difficulty in ensuring the participation of older persons, operations continuously strive for their active and meaningful participation.

Older persons' existing capacities such as mediation, survival and childcare skills need to be recognized and built on by humanitarian actors.<sup>45</sup> In the context of forced displacement, older persons are at heightened risk of exploitation, discrimination and marginalization.<sup>46</sup> In particular, if humanitarian actors fail to reach out to older persons, they risk being excluded from protection and assistance programming as well as participating in decision-making that affects their lives, their families and communities.<sup>47</sup> The lack of age and gender-sensitive planning creates the risk that the basic needs of older persons are not being met. For instance, as the **Myanmar** operation reported, if there is lack of age sensitivity while planning latrines, they might be designed with high steps which do not take into account the mobility difficulty of some older persons. In addition, older women and men may face different types of challenges due to their gender; for instance, women often live longer than men and therefore risk to be left behind without any family or community support.<sup>48</sup>

**Operations reported that the most commonly cited challenges that older persons face related to family and community support structures, participation and access to medical services.**

#### 2.3.1 Family and Community Support Structures

A key concern for older persons is the social breakdown of families and communities due to forced displacement. Operations around the world reported on displaced communities' lack of social fabric to support older persons in camp settings. One consequence of weaker social structures is the marginalization of older persons, as the traditional roles reserved for them in the place of origin often disappear during forced displacement. Thus, older persons risk being perceived as a burden for their families and for the displaced communities. Families and communities might also be separated due to forced displacement leading to reduced social networks. In **Pakistan** for example, older persons

44 The aim of the indicator “% of older persons of concern who receive services for their specific needs” is 100 per cent. The three thresholds for this indicator are: 80 per cent or above is considered acceptable, between 79-40% is unacceptable and below 39% is critical.

45 UNHCR, *Need to Know Guidance: Working with Older Persons in Forced Displacement* (Geneva: UNHCR, 2013), 8. Available from <http://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=4ee72aaf2&skip=0&query=%20Working%20with%20Older%20Persons%20in%20Forced%20Displacement>

46 UNHCR, *Need to Know Guidance: Working with Older Persons in Forced Displacement*, 4.

47 UNHCR, *Need to Know Guidance: Working with Older Persons in Forced Displacement*, 5.

48 UNHCR, *UNHCR Handbook for the Protection of Women and Girls* (Geneva: UNHCR, 2008), 70. Available from <http://www.refworld.org/docid/47cfc2962.html>

reported that they sometimes face discrimination and violence from their own communities. During participatory assessments, older persons and other community members raised this issue urging UNHCR to support older persons through strengthening community and family support structures. Further, in **Syria** this issue was addressed by expanding community-based protection programmes to better address the needs of older persons by training outreach volunteer teams on the specific needs of older persons.

Older persons without family support are of particular concern since they do not have access to potentially protective family networks. As such, UNHCR works to provide targeted material and psychosocial support to older persons without family support. In **Algeria**, 129 social workers identified, monitored and provided home-based care to persons with specific needs, including older persons, and also assisted those without family support during food and core relief items distribution.

### 2.3.2 Participation

Due to the marginalization of older persons, they often face challenges in exercising their right to voice their concerns and to be heard. Operations reported on the difficulties of involving older persons in activities. To strengthen participation of older persons, UNHCR operations organized specific focus group discussions and actively involved them in refugee and IDP committees to make sure that their specific needs are taken into account while planning and monitoring. For example, UNHCR in **Kyrgyzstan** covered the travel costs of older persons of concern to ensure their participation in participatory assessments.

### 2.3.3 Public Health

Operations reported that older persons also face challenges accessing medical services, especially those living in rural areas where the long distance to services often leads to limited access. In combination with the discrimination they face which often prevents them from earning an income, older persons also struggle to pay the transportation fee to medical facilities and for the medical treatment. This is especially the case for older persons who have chronic diseases and who often cannot afford the required medication. The UNHCR operation in **Croatia** addressed the health needs of older returnees by

employing mobile health teams, providing transport to health centres and medication.

A few examples of UNHCR's field practices from 2015:

- » In **Cameroon**, UNHCR raised awareness and engaged refugee communities in providing assistance to persons with specific needs, including older persons, to assist them to perform their daily tasks such as collecting water, using the toilet or washing clothes.
- » In the **Central African Republic**, UNHCR with its partners has implemented various projects targeting vulnerable persons, including older persons. The projects are related to the construction and improvement of their shelters, the distribution of core relief items, and an information campaign on their rights.
- » UNHCR services provided to older refugees in **Jordan** included home-based and social care services through an older persons' club and referrals to other specialized service providers. Priority was given to an increasing number of unaccompanied older refugees who were entirely dependent on UNHCR's cash assistance. The operation also provided for the establishment of a group shelter and supported access to health care, including mental health and psychosocial support.
- » Three recreational centres for older persons in **Nepal** are now operational and 639 older refugees have benefitted. The centres function as a place for gathering, praying and playing traditional games.
- » In **Malawi**, a UNHCR partner ran a psychosocial programme that benefitted 135 older persons. The programme included a support group for older persons that met fortnightly and held activities such as group discussions and singing. These activities enabled participants to deal with anxiety and distress, voice their concerns, and benefit from peer support while building a social network necessary for their protection in the camp.



Antari Maya Jimba, born in 1933, rests inside the shelter made of salvaged corrugated iron roofing that her family constructed after her home was ruined in the Nepali earthquake. © UNHCR/Brian Sokol/2015



## 2.4 Lesbian, Gay, Bisexual, Transgender and Intersex Persons

### Key trends emerging from the analysis of UNHCR's work with LGBTI persons in 2015:

- » The “% of known LGBTI persons of concern who receive services for their specific needs” was an average of 88 per cent in the nine<sup>49</sup> refugee and asylum-seeker situations that reported on this indicator.<sup>50</sup>
- » UNHCR published its first global report *Protecting Persons with Diverse Sexual Orientations and Gender Identities – A Global Report on UNHCR's Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees*.<sup>51</sup> The report is a significant contribution to addressing the current information gap on the situation of LGBTI persons of concern.
- » UNHCR and the International Organization for Migration (IOM) jointly developed and piloted a comprehensive training package for staff, partners and humanitarian actors on the protection of LGBTI persons in forced displacement.<sup>52</sup> UNHCR piloted the training in five countries, reaching out to a total of 141 participants from 50 different operations.

Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons face a multitude of challenges during forced displacement based on their real or perceived sexual orientation and/or gender identity.<sup>53</sup> Operations reported on the risk of violence LGBTI persons face, including sexual abuse, torture, murder and discrimination by state actors and non-state actors and also by their family members and communities.<sup>54</sup> Even as they arrive in countries of asylum, LGBTI persons continue to face a particular risk since they often do not conform to socially established gender norms.<sup>55</sup> Despite the challenges of stigmatization and discriminatory national legal frameworks, UNHCR continues to work with specialized LGBTI partners to assist LGBTI persons of concern.

**Operations reported that the most commonly cited challenges that LGBTI persons face related to identification and registration, SGBV and limited staff capacity.**

#### 2.4.1 Identification and Registration

LGBTI persons in forced displacement risk remaining invisible in countries of asylum due to the fear of further persecution by state and non-state actors, and fellow refugees and IDPs. For UNHCR, this creates a particular challenge when it comes to the identification and registration of LGBTI persons. To address this challenge, operations have used LGBTI friendly posters and flags to help make LGBTI persons feel safe to speak up about their situation and concerns, and to be

49 Only nine operations chose to report on the indicator “% of known LGBTI persons who receive services for their specific needs”. However, a larger number of operations addressed the protection concerns of LGBTI persons. For instance, the global report on LGBTI asylum-seekers and refugees reveals that 22 operations have “formal or informal operational guidelines in places addressing issues relating” to LGBTI persons of concern. UNHCR, *Protecting Persons with Diverse Sexual Orientations and Gender Identities – A Global Report on UNHCR's Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees* (Geneva: UNHCR, 2015), 50. Available from <http://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=566140454&skip=0&query=global%20report%20LGBTI>

50 The aim of the indicator “% of known LGBTI persons of concern who receive services for their specific needs” is 100 per cent.

51 UNHCR, *Protecting Persons with Diverse Sexual Orientations and Gender Identities*.

52 IOM and UNHCR, *Training Package on the Protection of LGBTI Persons in Forced Displacement* (Geneva: IOM, UNHCR, 2015). Available from <http://www.unhcrexchange.org/topics/15810>

53 UNHCR, *Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement* (Geneva: UNHCR, 2011), 3. Available from <http://www.refworld.org/docid/4e6073972.html>

54 UNHCR, *Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement*, 3.

55 UNHCR, *Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement*, 7, 10 and UNHCR, *Protecting Persons with Diverse Sexual Orientations and Gender Identities*, 37.



