



UNHCR
The UN Refugee Agency



People at the Centre: The Intersection of Age, Gender and Diversity

Age, Gender and Diversity
Accountability Report 2020

“If we lose hope, we lose our way.”

*“Think about how [...] we survived the war.
We are lucky, and now we want to give back.”*

**Somali refugee in South Africa, has built a successful career as a banker.
The COVID-19 pandemic has offered him an opportunity to give back.**



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Division of International Protection

Cover photo: Rosa Preciado Mina (78), Ecuadorian, plays the drum on the riverbank, close to Calderón, the community where she lives in San Lorenzo, Ecuador, close to the border with Colombia. She participates in Tía Gachita, a group of Ecuadorian and Colombian women that promotes integration of refugees and women's rights through traditional music.

Photo credit: © UNHCR/Jaime Giménez

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List of Acronyms

AAP	Accountability to Affected People
AEWG	Accelerated Education Working Group
AGD	Age, Gender and Diversity
DRC	Democratic Republic of the Congo
ECHO	European Civil Protection and Humanitarian Aid Operations
EMAP	Engaging Men in Accountable Practices
FGD	Focus Group Discussion
FRRM	Feedback Referral and Resolution Mechanism
GBV	Gender-Based Violence
IASC	Inter-Agency Standing Committee
ICVA	International Council of Voluntary Agencies
IOM	International Organization for Migration
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Other Diverse Identities
NGO	Non-Governmental Organization
PPE	Personal Protective Equipment
proGres	Profile Global Registration System
PSEA	Protection From Sexual Exploitation and Abuse
RIADIS	Latin American Network of Non-Governmental Organizations of Persons With Disabilities and their Families
SDG	Sustainable Development Goal
SEA	Sexual Exploitation and Abuse
SOGIESC	Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristic
UN-Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDIS	United Nations Disability Inclusion Strategy
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

EXECUTIVE SUMMARY

In 2020, UNHCR, the UN Refugee Agency, continued to build on its long-standing work integrating age, gender and diversity (AGD) into its policies, programmes and advocacy, all while adapting to the effects of COVID-19 on its work with and for forcibly displaced and stateless people.

This report reviews UNHCR performance against its Age, Gender and Diversity Policy, updated in 2018. It evaluates UNHCR external and internal actions on AGD in 2020, identifies successes and challenges, highlights operational practices and offers recommendations.

The report employs an intersectional lens, meaning that it takes account of the interplay between multiple age and gender dimensions, as well as other diversity characteristics. It also recognizes how different individuals with different, including multiple, AGD characteristics experience the world, and on that basis, it provides recommendations for appropriate interventions and solutions for forcibly displaced and stateless persons across the globe.

The following section summarizes key findings in the six areas of engagement under the Policy. Recommendations on UNHCR actions for strengthening inclusion of AGD considerations across its operations and programmes are presented in the conclusion of this report.

Area of Engagement 1: Age, Gender and Diversity-inclusive Programming

All UNHCR operations **understood the importance and acted on the need for data to be disaggregated** to varying degrees. Many operations reported that disaggregating data by sex and age was standard practice. A growing number of operations also disaggregated their data by other diversity characteristics, such as disability, although there remains a recognized need to do this more systematically across UNHCR.

Operations **employed or developed a variety of practices to collect and analyse data disaggregated by AGD throughout their programming**. For example, operations translated data collection tools into local languages and contextualized templates, thus improving the quality and relevance of data. Operations also upheld good practices in ethical data collection, for example, ensuring that data related to sexual orientation and gender identity was not collected where this could cause protection risks, and limiting access to sensitive data. Where COVID-19 limited access to populations of concern, some operations successfully collected disaggregated data through remote methods, including by phone or Internet, and strengthened their community-based protection approach and community outreach.

Operations **used data disaggregated by AGD** to verify that their programming was inclusive and responsive to forcibly displaced communities' diverse needs, to define the scope and target of diverse programmes, and to inform course corrections where necessary.

Areas of Engagement 2–5: Accountability to Affected People

While UNHCR operations were compelled to adapt and modify their activities due to COVID-19 restrictions, the organization actively and creatively **prioritized and reinforced compliance with its framework on accountability to affected people (AAP)**, which covers participation and inclusion, communication and transparency, feedback and response, and organizational learning and adaptation.

UNHCR operations **enhanced their support of leadership and frontline responses by persons of concern to UNHCR and the wider host communities**, and sought to contribute to ensuring inclusion and diversity within community-based structures engaged in COVID-19 response activities.

In addition, while operations maintained **in-person contact, with strict health protocols**, when possible, they also made **extensive use of remote traditional and digital channels of communication** to maintain two-way communication with persons of concern, both individuals and groups. These channels ranged from community radios and telephone calls to the use of websites, social media and digital applications for chats, audio and video communication.

In adapting to the challenges created by the COVID-19 emergency, some operations found that **maintaining diverse means of community outreach and engagement** was crucial to ensuring inclusiveness and empowerment of persons of concern with diverse needs, capacities and resources. However, there were some **limitations** in UNHCR's capacity to adapt to COVID-19, with some operations unable to systematically ensure that community outreach and engagement were inclusive of all persons of concern across the AGD spectrum. Moreover, few operations took due account of the risks and barriers faced by persons of concern due to multiple, or intersecting, age, gender or diversity characteristics. A gap also remained in **feedback and response** and **organizational learning and adaptation**, particularly in ensuring that UNHCR systematically integrated the views of persons of concern into the design, planning and implementation of its programmes, and that it closed the feedback loop by informing persons of concern on how feedback was used. To address these limitations, UNHCR reinforced mainstreaming and targeted responses in its approaches to working with persons of concern.

Area of Engagement 6: Advancing Gender Equality

Worldwide, **the COVID-19 emergency had negative effects on gender equality**. It exacerbated a range of pre-existing gendered challenges and risks that disproportionately impacted women and girls. Challenges included gender-based violence (GBV), child marriage and a loss of income-generation. UNHCR analysed, documented and responded to this impact. Operations swiftly applied a range of measures designed to mitigate, and where possible prevent, gender-based risks. Results were nevertheless mixed as COVID-19 created extremely adverse conditions for success.

A fundamental part of the response was **working to ensure that diverse women and girls play an active role as frontline responders, but also as participants and leaders in decision-making** within different structures and processes. Multiple operations developed and maintained strong networks with forcibly displaced women and with organizations led by women and girls. They supported the individual, collective and organizational capacities of women and girls in decision-making, management and leadership. Many operations sought to mobilize, consult and empower women and girls in all decisions that affect them. While these efforts enjoyed a degree of success, gender-based barriers to meaningful participation often remained, particularly for more marginalized persons, including indigenous women and girls and/or women and girls with disabilities. Despite the challenges created by the COVID-19 pandemic, many operations successfully **facilitated individual registration and documentation** for women and girls. Several operations also facilitated the individual registration, and fast-tracked the registration, status determination and resettlement, of persons at heightened protection risks, including survivors of GBV, unaccompanied or separated children, women with specific needs, and lesbian, gay, bisexual, transgender, intersex, queer and people of diverse identities (LGBTIQ+ people).

By providing direct assistance, many operations succeeded in **making a significant proportion of women and girls the primary recipients of at least some of their assistance**. They also often targeted women and girls at heightened protection risks, and made access to assistance safe and appropriate. Importantly, some operations reported making considerations relating to women and girls integral to decision-making about the provision and distribution of humanitarian assistance.

In relation to livelihoods, education and health, operations commonly employed a twin-track approach in their inclusion of women and girls, with mixed results, which were attributed to the COVID-19 pandemic. This approach involved enhancing advocacy to include forcibly displaced women and girls in national systems and implementing dedicated programmes to target women and girls for example, through remote learning.

Operations **managed to maintain and adapt services to prevent, mitigate and respond to GBV in the COVID-19 emergency**. In particular, operations shifted to remote case management and support, combined with community-based outreach and referrals, information campaigns and targeted assistance, including through cash-based modalities. Some operations made GBV services and support more accessible to children and persons with disabilities. Operations also reported providing women and girls with resources such as material support, information, training, and access to services to empower them against GBV. Furthermore, some operations engaged men and boys in gender-transformative activities to challenge GBV and its root causes.

Highlights from UNHCR's achievements in 2020



UNHCR operations managed to conduct 289 inclusive participatory assessments despite COVID-19.



UNHCR operations supported a total of 5,516 community groups globally, an increase on the 4,235 groups supported in 2019.



In eastern DRC, UNHCR support helped community-based protection groups to spread awareness on the prevention, risk mitigation, and response to GBV and other protection incidents to nearly 90,000 community members.



UNHCR increased the number of country-specific help.unhcr.org pages from 39 to 56, with all pages receiving a total of over 2.4 million visits during 2020. 52.3 per cent of users were women.



Women's participation in leadership/management structures was increased or maintained in 36 refugee situations and in five situations where UNHCR is operationally involved with internally displaced persons.



Community Women Protection Focal Points in Metuge, Mozambique, receive training on GBV and PSEA.
© UNHCR/Juliana Ghazi



I. Introduction

Syrian refugees at Zaatari camp, Jordan play socially distanced football as COVID-19 restrictions ease.
© UNHCR/Shawkat Alharfosh

Building on and modernizing its long-standing work for inclusion, UNHCR updated its Age, Gender and Diversity (AGD) Policy in 2018, to ensure a strengthened and systematic approach to including AGD considerations in all its activities. The purpose was to ensure that persons of concern enjoy their rights on an equal footing and participate meaningfully in all decisions that affect their lives, families and communities.

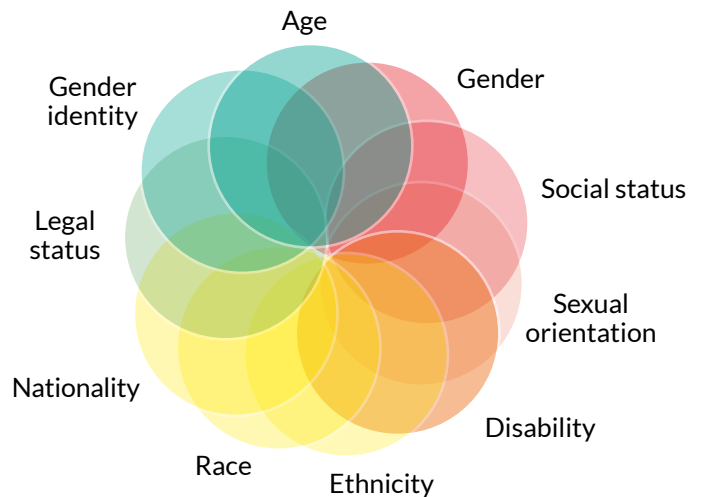
This annual report is one way in which UNHCR makes itself publicly accountable in terms of its progress against its AGD Policy, while also contributing to collective learning. This report, which focuses on UNHCR operations in the field, assesses the organization’s action on AGD during 2020, identifies successes and challenges, highlights positive practices and offers recommendations for further progress.

► What Intersectionality Means at UNHCR

This year’s report focuses on the importance of understanding how intersecting or overlapping AGD characteristics should be considered to ensure appropriate and effective protection and solutions programming for forcibly displaced and stateless persons across the world.¹ A strong evidence- and values-based case can be made for ensuring intersectionality in humanitarian programming, policy and advocacy across sectors and institutional levels. In line with calls for greater

accountability to affected people and localization, adopting an intersectional lens requires humanitarian organizations to be more responsive to diversity and local contexts, and to operate through increasingly efficient and collaborative approaches. Intersectionality is thus an important unifying lens through which to assess UNHCR’s accountability in relation to AGD.

Figure 1. Simplified representation of UNHCR’s approach to intersectionality



AGD-accountable programming requires an examination of the various age, gender and diversity characteristics of individuals or group(s) of individuals, and an understanding of how these **different characteristics intersect** to shape unique, individual identities and influence the distinct

¹ The term intersectionality came out of feminist, antiracist mobilization by black women – including lesbians’ movements – in the United States of America in the 1970s. The earliest formal mention of the term is in: K. Crenshaw, ‘Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics’, *University of Chicago Legal Forum*, vol.1989, no. 1, 1989, p.140. Available from: <https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=ucf>.

experiences of women, men, girls, boys and persons of all gender identities. Examining how characteristics such as age, gender, disability, sexual orientation, gender identity, religion, nationality, race, level of education, legal, social and family status come together, and considering how these characteristics may diminish or exacerbate barriers to accessing rights, generates a better understanding of the unique capacities, needs, opportunities and risks of each individual. This work therefore puts UNHCR in a stronger position to adapt programming accordingly.

By listening to persons of concern and having an informed understanding of the barriers and opportunities encountered by the diverse groups in the communities that it works with and for, UNHCR is able to be both **responsive** (for example, by addressing the effects and consequences of discrimination), as well as **transformative** (for example, by understanding and addressing the underlying causes of inequalities and power imbalances in a community) in its programming. UNHCR strives to approach all areas of engagement under the AGD Policy in this way.

To ensure that programming is inclusive and considers intersecting AGD characteristics, UNHCR aims to develop detailed data disaggregation that facilitates an understanding of how multiple inequalities affect the experiences of different groups and individuals (for example, women with disabilities). With this understanding, planning, targeting and implementation of activities may be tailored accordingly.

In being accountable to affected people, UNHCR strives to give due consideration to the combined AGD characteristics that shape people's relations to it and to each other. As a starting point, UNHCR is adapting its participatory and community-based approaches so that they are inclusive and accessible, designed to "meet people where they are" and to ensure that no one is left behind. This includes recognizing the diverse and intersectional needs of persons of concern and making UNHCR communication more accessible so that it can be safely accessed by all persons of concern, including persons with specific needs, for example, persons who are illiterate or have hearing or visual impairments. It also includes, as an example, ensuring that people who live in remote areas and speak minority languages are able to share their feedback with UNHCR, or that an ongoing dialogue can be maintained with representative organizations of LGBTIQ+ youth. Moreover, UNHCR works to deconstruct the underlying barriers hindering persons of concern.

UNHCR's work to advance intersectional gender equality, as an integral part of the UNHCR protection mandate, is intrinsically linked to promoting human rights. Women and girls are often disproportionately disadvantaged by entrenched gender-based discrimination. Not only can

forced displacement compound gender inequalities, but gender intersects with other AGD dimensions to the detriment of groups and individuals already at heightened protection risks. Applying an intersectional lens reveals how different and overlapping characteristics shape individual experiences and may reinforce systemic disadvantages and discrimination. In its responses, UNHCR works to (1) mainstream gender equality in all of its programming, as a process and as a strategy, and (2) implement targeted gender equality programming (see also the [UNHCR Gender Equality Toolkit](#)). For example, through its cash-based interventions and its work in education, health and livelihoods, UNHCR aims to take urgent action to uphold the rights of forcibly displaced women and girls, and to support their empowerment and meaningful participation in the decisions that affect their lives, families and communities. In UNHCR's work to prevent, mitigate and respond to gender-based violence (GBV), applying an intersectional lens to AGD enables the organization to undertake 'effective and accountable GBV programming that pays attention to diverse and intersecting forms of structural oppression, discrimination and inequality that women and girls experience in a given context'.²

► Methodology

This report is developed by the Division of International Protection and primarily draws on operational reporting about 2020 provided by UNHCR field operations. This covers UNHCR actions in all seven of its [regions of operation](#). Additionally, the report draws on UNHCR materials on protection from sexual abuse and exploitation and on AGD inclusion in 2020. The AGD materials were selected by the regional bureaux, UNHCR experts on internal diversity and inclusion, and various UNHCR technical experts in fields such as protection, knowledge and data, accountability to affected people (AAP), gender equality, GBV, child protection, youth, disability and older persons, livelihoods, health and education.

Readers should note that UNHCR has shifted its approach to results-based management to a new system called COMPASS in 2021 (see the section on organizational accountability), but was using its traditional programming cycle in 2020, which this report reflects.

The varying quality of the source materials created some limitations with data not systematically complete and identical in nature for each operation. It therefore did not lend itself to aggregation for quantitative data or to systematic comparisons between operations. Nonetheless, the wealth of data drawn on by this report does offer important insights from field operations into UNHCR practices and represents a valuable basis for collective discussion and learning at UNHCR and beyond.

² UNFPA (United Nations Population Fund), "The inter-agency minimum standards for gender-based violence in emergencies programming", Gender-Based Violence Area of Responsibility, 2019, p.7. Available from: https://gbvaor.net/gbvitems/wp-content/uploads/2020/11/19-200_Minimum_Standards_Report_ENGLISH-Nov.FINAL_.pdf

This map represents the selected examples that are used for the purpose of this year's AGD Accountability Report.



II. Progress on the Implementation of the Age, Gender and Diversity Policy

Refugee women founded the Heriyetu Foundation at Nakivale settlement in Uganda – a group that has launched a wine-making business, pharmacy and savings and loans programme. © UNHCR/Esther Ruth Mbabazi

► Inclusive Programming

UNHCR's AGD Policy requires that the different capacities, needs and exposure to protection risks of the women, men, girls and boys with whom UNHCR works be incorporated into assessments, planning, implementation, monitoring, reporting and evaluation.

Core Action 1

To achieve this, Core Action 1 of the AGD Policy calls, at a minimum, for all data³ collected by UNHCR to be disaggregated by age and sex and by other diversity considerations, as contextually appropriate and where possible, for purposes of analysis and programming.

³ Core Action 1 of the AGD Policy is applicable to UNHCR primary data collection activities. It applies only to operational data, defined as data and information that pertains to a crisis/situation, the persons affected by the crisis/situation, and the response to the crisis/situation.

Overview

Access to accurate and timely information that is disaggregated by age, sex and diversity is critical to respond to the consequences of forced displacement and to address inequalities. Many operations reported that **disaggregating data by age, sex and other diversity characteristics is standard practice**. UNHCR operations recognize the need to disaggregate data in this way to ensure that programming is inclusive and responsive to the diverse needs that exist among forcibly displaced communities, to define the scope and target of diverse programmes and to inform course corrections where necessary. In 2020, operations therefore collected, analysed and used data disaggregated by AGD in multiple ways across their programming. Nevertheless, improving the collection and analysis of data disaggregated by AGD – and ensuring its quality – remained a challenge, including among partners, particularly for local or grassroots organizations with limited resources and capacity. To address this, UNHCR invested in **building the capacity of partners**, for example in [Algeria](#), [Malawi](#), [Mozambique](#) and [Venezuela](#).

Another challenge was that data was primarily disaggregated by sex and age, but not by other aspects of diversity. To improve the identification of persons with disabilities, UNHCR invested in **promoting the use of the Washington Group Questions**, which are designed to collect internationally comparable disability statistics, and in developing capacity in this regard, as was the case in the **Americas, Europe**, and the **Middle East and North Africa region**.

Moreover, across the world, the COVID-19 pandemic and associated restrictions complicated, and at times hindered or blocked, the systematic collection of various data. To mitigate the resulting gaps, operations resorted to alternative means, such as **using remote and contactless methods, and strengthening community-based approaches and outreach**. For example, in northern [Brazil](#), UNHCR and partners reached indigenous populations using mobile registration exercises and non-food item distributions so that persons of concern did not have to travel and take health and other risks.



Senior Registration Assistant for UNHCR Jordan goes about remotely renewing refugee asylum seeker certificates in Amman, Jordan. © UNHCR/Lilly Carlisle

UNHCR Progress and Practices on AGD-Inclusive Programming

Supportive Leadership and Resources that Promote AGD Data Disaggregation and Inclusive Programming

Having support from leadership and resources that promote and facilitate data collection that allows for disaggregation by AGD was an important component of the success reported by operations across regions. For example, in [Ecuador](#), a **Multi-Functional Team** conducted an operational assessment to identify gaps in disaggregating data by AGD. An **Information Management Unit** was subsequently established, which helped to improve data quality and enabled the collection, compilation and analysis of data disaggregated by age, gender, specific needs and other diversity characteristics. At the global level, UNHCR's **Global Data Service (GDS)** developed guidance and tools to support field operations with data collection, storing, analysis, and use. For example, to address gaps in population data disaggregation by age and sex, the GDS developed dedicated demographic statistical models using multiple data sources to estimate sex- and age-disaggregated data. This served to improve evidence-based advocacy at the regional and global level.

Promoting AGD-inclusive Programming among Staff and Partners

Some operations reported that progress made in AGD data disaggregation was possible as a result of **technical support and trainings that had been offered to staff and partners on disaggregating data**, particularly by disability, sexual orientation and gender identity. Importantly, operations (for example, in [Algeria](#), [Rwanda](#) and [Venezuela](#)) encouraged, requested, or supported partners to apply the AGD approach, including in their data collection and analysis.

Generating and Collecting AGD-disaggregated Data

At the global level, UNHCR's GDS supported the disaggregation and analysis of data through various research and products. For example, the GDS and the Digital Engagement Section collaborated on **AGD-disaggregated qualitative and quantitative research into how persons of concern use digital services** and their expectations of UNHCR digital solutions. The AGD lens ensured usability and inclusion for all persons of concern.

UNHCR headquarters, regional bureaux and operations relied on diverse sources, tools and approaches to collect data that was disaggregated by age, gender and other diversity characteristics. **This data was generated through a variety of interventions, such as registration, sectoral programme monitoring, protection monitoring, targeted interventions for specific groups and assessments to inform strategic planning.**



UNHCR held the **biometric records** of **9.2 million** individuals of age 5 and above in its Population Registration and Identity Management EcoSystem, PRIMES (compared with 8.8 million in 2019).

In **Kenya**, UNHCR collected AGD data through individual assessments, protection incidents reported through the UNHCR Helpline, information provided by community leadership structures, community-based organizations active in refugee communities, and community workers or volunteers. The social and vulnerability assessments conducted jointly by UNHCR and its partners throughout the year were also a valuable source of AGD-disaggregated data. These assessments engaged all groups at heightened protection risks, including women and children, persons with disabilities, LGBTIQ+ people, and older persons.

In **Syria**, UNHCR collected AGD-disaggregated data through its registration activities for refugees and asylum-seekers, as well as through the wide network of community centres supported by UNHCR. UNHCR's data management tool targets refugees, internally displaced persons, returnees and host communities. Furthermore, UNHCR also coordinated the work of the Inclusion Technical Working Group, in particular their assessment on self-reported barriers to day-to-day activities affecting persons with disabilities living in displacement sites in north-west Syria. This study identified the impact of the physical, attitudinal and institutional barriers to accessing essential services and to participation in essential activities for these populations.

Several operations took measures to ensure that their AGD disaggregation practices **reflected intersections between AGD characteristics**. For example, in **South Sudan**, UNHCR assessed the protection risks faced by internally displaced persons with reference to various characteristics: disabilities and serious medical conditions; children at particular risk; older persons at risk; single parents; survivors of torture or GBV; and persons with specific legal and protection issues. Within each of these categories, UNHCR disaggregated data by sex to better understand the different experiences of internally displaced persons and plan effective and appropriate responses to meet a diverse set of needs.

Protecting Sensitive and Confidential Data on AGD

AGD-disaggregated data is essential to ensure that programming is informed by and adapted to the different needs of persons of concern. However, depending on the context, this data may be sensitive and confidential and therefore require that specific measures be put in place to protect it. For example, data on sexual orientation and gender identity, GBV, engagement in sex work, ethnicity and religion may be particularly sensitive in some contexts. In line with UNHCR Policy on the Protection of Personal Data of Persons of Concern to UNHCR, some operations in **Africa** limited access to personal data collected on sexual orientation and gender identity to the few staff who worked directly with LGBTIQ+ people for protection and solutions.

Using Data Disaggregated by AGD to Inform Programming

In line with Core Action 1 of the AGD Policy, UNHCR operations **used AGD approaches and data to inform assessment, planning, design and implementation of programmes**, thus enhancing protection and assistance needs assessments, choice of interventions, targeting, and implementation modalities. Figure 2 provides an overview of how field operations used AGD approaches to make their programming inclusive and intersectional in 2020.



In Busumba village, UNHCR staff assess the shelter and protection needs of forcibly displaced persons who had to flee Pinga in North Kivu province.
© UNHCR/Francine Mutabataba

Figure 2. Examples of how field operations used AGD approaches to make their programming inclusive and intersectional in 2020

<p>ASSESSMENTS AND ANALYSIS OF NEEDS, CAPACITIES AND GAPS</p>	<p>Using AGD-disaggregated data to:</p> <ul style="list-style-type: none"> • identify the unmet needs of specific groups and define the additional knowledge required to address barriers; • identify persons at heightened risk; • understand the overlap between multiple risk factors among persons of concern, and target assistance accordingly; • coordinate sectors, in refugee situations, and inform joint situation analyses and sectoral strategies.
<p>PLANNING AND PRIORITIZATION</p>	<p>Learning from AGD-disaggregated data (including from consultations with persons of concern) to:</p> <ul style="list-style-type: none"> • prioritize emergency assistance, for example to female-headed households at high risk; • analyze the profile of sheltered and relocated persons of concern, and plan appropriate interventions; • facilitate, support and sustain the enrolment of children in pre-primary and secondary level public schools, and address root causes of drop-out; • understand internally displaced persons' return conditions, needs and plans, and prioritize individuals at heightened risk, especially those with intersecting risk factors.
<p>IMPLEMENTATION, INCLUDING TARGETING</p>	<p>Learning from AGD-disaggregated data to:</p> <ul style="list-style-type: none"> • choose the most suitable care arrangements for unaccompanied and separated adolescents; • project the number of possible recipients and plan how to distribute assistance; • prioritize for translation the top languages spoken by persons of concern, and match their skills and languages to volunteering positions for communication and liaison; • prioritize heads of household with disabilities and older persons without any support when targeting and distributing cash assistance, and introduce home visits and "cash in hand" for recipients with mobility restrictions; • prioritize individuals at heightened risk for timely registration, documentation, and refugee status determination; • identify individuals at heightened risk by using common criteria across the different forms of assistance.
<p>MONITORING AND EVALUATION</p>	<p>Using AGD-disaggregated data and AGD-sensitive approaches to:</p> <ul style="list-style-type: none"> • evaluate how successfully material assistance and services have reached refugees at heightened risk; • assess mid-year and end-year progress against group-specific targets; • make protection monitoring more sensitive to AGD considerations in order to assess the effects of COVID-19 on different groups.

Data disaggregated by AGD enriched the assessment and analysis of needs, capacities and programming gaps. Most UNHCR operations reported gathering and analysing AGD-disaggregated data in their consultations with persons of concern as part of assessment processes.

In **Sudan**, data disaggregated by AGD demonstrated that efforts to include persons with disabilities and older persons in interventions needed to go beyond the provision of assistive devices. It also showed that better understanding of the attitudinal, physical and systemic barriers experienced by persons with disabilities is needed to ensure that the operation's programming addresses such barriers in an optimum way.

The **Argentina** Multi-Country Office based its planning exercise for 2021 on a joint needs assessment of Venezuelan refugees' and migrants' humanitarian needs, conducted in October 2019.

In **Lebanon**, UNHCR used AGD-disaggregated data, generated through inter-agency coordination, to inform joint situation analysis and sectoral strategies, and to coordinate sectoral activities.

AGD approaches and disaggregated data improved planning and the prioritization of interventions. UNHCR operations used the findings of assessments and consultations with persons of concern to inform the design of programmes, to set out their strategic directions and to incorporate responses that address AGD-related risks and barriers, including those created or exacerbated by the COVID-19 pandemic.

For example, in **Ethiopia**, consultations with persons of concern and the use of disaggregated data from the Profile Global Registration System (proGres) led to the prioritization of emergency one-off food or cash distributions to refugee female-headed households at heightened protection risk.

In **Nepal**, the analysis of AGD-disaggregated data about school-age children highlighted the need to facilitate, support and strengthen the enrolment of children in pre-primary and secondary level public schools. The analysis of drop-out rates allowed UNHCR to better follow up with parents, address the root causes of drop-out and support the early resumption of education.

In **Myanmar**, UNHCR conducted multiple site-based assessments on solutions in Kachin and northern Shan states to understand the return conditions, needs and plans of internally displaced persons. The analysis of the data collected on individuals identified as being at heightened risk revealed that some 50 per cent had multiple and intersecting risk factors. These findings, along with a needs analysis, informed UNHCR

programming, through which 2,169 persons (1,464 female and 705 male) were prioritized for assistance.

AGD approaches and disaggregated data also improved operations' implementation of programmes, including targeting. Operations ensured implementation modalities and interventions were adjusted to the diverse risks, needs and capacities of women, men, girls, and boys to ensure equitable and safe access to services and assistance.

For example, in **India**, disaggregated information collected through consultations with persons of concern contributed to the implementation of cash-based interventions for Rohingya people, by projecting the number of possible recipients in specific locations, such as school-aged girls, pregnant women, older persons and persons with disabilities. The operation also used sex- and age-disaggregated data to plan the distribution of sanitary materials and winter clothes in selected locations.

In **Yemen**, UNHCR modified the targeting and distribution modalities for cash assistance for internally displaced persons and refugees by prioritizing heads of household with disabilities and older persons without any support. Furthermore, when selecting modalities of cash interventions, UNHCR took into account mobility restrictions due to age and disability, and introduced alternative forms of distribution, with home visits and cash in hand.

In **Mauritania**, UNHCR used data disaggregated by AGD to prioritize refugee registration and to ensure that individuals at heightened risk of refoulement were registered and documented in a timely manner. It also prioritized LGBTIQ+ people for refugee status determination to ensure timely and effective protection and assistance.

In **Ukraine**, UNHCR used its disaggregated data to identify individuals at heightened protection risks for targeting purposes. It applied a common set of criteria to select recipients across its different forms of assistance, such as shelter support, core relief items and individual protection assistance through cash. For example, of the internally displaced persons who received cash as a form of individual protection assistance, 64 per cent were women and 60 per cent were older persons, which largely reflected the demography of the communities in targeted areas.

Some operations also disaggregated data by AGD to inform Monitoring and Evaluation activities. In a number of operations, monitoring information disaggregated by AGD was used to carry out adjustments in ongoing programmes and to inform the next planning cycle.

In **Sudan**, UNHCR used its data disaggregated by AGD to evaluate how successfully cash-based interventions, material support and service referrals had reached refugees at heightened protection risks.

In **India**, UNHCR used AGD-disaggregated data to assess achievements at mid-year and end-year against the planned targets, for example, on the number and percentage of older persons who received assistance, including through cash-based initiatives.

In **Lebanon**, UNHCR revised its methodology for protection monitoring to make it more sensitive to AGD considerations. This enabled the operation to assess the specific effects of the COVID-19 pandemic on different refugee groups, including on older persons and persons with disabilities.

Some operations used data disaggregated by age, gender and other diversity characteristics in advocacy and policy work. For example, in **Spain**, UNHCR used the analysis of population trends

disaggregated by AGD to advocate for mechanisms to identify persons in need of international protection and refer them to the asylum procedure. It also used this data to call on government authorities to develop a system to manage sea arrivals that took AGD characteristics and protection needs into account when tailoring responses.

Partnerships and Collaboration on Data Disaggregated by AGD

Several operations, such as **Myanmar, Somalia** and **Yemen**, contributed to wider institutional coordination and collaboration by sharing their AGD-disaggregated data within and outside UNHCR, while ensuring data protection and security requirements and respecting confidentiality.

UNHCR operations (for example, **Italy** and **Mali**) reported that where partners shared data disaggregated by AGD with UNHCR, operations and relevant stakeholders were able to use this data for their programming.



UNHCR and IOM staff register a family of Venezuelan indigenous Warao refugees at a shelter in Manaus, northern Brazil.
© UNHCR/Felipe Irnaldo



Working with Persons with Disabilities

Why Does it Matter?

An estimated 12 million persons with disabilities were forcibly displaced worldwide in 2020.⁴ Persons with disabilities already faced barriers and discrimination before COVID-19, but the pandemic and some of the prevention measures in place caused additional hardships. For example, increasing reliance on digital tools increased the risks of exclusion because persons with disabilities have less access to the digital space.

UNHCR's work with Persons with Disabilities in 2020

UNHCR developed a five-year action plan (UNDIS), to meet the requirements of [United Nations Disability Inclusion Strategy](#) for both its operations and workforce.

In 2020, UNHCR's operations **provided targeted services** to at least 55,672 adults with disabilities and 7,948 children with disabilities worldwide. Fifty-one operations reported increasing the percentage of persons of concern with disabilities who received services for their needs in 2020 (compared with 49 operations in 2019). As part of this, UNHCR supported 3,749 households including adults and children with disabilities with **direct cash-based and material assistance (including disability-related items)**. UNHCR also **improved the accessibility of over 1,100 shelter and WASH facilities**.

UNHCR **adapted to the pandemic to ensure uninterrupted support** for persons with disabilities. Across regions, UNHCR organized over 11,000 targeted **home visits** and nearly 10,000 **rehabilitation sessions**, taking protective measures against COVID-19. UNHCR supported at least 3,474 children with disabilities in accessing education through financial support, adapted learning podcasts, WhatsApp channels, sign-language lessons for pre-schoolers and home-based programmes for autistic children. Furthermore, UNHCR worked with authorities in [Cameroon](#) and [Tunisia](#) to grant access to disability cards to refugees and asylum-seekers with disabilities, ensuring better **access to national protection systems and services** (though access remained incomplete in Cameroon).

UNHCR strove to **jointly advance gender equality and disability inclusion** when working with women with disabilities. It prepared accessible information on the prevention of and response to GBV in the [Americas](#), [Kenya](#), and [Zimbabwe](#), and trained women with disabilities in business management and entrepreneurship in [Djibouti](#).

The central role of persons with disabilities was strengthened through **collaborations with organizations and networks of persons with disabilities**. UNHCR developed a new partnership with the [International Disability Alliance \(IDA\)](#), a global network of organizations of persons with disabilities, and continued collaborations with national organizations of persons with disabilities in [Ecuador](#), [Ethiopia](#), [Mexico](#), [Honduras](#) and [Spain](#). Furthermore, UNHCR and [RIADIS](#) conducted a regional assessment on the situation of persons of concern with disabilities in the [Americas](#).

Collaborations with persons with disabilities and their representative organizations also shaped UNHCR's work.

For instance, they enabled UNHCR to develop accessible materials and awareness sessions on COVID-19 and GBV prevention and response, using visual storytelling, photos, banners and radio announcements. In [Ecuador](#), UNHCR and [RIADIS](#) developed materials in braille and easy-to-read leaflets. In [Ethiopia](#), UNHCR supported organizations of persons with disabilities to inform persons with disabilities about COVID-19 prevention and response, and to engage them in income-generating activities.



Sudanese refugee, Mohamed (in yellow), 22, sits for a photograph with other wheelchair users after watching them play a game of basketball in Tripoli, Libya. © UNHCR/Mohamed Alelem

⁴ This estimate results from applying the 15 per cent global estimate on disability (World Health Organization World Report on Disability, 2011) to the almost 80 million forcibly displaced in 2020 (UNHCR 2020 mid-year trends report).



Wearing protective masks, Idriss, 21, and Leila, 25, both refugees from the Central African Republic, travel through N'Djamena, Chad, distributing materials to raise awareness about COVID-19. © UNHCR/Simplice Kpandji

► Recognizing Diverse and Cross-Cutting Needs through Accountability to Affected People

COVID-19 created challenges across various aspects of AAP: restrictions limited humanitarian access to affected communities, while physical distancing hindered communities' ability to come together to discuss and address their needs through collective action. Yet effective community-based protection, leading to increased accountability, requires proximity, regular interactions with communities, time, resources and constant innovation to adapt to rapidly changing contexts.

To foster mutual learning, UNHCR re-launched its global online community of practice for community-based protection, produced specific guidance and tools, and identified and documented promising practices in community leadership during COVID-19.

UNHCR also **published practical resources to help the organization keep advancing AAP**, including Operational Guidance on Accountability to Affected People and specific guidance published at the onset of the pandemic on AGD considerations in the COVID-19 context. In the field, operations adapted their work across all areas of engagement and invested in innovative outreach and communication. Moreover, UNHCR continued contributing to **inter-agency cooperation** on AAP, for example, remaining as co-chair of the Results

Group 2 on Accountability and Inclusion within the Inter-Agency Standing Committee (IASC). In this role, it supported overall coordination and collaboration on AAP in humanitarian responses and developed and coordinated a webpage on COVID-19 resources relating to accountability and inclusion. In the global Risk Communication and Community Engagement Collective Service, UNHCR co-chaired a subgroup focused on refugees, migrants and internally displaced persons. This led to the publication of inter-agency guidance on best practices on risk communication and community engagement, with the subgroup sharing the guidance through four global webinars.

Even though operations strived to adapt their general ways of working to the constraints created by COVID-19, they could not guarantee that pre-existing and new ways of working were inclusive of all AGD groups. There is strong, long-standing evidence that the shift to remote, digital channels often excludes the poorest and least educated (who are often women and girls), those in areas lacking electricity and IT infrastructure (such as under-equipped rural areas), the youngest children and many older persons, and persons with specific types of physical, sensory, intellectual or psychosocial impairments. Despite the Guidance related to Connectivity, produced at the

onset of the pandemic, and the specific guidance on AGD considerations in the COVID-19 context, and despite the positive aspects highlighted further on, operations were not always able to take measures to counteract possible exclusions by other means, due to factors such as limited financial and staffing resources, gaps in staff capacities and shortcomings in the mainstreaming of AGD considerations.

Another recognized issue was the limited engagement with communities for the purpose of designing and establishing feedback and response mechanisms. However, a number of operations have recognized this and have begun conducting systematic reviews of feedback and response mechanisms (for example, across the Asia and Pacific Region) and of recommendations for information and communication needs assessments.