D., 23, explained that the cultural and religious environment in his country of origin in the Asia-Pacific region made it difficult to live as a gay man. D. fled to another country and was granted asylum. He is pictured under a poster advertising a 2012 LGBTI pride event. © UNHCR/Bradley Secker/2015

assured that their conversations will be confidential and respectful. In the **Middle East and North Africa** (MENA) region, LGBTI-sensitized staff members wore rainbow pins next to their UNHCR ID badges to be easily identifiable to LGBTI persons of concern in order to create a welcoming environment for them in registration centres and protection interview rooms.<sup>56</sup> For all persons of concern, including LGBTI persons, the information shared during registration is confidential. In addition, UNHCR has developed guidance to improve registration and discussions with LGBTI persons, in particular to be more respectful and inclusive. For example, using terms such as “partner” instead of “wife” or “husband”.<sup>57</sup>

#### 2.4.2 Sexual and Gender-Based Violence

Operations report that LGBTI persons face heightened risk of SGBV. This includes verbal and physical assaults, sexual violence, and exploitation. SGBV can occur in daily life, for

instance when taking public transportation,<sup>58</sup> while held in immigration detention facilities,<sup>59</sup> and in the domestic sphere. A 2016 study by the Women’s Refugee Commission (WRC) reveals that lesbian refugees are particularly at risk of “corrective” measures such as rape and forced marriage.<sup>60</sup> In response, UNHCR has worked with its partners to be able to offer safe shelter, psychosocial support and financial aid to survivors. In the **MENA** region, UNHCR included a specialized LGBTI refugee outreach volunteer to assist their SGBV case management partner in identifying and referring LGBTI persons in need of support as well as aiding to disseminate information on services within the community.<sup>61</sup>

#### 2.4.3 Staff Capacity

Some operations report that UNHCR staff and partners are not fully equipped to deal with the protection challenges that LGBTI persons face. They also state that there is a low level of

56 UNHCR, *Protecting Persons with Diverse Sexual Orientations and Gender Identities*, 20.

57 UNHCR, *Training Package on the Protection of LGBTI Persons in Forced Displacement - Module 2 Conducting Interviews* (Geneva: UNHCR, 2015). Available from <http://www.unhcrexchange.org/communities/9159/topics/15810/contents/188756>

58 WRC, *Mean Streets: Identifying and Responding to Urban Refugees’ Risks of Gender-Based Violence - LGBTI Refugees* (New York: WRC, 2016), 9. Available from <https://www.womensrefugeecommission.org/gbv/resources/1272-mean-streets>

59 UNHCR, *Protecting Persons with Diverse Sexual Orientations and Gender Identities*, 28.

60 WRC, *Mean Streets: Identifying and Responding to Urban Refugees’ Risks of Gender-Based*, 9.

61 UNHCR, *Internal briefing note on protection LGBTIs refugees in Beirut/ML* (2015).

awareness regarding how to identify, receive and register LGBTI persons of concern as well as prejudice among UNHCR staff and partners against LGBTI persons. In response, UNHCR has globally increased its capacity building on meeting the needs and addressing the protection risks of LGBTI persons. UNHCR and IOM have jointly developed a comprehensive training package on the protection of LGBTI persons for use by staff and partners, as well as for the broader humanitarian community. The modules cover a wide variety of practical topics, including terminology, international law, communication, operational protection, conducting interviews, durable solutions, health, and refugee status determination, all with a focus on practical guidance for UNHCR and partner organizations. The training package has been piloted in five different countries in Africa, MENA and Europe. In total, 141 participants from 50 UNHCR operations participated in the pilot training. The training material is all available online.<sup>62</sup>

A few examples of UNHCR's field practices from 2015:

» In the **African** region, 545 LGBTI persons of concern received financial assistance and some started income generating activities that led to self-reliance. In one instance, a LGBTI person was assisted with a small grant, enabling him to produce colourful utility bags using African fabric. He later displayed these items at a German Embassy Fair in an African capital and through the proceeds from the sales he was able to hire others, who now work with him. He hopes to one day buy a sewing machine and be able to rent out a space for his business.

» To address the immediate protection needs of LGBTI IDPs in the **Americas**, a safe house operated by a partner organization was established to offer short-term shelter to survivors of SGBV. As the first LGBTI shelter project in the region, the safe house provides access to physical protection against homophobic and transphobic violence. The safe house has the capacity to accommodate up to seven or eight persons.<sup>63</sup>

» In the **MENA** region, UNHCR identified the need to enhance protection for LGBTI persons of concern and so established a working relationship with a national LGBTI NGO. The cooperation included legal representation, psychosocial support, assistance in finding employment opportunities, and in some cases, emergency shelter.

» In the **MENA** region, UNHCR arranged for unemployed LGBTI youth between the ages of 15-25 to develop their own project to address their needs and concerns. They designed a project that included meeting other young LGBTI persons, developing livelihood skills, and improving the interaction of LGBTI persons with humanitarian organizations. They even made a short documentary to share their testimonies. The documentary is now used in training sessions and as material to raise awareness about the specific needs of LGBTI refugees with service providers and other groups of refugees.

62 IOM and UNHCR, *Training Package on the Protection of LGBTI Persons in Forced Displacement*

63 UNHCR, *Age, Gender and Diversity Good Practices in the Americas – One Step Further, the Methodology Behind the Practice* (UNHCR, 2015), 28-30. Available from <http://www.refworld.org/docid/569c92be4.html>



## 2.5 Youth

### Key trends emerging from the analysis of UNHCR's work with youth in 2015:

- » UNHCR and WRC and partners launched the Global Refugee Youth Consultations with the first three consultations held with female and male youth in Jordan, Malta, and Uganda. The consultations aimed to give young refugees a platform to voice their needs and concerns, to help build their capacities and network, and to provide opportunities for refugee and host community youth to engage in constructive discussion and develop policy recommendations.<sup>64</sup>
- » UNHCR engages with youth through the Youth Initiative Fund which gives forcibly displaced youth the opportunity to design and lead projects to address protection challenges they have identified within their own communities.
- » UNHCR operations involve refugee youth in recreational activities such as youth sports clubs. However, scaling up these programmes to meet the demand from youth still remains a challenge.

The United Nations defines youth as persons aged between 15-24 years.<sup>65</sup> UNHCR uses this definition while recognizing that the term “youth” is a social construct and varies in different societies around the world. In forced displacement contexts, youth face specific risks associated with their age and stage of development.<sup>66</sup> Operations reported that the risks youth face can be exacerbated by the lack of meaningful engagement in community decision-making, lack of secondary and tertiary educational opportunities, scarce livelihoods opportunities, and difficulties in accessing the labour market. Youth also frequently take on new roles and responsibilities in displacement as a way to support and provide for their families.<sup>67</sup> This can sometimes lead to negative coping mechanisms such as survival sex, child and forced marriage, and recruitment into armed or criminal groups.<sup>68</sup> It is important, however, to recognize the abilities and resources of youth as well as their capacity for resilience in the face of adversity.<sup>69</sup> UNHCR engages with youth as protection actors who are capable of delivering positive change within

their communities in a wide range of areas including SGBV prevention, girls' empowerment, peaceful coexistence, and psychosocial support.

**Operations reported that the most commonly cited challenges that youth face related to protection risks, access to higher education and livelihood opportunities.**

#### 2.5.1 Youth Engagement in Protection

Young people involved in the Global Refugee Youth Consultations raised a variety of protection challenges, including the need for greater support for family reunification, mental health and psychosocial support, and support in preventing sexual exploitation and abuse<sup>70</sup>. Youth also highlighted the need to be included in decision-making, and to be provided with better information on their rights and available services. They also emphasized the need for organized recreational, social and creative activities, through which they could address their own psychosocial and protection needs

64 UNHCR, “UNHCR Global Refugee Youth Consultations (2015-2016)”. Available from <http://youthcollective.org.au/post/123003114485/unhcr-global-refugee-youth-consultations>

65 At its thirty-fourth session in 1979, the General Assembly (A/RES/34/151) designated 1985 as International Youth Year. This definition was used during preparatory process and has been reaffirmed in numerous subsequent General Assembly report and resolutions.