More broadly, while UNHCR commitments to AAP were in line with international best practices, and there were a number of good practices in use, on the whole, UNHCR operations needed to do much more to give persons of concern access to their information, to communicate feedback from assessment and other data to communities, and to ensure that communities participated in decisions. In particular, there were four main barriers to systematically and sustainably institutionalizing AAP. Two barriers were operational:

first, teams had limited dedicated capacity to concentrate on AAP and to leverage cross-sectoral collaboration; and second, teams lacked guidance and tools on AAP. The third barrier was organizational, arising from the difficulties UNHCR experienced in closing the feedback loop. UNHCR's structural capacities were too weak for it to excel at information management and to integrate feedback and response into programmatic reviews. The fourth barrier related to coordination: among other agencies and partners, there was a proliferation of (often technology-based) tools yet weak engagement with communities in deciding on the use of new communication tools and channels, while the more bottom-up, community-based approaches of UNHCR struggled to find support outside the organization.

UNHCR took steps in 2020 to address some of these challenges by producing guidance (as referenced above), even if more needs to be done. A five-year strategy is being developed to further modernize and future-proof the capacity of UNHCR to ensure AAP. In addition, to address these various limitations, UNHCR will keep advancing AGD inclusion through both mainstreaming and targeted group-specific actions in its programming, through allocating resources and staffing, and through continuous investment in capacity-building to address the needs and capacities of different age and gender groups in all their diversity.



Jóvenes Contra la Violencia is an organization created by young leaders from communities most affected by violence and forced displacement in Honduras. During COVID-19 pandemic, they identified and targeted those in need of conflict resolution, support packages and accurate information. © UNHCR/Rafael Zaldivar

Figure 3. Actions from operations that advanced accountability to affected people in 2020

AREA OF ENGAGEMENT	EXAMPLES OF SUCCESSFUL PRACTICES
PARTICIPATION AND INCLUSION	<ul style="list-style-type: none"> empowering institutions led by persons of concern; contextualizing participatory approaches; innovating, using diversified and strengthened modalities to consult persons of concern; encouraging and supporting partners to advance participation and inclusion, including through specialized capacity-building; making the results of participatory consultations publicly accessible to populations.
COMMUNICATION AND TRANSPARENCY	<ul style="list-style-type: none"> better understanding practices, needs, and gaps in communication; drawing on volunteer persons of concern, outreach workers and persons of concern-led organizations; strengthening, expanding and improving phone channels’ using, and innovating with, digital and online platforms; choosing the right combination of diversified, accessible communication means; getting information to persons in detention and to their support systems.
FEEDBACK AND RESPONSE	<ul style="list-style-type: none"> better understanding uses and options for feedback and complaint by persons of concern; offering multiple methods and locations for persons of concern to give feedback or complain; supporting partners in improving their feedback and complaint mechanisms; using two-way communication in digital tools; breaking down silos between different feedback and response mechanisms; acting on feedback and complaints with effective responses.
ORGANIZATIONAL LEARNING AND ADAPTATION	<ul style="list-style-type: none"> maintaining strong networks and ongoing dialogue with persons of concern to inform programming; changing programming in response to the views of persons of concern; responding to the effects of COVID-19; ensuring continuous learning by UNHCR and partners; breaking down silos across programmes, sectors, and agencies.

Participation and Inclusion

UNHCR's AGD Policy requires that women, men, girls and boys of diverse backgrounds are able to engage meaningfully and are consulted on protection, assistance and solutions.

Core
Action 2

To achieve this, Core Action 2 of the AGD Policy calls, at a minimum, for country operations to employ participatory methodologies at each stage of the operations management cycle, to incorporate the capacities and priorities of women, men, girls and boys of diverse backgrounds into protection, assistance, and solutions programmes.

Overview

Participation, through inclusive AGD and community-based approaches, is critical to UNHCR protection work and ensuring UNHCR's AAP. Yet, in 2020, physical distancing due to COVID-19 severely limited humanitarian access and raised barriers to meaningful engagement with communities.

To meet this challenge, UNHCR operations adapted, enhancing collaboration with refugee, displaced, host and other community facilitators, turning to digital solutions and diversifying participatory approaches to ensure continued engagement with persons of concern. In 2020, UNHCR operations still managed to conduct 289 inclusive participatory assessments. While this is just over half the number conducted in 2019 (510), given the stark limitations posed by COVID-19, it is still significant and indicates adaptation across the organization. In addition, 20 operations reported a higher percentage of persons of concern represented in leadership management structures than the previous year.

Effective participation and inclusion of forcibly displaced persons and host communities in UNHCR's processes led to tangible achievements in results and at the impact level. During 2020, despite economic and social strains felt across communities, 30 operations – six more than in 2019 – reported an increase in the percentage of host community respondents who expressed support for the continued presence of persons of concern.

Status of UNHCR's Progress and Practices

Empowering Persons of Concern to Lead as Frontline Responders

In many contexts, UNHCR successfully **empowered refugees and internally displaced persons to lead as frontline responders to COVID-19**, training these volunteers on multiple issues, including disability inclusion, conflict resolution, community engagement, gender equality, leadership and interpersonal communication. In total, this network of volunteers conducted 82,635 outreach sessions that reached 439,200 refugees and other persons of concern of diverse characteristics and needs.

In **Lebanon**, operations mobilized over 450 refugees with a medical background as community health volunteers, to raise awareness about COVID-19, promote hygiene, conduct surveillance of the epidemic and provide initial advice.

The **Ukraine** operation involved internally displaced persons in coordinating committees led by local authorities. Through this engagement, it identified a need for additional counselling and psychosocial support for the community. In response, the local authorities, UNHCR and representatives of internally displaced persons worked together to run counselling hotlines and offer psychological support and art therapy classes for adolescents.

Empowering Institutions Led by Persons of Concern

UNHCR operations **engaged with and supported a wide range of organizations led by persons of concern.**



UNHCR supported **5,516 community groups** globally across its operations (compared with 4,235 in 2019).



20 operations reported a higher percentage of people of concern represented in **leadership management structures** (compared with 29 in 2019).

For example, in Europe, 20 UNHCR operations partnered with over 80 different refugee-led organizations. In **Ukraine**, UNHCR supported a number of small-scale community-based organizations led by internally displaced persons, which provided assistance to internally displaced persons, conducted advocacy and engaged in community mobilization.

Across the world, forcibly displaced women took the lead in protecting their communities during COVID-19. In response, and in line with the UNHCR Updated Commitments to Women and Girls, a significant number of UNHCR operations **continued or enhanced their support of and collaboration with women leaders and women-led organizations.** UNHCR operations, such as in **Bangladesh, Malaysia** and **Thailand**, worked closely with refugee women's groups to advance women's empowerment. For example, UNHCR in Bangladesh conducted community consultations to identify barriers to female participation, possible solutions and areas for female-targeted capacity-building. Follow-up action resulted in a 100 per cent increase in 2020, compared to 2019, in female youth participation in community groups. However, COVID-19 undid some previous gains, as there were rumours linking the pandemic to women and girls deviating from their 'traditional roles'. UNHCR Bangladesh took action to dispel these rumours by engaging men and boys in focus group discussions (FGDs) and by reducing group size in activities, to increase space for female participation. In **Pakistan**, UNHCR collaborated with female outreach volunteers, community mobilizers and gender support groups to enhance outreach and communication on COVID-19 and its impact on the community, including addressing social stigma and offering psychosocial support. The **Zambia** operation trained women who were hygiene promoters and community health workers on psychological first aid and on safe disclosure and referrals relating to GBV. UNHCR's community-based protection project in eastern

DRC expanded to provide holistic support for survivors of GBV and other protection incidents, including technical training of community psychosocial and legal focal points from both host and forcibly displaced communities. The community-based protection groups were then able to spread awareness on the prevention, risk mitigation, and response to GBV and other protection incidents to nearly 90,000 community members.

In addition, UNHCR operations **engaged with and supported institutions for dialogue and coordination led by persons of concern, such as umbrella committees and advisory boards.** For example, in Europe, the **Belgium** operation ran a pilot project to establish an umbrella refugee committee, made up of different refugee committees, to contribute to a constructive dialogue on refugee integration and welfare between communities, UNHCR, municipal authorities, service providers and civil society. Similarly, in **Bulgaria**, UNHCR supported the establishment of a Refugee Advisory Board composed of 11 refugees, asylum-seekers and stateless persons. With support from the UNHCR Innovation Service, the Refugee Advisory Board ran a campaign and created an online platform to combat general misinformation and rumours, with dedicated space for rumours about vaccination and COVID-19. In addition, the Board contributed to capacity-building developed in cooperation with the Bulgarian School of Politics, regularly participated in advocacy and media events, and represented refugees' voice in Bulgarian society.

Adapting Programming to Maintain Connections with and between Persons of Concern

Some offices **adapted their structures to remotely manage protection cases and to provide individual services.** For instance, in countries such as **India** and **Nepal**, UNHCR and its partners remotely followed up on children at risk, and provided confidential 24/7 access to the UNHCR protection hotline. In **Peru**, UNHCR and its partners developed specific strategies to remotely manage GBV cases and to adapt referral pathways for child protection cases in light of COVID-19 restrictions.

In addition, UNHCR's operations also backed **community-based initiatives to support peaceful relations between refugee and host communities.** For example, in **Burkina Faso**, a joint United Nations Development Programme-UNHCR programme for the peaceful resolution of local conflicts was implemented in 15 communes in the North and Sahel regions. Through this programme, UNHCR set up 25 protection committees comprising internally displaced persons, refugees and host communities, and involved them in conflict analysis and action plans for conflict resolution and prevention. In a joint International Organization for Migration (IOM)-UNHCR youth project, UNHCR helped build the capacities of 2,000 youth for joint activities between internally displaced persons and host communities.

Innovating through Diversified and Strengthened Modalities to Consult Persons of Concern

Operations **began using the phone as a key tool for consultative surveys, community engagement and monitoring**, to stay informed on the changing needs of persons of concern. In **Kenya**, UNHCR ran a **telephone survey** targeting different AGD groups in 16 urban communities to gather information about access to education, health care, water, and the impact of COVID-19 on livelihoods, safety and security. The **Colombia** operation launched a **high-frequency survey**, using phone communication, to replace its in-person Protection Monitoring Tool. The survey also allowed the operation to achieve a broader geographical coverage.

To enable remote collaborations by phone or messaging apps, some operations **distributed phones or credit for phone calls or Internet data to facilitate consultations**. For example, in the **Central African Republic**, UNHCR distributed 400 mobile phones since the start of the pandemic to enable community and protection committees to monitor protection issues in sites where internally displaced persons reside. By mid-2020, this remote monitoring covered over 100,000 internally displaced persons.

To further strengthen engagement and participation, **many operations innovatively moved to online forums and tools**. For example, the **Spain** operation consulted 750 refugees and asylum-seekers through an online survey. This allowed the operation to reach a broad range of individuals and assess the specific situation of at-risk groups, such as older persons and persons with disabilities.

In **Morocco, Turkey** and **Peru**, for example, operations conducted virtual FGDs with persons of concern to better understand the issues they were facing and, in particular, the impact of COVID-19.

Online forums were also used to better understand the concerns of different AGD groups considered at heightened risk of violence and discrimination. To understand the specific impact of COVID-19 and the general security situation for **LGBTIQ+ refugees and migrants** in the Americas, UNHCR supported the Regional Network for the Protection of LGBTIQ+ refugees, asylum seekers and migrants from Latin America and the Caribbean (Regional LGBTIQ+ Human Mobility Network) to conduct virtual FGDs with LGBTIQ+ refugees and migrants in **Argentina, Brazil, Chile, Colombia, Ecuador** and **Peru**. In addition, UNHCR conducted an online participatory exercise in Arauca with the delegate of the Ombudsperson's Office for children, youth and older persons and conducted online discussions with unaccompanied and separated children.

UNHCR **maintained engagement through remote means with leaders and members** of various children's groups and students (**India**), and with youth groups, refugee leadership, local authorities and other relevant stakeholders (**Nepal**). Similarly, in **Mali**, the operation consulted community leaders via telephone and online meetings. It also held remote hearings weekly by phone.

The **Indonesia** operation collaborated with representatives from the refugee communities to organize and participate in regular **virtual town hall meetings** via Zoom. The topics were chosen depending on current news or what participants wanted to discuss. The elected or designated refugee representatives acted as two-way conduits for sharing information between UNHCR and the refugee communities. UNHCR used this information, the discussions and the views expressed to feed into planning and programming.

Adapting to COVID-19, some operations successfully used either in-person methods with strict health protocols, or hybrid approaches combining remote and in-person methods, especially to conduct structured participatory consultations, assessments and exercises.

In **Syria**, the COVID-19 pandemic forced UNHCR to halt its plans to conduct a comprehensive participatory assessment. Instead, to inform its planning and response, it conducted 189 FGDs that reached over 2,000 persons of concern across the country, and analysed findings from other assessments and field mission reports. It replaced traditional in-person participatory methods by remote modalities such as telephone surveys to capture the views of persons of concern for planning and programming. For example, it carried out a rapid education survey with over 27,000 parents, the results of which informed the resumption of in-person non-formal education after its suspension in March 2020. Outreach volunteers also set up approximately 1,000 WhatsApp groups and similar social media platforms. UNHCR also developed a new reporting tool to capture concerns and solutions suggested by the community through outreach volunteers in all 14 governorates.

In **Indonesia**, to replace structured face-to-face participatory assessments, UNHCR drew on multiple consultations, engagements and communication with communities that were ongoing throughout 2020. As part of this, the operation held AGD-inclusive FGDs on livelihoods and economic inclusion with a total of 130 persons. It also ran consultations on cash-based interventions and GBV that involved discussions with women, girls, men and boys about protection risks they faced during their journey and at the site. Moreover, the operation used best interest determinations throughout the year to understand the protection risks faced by

children and to address those risks together with the refugee communities. UNHCR also held virtual and in-person town hall meetings with over 300 refugees, while partners continued to conduct remote consultations with persons of concern, for example through socioeconomic and health assessments, meetings with refugee representatives, and FGDs.

In **Colombia**, to keep consulting persons of concern, UNHCR and its partners used online platforms and phone calls to communicate. When possible, they resumed in-person FGDs and home visits, adhering to strict safety protocols. This hybrid and flexible approach allowed the operation to reach different AGD groups. Overall, in 2020, the operation consulted 1,450 persons of concern (refugees, migrants, internally displaced persons and members of host communities), including 943 women (65 per cent) and 493 men (34 per cent) through 142 FGDs. These participatory consultations revealed that the rise of socioeconomic hardships generated by the COVID-19 emergency and associated policies increased the risks and protection needs of persons of concern. The findings from these various group discussions informed the work of all field offices, which incorporated the protection needs of women and men of different ages and sociocultural backgrounds, including persons at heightened risk, into their project management cycle.

The **South Africa Multi-Country Office** organized virtual FGDs on Microsoft Teams and through hybrid in-person/virtual conference calls with asylum-seekers and refugees in **Botswana, Eswatini, Lesotho, Madagascar, Mauritius, Namibia** and **South Africa**, from September to November 2020. Building on the working theme of the impact of COVID-19 on persons of concern, the sessions addressed sub-themes about access to basic services (health care, education, livelihoods, mental health, documentation and GBV). Participants without access to online forums gathered in large conference rooms, wearing masks and physically distanced, and were connected with others through Teams or the phone. The South Africa Multi-Country Office then followed up by conducting a telephone questionnaire with 50 of the participants from South Africa and Eswatini. Interviewers inputted answers directly into the form uploaded on KoBoToolbox. This additional consultation allowed participants to report on sensitive topics such as mental health. UNHCR later presented the findings of the participatory assessment remotely to relevant government officials, implementing partners and operational partners such as the Office of the High Commissioner for Human Rights, in the presence of representatives of the refugee community.



Ten years ago, Jamal fled to Yemen, escaping violence in Ethiopia. Today because of the conflict in Yemen, he has no prospect to become self-reliant.
© UNHCR/Pro-Studio



Working with Older Persons

Why Does it Matter?

An estimated 3.2 million older persons were forcibly displaced worldwide in 2020.⁵ The COVID-19 pandemic increased the breadth and depth of the risks faced by older persons, with COVID-19 itself taking a heavy toll on older persons' health and lives. Meanwhile, COVID-related measures disproportionately increased socioeconomic deprivation, while also disrupting or closing key services that had enabled their autonomy and well-being, such as medical support for chronic conditions, rehabilitation services and access to assistive devices.

UNHCR's Work with Older Persons in 2020

UNHCR operations **provided targeted services** to at least 19,739 older persons in 2020. Overall, 36 operations reported increasing the percentage of older persons of concern who received services for their needs in 2020 (compared with 30 operations in 2019).

Among other interventions, UNHCR supported 885 households including older persons with **direct cash-based and material assistance (including assistive devices)**. Operations in countries such as **Brazil, Croatia, Egypt** and **Montenegro** provided **crucial services** to older persons, such as adapted housing, individual and group counselling, psychosocial support, and participation in social and recreational events to reduce their isolation.

UNHCR operations **adapted responses to COVID-19 to include older persons**. For instance, several operations carried out targeted home visits during lockdowns to give older persons access to cash, food and hygiene materials, including face masks and sanitizing gel, and disability-related hygiene items where needed. In **Madagascar, Mauritius** and **Spain**, UNHCR used virtual discussions or surveys to consult with older persons. In **Kenya**, UNHCR provided older persons and their caregivers with telehealth, case management, psychological education and counselling, and quality assurance about family mediation carried out by community members. It also improved quarantine centre and community engagement with and reintegration of older persons coming out of quarantine.

UNHCR **engaged older persons in community-based efforts** across regions. For example, in **Ethiopia**, UNHCR trained 63 executive leaders of associations of persons with disabilities and older persons – 5 women, 58 men – in business administration and asset management, and supported four such associations to engage in income-generating activities.

UNHCR and HelpAge International conducted the first **comprehensive analysis on the intersectionality between aging and human mobility** in Latin America. This research focused on older persons on the move in **Colombia, Ecuador, Honduras, Peru** and **El Salvador**, including during the pandemic. The resulting report and recommendations were published in 2021. In **Ukraine**, through the Protection Cluster, UNHCR and HelpAge prepared a joint expert note on assisting older people displaced or affected by the conflict.

Acknowledging that older persons face specific risks and are often excluded from leadership and action, UNHCR **updated its guidance** on working with older persons in forced displacement, in collaboration with HelpAge International.



Internally displaced South Sudanese woman, Nyandior Jok Pach, sits in her compound, where she hosts other displaced families at the Mahad site for displaced persons in Juba. © UNHCR/Andreea Campeanu

⁵ This estimate results from applying the 4 per cent global estimate on the refugee population over 60 years (UNHCR 2019 global trends report) to the almost 80 million forcibly displaced in 2020 (UNHCR 2020 mid-year trends report).