66 UNHCR, *A Global Review – UNHCR's Engagement with Displaced Youth* (Geneva: UNHCR, 2013), 15. Available from <http://www.refworld.org/docid/5142d52d2.html>

67 UNHCR, *UNHCR's Engagement with Displaced Youth*, 9.

68 UNHCR, *UNHCR's Engagement with Displaced Youth*, 9, 15.

69 UNHCR, *UNHCR's Engagement with Displaced Youth*, 9.

70 UNHCR and WRC, “Global Refugee Youth Consultations”, see Summary Report from Jordan and Uganda (2015). Available from: <https://www.womensrefugeecommission.org/youth/resources/1294-gyrc>



Participants in the UNHCR/WRC Global Refugee Youth Consultations are eager to be heard as they raise their hands in harmony during the four-day workshop where they identified key priorities for action, honed their leadership skills and networked with national and international organizations. © UNHCR/Nick Sore/2015

as well as those of the broader community.<sup>71</sup> Reporting from UNHCR operations reveals that youth participate in sports and other organized activities mostly through their own initiatives or through other agencies. UNHCR has scaled up its work with youth through the Youth Initiative Fund, which gives forcibly displaced youth the opportunity to design and lead projects to address protection challenges they have identified within their own communities. In 2015, there were 22 different Youth Initiative Fund projects implemented.<sup>72</sup> Over 90 proposals were received from field operations, pointing to a significant gap in programming for youth in UNHCR operations in spite of the success of individual initiatives.<sup>73</sup> One of the projects implemented was from a youth group in the Kakuma Refugee Camp in **Kenya**, where the proposal focused on promoting peaceful coexistence among refugees and host communities through community theatre and film. Youth involved in the project noted benefits not only for themselves in terms of the development of new skills and improved self-esteem, but also

for their communities with respect to changing attitudes and behaviours towards other cultures.

### 2.5.2 Education

In UNHCR's AGD reporting focused on youth, access to education is often highlighted by young people as critically important. The challenges they report are the absence of secondary schools, lack of teachers, lack of transportation allowances, lack of access to inclusive education for youth with disabilities, language barriers, and unaffordable fees for higher education. Male and female youth also face the risk of various forms of violence, including SGBV, in and around schools. Many young people are also forced to abandon their education to help provide for their families, as few education opportunities are available for young people that work.<sup>74</sup> On youth access to higher education, UNHCR continues to provide scholarships through the Albert Einstein German Academic Refugee Initiative (DAFI) scholarship programme.<sup>75</sup>

71 UNHCR and WRC, "Global Refugee Youth Consultations".

72 UNHCR, Internal documents from Child Protection Unit at UNHCR headquarters in Geneva.

73 UNHCR, Internal documents from Child Protection Unit.

74 UNHCR, UNHCR's Engagement with Displaced Youth, 22.

75 UNHCR, "DAFI Scholarship". Available from <http://www.unhcr.org/pages/49e4a2dd6.html>

In 2015, over 2,300 refugee students benefitted from higher education scholarships from the DAFI programme, in addition to 1,400 students who participated in internet-based higher education courses. UNHCR strives to ensure that equal opportunities are given to young refugee women and men to access tertiary education, and as a result of this effort, female students represented 42 per cent of the total students who benefitted from the DAFI programme in 2015.

### 2.5.3 Livelihoods

For young men and women, livelihoods opportunities are of great importance since it allows them to improve their skills and knowledge, and facilitates self-reliance and the ability to support their families. During participatory assessments, young people expressed their concern regarding the limited vocational training and income generating activities that were offered. Female youth and young persons with disabilities in many cases face additional challenges in accessing sustainable livelihoods programming. A significant challenge raised during the Global Refugee Youth Consultations was the tension between managing the need to work to support family and the desire to pursue higher education. Reporting from field operations reveals that even when youth learn to produce goods, they may not be allowed to sell them, or that the skills they learn might not be those required by the domestic labour market. An example of how UNHCR has addressed youth's access to livelihoods is the operation in **Sudan**, where 292 refugee youth received intermediate vocational training in mobile maintenance, car driving, general electricity, car mechanics, leather production, and poultry. Upon graduation, they were provided with certification and access to internship and apprenticeship training. In **Rwanda**, UNHCR supported a programme to prevent SGBV against adolescent girls by educational support, training and start-up funds to help them develop a safety net with the added component of continuous mentoring from adults throughout the process.<sup>76</sup> The aim of this combination of mentorship, life and financial literacy skills and livelihoods opportunities is to improve protection through building human and financial security and thereby reducing the risk of potential exploitation.<sup>77</sup>

A few examples of UNHCR's field practices from 2015:

- » In **Afghanistan**, a taekwondo activity under the Youth Initiative Fund is being implemented in four girl's schools. Five trainers are training 80 girls who are empowered with self-defence skills as well as SGBV awareness. The activity has helped girls to gain much-needed confidence.
- » A cyber café and library was constructed in Boyabu camp in the **Democratic Republic of the Congo** to help students register and participate in online courses provided by universities around the world.
- » In the Jijiga operation in **Ethiopia**, a critical component of initiatives to eradicate FGM is the involvement of youth, including male youth. Youth clubs have been active in promoting the eradication of the practice by sensitizing their peers on the issue. The operation reported a shift to a positive mindset among adolescent girls and boys and young women and men as they advocate within their communities to eliminate the practice.<sup>78</sup>
- » In **India**, 22 youth volunteers from refugee and asylum-seeker communities were trained and mobilized to work on a youth-older persons initiative in New Delhi to support 50 older persons in need.
- » UNHCR plays an active role in advocating for refugees' access to higher education in **Jordan**, by addressing barriers to enrolment such as high tuition fees and the requirement for documentation which many potential students do not have. As a result of these advocacy efforts, the Ministry of Higher Education in Jordan has recognized UNHCR registration documents as valid identification documents in lieu of passports when they register at universities. The Jordan operation also succeeded in advocating for reduced tuition fees for Syrian refugees at the Hashemite University.

<sup>76</sup> UNHCR, Internal document, *UNHCR Child Protection Initiative Funded by BPRM* (Geneva: 2015).

<sup>77</sup> UNHCR, *UNHCR Child Protection Initiative Funded by BPRM*.

<sup>78</sup> UNHCR, Internal document, "Documenting Good Practices in Community-Based Protection – DIP Mission to Ethiopia (Jijiga Operation) 24-30 July 2015 Summary Report" (2015)



Afghan inventor Nour Mohammad Mohammadi, 23, teaches electronics to female Afghan refugees in Iran.  
© UNHCR/Sebastian Rich/2015

» In **Malawi**, 27 refugee and host community youth graduated from a Refugee Community Youth Worker course, specifically designed for UNHCR in partnership with the University of Utah, Jesuit Refugee Services and Jesuit Commons: Higher Education at the Margins. The course involved five months of classroom work, guided learning and self-study. Each student also completed a practical project. Some examples of student projects include establishing football teams for different gender and age groups, tailoring classes with at risk women, tree-planting, music engagement, and performing arts clubs.<sup>79</sup>

» Addressing youth's lack of access to education, in **Sri Lanka**, 30 scholarships to study English were provided to older adolescents. Information and communications technology training was also provided for refugee youth through a training-of-trainers approach.

<sup>79</sup> UNHCR, *UNHCR Child Protection Initiative Funded by BPRM*.



## 2.6 Children

### Key trends emerging from the analysis of UNHCR's work with children in 2015:

- » The indicator “% of primary school-aged children enrolled in primary education” was included as a GSP. Across 20 of the UNHCR Education Strategy priority countries, 42 per cent of primary school-aged children were enrolled in primary school. UNHCR operations are using a variety of programming and advocacy approaches to improve children's enrolment and retention in schools, especially for girls.
- » In 2014, UNHCR increased the proportion of unaccompanied or separated refugee children (UASC) covered by the Best Interests procedures in 36 refugee situations.
- » UNHCR operations reported improved performance related to the issuance of birth certificates to children under 12 months old in 30 refugee situations.<sup>80</sup>

The United Nations defines a child as a human being below the age of 18 years, unless the law applicable to the child states otherwise.<sup>81</sup> Globally, 51 per cent of the refugee population in 2014 were children.<sup>82</sup> In forced displacement contexts, children are at greater risk of abuse, neglect, violence and exploitation.<sup>83</sup> Children also face the risk of being separated from their families during forced displacement.<sup>84</sup> Operations reported on the particular gender-related protection risks that girls face during forced displacement, such as sexual exploitation and abuse and child marriage, both of which often negatively impact girls' access to education. In many cases, forced displacement weakens community support structures that protect children, and education is often disrupted. For effective child protection, humanitarian actors must ensure children's participation in matters affecting their lives and recognize and support their capacities.<sup>85</sup>

### Operations reported that the most commonly cited challenges that children and UASC face related to access

to education; the risk of abuse, neglect, violence and exploitation; and birth registration.

#### 2.6.1 Education

Operations reported that access to, and the quality of, education is a major concern for children and their families. Education is an integral part of the protection of forcibly displaced children. Unfortunately, children face many challenges in accessing and continuing education, including:

- » lack or insufficient school materials and clothing;
- » inability to pay school fees;
- » inadequate infrastructure and classrooms;
- » limited numbers of teachers, particularly female teachers;
- » lack of transportation allowances;
- » language barriers;
- » child labour as children seek to support their families;
- » lack of inclusive education programmes that are accessible to children with disabilities;

80 Analysis by UNHCR's Child Protection Unit at headquarters Geneva.

81 The definition is the one of the Convention on the Rights of the Child (1990) which states that a child is “every human being below the age of eighteen years, unless under the law applicable to the child, majority is attained earlier”. See more at Office of the United Nations High Commissioner for Human Rights (OHCHR). Available from <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

82 UNHCR, *World at War - Global Trends Forced Displacement in 2014* (Geneva: UNHCR, 2014), 3. Available from <http://unhcr.org/556725e69.html>

83 UNHCR, *A Framework for the Protection of Children* (Geneva: UNHCR, 2012), 7. Available from <http://www.unhcr.org/50f6cf0b9.html>

84 UNHCR, *A Framework for the Protection of Children*, 7.

85 UNHCR, *A Framework for the Protection of Children*, 20-21.

- » overcrowded classrooms;
- » violence in schools, including SGBV;
- » protection risks while going to and from school, including SGBV; and
- » procedural challenges due to lack of documentation such as birth certificates.

To address many of these challenges, UNHCR collaborates with partners to design, implement and advocate for improved access to education for primary school-aged children. One example is the partnership with Educate A Child (2015-2018), which aims to enrol over 448,000 out-of-school children in primary education across 14 operations in 12 countries.<sup>86</sup>

In particular, operations list several gender-related barriers to forcibly displaced children’s education. Refugee girls are less likely to finish primary education and make the transition into, and complete, secondary education.<sup>87</sup> Operations report that girls may be forced to drop out of school because of security concerns, lack of access to sanitary materials and adequate sanitation facilities, and domestic responsibilities such as taking care of siblings. In addition, girls face the risk of child marriage and teenage pregnancy which proves to be a hindrance for them to continue their education.<sup>88</sup> In **Pakistan**, child marriage and teenage pregnancy are often cited as

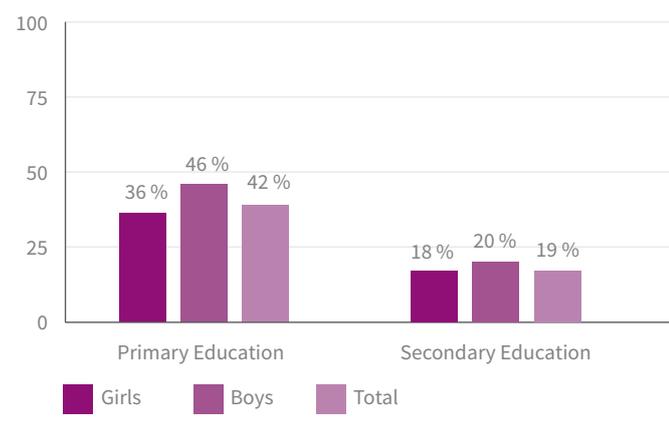
major barriers to the continuation of education for Afghan refugee girls, particularly to the secondary level.<sup>90</sup> Many girls are taken out of school to be married, as early as grade six, and dropout rates for refugee girls are as high as 90 per cent.<sup>91</sup> The operation in **Jordan** has addressed this challenge through a community-based education initiative where girls set their own educational goals, are provided with peer support, and the operation works with their parents to ensure retention in schools and to help improve their academic performance.

### 2.6.2 Protection from Abuse, Neglect, Violence and Exploitation

In 2015, children of concern to UNHCR continued to be exposed to a number of protection risks, including physical and sexual violence, child labour, high levels of stress, and separation from their families. Operations reported on the heightened risk of sexual violence for children during the course of their day-to-day activities, for example when collecting firewood or water unaccompanied outside the camp or when they were on their way to and from school. Girls are at risk of being forced into marriage by their families as a measure perceived to protect girls from sexual violence or as a means of economic relief for the family.<sup>92</sup> In **Chad**, 79 peer educators were trained and started conducting outreach activities on various themes, including the importance of girls’ education and the negative consequences of child marriage. Cultural and recreational activities, including theatre and dance, were also organized in each camp to engage teenagers and to prevent the use of negative coping mechanisms such as survival sex or drug and alcohol abuse.

In general, during participatory assessments at the operational-level, children highlighted the lack of child-friendly spaces and recreational facilities where they could spend time and feel safe when they were not at school or at home. The operation in **Mexico** encountered this concern during participatory assessments with children of concern. As a response, the operation established centres for leisure, culture and educational activities for children.

**Figure 3: Refugee enrolment rates across 20 of the UNHCR education strategy priority countries in 2015**<sup>89</sup>



86 Chad, Rwanda, Uganda, Ethiopia, Sudan, South Sudan, Kenya-Kakuma, Kenya-Dadaab, Syria, Iran, Pakistan, Yemen-Aden, Yemen-Sana’a, Malaysia.

87 Analysis by UNHCR Education Unit at headquarters Geneva.

88 UNHCR Education: Issue Brief 2 - Out-of-School Children in Refugee Settings (Geneva: UNHCR, 2015), 1-2. Available from <http://www.unhcr.org/560be1049.pdf>

89 Analysis by UNHCR Education Unit at headquarters Geneva.

90 Norwegian Refugee Council (NRC) and UNHCR, *Breaking the Cycle: Education and the Future for Afghan Refugees* (2015), 11. Available from [http://www.unhcr.org/nansen-materials-2015/Nansen-contextual-report-2015Low%20res\\_100dpi.pdf](http://www.unhcr.org/nansen-materials-2015/Nansen-contextual-report-2015Low%20res_100dpi.pdf)

91 NRC and UNHCR, *Breaking the Cycle*, 8.

92 UNFPA, *Marrying Too Young – End Child Marriage* (New York: UNFPA, 2012), 12. Available from <http://www.refworld.org/docid/508fe73f2.html>



Afghan refugee children in the UNHCR “Khazana Refugee Village” in Pakistan cool off in the sweltering forty-seven degree heat. © UNHCR/Sebastian Rich/2015

### 2.6.3 Unaccompanied and Separated Children

UASC are particularly at risk of human trafficking and other forms of abuse, neglect, violence and exploitation.<sup>93</sup> To be able to protect UASC, UNHCR and its partners provide case management for children through the use of the Best Interests procedures, which determine their needs, manage the care of individual children, and seek to establish durable solutions.<sup>94</sup>

UNHCR continued to strengthen its protection of UASC, with many operations increasing the capacity of child protection teams, engaging with communities to better identify UASC, and strengthening the implementation of the Best Interests procedures. For example, in **Turkey**, UNHCR enhanced its protection response capacity by establishing a child protection team to carry out protection outreach activities as well as case management for individual UASC. UNHCR conducted 1,133 protection interventions for Iraqi UASC and other children at risk, including care assessments, protection counselling and psychosocial assistance. The operation also continued to advocate for family-based care for unaccompanied children.

### 2.6.4 Birth Registration

Operations report on the challenges in obtaining birth certificates, which can result in statelessness and/or denied access to services such as education and health care.<sup>95</sup> Challenges in getting births registered that were mentioned by operations include the distance to registration centres, a lack of understanding among parents, high costs and complex procedures. Operations responded to these challenges by raising awareness on the importance of birth registration and by supporting the expansion of civil registry offices in order to bring services closer to refugees. In **Zambia**, for instance, the operation has supported the use of mobile registration units and the birth registration rate has consequently increased by nearly five times.

In 2014, UNHCR launched the #IBelong Campaign to End Statelessness by 2024.<sup>96</sup> A focus area of the #IBelong Campaign

is birth registration for the prevention of statelessness. In the context of the conflict in Syria for example, UNHCR has continued to promote and support universal birth registration among Syrian children born in Syria and the neighbouring countries. As part of these efforts, legal aid and counselling services for refugee families have been established in **Egypt, Iraq, Jordan, Lebanon, Syria, and Turkey**. In West Africa, UNHCR and the Economic Community of the West African States (ECOWAS) jointly organized the first-ever regional Conference on Statelessness, which resulted in the Abidjan Declaration of Ministers of ECOWAS Member States on Eradication of Statelessness<sup>97,98</sup>. In adopting the Declaration, the Member States committed to the prevention and reduction of statelessness, including ensuring that every child is registered immediately after birth and that late birth registration procedures are accessible to all unregistered individuals born in the territory.