Communication and Transparency

UNHCR's AGD Policy requires that women, men, girls and boys of diverse backgrounds in all operations have access to timely, accurate and relevant information on (i) their rights and entitlements, and (ii) UNHCR and its partners' programmes.

Core
Action 3

To achieve this, Core Action 3 of the AGD Policy calls, at a minimum, for all country-level protection and solutions strategies to detail the operation's approach to communicating with women, men, girls and boys of diverse backgrounds, through means that are appropriate and accessible to all groups in a community.

Overview

The **availability of consistent, trusted and accessible information** on COVID-19 for persons of concern was key to the UNHCR response to the pandemic. Despite restrictions on movement and access to affected communities, by drawing on its own capacities and those of partners and affected communities, UNHCR was able to ensure that persons of concern in 120 out of 150 operations were reached by information campaigns about COVID-19. UNHCR operations, where possible, capitalized on the changing communication preferences of persons of concern and modernized two-way communication by employing new and old digital technologies, including multi-channel contact centres, social media and Internet-based messaging apps. In parallel, to enhance inclusion and accessibility, more traditional communication channels, such as radio, use of loudspeakers and face-to-face, when restrictions permitted, were maintained or developed.

Faced with these changes, UNHCR excelled in some areas and found new or enhanced challenges in others. On the one hand, UNHCR demonstrated responsiveness and innovation in ensuring two-way communication, which helped maintain its accountability to persons of concern. On the other hand, UNHCR was challenged with balancing new communication channels with the need to engage through these channels securely, systematically and sustainably. For example, as UNHCR increasingly adopted social media for communication, it had to deal with a sharing of information that was varied, fast and at times incorrect or discriminatory, and with expectations that it would respond immediately.

Furthermore, COVID-19 shone light on the digital divide between some AGD groups. Operations could not just rely on digital channels; they had to ensure accessible and inclusive channels for two-way communication. This strained operational resources at all levels, and exposed gaps in policy and expertise that the organization is working to fill.

Status of UNHCR's Progress and Practices

Throughout 2020, it was important to provide information not only about COVID-19 but also the impact it had on UNHCR and partners' services. To achieve this, **field operations received support from UNHCR headquarters and regional bureaux**. At the onset of the pandemic, a multidivisional headquarters working group, in collaboration with regional bureaux, produced [guidance](#) on risk communication and community engagement, [guidance](#) on how to establish "Trees" on WhatsApp and other instant messaging services, and prepared a [guide](#) on using social media in community-based protection (published in early 2021).

Multiple regional bureaux issued guidance or compilations of positive practices on risk communication and community engagement in the context of COVID-19, including **East and Horn of Africa and Great Lakes** ([guidance](#)), the **Americas** ([guidance](#) and [positive practices](#)), **Europe** ([positive practices](#)) and **Middle East, North Africa** ([guidance](#)). The **regional bureau for Europe** also supported country operations by collecting and disseminating [good practices](#). The **regional bureau**

for **West and Central Africa**, working with partners in an inter-agency approach, set up a multilingual [information website](#) with hundreds of audio and visual tools for community engagement on COVID-19, curated by UNHCR, and launched a [digital platform](#), “Communication with Communities”, which offers simplified tools, accessible to all, for digital community engagement on COVID-19.

Better Understanding Practices, Needs and Gaps in Communication

A number of operations **reflected on what was working well and what needed improvement in their communication and transparency with persons of concern.**

UNHCR conducted **inter-agency research on outreach and communication** in [Egypt, Iraq, Jordan](#) and [Lebanon](#), which identified both achievements and gaps in UNHCR’s two-way communication. Importantly, it highlighted that different population groups needed different accessible channels and mechanisms to get information and use services. It found that UNHCR had consistently strengthened its call centres, dedicated websites and WhatsApp groups, while, at the same time, adapting its physical and face-to-face channels to the needs of forcibly displaced populations. However, in situations where rumours arose, organizations were not prepared to provide immediate and coordinated responses because of coordination and capacity limitations. To address these issues, the research offered a road map to improving communication with communities, which included establishing an inter-agency communication network to increase coordination and to provide timely support and advice.

The regional bureau for West and Central Africa, and the operations in [Côte d’Ivoire, Mali and Niger](#), commissioned and published a [research about digital access, communication needs and community practices to understand how digital inclusion could improve accountable, participatory, community-based protection](#) of forcibly displaced persons and stateless persons. This was part of UNHCR’s Regional Bureau multi-year initiative 2020–2025.⁶

Covering 19 diverse localities in the three countries, the research found that populations across all three countries have some of the slowest and least affordable mobile Internet connections in the world. In addition, it found that digital devices and, importantly, content were not always adapted to people’s contexts and preferences. It also identified people’s widespread lack of digital skills, which hindered their access to and use of technology.

Furthermore, digital practices were deeply shaped by socioeconomic inequalities, typically to the detriment of women, people in rural areas and people in the informal economy. UNHCR has been working on how to integrate findings into its AAP strategy for 2021 and beyond.

Strongly Drawing on Volunteer Persons of Concern, Outreach Workers and Organizations Led by Persons of Concern

UNHCR and its partners strongly drew on volunteer persons of concern, outreach workers, and organizations led by persons of concern. These actors were **essential in developing, translating and sharing messages on prevention and hygiene, and in ensuring that the groups and individuals most vulnerable to COVID-19 could access information.**

Indeed, from the start of the pandemic, communities made extraordinary efforts to protect themselves and others. Community leaders, religious leaders, outreach volunteers, and members of women’s and youth groups engaged with UNHCR, partners and government authorities to disseminate culturally appropriate and understandable information throughout refugee, stateless and displaced persons’ communities. They used multiple channels to do so, from social media and radio to going door-to-door, bicycling to isolated communities, assembling in small groups or using megaphones and loudspeakers. This helped ensure that all members of the community accessed the information (for more on this, see the country examples in other sections of this chapter).



80% of country operations (in **120** out of 150 countries) reported reaching all geographic areas inhabited by persons of concern with COVID-19 **information campaigns.**

Leveraging Traditional Means of Communication

A number of operations **drew on more traditional media and formats, such as billboards, leaflets or radio**, to communicate with persons of concern as well as with host communities.

Multiple operations used traditional and diverse channels for **two-way communication with persons of concern, especially to take questions and share timely**

⁶ The initiative aims to empower affected communities to voice their views, priorities, and information needs, and to ensure that UNHCR and its partners listen and take all perspectives into account when planning and implementing protection and assistance.

information. For example, UNHCR in **Ethiopia** used community structures and representatives, community meetings, radio, the UNHCR website, notice boards and megaphones. In Dadaab, **Kenya**, UNHCR regularly used Radio Gargaar to share information and receive feedback, as listeners could call in with questions, concerns or queries and get immediate feedback and response. In **Liberia**, UNHCR and its partners disseminated information on COVID-19 through billboards, flyers, radios and jingles in all host communities.

Some operations used traditional channels to **publicize UNHCR complaint mechanisms.** For example, in the eastern **Democratic Republic of the Congo (DRC)**, UNHCR popularized its alert number by broadcasting radio messages and printing promotional t-shirts.

Several operations used traditional communication means in relation to **returnees or stateless persons.** In the **Central African Republic**, UNHCR arranged for the broadcast in two regions of 79 radio shows and 20 TV shows about rights related to housing, land and property. The operation in **Côte d'Ivoire** worked with a partner and a local radio station to produce and broadcast peace and social cohesion initiatives to support the reintegration of returnees. In **South Sudan**, UNHCR conducted 18 countrywide awareness campaigns about the importance of the Nationality Certificate and prevention of statelessness, with four of these being radio talk shows. In **Eswatini**, UNHCR trained journalists working for radio stations, TV and newspapers to report on statelessness.

Multiple operations, such as **Burkina Faso, Cameroon, Côte d'Ivoire, Malawi, Mauritania, Senegal, Western Sahara** and **Zambia**, also used traditional communication means to **promote gender equality, convey information on GBV, child protection and services available to survivors, and to engage in dialogue with audiences on GBV and child protection.** In **Burkina Faso**, UNHCR mobilized communities against GBV throughout the year, and intensified action during the 16 Days of Activism campaign through mass awareness sessions, radio broadcasts, theatrical performances, film screenings and home visits, to raise awareness on topics that included the consequences of GBV, the types of assistance available to survivors and how to access it, domestic violence, and child marriage or forced marriage. In **Cameroon**, UNHCR increased awareness about the rights of women and girls with disabilities and risks of GBV through community dialogues, training and sensitization of 25 communities and 24 community volunteers on the rights of persons with disabilities, and messaging on local radios, TV and social media. As a result, 103 persons with disabilities were referred to health services. In **Malawi**, in Dzaleka camp, UNHCR supported Dzaleka Yetu Community Radio, which allowed UNHCR's partner community structures to disseminate information to the

refugee and surrounding communities – including on COVID-19 – and raise awareness on issues such as GBV and child protection, in addition to being a source of entertainment for the entire community.

Strengthening, Expanding and Improving Phone Channels

Some operations **strengthened and expanded their pre-existing communication channels, such as call centres, or set up new channels**, to convey general information or to channel information about COVID-19. In **Kenya**, the UNHCR-supported call centre became a trusted source of information about the pandemic. In **Peru**, UNHCR established a toll-free hotline for persons of concern to reach UNHCR. In **Turkey**, the UNHCR counselling line received 335,433 calls.

As part of two-way communication, some UNHCR operations introduced **integrated, interactive voice response, in relevant languages, to their call centres and established 24/7 protection hotlines.** This tool enabled persons of concern to continue accessing information about essential services and assistance on GBV, child protection, and protection from sexual exploitation and abuse (PSEA), for example in **Jordan**, and/or important information about COVID-19 and associated measures, for example in **Bangladesh.**

In **Bangladesh**, in May 2020, UNHCR launched an interactive voice response information service. By the end of 2020, it had reached 143,427 refugees (24 per cent of them female, as the men often owned the phones). In close coordination with the Government and other humanitarian actors, UNHCR aimed to transmit life-saving and critical messages across the refugee population while minimizing human contact and mitigating the potential transmission of COVID-19. With interactive voice response, UNHCR could make toll-free calls or send SMS to Rohingya refugees. The operation in Bangladesh used analysis of the frequently asked questions from the information service to further adapt or develop messages to better address the concerns and questions of the community. For example, the community regularly asked about the use of masks and for statistical information about COVID-19, so the operation incorporated information on these two issues into the service. Using interactive voice response proved to have multiple advantages for the operations and, in particular, for different AGD groups. Based on usage and feed, UNHCR deducted that the service was more accessible to illiterate individuals than other information sources and, because it did not require a smart phone, to women and older persons, who tended not to own one.

Using and Innovating with Digital and Online Platforms

Several government authorities, UNHCR operations and partners developed new and innovative communication methods **using digital and online platforms**.

In some cases, UNHCR blended physical and digital tools, for example, **implementing self-service kiosks as a way to improve service delivery to persons of concern and to facilitate their access to information and their personal data**.

In **Zambia**, UNHCR and the Government's Commissioner for Refugees set up refugee self-service kiosks, which enable refugees to see the status of their case, renew or print identity documentation, apply for services and opportunities, and make appointments with protection staff. Once fully operational and known in the community, the kiosks would reduce waiting time for obtaining essential identity documentation and protection services and by reducing crowding at service facilities.

UNHCR offices created **tailored, multipurpose, multifunction websites and online platforms**. Globally, UNHCR kept developing its **help.unhcr.org websites**, which delivered country-based information to persons of concern and were a useful source of information about COVID-19. During 2020, UNHCR increased the number of help.unhcr.org pages from 39 to 56,⁷ with all pages receiving a total of over 2.4 million visits during 2020. 52.3 per cent of users were women.

In **Bosnia and Herzegovina**, a legal aid partner set up an online platform that collated information on asylum and COVID-19, and included a direct messaging channel for legal advice, complemented by WhatsApp and Viber channels. In **France**, persons of concern were provided with updated information about COVID-19 through the online platform refugies.info. To develop its content, UNHCR collaborated with government counterparts, partners and volunteers and drew on responses to questions coming from refugees and asylum-seekers. In **Italy**, UNHCR's information portal JUMA Refugees Map Services and its information pages on COVID-19 had over 133,000 visits.

UNHCR operations also **made use of social media**. In 2020, in **Turkey**, UNHCR's social media accounts – mainly the Information Board on Facebook – saw an 87 per cent increase in followers compared to 2019, reaching a total of 82,643 followers. In **Mexico**, UNHCR used the Facebook page Confía en El Jaguar (Trust El Jaguar) to share information and protection messages daily. The page registered a 113 per cent increase in use compared to 2019, had a monthly average of

19,940 users interacting with its posts and engaged in 2,986 conversations through Facebook messenger. El Jaguar, WhatsApp groups and Mexico's UNHCR Help site were instrumental in providing correct information on COVID-19, with daily updates and messages also tailored to older persons, LGBTIQ+ people, children (a joint effort with UNICEF), persons with disabilities and people living with HIV. The messages informed persons of concern about changes to service providers during the pandemic, including those supported by UNHCR, their rights and COVID-19 preventive measures.

Multiple UNHCR operations also turned to **messaging apps**. These provided critical information to app users, linked persons of concern to online services, and created spaces for feedback and for referral to other service providers. In Europe, for example, in **Albania, Bosnia and Herzegovina, Georgia, Poland, Malta, Moldova, Montenegro, the Russian Federation and Turkey**, UNHCR used channels in smartphone apps such as WhatsApp, Viber, and Telegram to communicate with communities during periods of mobility restrictions. In **Turkey**, a communication tree on WhatsApp that UNHCR supported reached over 11,200 persons of concern with instant information about COVID-19 and other relevant issues.

Establishing Multiple and Accessible Channels

Using a diversified combination of direct and indirect forms of communication with persons of concern proved important in ensuring effective communication and transparency, particularly so during COVID-19. This included using a mix of remote and in-person channels, formats and types of communication, and communicating with persons of concern directly and through trusted contacts and frontline workers.

For instance, as remote channels for communication and accountability became more critical due to COVID-19, UNHCR in **Iraq** launched help.unhcr.org in April 2020 to expand outreach on protection-related information, making the site available in four different languages and complementing it with Facebook pages and WhatsApp/Viber groups run by local-level partners and community outreach volunteers. UNHCR also bolstered its use of bulk SMS. It sent 291,542 SMS, reaching 78,000 refugee households and almost 50,000 internally displaced households with information about access to the Iraq Information Centre, help.unhcr.org, COVID health matters, and e-learning for children. Simultaneously, UNHCR used radio programming to share information on mental health and psychosocial support. The operation also ensured that there was good representation of different AGD groups among the persons of concern in its

⁷ The 17 new pages were developed in Armenia, Belgium, Bolivia, Honduras, Iraq, Ireland, Jordan, Kenya, Netherlands, North Macedonia, Paraguay, Saudi Arabia, Spain, South Sudan, Switzerland, Tunisia, and Uruguay.

community outreach structures. Community volunteers were critical during COVID-19, as trusted community sources of information and as conduits of feedback. Their demographic diversity helped persons of concern to feel more comfortable receiving information, engaging with their community and with service providers, and identifying persons with disabilities, for specialized support and mobilization. Lastly, community centres and mobile teams also provided AGD-targeted programming and activities, although these were limited by COVID-19.

In **Nigeria**, UNHCR used formal and informal channels to effectively communicate with persons of concern: adapted FGDs, individual reception at the Protection Desk and women and girl safe spaces, meetings with community leaders, door-to-door outreach, camp management committees following COVID-19 protocols, as well as phone calls, bulk and individualized SMS, WhatsApp, radio broadcasts, posters, stickers and leaflets.

Throughout their work, UNHCR operations made sure they offered **information in multiple languages**. The “Telling the Real Story” project communicates with communities about the dangers of onward irregular movement to Europe by reaching out to people on the move, in their native languages, through social media, community leaders, volunteers and diaspora. In 2020, Telling the Real Story collaborated with refugee youth, including artists, and diaspora community leaders to develop COVID-19 myth-busting messages for their audiences in East Africa and the Horn of Africa. In **Serbia**, eight UNHCR partners developed a joint Facebook page offering information and services to refugees in six different languages. In **South Sudan**, operations invested in setting up a number of large community structures in Doro refugee camp. Within these structures, representatives from the youth committee disseminated key information on COVID-19 through songs in each of the eight local dialects, reaching almost 5,000 refugees.

Similarly, throughout their work, UNHCR operations **adapted communication and information to be accessible to different audiences**.

Some operations **leveraged the specificities of different traditional channels to reach specific groups**. For example, UNHCR in **Libya** continued its outreach on disability issues, especially towards persons with disabilities and their caregivers. This included distributing a video on mental health and psychosocial support for persons with disabilities, broadcasting radio spots, holding joint sessions with national non-governmental organizations (NGOs) and carrying out direct individual outreach.

Persons with disabilities participated in developing these adaptations. In the **Americas**, UNHCR collaborated with RIADIS, the Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families, to adapt information materials and communication channels on prevention and response in relation to COVID-19 and GBV.

Some operations worked to **make their communication accessible with due consideration for intersecting inequalities**. For example, in **Uganda**, to ensure accessibility of information for all, UNHCR and its partners used diverse communication methods to reach affected populations, including mobile and static public announcement systems, small community meetings and dialogues, one and two-way radio and spot messages, information, education and communication materials translated into various refugee languages, and bulk SMS. They also collaborated with actors working on child protection and persons with disabilities to disseminate materials catering to specific groups.



Ali, an internally displaced Yemeni, listens to an information session on how to protect himself and his family from COVID-19 at a community centre in Sana'a.
© UNHCR/Shadi Abusneida



Working with Indigenous Peoples and Minorities

Why Does it Matter?

Indigenous peoples and minorities in forced displacement and situations of statelessness are at **disproportionately heightened risk of marginalization, discrimination, violence, abuse and exploitation**. The **COVID-19 pandemic has exacerbated the underlying challenges and risks** faced by indigenous and minority populations around the world, particularly where they experience forced displacement and/or statelessness. Limitations on mobility have had a detrimental impact on income-generating activities and created barriers to accessing goods and services. This has driven many indigenous and minority asylum-seekers, refugees, internally displaced persons, returnees and stateless persons to depend on humanitarian assistance, and placed them at greater risk of harm. Furthermore, many indigenous and minority persons of concern without a regular status or documentation are at risk of being excluded from national programmes and services.

To respond to these challenges, UNHCR adopted a twin-track approach to supporting indigenous and minority persons of concern, by providing life-saving assistance and employing community-based approaches to address specific risks. UNHCR worked in partnership with local authorities, including those from indigenous and minority populations, to identify appropriate and sustainable responses.

UNHCR's Work with Indigenous Peoples and Minorities in 2020

In **Ukraine**, UNHCR provided **targeted assistance** to Roma ethnic minority communities, through cash-based and other modalities. The operation undertook **community mobilization** activities to strengthen the capacities of internally displaced Crimean Tatar and Roma ethnic minorities, including older persons, youth and families with children with disabilities.