A few examples of UNHCR's field practices from 2015:

- » UNHCR **Armenia** advocated with the United Nations Children's Fund (UNICEF) to recruit a child psychologist for refugees. The child psychologist is now working with UNHCR and NGO partners to provide group sessions, individual therapy and positive parenting classes. Younger children were also able to benefit from play therapy in order to process trauma and other psychological stress.
- » In **Brazil**, an increase in asylum applications from UASC prompted UNHCR to establish a Child Protection Strategy focusing on monitoring, capacity-building and advocacy. Based on this strategy, UNHCR worked with government authorities to develop child-friendly and protective procedures for UASC, and ensured their access to social assistance.
- » In addition to strategic support to local authorities for the issuance of birth certificates, UNHCR in **Cameroon**

93 UNHCR, *Live, Learn & Play Safe – Regional Initiative 2014-2016 Protecting Children at Risk in Egypt, Ethiopia, Sudan and Yemen* (Geneva: UNHCR, 2014), 4. Available from <http://www.refworld.org/docid/53bbc6314.html>

94 UNHCR, *UNHCR Guidelines on Determining the Best Interests of the Child* (Geneva: UNHCR, 2008). Available from <http://www.refworld.org/docid/48480c342.html>

95 UNHCR, *Protection Issue Brief – Birth Registration* (Geneva: UNHCR, 2013), 2. Available from <http://www.refworld.org/docid/523fe9214.html>

96 UNHCR, *#IBelong* (2014). Available from <http://www.unhcr.org/ibelong/>

97 UNHCR and ECOWAS, *Abidjan Declaration of Ministers of ECOWAS Member States on Eradication of Statelessness*. Available from: <http://www.refworld.org/docid/54f588df4.html>

98 UNHCR, "Statelessness Conference 2015". Available from <http://unhcr.org/ecowas2015/>

strengthened outreach in the community to identify children whose births were proved by a birth declaration, but who had not completed civil registry procedures in order to obtain a birth certificate. In 2015, 1,120 children received birth certificates throughout the operational area, resulting in a growth of 27 per cent in the birth registration coverage.

- » In Azraq camp in **Jordan**, it emerged during consultations that parents were concerned that their children may face harassment or bullying while walking to school. UNHCR with its NGO partner responded by initiating a “walking to school” project where parents and other adults in the refugee community volunteered to walk children to school, increasing their safety. In 2015, 75 volunteers joined the initiative, forming 18 groups that benefitted and safeguarded 573 children.
  
- » In **Ukraine**, UNHCR and its partners supported a number of community-based initiatives, including the establishment of playrooms, joint activities for IDP children and those of the host community, to promote tolerance and integration of children into the new community.

» UNHCR operations have established child-friendly groups where children can express their concerns, and have supported children to participate in community and even national decision-making processes. For example, in **Yemen**, UNHCR supported refugee children to become members of the National Children’s Parliament to advocate for child protection issues.

» In **Zimbabwe**, a reading club was established so that students could use the library in the evenings as a study venue away from the noise and disturbances of the main camp. As a result, there was a marked improvement in the discipline among secondary school students and teachers reported improved performance in class.



# 3 | UNHCR Accountability



UNHCR distributes aid to returnees in Nikishino, Ukraine. The population of 900 people started fleeing this village in September 2014 as fighting became ever more intense. Two-hundred have now returned and are receiving food, blankets, clothes and hygiene kits. © UNHCR/Andrew McConnell/2015

Accountability to affected populations (AAP) is a commitment to the intentional and systematic inclusion of the expressed priorities, needs and capacities of diverse persons of concern throughout the UNHCR operations management cycle. It also includes being answerable for organizational decisions and staff actions.

It is critically important to understand the diversity of women, girls, boys and men of concern in order to provide the best possible assistance and protection, without undermining their existing capacities. In this regard, UNHCR situates AAP within the broader work of the organization and is mindful of the need to consistently review and improve accountability systems.

In-depth, context analysis is at the core of a rights-based, non-discriminatory approach to protection, assistance and the achievement of solutions. The application of the AGD Policy, including through participatory assessments and community-based protection approaches, provides tested pathways for the meaningful participation of communities as rights holders. These accountability practices are applicable during different stages in the UNHCR operations management cycle, which allows sharing information and receiving feedback and complaints from persons of concern during assessment, planning, implementation, monitoring and evaluation. This chapter summarizes and analyses UNHCR's implementation of key accountability practices including: participatory assessment and planning, participatory monitoring and evaluation, feedback and complaints mechanisms, as well as the role of senior management.

### 3.1 Participatory Assessments and Planning

The goal of a participatory approach at any stage of the UNHCR operations management cycle is the meaningful engagement of all persons of concern in protection and assistance programming and decision-making, securing their ownership, and involvement, while acknowledging and building on their existing capacities. The result of this engagement is to adjust programmes in order to align them with feedback from persons of concern.

» The “number of participatory assessment conducted” was 1,529 in the 69 refugee, asylum-seeker, IDP and returnee situations that reported on the indicator.<sup>99</sup>

» The “numbers of instances of joint planning initiatives undertaken with community of concern” in 2015 were 48 in the eight refugee and asylum-seeker situations that reported on this indicator.

Participatory assessments are a process of building partnerships with women and men of all ages and backgrounds by promoting meaningful participation through structured dialogue.<sup>100</sup> As a minimum, it is mandatory for all UNHCR operations to conduct annual participatory assessments, following the methodology outlined in the *UNHCR Tool for Participatory Assessment in Operations*.<sup>101</sup> This methodology includes documentation review, diversity mapping and holding separate focus group discussions with women, girls, boys and men of different ages and backgrounds. Each focus group should include diverse persons of concern and a maximum of 10 participants. The purpose of the focus groups are to gather accurate information on the specific risks and needs of diverse persons of concern, to understand their capacities, and to hear their proposed solutions.<sup>102</sup> Following the identification of needs and risks during the participatory assessments, operations can undertake immediate follow-up where necessary, comprehensively analyse the information, hold a participatory planning workshop and then implement accordingly. Although it is mandatory to hold a participatory assessment exercise during planning, it is also essential that operations remain in continuous dialogue with individuals and groups throughout the operations management cycle.

One example of how participatory assessments should lead to programme adjustments is showcased in **Costa Rica**. During the participatory assessment, diverse persons of concern who lived in dispersed urban contexts revealed that one of the main challenges hindering the local integration of refugees was the lack of access to information on their rights and duties. In response, the UNHCR operation developed a number of complementary initiatives, using a variety of contextual and culturally appropriate tools. For instance, the UNHCR operation launched an innovative website which

99 It is mandatory for all UNHCR operations to conduct annual participatory assessments; however, not all operation chose to report on this specific indicator.

100 UNHCR, *The UNHCR Tool for Participatory Assessment in Operations*, 1.

101 UNHCR, *The UNHCR Tool for Participatory Assessment in Operations*.

102 UNHCR, *The UNHCR Tool for Participatory Assessment in Operations*, 2.

contains key information specific to refugees and asylum-seekers living in Costa Rica.<sup>103</sup> The operation also deployed mobile outreach teams to inform persons of concern about the different projects undertaken by UNHCR and its partners. These communication initiatives provided persons of concern with relevant and easily accessible information about their rights and duties. It also made the services and local integration programmes easily available to them.

In addition to participatory assessments, operations also conducted joint planning during which they planned and shaped programmes together with all stakeholders. Joint planning is a tool to work with diverse members of communities to analyse the information on needs and gaps, develop common objectives and actions, agree on how the communities wish to participate, and then decide who will be responsible for which action. Joint planning ensures that communities are active in decision-making that affects their lives and encourages community-identified and community-based solutions. During programme implementation, these structured dialogue processes can also be used as a system through which diverse persons of concern can safely communicate and receive responses from UNHCR and its partners.

### 3.2 Participatory Monitoring and Evaluation

UNHCR conducts participatory monitoring and evaluation sessions with diverse persons of concern to follow up on their programmes and measure their performance.

Participation in programme monitoring and evaluation should include both solicited information (using predetermined indicators) and unsolicited information (feedback and complaints) from persons of concern. Monitoring and evaluation data allows for measurement of impact and programme performance, in line with expected outputs. Reports on feedback and complaints provide information to validate monitoring and evaluation data. While monitoring and evaluation speaks to the “what” of achievements and outcomes, reporting on community feedback sheds light on the “why”.

When monitoring and evaluation are made participatory, communities have the possibility to be involved in the improvement of programmes and to ensure that the programmes are adapted to the needs and concerns identified by the communities. Considering the importance of participatory monitoring and evaluation, UNHCR operations should be encouraged to report on this indicator. Only 10 refugee and IDP situations have reported on this indicator in 2015. As the **Eritrea** operation states, “participatory assessments are carried out in order to identify refugee priorities but the community has not been sufficiently involved in the onward design of the programmes and in monitoring and evaluation.”

### 3.3 Senior Management

Responsibility for ensuring UNHCR’s accountability to persons of concern exists at an organizational level, programming level, and at the level of individual staff. All UNHCR staff are accountable to persons of concern, including for the integration of an AGD approach into their work. However, senior management holds a key responsibility to ensure this. The AGD Policy states that senior managers are responsible for ensuring that the policy is translated into action in all phases of the UNHCR operation cycle. Senior managers are also responsible for personally writing the section of the annual AGD reporting on leadership and accountability and reporting on the actions they have taken to ensure AGD mainstreaming in their operation.

*“I continue to provide leadership on age, gender and diversity through an active and personal engagement with staff, partners and persons of concern on all aspects of UNHCR’s work in Nepal.”*

*UNHCR country representative in Nepal*

Key trends from senior manager reporting on AGD implementation in 2015:

103 UNHCR, “We’ll help you find what you need.” available from <http://help.unhcr.org/languages/en/>

- » **Gender balance in staffing.** A number of country representatives reported on striving to achieve gender balance in staffing in order to improve representation and enable the implementation of the AGD policy.
- » **Building partnerships.** Country representatives reported on building external partnerships with governments, civil society actors, UN agencies and refugee community leaders on AGD issues.
- » **Encouragement and advocacy.** Country representatives mentioned providing constant encouragement and advocacy on AGD mainstreaming to motivate their staff and partners to incorporate an AGD approach into their work.
- » **Contact with diverse persons of concern.** Many country representatives reported meeting with diverse persons of concern during participatory assessments as well as during feedback and response sessions. One country representative personally reviewed all letters from persons of concern and sought feedback from concerned staff on the follow-up actions.
- » **Building capacity.** Country representatives reported on their attempts to build capacity on AGD mainstreaming amongst UNHCR staff, partner organizations and governments.

Senior management plays an important role in facilitating the process of learning and adaptation that results from new information that is received through participatory assessments, planning, monitoring and evaluation. This process, as with all programming outputs, requires planning and resourcing. A key responsibility for senior managers is to ensure the proactive planning and execution of accountability practices beyond a vague moral imperative related to our protection work.

### **3.4 Feedback, Complaints and Response Mechanisms**

Feedback, complaints and response refer to formal and informal communication with persons of concern that is

either positive or negative, giving feedback on protection and assistance programming or registering a complaint. All feedback and complaints should elicit a response, however, serious complaints require urgent action. It is important to ensure that there are accessible formal channels through which all persons of concern can safely communicate and receive responses from UNHCR, and thereby actively engage in the programme decision-making.

Feedback mechanisms go hand-in-hand with participatory approaches to assessment, implementation, monitoring and evaluation as they provide a consistent means of two-way communication throughout the programme cycle.

Recording and analysing feedback and complaints provides useful data for assessment and evaluation as well as being a key tool for oversight. Feedback also provides UNHCR with useful data on community needs and expectations that can be used to improve programmes.

- » A total of 675 incidents of complaints and/or feedback were documented by operations that reported on the indicator: “number of complaints received under the community based complaints mechanism”. A majority of UNHCR operations collected inputs and feedback through participatory assessments.

In some instances humanitarian actors may use common or collective systems for the capture of feedback, which is then forwarded to the relevant organization for action. Collective or shared accountability mechanisms can have the benefit of practicality and ease for persons of concern, and mutual accountability for humanitarian actors. The duty to respond falls on the organization that is in a position to effect the required change. Where common policies and guidelines exist, they can be used as a reference to inform internal accountability and quality management systems.

Feedback, complaints and response mechanisms concern the community’s relationship with UNHCR and its partners and

should therefore be established hand-in-hand with protection and assistance programmes. Their purpose also includes alerting UNHCR to any serious protection issues that need to be addressed, in particular sexual exploitation and abuse (SEA).

In Principle 7 of the UNHCR Code of Conduct, staff commit to: “Prevent, oppose and combat all exploitation and abuse of refugees and other persons of concern.”<sup>104</sup> SEA is an egregious breach of accountability and all staff are required to report SEA and take all measures necessary to prevent and respond to SEA by humanitarian workers. UNHCR has a zero tolerance policy on SEA and has established procedures for filing complaints regarding discrimination, harassment, sexual harassment and abuse of authority as well as SEA.<sup>105</sup>

In December 2015, the Inter-Agency Standing Committee (IASC) Principals (the heads of all IASC member agencies or their representatives), affirmed their commitment to “actively prevent and respond to sexual exploitation and abuse by humanitarian workers”.<sup>106</sup> In so doing, the IASC Principals agreed to fully implement the Minimum Operating Standards (MOS) on Protection from Sexual Exploitation and Abuse (PSEA) which include tools, guidance and cooperation on inter-agency complaint mechanisms, including SEA case referrals and follow-up.

At the interagency level, UNHCR is currently working with IASC, the United Nations Secretariat, and internally to implement the MOS. For instance, pilot interagency community-based complaints mechanism projects, which aim to encourage communities of concern to raise complaints on SEA, have been implemented in **Congo** and **Ethiopia**. In addition, UNHCR takes an active role in the IASC Task Team on Accountability to Affected Populations and Prevention of Sexual Exploitation and Abuse, dedicating senior management time to co-chair this body as well as fully financing and hosting the coordinator position for two years (2015-2016).

A few examples of UNHCR’s feedback and complaints mechanisms from 2015:

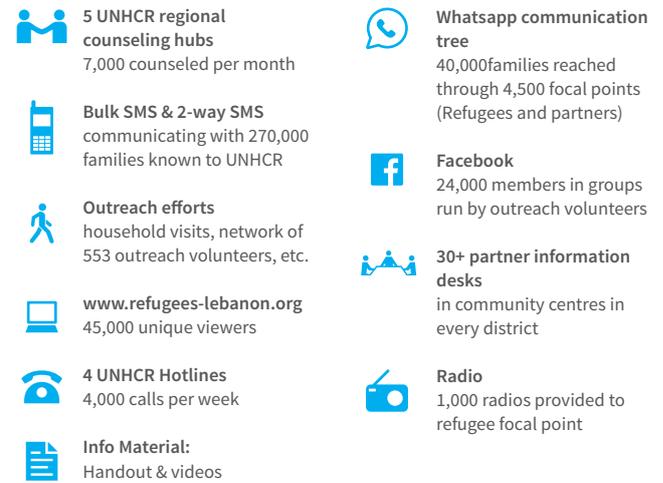
» In **Kyrgyzstan** there are established office hours during which anyone can file a complaint with UNHCR on protection or other concerns. In addition, there is a 24/7 hour hotline available through a NGO partner for any protection related concerns of refugees.

» In **Lebanon**, 553 refugee outreach volunteers provided up-to-date information on services available to their communities and provided feedback to UNHCR and its partners about the needs of refugees and the solutions they proposed.<sup>107</sup>

Figure 4: The diversity of the refugee outreach volunteers in Lebanon <sup>108</sup>



Figure 5: How refugees access information and give feedback in Lebanon <sup>109</sup>



» In **Somalia**, a collective feedback system enables returnees, IDPs, and other people living in the concerned areas to provide free-of-charge feedback through calls or SMS on services, requests for information, or any assistance. Feedback is analysed and responded to within five days.

104 UNHCR Code of Conduct and Explanatory Notes 2004 <http://www.unhcr.org/422dbc89a.html>

105 UNHCR, “Protection from Sexual Exploitation and Abuse (PSEA)”. Available from <https://emergency.unhcr.org/entry/32429/protection-from-sexual-exploitation-and-abuse-psea>

106 Statement by the IASC Principals on Protection Against Sexual Exploitation and Abuse (11 December 2015) <https://interagencystandingcommittee.org/principals/>

documents-public/statement-iasc-principals-protection-against-sexual-exploitation-and

107 UNHCR, internal document, *Accountability to Persons of Concern in Lebanon*

108 UNHCR, *Accountability to Persons of Concern in Lebanon*.

109 UNHCR, *Accountability to Persons of Concern in Lebanon*.



A UNHCR staff conducts a registration interview in a centre in Kuala Langsa, Aceh, Indonesia.