In **Brazil**, UNHCR developed a **strategy for Venezuelan indigenous populations**, targeting over 3,500 indigenous persons of concern, largely of Eñepa, Pemón and Warao ethnicity, including pregnant women and adolescents, individuals with serious health conditions and older persons. As part of this, UNHCR supported the establishment and activities of seven Working Groups. These coordination forums designed and implemented efficient, coordinated and streamlined interventions for the indigenous Warao population.

UNHCR worked in partnership with national entities in **Colombia** to support over 13,000 indigenous individuals, including from the Awá, Barí and Yukpa communities. The partnership facilitated access to services; advocated for the right to asylum and recognition of the binationality of cross-border indigenous persons of concern, and strengthened human rights observation in cross-border regions. UNHCR also **fostered partnerships with local authorities** in **Colombia** through the coordination and implementation of a child protection intervention in Buenaventura and Litoral del San Juan, with emphasis on sports and cultural initiatives, to prevent and protect children from recruitment and sexual exploitation. This initiative was coordinated and implemented with the indigenous and Afro-descendant authorities in the collective territories to garner buy-in, promote sustainability and target AGD groups within the indigenous communities.

In **Costa Rica**, to facilitate the **Miskito indigenous population's access to life-saving information**, UNHCR supported the translation of materials on COVID-19, and refugee status, from Spanish to Miskito.

In its efforts to **prevent statelessness, and to strengthen civil registration and documentation among indigenous populations**, UNHCR has continued to support the **Costa Rica** Civil Registry to boost birth registration among indigenous populations of concern. Meanwhile, in **the Republic of Congo**, UNHCR supported **mobile court hearings** for the benefit of indigenous persons of concern who are at risk of statelessness due to their lack of identity and nationality documents.



Indigenous Warao children take part in art contest on World Refugee Day called My Future in Brazil. © UNHCR/Felipe Inraldo

Feedback and Response

UNHCR's AGD Policy requires that formal and informal feedback from persons of concern is systematically received and responded to, and corrective action taken as appropriate.

Core Action 4

To achieve this, Core Action 4 of the AGD Policy calls, at a minimum, for all UNHCR operations to establish and promote feedback and response systems, including for confidential complaints.

Overview

Despite COVID-19, UNHCR **ensured that persons of concern could continue to access trusted mechanisms for feedback and complaint.** UNHCR operations had a number of channels in place to receive feedback from persons of concern, including confidential complaints. In 2020, out of 180 countries reporting, 85 per cent had functioning mechanisms in place for feedback and complaints. This enabled UNHCR to keep adapting its programmes and interventions so that everyone could safely and equally access services and opportunities, no matter their age, gender, Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristic (SOGIESC), race, religion, disability or socioeconomic status.

Status of UNHCR's Progress and Practices

Understanding How and Where Persons of Concern Want to Provide Feedback

With support from the Government of the Netherlands through the Prospects partnership, **Egypt, Iraq, Jordan, and Lebanon contributed to an inter-agency research and mapping of digital feedback and response mechanisms** available to forcibly displaced populations of all ages, genders and backgrounds. The research clearly highlighted that current digital feedback and response mechanisms were not accessible enough for women at risk, people with disabilities, children and older people. Key recommendations for the humanitarian community included to: implement satisfaction surveys; enhance the analysis of feedback; ensure feedback loops are closed; and, establish more inclusive and accessible systems. In light of this, a road

map was developed and included, among others, launching a grant application on digital accountability for community-based organizations and civil societies, engaging with the private sector, and building the capacities of partners and communities among others.

In **Europe**, the regional bureau conducted a survey on outreach, communication and community engagement with 38 operations in the region. The survey was instrumental to understanding how European operations are meeting their commitments to AAP and, in particular, mapped the different feedback and response mechanisms in place across the region, including face-to-face interactions used for collecting feedback in 30 countries and call centres or hotlines in 27 countries. Some countries identified the need for support in establishing standard operating procedures, and good practices from other countries in the region will be collected and shared. A template SOP for feedback and complaints mechanism in smaller UNHCR offices was also developed and field tested.

Having Multiple Ways for Persons of Concern to Share Feedback

During 2020, many operations **established, improved or enhanced feedback and response mechanisms.** For example, as part of its wider PSEA strategy, the **Argentina Multi-Country Office** improved safe spaces by establishing feedback and response mechanisms.

Other operations **strengthened feedback and response mechanisms and ran dedicated awareness campaigns for persons of concern on how to access and use the mechanisms.** In **India**, UNHCR diversified and strengthened two-way communication channels, with a focus on channels for receiving and acting on feedback. To ensure inclusion and accessibility, the operation maintained multiple channels: direct communication



A UNHCR Jordan helpline agent takes a call from a refugee and offers information on all UNHCR activities and recent updates on changes in procedures.
© UNHCR/Lilly Carlisle

via emails, letters or Facebook; hotlines and a toll-free number; community meetings; and through partners. The operation also conducted 273 awareness-raising sessions with persons of concern about GBV or PSEA, which included how to report or make a complaint.

Different UNHCR operations **continued to offer multiple ways and locations to give feedback or complain about UNHCR and its partners**. In **Europe**, the channels to receive feedback across the different operations varied and included dedicated email addresses, hotlines, call centres, complaint boxes and online forms for feedback through the respective [unhcr.help.org](https://www.unhcr.org/help) page.

Moreover, some operations conducted **assessments to better understand the awareness that persons of concern had of UNHCR feedback and response mechanisms**. For example, the **Turkey** operation conducted a baseline assessment with 576 community members to understand their levels of awareness of UNHCR complaint, feedback and response mechanisms.

Innovating: Using Digital Tools for Feedback

As persons of concern's communication preferences are changing, digital and online tools that enable two-way communication (see also the section on communication and transparency), particularly messaging apps, offer remarkable opportunities for UNHCR to gather feedback from persons of concern. While there is a need to meet persons of concern where they are, the use of digital and

online tools also presents constraints and risks that need to be addressed. In the context of COVID-19 and the need for fast, reliable and trusted two-way communication, UNHCR worked across operations to **build on existing initiatives and try a more systematic and scalable approach for engaging communities on messaging apps**.

While operations did previously use messaging apps, at the onset of the COVID-19 response, many started widely adopting apps such as WhatsApp to communicate quickly and 'en masse' with persons of concern about COVID-19 restrictions and changes to services. While there were immediate benefits, they also faced constraints in being able to respond to or follow up all messages individually and ensure the safety and protection of persons of concern in their digital environments. To address these challenges, in coordination with target operations, UNHCR launched the pilot of its turn.io WhatsApp service, which offers automated responses that are constantly updated by UNHCR, referrals to specialized staff when specific need for support is identified, and clear information on how to use the tool safely.

The pilot was first launched in **Ecuador** in 2020, where the operation was already engaging communities through WhatsApp, having identified it as an app trusted by the community. The new service enabled persons of concern to access information not only on COVID-19, but also on how to contact UNHCR and partners to report incidents of violence or abuse. During the initial three-month trial, UNHCR, partners and around 12,000 users exchanged over 200,000 messages.

The main findings of an independent assessment of the pilot in Ecuador included that the feedback loop between Ecuador's persons of concern and UNHCR significantly improved, that the tool helped operation staff save time, and that the operation was able to better understand the needs of persons of concern through the initial communication and subsequent referrals. At the same time, findings showed there remained challenges for UNHCR in using such platforms and apps. The main challenges related to mitigating the digital risks that persons of concern face from their own information environments; the two most urgent threats in this regard were online fraud or exploitation, and misinformation, disinformation and hate speech. In response, UNHCR developed a guide on how to move safely (*Guía para moverse seguras y seguros*), to continue to safely and efficiently provide digital services and information to persons of concern.

Collective Mechanisms for Feedback and Response

Some operations **ran and improved cross-sectoral and inter-agency feedback and response mechanisms**. For example, in **Bangladesh**, UNHCR, with several other humanitarian actors, ran 23 Information Service Centres across camps to receive inquiries, complaints and other feedback from refugees. In 2020, the centres received some 63,756 visitors, 40 per cent of them female. Having already established a common feedback mechanism through a collaboration with all sectors, in 2020 the centres started work to strengthen feedback and response by enabling referrals among agencies and facilitating joint analysis and response. The

centres complemented other UNHCR-run mechanisms, including a 24-hour toll-free hotline where refugees could report concerns about protection and assistance.

Operations across the organization, such as **Iraq**, **Uganda** and **Afghanistan**, ran inter-agency call centres that allowed for referrals between actors and sectors and collective analysis of feedback received from persons of concern.

Acting on Feedback and Complaints with Meaningful and Effective Responses

A number of operations, such as **Bangladesh** and **India**, **used community engagement activities – including remote ones – to inform refugees about UNHCR's response** to refugee feedback. Some operations used FGDs in the same way, for example, in **Jordan**, **Morocco** and **South Africa**, online FGDs were used to listen to the needs and priorities of persons of concern and to give feedback on adaptive arrangements made by UNHCR in response.

Some UNHCR teams also **conducted structured reflection on their processes and responses relating to feedback, breaking it down into thematic areas**. For example, in 2020, UNHCR in **Turkey** established a task force on complaint and response mechanisms to bring together focal points on complaints and feedback about fraud, PSEA and other issues. The aim is to assess and make more efficient and effective the available channels that UNHCR uses to receive complaints and feedback, and to respond to these.



UNHCR hosts a workshop to demonstrate the new WhatsApp channel to Venezuelan refugees in Quito, Ecuador.
© UNHCR/Jaime Giménez



Working with Youth

Why Does it Matter?

Youth are agents of change in their communities. When supported, youth use their solidarity, enthusiasm, inspiration and energy to effect positive change. Humanitarian interventions and programmes frequently target individuals across the AGD spectrum who are considered to be at heightened risk of discrimination, violence, neglect and marginalization. Youth have typically been overlooked as individuals at heightened risk, despite many forcibly displaced and stateless youth facing a myriad of challenges. Many forcibly displaced and stateless youth are at risk of **forced recruitment, GBV and other forms of violence; intracommunal and intercommunal tension; and mental health and psychosocial risks. The COVID-19 pandemic and its impact on our social fabric, livelihoods, education and other areas has heightened the social isolation, mental health and psychological challenges faced by many forcibly displaced and stateless youth.** UNHCR has addressed these challenges by investing in the support of youth-led initiatives to harness and amplify the voices and capacities of forcibly displaced and stateless youth. Working in partnership with them, UNHCR has contributed to building the confidence, agency and capacities of youth to tackle risks and issues of particular concern to them.

UNHCR's Work with Youth in 2020

UNHCR's Youth Initiative Fund supported 531 youth-led initiatives (compared with 551 in 2019). In collaboration with its partner, UNHCR in **Honduras** launched the "Youth Artistic Collective" to promote the **meaningful participation and empowerment** of youth from communities at heightened protection risks. Modules employed a youth-to-youth methodology aimed at mitigating youth-specific risks, including forced recruitment and GBV.

UNHCR advanced the meaningful participation and inclusion of youth through its partnership with the **European Youth Parliament**, and ensured the participation of refugee and stateless youth in virtual events in **Serbia** and **Cyprus**.

Along the **Colombia-Venezuelan** border, UNHCR supported the establishment of youth groups in two communities to promote dialogue and community solidarity among refugee, internally displaced persons, and host community youth.

In **Yemen**, UNHCR supported a youth-led initiative to develop creative videos to address protection-related topics. A youth committee was supported in conducting first-aid courses for young refugees, and a committee was also engaged in community-based night-watch patrolling.

In response to an increasing number of persons of concern at risk of suicide in **Kenya**, UNHCR supported a partnership effort to **train youth on suicide prevention**.

UNHCR supported youth-led initiatives to respond to the emerging needs presented by the COVID-19 pandemic. In **Cameroon**, UNHCR supported the creation of the "Youth Task Force against COVID-19", while in **Malawi**, a radio station was set up in a refugee camp to conduct awareness and behaviour-change campaigns. The **Global Youth Advisory Council** worked with young leaders to develop the **#ForYou campaign highlighting how forcibly displaced youth have been stepping up and taking action to support their communities.** The campaign had a wide reach, with 4 million views on Facebook alone.



The youth committee in Doro refugee camp in South Sudan educate their community on COVID-19 through songs.
© UNHCR/Mary-Sanyu Osire

Organizational Learning and Adaptation

UNHCR's AGD Policy requires that interventions, planning, priority setting, course corrections, and evaluation are informed on an ongoing basis by the views of persons of concern.

Core
Action 5

To achieve this, Core Action 5 of the AGD Policy calls, at a minimum, for UNHCR operations to adapt programmes and strategies in response to input from persons of concern, and document this in Country Operations Plans and Annual Reporting.

Overview

Despite COVID-19, UNHCR operations **managed to keep engaging with diverse persons of concern on an ongoing basis**. For instance, they supported a total of 5,516 community groups globally, an increase on the 4,235 groups supported in 2019.

In fact, **having strong pre-existing partnerships with communities at large proved a determining factor in offices' ability to respond effectively to COVID-19**. Communities were often the first responders to COVID-19 while humanitarian actors had difficulties reaching communities. Country operations where UNHCR and partners had previously invested time and resources in forging strong partnerships with communities on protection adapted to new realities faster. As a result, persons of concern in these countries experienced fewer interruptions in access to, and delivery of, key services, which refugees themselves often managed.

UNHCR did not just hold dialogues with persons of concern: **it often actively adjusted its work in response to persons of concern's views**. For example, 21 operations reported that their programmes implemented a higher percentage of priorities that community members had identified compared to the previous year (33 in 2019).

Status of UNHCR's Progress and Practices

Maintaining Strong Networks and Ongoing Dialogue with Persons of Concern to Inform Programming

UNHCR operations maintained **direct and indirect connections with persons of concern through diverse networks**, so their views could inform programming.

For instance, given COVID-19 restrictions and having been informed by the community that digital means of communication would not reach everyone, the **Bangladesh** operation adapted programming and expanded its community group programme to 30 settlements in Cox's Bazar. It thus reached 150 community groups comprising over 3,490 volunteers, including 35 female youth groups with 630 members in total. The operation and the groups collectively identified and prioritized the communities' needs, and then designed and implemented nearly 5,860 service projects, focused on raising awareness about COVID-19 and its prevention, and about protection risks, infrastructure, disaster risk reduction and meaningful participation.

In **Europe**, UNHCR benefited from a network of more than 1,370 volunteers, outreach workers and coordinators across the region, who regularly engaged with UNHCR, its partners and government authorities, as well as providing essential support within their communities. The networks' contacts were thus kept abreast of changing needs and protection developments in each country. For example, the **Turkey** operation worked with a network of 97 refugee volunteers that received support from its partners. In the **Czech Republic, Cyprus, Croatia, France, Greece, Hungary, Lithuania, Malta, Romania, Spain** and **Ukraine**, volunteers, outreach workers and outreach coordinators from communities were actively involved in protection activities and in the COVID-19 response.

In **Peru**, UNHCR remained in contact with community networks and volunteer groups. Moreover, through the webpages and social media tagged with #VenInformado (come informed) and #TuCausaEsMiCausa (your cause is my cause), it was in constant contact with a number of web users among refugees, migrants and host communities.

Changing Programming in Response to the Views of Persons of Concern

A number of UNHCR operations demonstrated **effective responses to feedback received**. In **Greece**, UNHCR used data from its Helpline tracking sheets to address the needs and concerns of the community through improved programming. For example, following complaints about lack of water, UNHCR was able to support the supply of additional water, and following an increase in security concerns in feedback from persons of concern, the operation provided solar lamps and lights and security alarms in particularly affected areas.

In response to the views of persons of concern, some operations **either improved their programming or adapted it to a new context**. For example, the operation in **Bosnia and Herzegovina** responded to findings from its quick assessment on the information needs of persons of concern in the context of COVID-19 by initiating peer-to-peer education. This project trained and engaged persons of concern to facilitate two-way communication between communities and UNHCR.

In **Colombia, Ecuador** and **Panama**, after UNHCR received feedback and information about false rumours that were circulating, operations adapted their messages to dispel these rumours and disseminated the messages through a wide range of communication channels.

In **Iraq**, the operation understood from community leaders that there were substantial increases in requests for psychosocial support from the community. In response, the operation remotely trained community members in psychological first aid.

The **Kenya** operation learned from the findings of its different participatory assessments and adapted accordingly. For example, after identifying mental health and psychosocial needs as a priority area during the pandemic, partnership agreements were reviewed and adapted to meet the emerging need. In addition, accessible and inclusive participatory assessments made it possible to identify gaps for specific groups, for examples, the low availability of livelihood opportunities for women, a lack of participation of girls and boys in services and interventions and a gap in protection services for LGBTIQ+ people. The operation was then able to adapt programmes to target interventions for identified groups in specific areas.

With staff access to the community restricted due to COVID-19, the **Nepal** operation, following community feedback, expanded access to safe channels for reporting GBV. It increased the number of female community workers it employed, to provide enough safe and trusted channels for GBV case referral and confidential 24/7 access to the UNHCR protection hotline.

Ensuring Continuous Learning by UNHCR and Partners

Across all regions, country operations, regional bureaux and divisions at the global level **successfully documented, shared and learned from effective field practices and challenges related to AAP**. 2020 saw a notable dynamic of exchanging good practices to help staff adapt and learn in the face of COVID-19. Regional bureaux and HQ Divisions developed internal and external resources on AGD-responsive and accountable work.

Breaking Down Silos Across Programmes, Sectors and Agencies to Learn and Adapt

A number of regional bureaux and country operations advanced organizational learning and adaptation by breaking down silos across programmes, sectors and agencies.

The operation in **Libya** facilitated coordination across programmes and sectors to ensure greater AAP across different AGD groups. For instance, UNHCR continued to participate in the inter-agency response

to internal displacement, both through operations and through robust coordination of the protection, shelter and non-food item sectors, as well as through the Cash Working Group. In this context, UNHCR obtained increased capacity for information management during 2020, and advanced a protection-centred approach to support for persons with disabilities and their caregivers.

In **Turkey**, the inter-agency group that UNHCR belonged to conducted rapid needs assessments quarterly with refugee populations. Using the assessments from July and September 2020, which involved a total of 2,075 individuals and 19 United Nations and non-governmental partners under UNHCR's leadership, the UNHCR Protection Working Group produced two information reports for use by all organizations. The assessments were multisectoral, generating a holistic understanding of the impact of COVID-19 on the protection environment. They enabled better identification of needs and informed evidence-based programming and advocacy.



Internally displaced Malian children receive solar-powered radios and school kits at Sarema school, to facilitate distance learning.
© UNHCR/Alassane Guindo



Nansen Refugee Award Regional Winner for Asia, Rozma Ghafouri, 29, leads a football coaching session for Afghan refugee girls in Shiraz, Iran.
© UNHCR/Fatemeh Forootan Torkamani

Advancing Gender Equality Inclusively

UNHCR's AGD Policy sets out the following foundations on gender equality: Gender equality is fundamental to the well-being and rights of all persons of concern; it is central to UNHCR's AGD approach; and it is relevant to every aspect of UNHCR's work. Our Updated Commitments to Women and Girls implicitly recognize the diversity amongst them [...]. Though the focus of these commitments is on women and girls, UNHCR recognizes that gender inequalities also negatively impact men and boys. Therefore, it is essential to promote equal rights, integrity, well-being, and equitable access to services for all persons of concern.

Overview

In 2020, UNHCR advanced gender equality in multiple ways in its operations, even as long-standing obstacles such as material inequalities and harmful gender norms combined with aggravating factors produced by COVID-19. In particular, UNHCR continued its specific

efforts to address barriers to meaningful participation and improve access to services with a focus on engaging displaced women and girls with disabilities, adolescent girls, older women, women and girls with diverse sexual orientations and gender identities. Figure 4 offers an overview of selected actions conducted by UNHCR operations in 2020 that advanced gender equality in the sixth area of engagement set out by the AGD Policy.

Figure 4. Actions in 2020 that advanced gender equality

AREA OF ENGAGEMENT	EXAMPLES OF SUCCESSFUL ACTIONS
EQUAL AND MEANINGFUL PARTICIPATION IN ALL DECISION-MAKING	<ul style="list-style-type: none"> • Built strong networks with women in community structures, and with women- and girls-led organizations, groups and networks • Built up and supported diverse women’s and girls’ individual, collective and organizational capacities • Ensured the participation of diverse women and girls in all decision-making, including at a high level, and in coalitions, alliances and networks • Maintained support to women’s and girls’ mobilization and leadership in the context of COVID-19 • Advocated for meaningful participation among partners • Involved men and boys
INDIVIDUAL REGISTRATION AND DOCUMENTATION	<ul style="list-style-type: none"> • Made the environment for registration and documentation gender-responsive • Made individual registration easier and faster, especially for those at risk of violence • Connected protection efforts with individual registration or documentation • Advocated for individual registration or documentation
EQUAL ACCESS TO AND CONTROL OVER FOOD, CORE-RELIEF ITEMS, AND CASH-BASED INTERVENTIONS	<ul style="list-style-type: none"> • Made women and girls the primary recipients of assistance • Targeted assistance to highly vulnerable women and girls • Increased gender equality across sectors • Involved women and girls in the provision of core-relief items for COVID-19 and in further interventions
EQUAL ACCESS TO ECONOMIC OPPORTUNITIES, QUALITY EDUCATION, AND HEALTH SERVICES	<ul style="list-style-type: none"> • Researched the situations of diverse women and girls for analysis, programming and advocacy • Strove for women’s and girls’ inclusion in existing mainstream systems • Set up specific programmes for livelihoods, education and health, where needed • Tackled gender-related barriers to education, employment and self-employment • Seized contextual opportunities to support women’s livelihoods in the COVID-19 response • Supported women’s and girls’ sexual and reproductive health
COMPREHENSIVE GBV PREVENTION AND RESPONSE	<ul style="list-style-type: none"> • Reached out to marginalized and diverse women and girls, being inclusive and contextual in communication and services • Adapted to the context of COVID-19 • Advanced prevention and response with partners • Involved men and boys in challenging gender inequality, including GBV

Equal and Meaningful Participation in Decision-making

UNHCR's AGD Policy requires that women and girls participate equally and meaningfully in all decision-making, community management and leadership structures, and committees of persons of concern.

Core
Action 6

To achieve this, Core Action 6A of the AGD Policy calls for UNHCR operations, at a minimum, to ensure that 50 per cent of participants in management and leadership structures under UNHCR's authority are female, and to advocate the same with partners, including governments.

Overview

The COVID-19 pandemic exacerbated gender inequalities, reversing important gains in gender equality and contributing to a dramatic increase in GBV. All of this jeopardized women's participation in decision-making and leadership. Even as lockdowns and physical distancing hindered the direct participation of women and girls, UNHCR maintained and diversified its efforts to ensure equal and meaningful participation in both emergency and protracted forced displacement situations.

In 2020, women's participation in leadership/management structures was increased or maintained in 36 refugee situations and in five situations where UNHCR is operationally involved with internally displaced persons.

That said, for disadvantaged groups, *equal access* to decision-making bodies does not guarantee *meaningful participation* in them. As such, UNHCR has committed to giving greater consideration to overlapping vulnerabilities, adopting an intersectional approach to gender equality, and implementing measures to rebalance power relationships, such as positive masculinity initiatives for men and boys.

Status of UNHCR's Progress and Practices

Operations **built and maintained strong networks with women and girls**. They did so in community structures, such as in [Turkey](#) and [Iran](#), and through networks with women- and girls-led organizations and groups, such as in [Ecuador](#) (including with LGBTIQ+ people and sex workers) and [Egypt](#). In addition, many operations **built up and supported the individual, collective and organizational capacities of women and girls in decision-making, management and leadership**. This was the case in [El Salvador](#), [India](#) and [Malta](#), to name a few.

Multiple UNHCR operations **mobilized, involved, consulted and empowered women and girls in decision-making processes**, community structures and committees of persons of concern under their authority. In community leadership structures, women's participation was the highest in [Cameroon](#) (49 per cent), [Rwanda](#) (50.87 per cent) and the [United Republic of Tanzania](#) (49.3 per cent). In [Chad](#), [India](#), [Nigeria](#) and [Uganda](#), UNHCR and partners made focused efforts in engagement and capacity-building to advance women's and girls' meaningful participation, resulting in their active involvement in needs assessments, campaigns and resource management.



A women's support group holds a round table discussion in Mocoa city, Colombia, on issues of abuse and provides free counselling to participants.
© UNHCR/Ruben Salgado Escudero

Several operations working with internally displaced persons, such as **Burkina Faso**, the **Central African Republic**, **Myanmar**, **South Sudan** and **Yemen**, reported stronger participation of women and girls in leadership and management structures. **Supporting women's and girls' meaningful participation had multiple positive effects.** For example, in **Chad**, ensuring equal or greater representation of women in committees and more female focal points was crucial to support protection cases with referrals to protection services.

Operations such as **Belgium** and **Egypt** ensured the **participation and empowerment of women and girls in wider national coalitions, alliances and networks.**

UNHCR aimed to maintain **its support to women's and girls' mobilization and leadership in the context of COVID-19** through a mix of collaboration for outreach work, support to leadership skills and self-management, and use of telecommunications and virtual tools, as reported in the **Central African Republic** and **Pakistan.**

In some cases, UNHCR operations demonstrably **empowered women and girls not only to participate, but also to lead on both the COVID-19 response and gender equality.** One such case was **Malaysia.** There, UNHCR partnered with refugee women and NGOs to run a social media project to facilitate virtual safe spaces and support women's general well-being and positive coping strategies, as well as their response to GBV, during the pandemic.

A Gender Audit Team led by refugee women has cooperated with UNHCR at the global, regional and country level since 2017. They strongly commit to and advocate for the protection and inclusion of refugee women and girls, promoting gender equality in humanitarian action and proposing alternative paradigms for refugee participation. Their project, "Refugee Women and Girls: Key to the Global Compact", fosters women's and girls' genuine participation and outlines effective responses to GBV using a local multi-stakeholder approach, while mainstreaming inclusion and analysing the intersectionality of gender inequalities with other inequalities such as race, sexuality and disability. In 2020, the team facilitated the audit of the High Commissioner's 2020 Dialogue on "Protection and Resilience during Pandemics".



Rehana is one of 14 women in a community committee who are responsible for selecting priority Community-Led Projects in Cox's Bazar, Bangladesh.
© UNHCR/Louise Donovan



Working with LGBTIQ+ Persons

Why Does it Matter?

LGBTIQ+ persons flee their homes to escape discrimination, violence and abuse, including rejection from their families and/or communities. Throughout the forced displacement cycle they often suffer from multiple forms of discrimination because of their real or perceived non-conforming SOGIESC and other factors related to AGD. **The COVID-19 emergency has exacerbated the social inequalities and discriminatory exclusion** that were already the lived reality of LGBTIQ+ refugees, asylum-seekers, and internally displaced and stateless persons. The most commonly cited protection challenges faced by LGBTIQ+ persons of concern are **safe identification and outreach, stigma and discrimination, violence including GBV, and increasing barriers to safe access to essential health, GBV and law enforcement services in the countries that host them.** UNHCR and its partners engaged in various interventions aimed at ensuring equal enjoyment of rights and safe access to services. These included the **creation of safe spaces, establishment of referral pathways, partnerships with civil society organizations, and capacity-building of staff and partners** on working with LGBTIQ+ persons.

UNHCR's Work with LGBTIQ+ Persons in 2020

UNHCR has a strong focus on **collaborating with LGBTIQ+ organizations to reach LGBTIQ+ displaced people.** In **Bangladesh**, UNHCR has been working closely with organizations trusted by LGBTIQ+ persons to help LGBTIQ+ people living in Cox's Bazar to safely meet and access supportive protection and health services.

In **South Africa**, UNHCR supports The Fruit Basket, a local organization **funded and managed by LGBTIQ+ refugees.** The Fruit Basket identifies LGBTIQ+ refugees at heightened protection risks, provides targeted support to individuals requiring assistance, makes referrals and links individuals to information and a community of support.



A Cameroonian refugee and case worker with ARDHIS (the Association for the Recognition of the Rights of Homosexual Persons), France, provides support to LGBTIQ+ population during the pandemic.
© UNHCR/Kate Thompson-Gorry



A painting made by refugees and local youth at an art workshop in San Lorenzo, in Ecuador, represents diversity of gender, race, age, disability, sexuality and gender identity, under the banner "We are equal."
© UNHCR/Ilaria Rapido Ragozzino

In **Turkey**, UNHCR partners regularly reach out to LGBTIQ+ refugees and asylum-seekers to provide legal advice on asylum applications, extend psychosocial support networks and conduct confidential referrals to vetted landlords, health-care providers and targeted financial support mechanisms. Counsellors are also made available through email and SMS, ensuring **regular access to accurate information and means to raise concerns and obtain feedback.** In **Morocco**, UNHCR and its implementing partners organize **regular FGDs with LGBTIQ+ individuals** to enhance their awareness of the legal context and the services offered by partners, and to identify protection risks and needs.

Where possible, UNHCR advances **regional initiatives to assist displaced LGBTIQ+ persons.** For example, the Regional LGBTIQ+ Human Mobility Network, led by 17 member NGOs in 9 countries across **Central, North and South America** and supported by UNHCR, coordinated with the Regional Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela (R4V) and developed an action plan to immediately respond to the needs of LGBTIQ+ persons forcibly displaced from Venezuela. It also formed part of the regional Support Spaces Network, an inter-agency initiative of the R4V Platform, where 194 Support Spaces were established in **8 countries.** Located along key transit routes, at borders areas and destinations, these Support Spaces provided LGBTIQ+ refugees, migrants and displaced persons with information and emergency services.

Individual Registration and Documentation

UNHCR's AGD Policy requires that women and girls are provided with individual registration and documentation, directly or through support provided by UNHCR.

Core
Action 6B

To achieve this, Core Action 6B of the AGD Policy calls for UNHCR, at a minimum, to provide women and girls of concern with protection documentation on an individual basis, and to advocate the same with partners, including governments.

Overview

Individual registration and documentation for women and girls remained standard practice in most UNHCR operations.

Status of UNHCR's Progress and Practices

Several operations **made individual registration easier, especially for those at risk or with special needs**. In **Egypt**, UNHCR provided a transportation allowance, mobile registration, and home visits for people with specific needs, and fast-tracked the cases of female survivors of intimate partner violence who wished to have their files registered separately. In **Yemen**, UNHCR supported the central public institution issuing civil status documentation, helping 6,869 internally displaced persons obtain their national ID, 63 per cent of whom were women.

Similarly, multiple operations, including **Egypt, India** and **Kenya**, **established same-day or fast-track registration for applicants** such as GBV survivors, unaccompanied and separated children, women at risk, women with specific needs and LGBTIQ+ people.

Many operations also **connected their protection efforts with their work on individual registration or documentation**. For example, in **Iran**, UNHCR seized opportunities offered by a legal change reducing statelessness to advance more gender-equal registration and documentation. UNHCR in **Nigeria** and **Yemen** supported the issuance of birth certificates for women and girls, and for men and boys, as a way to help reduce the risk of child marriage and to increase women's and girls' independent access to services.

Lastly, where registration was completed by the national authorities (such as in **Europe**), UNHCR **advocated** for them to do so on an individual basis and with consideration for differentiated protection risks.



UNHCR supported
63,200 stateless persons
in acquiring a nationality, or having it
confirmed (81,074 in 2019).



South Sudanese refugee woman in Sudan shows off her new ID card.
© UNHCR/Saima Hassan

Food, Core Relief Items and Cash

UNHCR's AGD Policy requires that women and girls have equal access to and control over management and provision of food, core relief items and cash-based interventions.

Core
Action 6C

To achieve this, Core Action 6C of the AGD Policy calls for UNHCR operations, at minimum, to increase the percentage of women who are the primary recipients of assistance within households and receive material and/or cash-based assistance, depending on the context.

Overview

Many operations deliberately aimed to reach a high proportion of women and girls as primary recipients of any form of assistance they provided, and several reported meeting or exceeding the 50 per cent target. However, reporting on this was fragmented, which made it difficult to systematically ascertain UNHCR operations' practices.

Status of UNHCR's Progress and Practices

Currently, 48.5 per cent of the 6.6 million people receiving UNHCR's cash assistance globally, whose transactions are tracked in UNHCR's cash assistance management system, CashAssist, are women. Country operations that reported reaching 50 per cent female recipients in some or all of their material or cash-based assistance include **Cuba, India** and **Yemen**.

While few UNHCR operations reported systematically about the sex-based breakdown of their in-kind assistance, some showed that they **managed to make a significant proportion of women and girls the primary recipients in at least some of their assistance**. Some operations (for example, **Djibouti** and **Yemen**) considered adult women as heads of household by default. UNHCR primarily carried out its post-distribution monitoring by interviewing women persons of concern at the household level.

In addition, operations often **targeted the allocation of assistance to highly vulnerable women and girls, and adapted aid modalities accordingly**. Several operations

(for example, **Egypt** and **Turkey**) included a criterion related to gender, GBV, or SOGIESC when targeting their regular or emergency assistance. UNHCR **Yemen** prioritized women with disabilities, older women and pregnant women during its ration distributions.

In response to COVID-19, a number of operations **involved women and girls in controlling the provision of core relief items**. In **Chad**, protection against COVID-19 for women, children and other people at risk in N'Djamena relied on the presence of women on all committees, and members who reflected the diverse composition of refugee communities. These structures successfully raised awareness on COVID-19 while producing and distributing personal protective equipment (PPE), maintained education for children and youth, and maintained emergency GBV and child protection services.



Refugee woman validates her ATM card using her fingerprint at a shop in Kalobeyei Settlement, Kenya. UNHCR's Cash Assistance is empowering more women to make decisions on how they spend. © UNHCR/Samuel Otieno

Education, Economic Opportunities, and Health

UNHCR's AGD Policy requires that women and girls have equal access to economic opportunities, including decent work, quality education and health services.

Core
Action 6D

To achieve this, Core Action 6D of the AGD Policy calls for UNHCR, at a minimum, to ensure that women and girls have equal access to the livelihood, education and health programmes it delivers, and to advocate with its partners, including governments, for the equal access of women and girls to public services.

Overview

UNHCR's efforts to systematically integrate gender equality across the agency are having results in areas such as livelihoods, health and education. For example, UNHCR uses age- and sex-disaggregated health data to identify and analyse disparities in health care access, utilization and health outcomes to inform gender-sensitive responses. Access to sexual and reproductive health services for women and girls was maintained during the COVID-19 pandemic. The [Accelerated Education Working Group](#)⁸ at the global level, which is led by UNHCR, completed an evidence review in 2020 gathering knowledge on gender-transformative approaches to successfully deconstruct constraints imposed on female learners, and changing knowledge, attitudes and practices on the education of adolescent girls, to enable their integration in educational programmes. Nonetheless, COVID-19 further increased inequalities to the detriment of women and girls. For example, despite UNHCR's efforts towards gender-equal engagement in remote primary learning, many girls were excluded from this and were at greater risk of falling behind. UNHCR responded by maintaining intense efforts in these areas.

Status of UNHCR's Progress and Practices

Operations made sure to **understand the situations of diverse women and girls** for their analysis, programming and advocacy. In particular, UNHCR through advocacy and capacity building **contributed to the application of an intersectional gender lens and the original insights gained from this in several joint needs assessments**. For example, UNHCR **Uganda** contributed to applying a gender lens to the protection analysis of the impact of COVID-19 on persons with specific needs. This highlighted the impact of COVID-19 on women and girls with specific needs, such as their increased need for financial assistance. More broadly, UNHCR Uganda co-led the COVID-19 Rapid Gender Assessment. In **Myanmar**, UNHCR contributed to mainstreaming gender in the design and data collection for the assessment titled "Understanding Community Perceptions on COVID-19 in central Rakhine". This unlocked a deeper understanding of women's and girls' concerns and barriers in accessing information and health care.

⁸ Accelerated education programs are flexible, age-appropriate programs, run in an accelerated timeframe, to provide access to education for disadvantaged, over-age, out-of-school children and youth – particularly those who missed out on, or had their education interrupted due to poverty, marginalization, conflict and crisis. The Accelerated Education Working Group (AEWG) is an inter-agency working group made up of members supporting and/or funding such programs, with the aim to improve their quality. It is led by UNHCR with representation from UNICEF, UNESCO, USAID, Norwegian Refugee Council, Plan, International Rescue Committee, Save the Children, Education Development Center, DG ECHO and War Child Holland. The AEWG develops and disseminates tools and guidance, and engages with national policy-makers and key donors to support a more harmonized approach to accelerated education.

UNHCR also **supported research about the gendered impacts of COVID-19**. For example, the Global Partnership for Education, in which UNHCR is a partner, sought to project the impact of COVID-19 on girls' enrolment in secondary education. It sampled the number of refugee girls attending secondary school in 10 countries with quality gender-disaggregated data (**Cameroon, Chad, Ethiopia, Iraq, Kenya, Malaysia, Pakistan, Rwanda, Turkey and Uganda**). The study estimated that half of all girls in these countries would not return to school when classrooms reopened. For countries where refugee girls' gross enrolment in secondary school was under 10 per cent, like Ethiopia and Pakistan, all girls were at risk of dropping out.

In **Yemen**, AGD-disaggregated data on UNHCR-supported schools in South Yemen showed that refugee girls' enrolment in secondary education was lower than boys' due to child marriages and a lower level of Arabic knowledge. In response, UNHCR set up Arabic classes to address language barriers among girls, accelerated classes to foster girls' return to regular schools, and a system to track student absences. It also engaged with parents to raise awareness on the importance of girls' education.