© UNHCR/Fauzan Ijazah/2015

- » Information and feedback is shared through regular community visits and meetings in **Sri Lanka**. In addition, the UNHCR offices have feedback boxes and all persons of concern are provided with information on their use in all the relevant languages. Feedback and complaints are periodically reviewed by the UNHCR Senior Protection Officer and Administration Officer and follow up action is taken.
- » In **Turkey**, refugee women from all different countries of origin highlighted as a major concern the need for awareness raising to prevent SGBV. They proposed to take an active role in SGBV prevention within their communities. In response, UNHCR provided them with materials in several languages on a variety of issues, including child marriage and birth registration, which they could distribute in their communities.
- » A dedicated phone line for female callers was established at the call centre “Tawasul” in **Yemen**. The objective was to provide a private and confidential channel for female callers to be able to raise their concerns by speaking with a female staff member.

# 4

## UNHCR Capacity



Scout Camp in Baghdad, Iraq, has 250 tents providing shelter to internally displaced Iraqis. All tents are connected to electricity and new residents receive essential household items and summer assistance, including mattresses, kitchen utensils, rechargeable fans, and cooler boxes. The camp also has innovative shaded areas that will be used as communal kitchens. © UNHCR/Natalia Micevic/2015

The AGD Policy explicitly states that all UNHCR staff are expected to understand and integrate AGD sensitive work practices. It also calls for the development and strengthening of UNHCR staff capacity on AGD analysis as well as the allocation of adequate human and financial resources. In order to meet these requirements, UNHCR capacity on AGD must be continuously strengthened. This chapter specifically focuses on UNHCR's initiatives to build capacity as well as fill existing gaps in the areas of training, guidance and good practices, and staffing. It also summarizes AGD reporting challenges and the path forward to further institutionalize the AGD approach.

#### 4.1 Training

The UNHCR online learning platform, Learn and Connect, hosts multiple e-learning courses related to AGD which are specifically tailored for UNHCR staff. 1,232 UNHCR staff completed the course "Age, Gender and Diversity Approach" between 2014 and 2015. In addition, in 2015 there were numerous UNHCR online courses available related to AGD, including:

- » UN Module on the Prevention of Harassment, Sexual Harassment, and Abuse of Authority in the Workplace (mandatory)
- » Sexual and Gender-Based Violence (optional)
- » Preventing Sexual Exploitation and Abuse (optional)
- » Best Interests of the Child – Basic Principles and Procedures (optional)

In addition to e-learning, UNHCR staff participated in a wide range of AGD-related blended and face-to-face learning. UNHCR staff have also delivered numerous AGD-related training to fellow staff, partners and government personnel. In addition to the ongoing training initiatives, UNHCR has identified key gaps in existing training and is currently working on responding to those, including developing training on working with persons with disabilities, child protection, gender equality integration and updating existing training on SGBV.

A few examples of UNHCR AGD training conducted in 2015:

» UNHCR **Ecuador** conducted a year-long capacity building process with a total of 60 persons, including UNHCR staff from field offices and partners, focusing on SGBV prevention through working with men and masculinities. An external consultant facilitated a three-day workshop every two-three months and then mentored training participants between workshops on how to implement what they were learning in their daily work.

» Limited knowledge among UNHCR's partners and the refugee community in regards to the rights of persons with disabilities was identified as a gap in **Ethiopia**. In response, UNHCR's office in Gambella in partnership with Handicap International held two capacity-building trainings on how to increase inclusion and accessibility for persons with disabilities.

» In **Mexico**, UNHCR facilitated capacity building on the "Protection of LGBTI asylum-seekers and refugees". Participants included UNHCR partners that provide legal, psychosocial and material assistance in Mexico City. The training was organized in order to address the multiple challenges in providing proper care, assistance and protection to LGBTI persons of concern.

» With its implementation partner in **Syria**, UNHCR provided training on SGBV prevention and response for 191 staff and on SGBV case management for 42 social workers in community centres. Additionally, 21 gynaecologists were trained on the clinical management of rape in order to improve the referral network of service providers with the capacity to address the needs of SGBV survivors.

#### 4.2 Guidance and Good Practices

Alongside training, UNHCR is developing practical guidance and sharing good practices in order to build staff and partner capacity on AGD. For instance, in 2015 UNHCR supported the development of AGD-related guidance through actively participating in the development and implementation of the IASC *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*<sup>110</sup> and launching the UNHCR *Child Protection Issue Brief on Children with Disabilities*<sup>111</sup>. The UNHCR Bureau for the Americas took the step to research and publish "Age, Gender and Diversity Good

110 IASC, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action* (IASC, 2015). Available from: <http://gbvguidelines.org/>

111 UNHCR, *Child Protection Issue Brief: Children with Disabilities* (Geneva: UNHCR, 2015). Available from: <http://www.refworld.org/docid/55cc4a564.html>

Practices in the Americas – One Step Further, the Methodology Behind the Practice”<sup>112</sup>. Building on a previous compilation of AGD good practices in the region<sup>113</sup>, this publication provides detailed information on five good practices, including developing youth autonomy in Ecuador, protection dialogues with women in Argentina, and a LGBTI safe house in Haiti.

UNHCR has also identified gaps in existing AGD guidance and good practices and is working to address them in 2016-2017. For example, in 2015 through assessment missions to multiple UNHCR operations, key challenges that were raised were the identification of persons with disabilities and their inclusion in all aspects of UNHCR programming.<sup>114</sup> As a response, UNHCR is currently developing training and guidance for staff on identification and inclusion of persons with disabilities. Another capacity gap identified by UNHCR operations through a 2015 internal review of gender equality is the need for updated practical guidance, training and shared good practices on gender equality integration.<sup>115</sup> Another capacity related gap identified in the AGD reporting is that there is currently a dearth of sex and age-disaggregated data, with few FOCUS indicators requiring disaggregation and only 10 operations selecting to report on the indicators on the percentage of persons of concern for whom sex and age-disaggregated data is available.

### 4.3 Staffing

UNHCR strives to employ diverse and gender balanced staff, and aims to ensure the deployment of staff with specific AGD expertise. In 2015, UNHCR conducted an in-depth review of its policy on gender equity in staffing with the aim of updating the policy in order to accelerate reaching the goal of 50 percent women and men at all levels.<sup>116</sup> Deployment of senior advisors and protection officers on AGD related issues is another effective tool to strengthen UNHCR capacity. During 2015, UNHCR hosted two Gender Capacity Advisers from the GenCap project and benefitted from the deployment of 11 Senior Protection Officers on SGBV and 26 Child Protection Officers. UNHCR also engaged a Senior Disability Advisor to lead a two-year initiative to strengthen protection of persons with disabilities in forced displacement.

As a result of the deployment of senior advisors and officers, UNHCR staff benefitted from their expertise which directly improved UNHCR’s protection and assistance work as well as supported the development of staff capacity by offering training and support. For example, in **Jordan**, following the deployment of a GenCap Adviser, the operation reported that their programming greatly improved through increased AGD mainstreaming, including increased collection of sex and age-disaggregated data and the establishment of a gender focal point network.<sup>117</sup> Despite these deployments, a scarcity of staff with specific AGD expertise has been highlighted by operations as one of the key challenges to improving the implementation of the AGD Policy. Therefore, increasing staff AGD capacity, including through deployments, is a key priority for UNHCR.