UNHCR typically aimed to **integrate women and girls into existing mainstream systems first**. In **Europe**, UNHCR advocated for, promoted and facilitated effective access to the market system for refugee women and the inclusion of refugee women and girls in education and health services.

Across regions, a number of regional bureaux and country operations provided **strong support for the education of young women and girls, and young men and boys**, especially in relation to challenges exacerbated by COVID-19. Measures were put in place, often with emphasis on girls' and women's education, such as distance-learning support for girls' and boys' primary and secondary education (**Cameroon and Kenya**), recruitment of female teachers (**Iran**), access to accelerated education for overage girls out of school (**Pakistan, Yemen**), conditional education grants (**Egypt**), transportation (**Iran**) or allowances for transportation (**Malaysia, Pakistan**), provision of tablets, SIM cards, and data plans for internet connectivity (**Malaysia**), and learning materials (**Ethiopia, Uganda**), health and hygiene kits (Cameroon, **India, Kenya, Malaysia, Pakistan**), support for secondary headmasters and teachers to provide home schooling and homework sessions ahead of national exams (**Chad**), access to supportive schooling programs or remedial learning (**Kenya, Uganda**), UNHCR-supported initiatives of primary and secondary education (**Yemen**), and community-based activities to promote girls' education (**Iran, Kenya, Uganda**).

Further measures included improving girl-friendly water, sanitation and hygiene (WASH) facilities in schools, and

continuing to pay school staff during school closures to keep them working, both for continuity of learning during lockdowns and to incentivize their retention and immediate deployment upon schools reopening. Throughout, UNHCR made sure to support particularly disadvantaged children and youth. For example, the **Yemen** operation facilitated access to education for refugee boys and girls without birth certificates through advocacy, liaison with authorities and legal support. At the global level, UNHCR issued guidance encouraging tertiary scholarship providers to keep paying student supports in order to avoid creating additional risk for students, particularly women, due to loss of accommodation, and to offset the additional economic pressures brought on by the pandemic.

Multiple operations also ran **specific activities to support girls' remote learning** (such as radio broadcasts in **Ethiopia**) and **acquisition of special skills**, such as IT skills. In **Malaysia**, UNHCR supported **small-group community classes**, which teachers led on rotation, disseminating learning materials and homework. This attracted out-of-school girls who were not allowed to leave their housing perimeters, enabling them to study in a group setting.

Some operations also **provided psychological and peer support**. For example, in **Egypt**, the Hope Together project used online platforms and project facilitators to share information about COVID-19 and mitigate the emotional impact of the lockdown on young girls. Moreover, UNHCR supported young women to provide peer support and referral to adolescent girls in secondary education in order to address the increasing GBV trend.

In addition to integration into mainstream systems, UNHCR set up **specific programs for livelihoods, education and health for women and girls**. For instance, a number of operations (for example, **Egypt and India**) **supported economic opportunities for women and girls**. In **India**, UNHCR and its partners supported refugees with production groups or micro grants for small enterprises, with market linkages, placements and environmental demonstration projects. Sixty-three per cent of the participants were women; 39 per cent of these women went on to earn at least the minimum wage for over two months, and 50 per cent of self-employed women maintained their employment for more than 12 months. According to the data collected through the Livelihoods Information System surveying a sample of over 4,000 beneficiaries across multiple countries, over half of the persons of concern provided with livelihoods support in 2020 were women. Women also saw a bigger increase in their employment levels in 2020 (from 40 per cent to 62 per cent) than men's, whose employment rate was higher at the start of the year (45 per cent to 66 per cent).

In response to COVID-19, several operations seized opportunities to support women's livelihoods. In

particular, UNHCR harnessed its pre-existing **initiative** and brand for refugee-made crafts, MADE51, to produce goods which were in high demand due to COVID-19, such as face masks. Through MADE51, UNHCR worked with 33 local social enterprises in 19 countries to create income opportunities for some 2,700 refugee and host community artisans in global value chains, 85 per cent of whom were women. Furthermore, women refugees producing essential items such as face masks (in countries such as **Armenia, Bangladesh, Cameroon, Jordan, Malaysia, Malta, Mozambique** and **Uganda**) benefited from the technical guidance of UNHCR and, in some cases, from MADE51 partnerships to reach local and international markets.

In 2020, health service access across the world was impacted by COVID-19. Nevertheless, UNHCR **successfully enabled the provision of uninterrupted sexual and reproductive health services**, as a critical service area, throughout the year, adapting

these services to facilitate safe provision. Intensive community engagement from refugee volunteers and health staff helped build confidence in health services, even leading to an overall increase in the uptake of sexual and reproductive health services from 2019. More than 112,000 births were supported, of which 92 per cent were attended by a skilled birth attendant (up from 90.8 per cent in 2019). UNHCR also developed communication material with input from the refugee community (for example, in **Greece**). In **Uganda**, UNHCR responded to high rates of adolescent pregnancies by training health providers on adolescent-friendly sexual and reproductive health services, and developed action plans through multi-stakeholder workshops. UNHCR supported the introduction of telemedicine in countries such as **Jordan**. It specifically advised continued remote consultations for high-risk pregnancies and home delivery of reproductive health medicines, while community health workers provided additional home visits for support.



Girl students read during a break in classes at a UNHCR-supported girls' high school in Kandahar, Afghanistan.
© UNHCR/Farzana Wahidy



Working with Children

Why Does it Matter?

Children of different ages and genders and with different diversity characteristics experience forced displacement and statelessness differently. However, frequent risks to forcibly displaced children include **separation from family and caregivers, increased rates of violence and abuse within the family and community, trafficking, lack of access to child-friendly asylum procedures, and socioeconomic distress leading to increases in harmful coping mechanisms such as child labour and child marriage. Forcibly displaced children are also disproportionately affected by statelessness or likely to live in stateless-like situations** due to lack of access to efficient birth registration procedures and documentation. The COVID-19 pandemic has not only created barriers for children to accessing education and health care and enjoying socialized play, but it has also exacerbated the risks and challenges faced by many children in forced displacement. **In 2020, the most commonly reported risks for forcibly displaced children were separation from family, lack of birth registration, physical and sexual violence in homes and communities, and exploitation such as child labour and child marriage.**

To address these challenges, UNHCR enhanced the meaningful participation of children in processes and decisions that affect their lives, and tailored communication, feedback and response mechanisms to meet children's needs. Protection outcomes for children improved through the strengthening of community support mechanisms. UNHCR also facilitated the access of children to national child protection systems and services, and supported the strengthening of national legal frameworks, civil registration and documentation. In collaboration with its partners, UNHCR invested in quality child protection service delivery for children at heightened protection risks.

UNHCR's Work with Children in 2020

25 operations increased the proportion of unaccompanied or separated refugee children for whom they initiated or completed a **best interests procedure** (25 in 2019). In total, UNHCR conducted 45,974 best interests assessments in 2020 (compared with 56,091 in 2019).

UNHCR and UNICEF developed the **Blueprint for Joint Action for Refugee Children** to accelerate joint efforts in line with the Global Compact on Refugees. This is a renewed partnership to promote and protect the rights of refugee children and the communities that host them by including them in national plans, budgets and service delivery systems. The current blueprint framework spans child protection, education and WASH, across 10 countries (**Bangladesh, Cameroon, Ecuador, Ethiopia, Honduras, Indonesia, Iraq, Lebanon, Libya** and **Rwanda**).

In **Afghanistan**, UNHCR, together with the World Food Programme (WFP), European Civil Protection and Humanitarian Aid Operations (ECHO) and the Afghanistan Humanitarian Fund, supported a humanitarian toll-free countrywide hotline known as "Awaaz Afghanistan". Operators received **targeted training in handling and processing calls from anyone, including children**, and including on sensitive and urgent child protection risks. Partners communicate to children about the hotline and how to use it. In 2020, 5,689 of the 50,286 calls received were from children under 18.

In **Ecuador**, UNHCR, together with its partners, initiated a project to provide alternative care to unaccompanied or separated children with two care modalities. It includes: 1) independent living arrangements for adolescents with regular monitoring from case workers, and 2) group and supervised living arrangements with temporary care to regularize their presence in Ecuador. With the high number of unaccompanied and separated children arriving in Ecuador in recent years, this response aims to restore their rights, strengthen local integration and accompany them towards adulthood.

In **Ethiopia**, UNHCR's investment in staffing capacity for child protection case management and alternative care programming in Shire led to **a significant increase in foster-care families and unaccompanied and separated children living in a family-care environment**. Despite the increasing number of children in need, the **number of children residing in community care is at its lowest** since the creation of the communal care model in 2010.

In **Malawi**, children from Dzaleka Refugee Camp and host communities have been engaged by the Malawi National Assembly chambers through Dzaleka Child Parliament, supported by UNHCR and its partners. In November 2020, as part of the commemoration of the International Day of the Girl Child, five refugee children were invited to participate in a meeting with the State President, where they advocated at the highest political level on affairs concerning all children in refugee and host communities.

In **Mali**, UNHCR worked with its partners to advocate for the provision of birth certificates and the naturalization of children. As a result, 372 children were registered and granted the possibility to gain Malian citizenship when they reached the age of majority. The **provision of birth certificates and consequent registration has enabled these children to access public services, including education**.

In **Sweden**, UNHCR facilitated engagement among key stakeholders to improve the reception system for unaccompanied and separated children. Based on the findings of extensive consultations across European countries, UNHCR initiated a child protection project – known as Co-Lab 2.0 – which set out to support the development of a holistic and child-friendly reception procedure that mainstreams child protection standards and the principle of the best interests of the child.

Comprehensive GBV Programming

UNHCR's AGD Policy requires that women and girls have access to comprehensive GBV prevention and response services.

Core
Action 6E

To achieve this, Core Action 6E of the AGD Policy calls for UNHCR operations, at a minimum, to adopt and implement GBV standard operating procedures, operationalizing the four main referral pathways for all survivors (safety/security, legal, medical and psychosocial), and to promote the same with partners, including governments.

Overview

Displaced women and girls face multiple inequalities that shape their risks and exposure to GBV and influence their access to available services. In 2020, the COVID-19 pandemic dramatically increased the risk of GBV, reversing important gains in gender equality. Lockdown measures, restrictions of movement and increased economic insecurity placed women and girls at greater risk of intimate partner violence and sexual exploitation.

UNHCR continued its progress on consolidating, institutionalizing and operationalizing its work against GBV. These efforts included adopting, rolling out and implementing its first comprehensive Policy on the Prevention of, Risk Mitigation, and Response to Gender-based Violence, released by the High Commissioner in October 2020.

Status of UNHCR's Progress and Practices

GBV referral pathways were adapted to accommodate **remote case management**. This was an essential aspect of programming in 2020 to ensure that diverse and marginalized women and girls were not further



EMAP male participants hold certificates after completing the programme.
© Mugeni Mukunda Meshack

isolated. For example, UNHCR and its partners created or expanded the capacity of 24/7 emergency hotlines (for example, in **Pakistan, South Sudan, and Zambia**) and other communication channels for survivors (for example, in **Malta**). Over the year, UNHCR and its partners assisted 2 million women and girls through such hotlines. Furthermore, many operations, such as **Colombia**, managed GBV cases remotely, for example through information kiosks and GBV focal points.

In **Mexico**, UNHCR launched a **campaign to raise awareness** on GBV among persons of concern. Since women might fear their partners seeing them with an overt GBV brochure, a “gossip” magazine was produced that disguised information on GBV prevention and how to seek help, which women could keep at hand and consult when needed. UNHCR also disseminated information through digital media, and printed material on sexual exploitation and abuse for UNHCR and its partners’ staff.

The expansion of GBV prevention programming continued across multiple operations, **engaging men and boys in programming that was accountable to women and girls**. For example, UNHCR **Zimbabwe** and partners implemented a programme titled “Building a violence-free community in Tongogara Refugee Camp” founded on the “Engaging Men in Accountable Practices” (EMAP) methodology. Male participants pledged to transform their behaviour at home and to advocate for a violence-free community. The project engaged key male stakeholders, including the refugee business community, traditional leaders and some religious leaders in Tongogara.

Operations in countries such as **Greece** and **Serbia** supported **specific empowerment activities for women and girls** – including those in camps – **through a combination of measures, such as training and material support**.

UNHCR also strengthened **collaborations with expert GBV prevention partners** such as Raising Voices.



III. Organizational Accountability

UNHCR staff member meets with refugees from Ethiopia at the Um Rakuba camp in Al Qadarif state, Sudan.
© UNHCR/Will Swanson

► Ensuring an Enabling Environment

Diversity from Within

UNHCR needs to be as diverse as the people it works with and for.

UNHCR staff are the face and voice of the organization – individuals who have dedicated themselves to assisting persons of concern across the world. UNHCR must lead by example, ensuring that its workforce reflects the broad diversity⁹ of the people it serves – a key principle of its people management strategy. Diversity within the organization will enable it to contribute to more inclusive societies, where all persons of concern feel welcome and protected.

Overwhelming evidence shows that diverse and inclusive leadership and teams foster innovation as well as inclusive and effective decision-making. This is essential to better serve persons of concern who reflect the wide range of activities, interventions and solutions that UNHCR and its partners work to implement. Success in achieving diversity and inclusion relies on commitment at all levels and especially by leadership teams. A diverse and inclusive humanitarian leadership is more likely to adopt a diverse and inclusive approach to the communities they serve.

Although diversity has long been part of UNHCR's values and principles, it is receiving renewed energy and focus. As in the AGD Policy, diversity in human resources goes beyond gender parity to encompass disability, ethnicity,

nationality, race, sexual orientation, gender identity, age and other specific characteristics such as religion and belief.

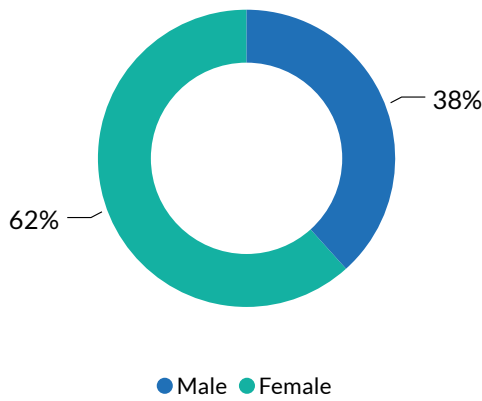
UNHCR is currently developing a new Inclusion and Diversity Policy for its workforce (to be finalized in 2022), which will include new policies on gender, disability, race and sexual identity to address their intersectionality. The aim is to increase staff numbers in areas where they are under-represented, ensuring that the workplace is inclusive and welcoming, so that all staff feel they belong and are able to contribute to their full potential.

Gender parity for all staff and grade levels remains a goal, as the overall percentage of men in the workforce is still higher than women. Steady incremental progress has been made, with gender parity expected to be reached by 2026 for all levels of international staff and by 2028 for all national staff. Several levels already have gender parity. At the highest management level, the Senior Executive Team and D-2 senior management are already gender-balanced and nationally diverse. Temporary special measures favouring female recruitment (built into the recruitment and assignments policy) have contributed to this improvement.

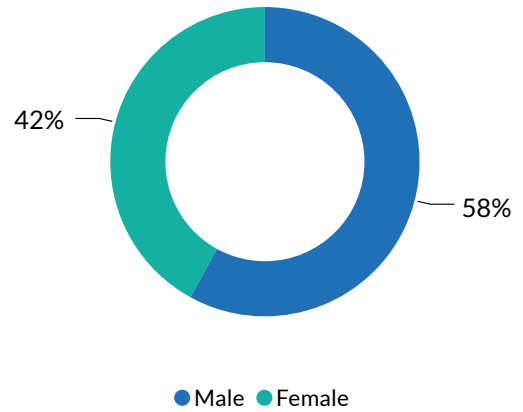
The following charts illustrate the diversity within UNHCR in terms of gender and nationality both at headquarters and in field operations.

⁹ Diversity includes differences relating to age, gender, disability, cultural background, sexual orientation, social and economic background, profession, education, work experiences and organizational roles. Inclusion refers to the feeling of value and respect, opportunities to contribute perspectives and the provision of equal access to opportunities and resources.

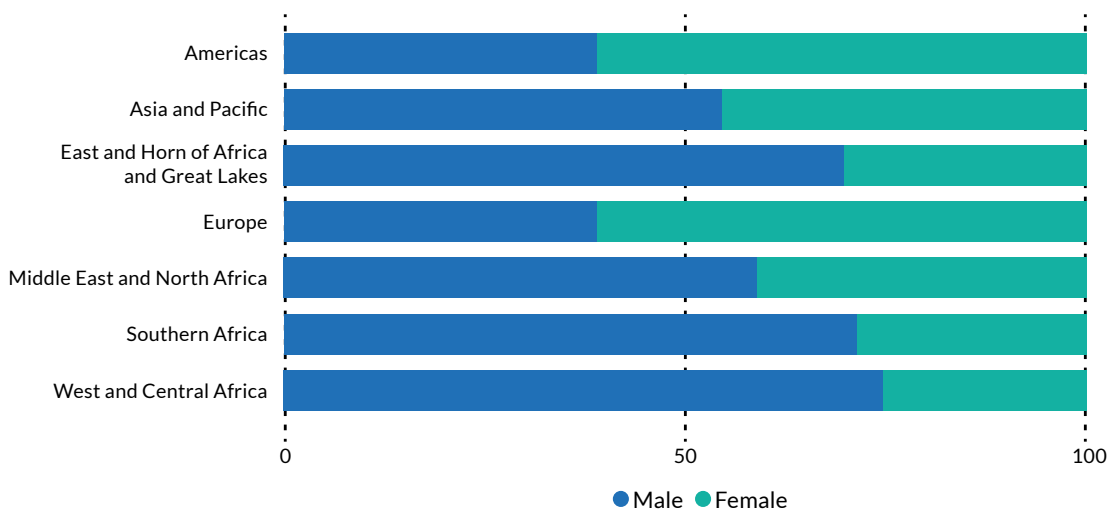
Global Workforce - Headquarters



Global Workforce - Field



Diversity within the UNHCR Workforce (includes only primary nationality)



Equally important is greater diversity in nationalities working in different parts of UNHCR. Significant initiatives are being implemented to systematically create more diversity in nationalities and to tackle questions around race. Following the global events on racism and racial discrimination in March and April 2020, UNHCR embarked on a series of actions to address racism in the organization. Staff-led activities raised awareness on various diversity and equity issues, which resulted in an active exchange of views and sharing of experiences of racism. In 2020, an inclusion and diversity advisory group was established and initially tasked with developing and interim action plan. The group also actively engages with senior leadership in discussions and on recommendations for change.

An organization-wide dialogue and an independent internal review of racial equity and equality is under way, which is due to be reported in August 2021. An organization-wide dialogue is also taking place at multiple levels through Town Halls, webinars, team retreats and meetings, as are discussions between the High Commissioner and his senior management committee on racism in the organization and leadership actions.