Figure 6: Ratio of female and male UNHCR staff in 2015 <sup>118</sup>

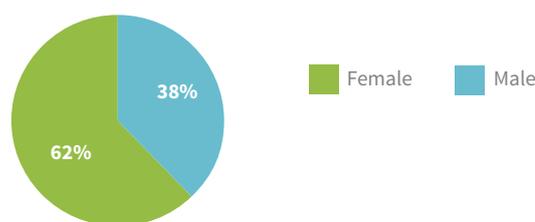


Figure 7: Percentage of female and male UNHCR staff in 2015 by grade <sup>119</sup>

Grade	Male	Female	Total
<b>INTERNATIONAL</b>			
USG/ASG	75%	25%	4
D2	52%	48%	29
D1	59%	41%	92
P5	58%	42%	257
P4	57%	43%	727
P3	60%	40%	1053
P2	48%	52%	462
P1	60%	40%	5
JPO	27%	73%	56

112 UNHCR, *Age, Gender and Diversity Good Practices in the Americas*.

113 UNHCR, *Age, Gender and Diversity Best Practice Compilation* (UNHCR Bureau for the Americas, 2012). Available from: <http://www.refworld.org/docid/50519c572.html>

114 UNHCR, *Strengthening Protection of Persons with Disabilities*.

115 UNHCR, *Internal Review of Gender Equality in Operations* (Geneva: 2016).

116 UNHCR, *Policy on achieving Gender Equity in UNHCR Staffing* (Geneva: UNHCR, 2007).

117 UNHCR, *Internal Review of Gender Equality in Operations*.

118 Data from December 2015.

119 Data from December 2015.

Grade	Male	Female	Total
FS5	54%	46%	35
FS4	67%	33%	3
<b>LOCAL</b>			
ND	71%	29%	7
NC	47%	53%	57
NB	53%	47%	189
NA	56%	44%	455
G7	49%	51%	458
G6	56%	44%	2114
G5	54%	46%	1496
G4	60%	40%	1015
G3	90%	10%	317
G2	99%	1%	1265
G1	64%	36%	25
1A	100%		1

#### 4.4 AGD Reporting Challenges

The 2014 AGD Accountability Report highlighted the need to improve the quality of UNHCR's annual AGD reporting by operations and divisions. As a response, UNHCR issued updated guidance on how to report on AGD in preparation for the 2015 reporting. However, after reviewing the AGD reporting from 2015, a few key gaps have been identified:

1. AGD reporting currently tends not to sufficiently differentiate between the different groups of persons of concern and does not describe the actions taken for each group with the same level of detail. This makes analysis challenging. In particular, while gender-related information needs improvement, age and diversity lags behind, needing more information and detail.
2. There is an overall lack of analysis linking gender to other specific characteristics in the AGD reporting.
3. AGD reporting needs to include more concrete examples of targeted actions, linking these directly to the gaps identified by persons of concern.

4. In 2015, there were approximately 190 out of 1,270 indicators in UNHCR's RBM framework related to AGD. However, operations are not drawing extensively on these indicators for their reporting.
5. Though the AGD policy includes diverse women and men belonging to national or ethnic, religious and linguistic minorities or indigenous groups, there is an almost complete lack of analysis and reporting on these groups, specifically in terms of the challenges they face and operational practices to address these challenges. In addition, only 16 situations across 13 countries chose to report on the UNHCR RBM framework indicator "% of persons of concern from minorities or indigenous groups who receive services for their specific needs".

#### 4.5 Ways Forward to Further Institutionalize AGD

UNHCR continues to emphasize the importance of incorporating an AGD approach in all its work. During 2015, UNHCR has undertaken several initiatives to institutionalize accountability and strengthen the integration of the AGD approach. While many initiatives have been highlighted in this report, the following are further examples.

- » The Gender Equality Unit at UNHCR headquarters conducted an internal review of gender equality in operations consulting 73 operations through a survey, interviews and assessment missions. The aim of the review was to document good practices as well as to identify needs and challenges in integrating gender equality into UNHCR operation's protection and assistance work. The findings from the review will inform the ongoing update and revision of UNHCR's Five Commitments to Refugee Women (2011)<sup>120</sup>.
- » The UNHCR Division of International Protection (DIP) recruited an accountability officer to assist with systematizing existing accountability initiatives in order to create an agency-wide framework on accountability. This accountability framework will guide UNHCR's operationalization and programming to strengthen accountability towards diverse persons of concern.

120 UNHCR, *UNHCR's Five Commitments to Refugee Women* (Geneva: UNHCR, 2011). Available from <http://www.refworld.org/docid/479f3b2a2.html>

- » The UNHCR Division of Human Resources Management (DHRM) hired a senior consultant to conduct a review of the 2007 Policy on achieving Gender Equity in UNHCR Staffing. The review is based on an analysis of the current policy, interviews and focus group discussions. The report and revised policy will be launched in 2016 with the aim of increasing gender balance, diversity and inclusion throughout UNHCR.
- » UNHCR is currently drafting eligibility guidelines for international protection that includes specific risk profiles relating to AGD. For example, the eligibility guidelines for assessing the international protection needs of asylum-seekers from Afghanistan<sup>121</sup> and El Salvador<sup>122</sup> take into account gender-specific forms and manifestations of persecution in order to make asylum decision makers aware and sensitive to these forms of persecution. In addition, the Afghanistan guidelines include a profile on “Individuals with disabilities, including in particular mental disabilities, and individuals suffering from mental illnesses” thereby recognizing disabilities as a basis for persecution.
- » UNHCR started implementation of a two-year initiative on “Strengthening protection of persons with disabilities in forced displacement”. In addition to providing technical support to eight selected country operations, UNHCR will continue to strengthen institutional capacity on disability inclusion and build networks with disability actors, including organizations of persons with disabilities.

121 UNHCR, *UNHCR Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from Afghanistan* (Geneva: UNHCR, 2016). Available from <http://www.refworld.org/docid/570f96564.html>

122 UNHCR, *UNHCR Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from El Salvador* (Geneva: UNHCR, 2016). Available from <http://www.refworld.org/docid/56e706e94.html>



Girls race each other at a sports stadium in Obock, northern Djibouti, that has been turned into a refugee transit centre for people fleeing the war in neighbouring Yemen. © UNHCR/Hannah McNeish/2015



# 5 | Conclusion and Key Recommendations

## 5.1 Conclusion

This report documents UNHCR's progress towards implementing its policy on AGD. In particular, the report highlights the key trends, existing challenges, capacities and field practices from 2015. In addition, the report covers UNHCR's progress made in the areas of accountability and building the capacity of staff and partners on the AGD approach. Despite the many achievements outlined in this report, there is still room for improvement of the implementation of the AGD policy. This applies to the entire operations management cycle, but it is especially necessary for UNHCR to strengthen AGD integration at the planning, implementation, monitoring and evaluation phases.

Though the AGD approach needs to be further strengthened in UNHCR's protection and assistance work, this report shows that operations worldwide are taking innovative actions to meet the diverse needs of women, girls, boys and men of concern. The examples of field practices from UNHCR operations are proof of the constant work that is being done to implement the AGD policy and ensure accountability towards persons of concern.

## 5.2 Key Recommendations

These are the crosscutting recommendations for UNHCR, which directly respond to the challenges identified by operations in their 2015 AGD reporting.

1. UNHCR needs to increase the meaningful, active and equitable participation of diverse persons of concern throughout the operations management cycle, especially during the stages of planning, implementation, monitoring and evaluation.
2. In addition to targeted action, UNHCR must enable access of all UNHCR protection and assistance services to diverse persons of concern, in particular women, persons with disabilities, older persons and youth.
3. UNHCR needs to strengthen its prevention and response to discrimination, marginalization, exploitation, sexual and gender-based violence, abuse and neglect of diverse persons of concern.
4. UNHCR must ensure strengthened gender equality programming that intersects, informs and collaborates with areas necessary for the development of self-reliance amongst women and girls, such as livelihoods, education and public health.

5. UNHCR operations should improve accountability towards affected populations by improving safe, confidential, effective and accessible feedback, complaints and response mechanisms and also ensure adequate oversight of these mechanisms.
6. UNHCR must strengthen capacity building on AGD for staff and partners, particularly on gender equality and disability inclusion, including technical skills and attitude and behavioural change.
7. UNHCR should extend its engagement with communities of concern to work on existing gender roles, attitudes, behaviours, forms of privilege and power to encourage positive change in attitudes and behaviours.
8. UNHCR operations must strengthen their responses to, and report on, the challenges faced by national or ethnic, religious and linguistic minorities and indigenous peoples with the aim of strengthening services and protection responses geared towards their specific needs and concerns.
9. UNHCR must strengthen the collection of sex, age and diversity-disaggregated data.
10. UNHCR should continue developing strong partnerships with local organizations working on AGD related issues such as women's rights organizations, organizations of persons with disabilities and lesbian, gay, bisexual, transgender and intersex organizations.

# Acronyms

AAP	Accountability to Affected Populations
AGD	Age, Gender and Diversity
DAFI	Albert Einstein German Academic Refugee Initiative
DHRM	UNHCR Division of Human Resources Management
DIP	UNHCR Division of International Protection
ECOWAS	Economic Community of the West African States
EMTCT	Elimination of Mother To Child Transmission
FGM	Female Genital Mutilation
GSP	UNHCR Global Strategic Priorities
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Persons
IOM	International Organization for Migration
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MENA	Middle East and North African
MOS	Minimum Operating Standards
NGO	Non-Governmental Organization
PSEA	Protection from Sexual Exploitation and Abuse
RBM	Results-Based Management
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infections
UASC	Unaccompanied and Separated Children
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WRC	Women's Refugee Commission



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