UNHCR fully participates in and commits to the [United Nations Disability Inclusion Strategy \(UNDIS\)](#), undertaking the actions necessary to meet the requirements of the 15 indicators of its accountability framework for both operations and the workforce. In addition, UNHCR has a five-year action plan, which outlines its commitments to 2024 and targets key specific actions for creating accessible platforms, enhancing policy and processes for workplace accommodation and raising awareness of disability inclusion through regular communications, including on COVID-19 measures. The Disability Inclusion Strategy Resource Group – a group of colleagues with disabilities and with dependents with disabilities – gives feedback on policy drafts and strategic issues to UNHCR, and has been instrumental in developing the action plan to advance disability inclusion.

The turbulent year of 2020, with the COVID-19 pandemic dominating most contexts, has also impacted gender, race and disability issues. These impacts, however, have led to renewed attention being given to such dimensions of diversity, in order to overcome the gains lost and reduce exacerbated vulnerabilities in society that affect everyone, including UNHCR staff and the organization's persons of concern.

Enhancing UNHCR's Approach to Results-based Management

In 2020, UNHCR finalized the development of **COMPASS, its new approach to results-based management**. This approach was set to introduce a multi-year cycle for strategic planning, a new global framework on results and a new software tool for planning, budgeting, monitoring and reporting on results. It was launched in 2021 for 2022 planning and beyond. The new approach will enable UNHCR to better capture and apply commitments and achievements on its AGD Policy in two ways.

First, COMPASS will introduce important global features on AGD, including:

- a global results framework, with global areas and core indicators on impacts and outcomes that will enable regional and global units to aggregate data about finances and results on AGD work and AGD Policy commitments;
- mandatory disaggregation of core impact and outcome indicators by age, gender and disability, where applicable;
- a function to facilitate reporting on the global markers for gender equality and disability inclusion.

At the country level, COMPASS will provide context-specific processes and functions to capture AGD Policy commitments in UNHCR strategies through:

- integration of the AGD dimension in situational analyses;
- a mandatory description of progress and targeted actions to advance AGD-inclusive programming;

- development of context-specific statements on AGD-related results;
- use of good practices and user-defined indicators to measure AGD-related results not captured by core indicators;
- use of context-specific operational markers to track AGD issues.

Contributing to Progress on AGD inclusion in Global Initiatives

UNHCR continued to **promote and advocate for AGD inclusion, including gender equality, in humanitarian action**. In particular, it built on initiatives such as gender audits around the [Global Refugee Forum](#) and the [Global Compact on Refugees](#), and also became a board member of the [Compact on Women, Peace and Security and Humanitarian Action](#).

Moreover, UNHCR **took stock of Global Refugee Forum pledges through an AGD accountability lens**, analysing the 1,400 pledges in the pledge database as at 31 December 2020. It found that only a minority of pledges integrated AGD accountability, while thematically, only 3 per cent of pledges (43 in total) integrated meaningful participation. The following chart summarizes the findings about the widespread lack of AGD inclusion in the pledges, disaggregated by specific groups. Although UNHCR did not run an intersectional analysis this year, this concerning result suggests that the integration of AGD intersectionality in pledges is extremely scant.

Figure 5. Proportion of GRF pledges that are sensitive to AGD (as of 31.12.2020)

► Protection from Sexual Exploitation and Abuse (PSEA)

This section sets out the actions that leadership has taken to strengthen PSEA and to create an environment that promotes the continued integration of the AGD approach and the smooth and effective implementation of the AGD Policy across the organization. Among these are actions taken to ensure the enforcement, institutionalization and integration of PSEA across regional bureaux, operations and divisions, including systems for systematic monitoring and reporting, as well as efforts to enhance diversity in human resources.

UNHCR's work on PSEA is set within broader organizational efforts to address sexual misconduct, an approach which recognizes the common roots of both sexual exploitation and abuse (SEA) and sexual harassment. In the past two years, UNHCR has made significant progress in its efforts to tackle SEA both within the organization and the humanitarian and development sectors.

The High Commissioner's March 2018 decision on having a dedicated capacity and coordination structure to comprehensively address sexual misconduct was crucial to the success of this approach. In 2020, UNHCR issued an updated [strategy and action plan on tackling SEA and sexual harassment for 2020–2020](#), which builds upon the [2018 strategy](#) and is guided by four overarching objectives: (i) adopting a victim-centred¹⁰ approach; (ii) equipping UNHCR and partner staff with the tools and knowledge to prevent, identify and respond to sexual misconduct; (iii) upholding UNHCR's accountability; and (iv) maintaining UNHCR's inter-agency engagement.

Supporting Partners: A Priority of the High Commissioner's Championship on Protection from Sexual Exploitation and Abuse and Sexual Harassment

As the [Inter-Agency Standing Committee \(IASC\) Champion on Protection from Sexual Exploitation and Abuse and Sexual Harassment](#) (September 2019–December 2022), the High Commissioner launched a range of initiatives to bolster prevention, expand safe spaces and promote the respectful use of authority. Many of these initiatives focus on supporting the capacity of UNHCR's partners, which often have the most direct and frequent contact with affected people. An innovative **inter-agency learning package for partners** – [Saying NO to Sexual Misconduct](#) – was

developed in coordination with IOM, WFP and other IASC members, and translated into key languages to support the capacity of partners to better prevent, detect and respond to SEA and sexual harassment. UNHCR also developed an **e-learning course on SEA investigations** to build partner capacity in carrying out sound and protection-sensitive investigations – another key priority area.

Strengthening Prevention, Communication and Community Engagement

In partnership with the International Council of Voluntary Agencies (ICVA), UNHCR launched the [Protection from Sexual Exploitation and Abuse Community Outreach and Communication Fund](#) to support the work of local NGOs in strengthening PSEA by ensuring that all affected people know that humanitarian assistance is never conditional on transactions or exchanges of any kind. Nineteen NGOs received awards in the first round of grants. The work being carried out by these grantees in close collaboration with affected people in all regions has reaffirmed the importance of supporting local NGOs, which most often work most closely with people in crisis. In particular, the Fund prioritized support to local organizations that specialize in understanding and mitigating the marginalization of groups at risk of SEA, including people with disabilities, adolescent women and girls, people with diverse SOGIESC, street children, people in geographically isolated areas and communities where the risks of commercial sexual exploitation are already known to be high.

The projects also featured various communication and engagement strategies tailored to specific needs and profiles, including: i) community and street theatre to reach children at risk of SEA (**Brazil** and **Rwanda**); ii) Braille products for the blind (**Nigeria**); iii) subtitled video and visual materials for non-literate audiences and people with hearing and visual impairments (**Bangladesh, DRC, Ecuador, Greece, Kenya, the Philippines, Syria** and **Yemen**); iv) radio (**Cameroon, Ecuador, Haiti, Kenya, Mozambique, Nigeria, the Philippines, Rwanda, Syria** and **Zimbabwe**) and TV (**Cameroon** and **Mozambique**); and v) posters and leaflets (most projects). The approaches also reflect different scales of messaging, from mass information campaigns (such as radio programmes targeting an audience of 3.5 million in **Haiti**) to targeted community dialogues emphasizing direct engagement with people at risk of SEA (such as in-person sessions on PSEA that were held with 100 adolescent boys and girls in **South Sudan**).

¹⁰ As per the strategy and action plan, the term 'victim' is used in accordance with terminology used across the United Nations, while acknowledging fully that *victims* of sexual misconduct are also *survivors*, which for many is a more empowering term.

Overall, the projects have demonstrated that if engaged constructively and appropriately, community members of all ages, genders and backgrounds are eager to engage and lead discussions on how to improve complaints and feedback channels to better meet local and diverse needs, with a view to ensuring that the receipt of humanitarian assistance is safe, dignified and does no harm. Moreover, the projects further validated that community capacities (skills, leadership, experience and knowledge) must be better leveraged going forward, in line with other key humanitarian frameworks such as the [Global Compact on Refugees](#), the [Grand Bargain's 'Participation Revolution'](#) and the [Roadmap for Localizing the SDGs](#). The products and approaches developed through the Fund will be placed on the IASC PSEA website in an open-source format for use and local adaptation to contexts, as needed. Given the strong continuing interest in the Fund among local humanitarian actors, it will be maintained throughout 2021.

Recognizing the need for dialogue within the organization and to foster the **organizational culture change** that is needed to address the root causes of sexual misconduct, the High Commissioner launched a **communications package** to help humanitarian leaders facilitate discussions with staff on sexual misconduct issues. UNHCR also examined and compiled **good practices on organizational culture change**, the findings of which will be analysed and published in a 2021 report.

Reinforcing Protection from Sexual Exploitation and Abuse during COVID-19

In 2020, UNHCR prioritized efforts to **address the heightened risks of SEA during the COVID-19 pandemic**, drawing on lessons learned from prior public health emergencies and recognizing that certain public health measures, such as curfews and quarantines, can make it even more difficult to report SEA or seek assistance. To address these concerns, UNHCR developed joint guidance together with other IASC members for use by humanitarian leaders, local practitioners and stakeholders, such as the [Technical Note on PSEA during the COVID-19 Response](#) and a [checklist](#), to help local actors verify that key PSEA systems remain functional and accessible, and to plan for contingencies as needed. UNHCR operations also included PSEA awareness-raising in COVID-19 public health messaging and strengthened efforts to protect those most hard-to-reach. In some operations, community members, particularly women, received additional training on child protection, GBV and SEA. These community members helped liaise between communities and service providers, playing a key role in protection monitoring at a time when UNHCR and its partners had limited humanitarian access.

To mitigate the impact of COVID-19 measures in UNHCR's operations, the organization also expanded its remote engagement with communities by, for example, distributing mobile phones and phone/data credit to community-based organizations, GBV focal points and women at risk of SEA, converting physical help centres to call centres, creating virtual communications channels (such as SMS), and strengthening prevention messaging through multiple channels (including social media, TV and radio). A global stocktaking of PSEA awareness-raising materials was also finalized in 2020, which identified gaps, good practices and key recommendations on ways to strengthen engagement with communities.

Promoting a Victim-Centred Approach

UNHCR's work in 2020 was based around the principle of a **victim-centred approach**, which prioritizes listening to victims, avoiding re-traumatization and systematically focusing on their safety, rights, well-being, expressed needs and choices, thereby giving back as much control to victims as feasible, while ensuring the empathetic and sensitive delivery of services and support in a non-judgmental manner. In December 2020, the High Commissioner issued a [Policy on a Victim-Centred Approach in UNHCR's response to Sexual Misconduct](#), which outlines key principles that will guide its implementation in 2021.

Victims of sexual harassment continued to be supported by UNHCR's Psychosocial Case Management Officer. UNHCR's **global network of 400 peer advisers** provided colleagues with vital support during the pandemic, including with respect to sexual harassment issues and concerns.



Sudanese refugees observe physical distancing during food and soap distribution at Ajuong Thok camp in South Sudan. © UNHCR/Elizabeth Marie Stuart



IV. Conclusion: Progress and Ways Forward

Jean de Dieu, 52, has trained more than 100 refugees in how to make soap as a source of income during the COVID-19 pandemic. Inke camp, DRC.
© UNHCR/Clariss Neh Mokom Achu

Throughout 2020, UNHCR operations sought to advance inclusion, meaningful participation, accountability and equality with an AGD lens. Increased attention was placed on how multiple dimensions of AGD intersect and affect persons of concern. The analysis conducted for this annual report identified several successes and some areas for improvement. This conclusion summarizes the overall findings and offers recommendations.

Cross-cutting Action for Intersectional Accountability on Age, Gender and Diversity

Numerous positive and promising practices that took intersecting AGD characteristics into account were present in different areas of UNHCR's work at the national, regional and global levels. However, intersectional and transformative approaches remained limited in breadth and depth, leading to some gaps, shortcomings and missed opportunities.

- ▶ **Build on current positive practices and trends to ensure intersectionality across UNHCR's work**, while also advocating for partners to do the same. Continue to employ a twin-track approach for mainstreaming AGD considerations, coupled with targeted actions.

UNHCR has continued to make greater use of global and country-specific evidence and expertise on AGD and its intersecting characteristics. Such practices should be more widespread.

- ▶ **Continue to build internal capacities and external networks and partnerships** to develop more advanced approaches where needed. For example, long-term mutually beneficial partnerships with organizations of persons with different types of disabilities will help ensure that UNHCR comprehensively addresses the needs of persons with different disabilities.

- ▶ **Map out UNHCR's local, national, regional and global partnerships country by country, compare findings against intersectional AGD characteristics and fill any gaps.** UNHCR should take into account AGD spectrums to identify and collaborate with relevant networks, groups, community-based organizations and organizations led by persons of concern.

Several operations carried out multisectoral and/or inter-agency work, and strove to develop user-centric, one-stop contact points for persons of concern. These approaches were valuable in harmonizing activities and making them more efficient, as they minimized overly taxing demands on the time and engagement of persons of concern – an under-discussed problem.

- ▶ **Work in partnership with aid actors through joint and coordinated activities and responses.** Continue to ensure efficient, coordinated and effective responses by reducing duplication in consultations and engagements with persons of concern. Draw on pre-existing data and academic, practitioner and policy evidence as much as possible.

UNHCR has invested in a new results-based management system, COMPASS, which was launched in 2021. It aims to make reporting and using knowledge and data easier and more efficient, to help overcome fragmentation and gaps, and to enable teams to adopt a more systematic approach to AGD in programming. However, UNHCR and its donors should still set reporting requirements at the appropriate levels in order to generate useful learning and accountability.

- ▶ **Review the burden of reporting on staff and reduce it where possible.** Consider merging reporting processes, including on AGD, to make them more efficient. This would have the dual benefits of streamlining overall reporting, mainstreaming AGD reporting and breaking siloes.
- ▶ **Mainstream all major AGD dimensions into programming, including reporting, monitoring and evaluation.**

As positive experiences in 2020 confirmed, leadership, dedicated staff, budgets, training, practical resources and tools enable UNHCR staff to address and report on AGD issues.

- ▶ **Encourage regional bureaux and country operations to dedicate the right level of funding, human resources, technical resources and capacities** to AGD-inclusive programming, including for intersectionality.
- ▶ **Mainstream technical know-how on knowledge management within regional bureaux and country operations, including on AGD commitments.** Continue to integrate information management capacities into different units, particularly through the establishment of multi-functional teams. Continue to deploy highly skilled technical staff specialized in specific AGD aspects to country teams, on both long-term and temporary bases.

In 2020, across all regions, a number of UNHCR operations demonstrated positive practices in holding themselves accountable to affected populations. Some of these practices included being accountable not just on one or two AGD dimensions, but on several intersecting dimensions.

- ▶ **Encourage setting accountability for intersectional programming as an objective across UNHCR's policies, frameworks and practices.** Advocate with partners to do so as well.
- ▶ **Where needed, close any remaining gaps in the accountability loop** for AGD in planning, implementation and reporting. For example, in planning (such as theories of change) and implementation, define systematically how UNHCR's AGD-related action leads to accountability for AGD, from outcomes to results and impact.
- ▶ As part of this, **define how UNHCR's assessment of staff performance at all hierarchical levels takes into account results on AGD**, both within the organization and in the organization's work with populations.

All UNHCR operations involved persons of concern in their work in 2020, demonstrating that participatory approaches are mainstreamed. However, more meaningful participation remained limited, with consultations not always influencing UNHCR's work: operations did not always systematically involve persons of concern – in all their plurality – in fundamentally shaping UNHCR's work. Moreover, only some parts of UNHCR's work systematically acknowledged that different persons of concern have different interests, ideas, values, emotions and priorities.

- ▶ **Explore further ways in which staff can build sustained country knowledge and ties to persons of concern, including through partnerships with organisations led by refugees, displaced persons, and local communities,** as a basis for ongoing in-depth collaborations with and greater leadership by persons of concern.
- ▶ **Empower persons of concern – in all their diversity – to take on a greater role in fundamentally shaping UNHCR's work** through a rights-based approach.

While some operations placed great value on the preferences and capacities of persons of concern, as complements to their needs and risks, this was not systematic.

- ▶ **Systematically integrate the capacities and preferences of persons of concern alongside their needs and risks.**

During the COVID-19 pandemic, operations had to swiftly adapt and adjust their ways of working, with many striving to remain inclusive. However, some of the changes adopted have had unknown or exclusionary effects on specific AGD groups. For example, some operations' quick shift to virtual communication tools, without the resources to also deploy other communication channels, inadvertently marginalized illiterate individuals and those without smartphones. UNHCR must be careful not to assume that all adaptations and innovations adopted during the pandemic are suitable for all persons of concern, just because they enabled the organization to continue functioning.

- ▶ **Systematically check that changes to programming maintain inclusion across all AGD dimensions.**
- ▶ **Consider the AGD-related implications of digital means and the online environment that persons of concern experience,** including any associated risks such as misinformation and loss of privacy and personal data.

These findings and recommendations apply to all areas of UNHCR's AGD Policy and commitments. The following are brief complementary findings about specific areas of engagement.

AGD-inclusive Programming

Disaggregation of data by sex and age was widespread in UNHCR in 2020, with operations also undertaking deliberate efforts to disaggregate data by other categories of diversity. Despite this, data-disaggregation gaps remained. For example, some characteristics were less widely considered (ethnic, linguistic or indigenous minority status), with their intersectional dimensions considered even less. However, some operations had positive results and protection outcomes by making targeted efforts and resource allocations and by harnessing partnerships.

- ▶ **Ensure that all operations disaggregate data using an intersectional approach, by disaggregating the data across as many relevant AGD criteria as possible.** Cover all key AGD characteristics and, within each, further disaggregate the data by other key AGD characteristics (for example, disaggregate all data on age by gender and disability).
- ▶ **Invest in peer learning between operations.** Invite advanced operations to share their experiences with others, including on how they made their progress and its benefits, while acknowledging that different operations experience different constraints and situations.
- ▶ **Prioritize filling gaps in data and programming about under-documented groups who typically have high needs or acute protection risks,** such as older people.

Multiple operations use their AGD-related data to effectively inform their programming, advocacy and organizational learning. However, some operations still had gaps in collecting AGD-disaggregated data and systematically using such data for impact.

- ▶ **Ensure that all operations use AGD-disaggregated data in UNHCR's activities**, including throughout the operational management cycle.
- ▶ **Systematically assess and report on AGD results and impact**, beyond inputs, activities and outcomes.

Accountability to Affected People

Although operations systematically consult persons of concern to identify issues, they do so to a much lesser degree to identify solutions that can then be implemented if feasible and aligned with UNHCR's values. Moreover, despite collecting and using information from their work on communication, participation and feedback, operations did not systematically record and share good practices, which limited evidence-based planning and programming.

- ▶ **Systematically consult persons of concern about solutions and have systems in place to ensure that the organization takes up the feasible, rights-based solutions.**

Many operations ensure two-way communication with persons of concern, yet several such communication *activities across the organization remain mainly ad-hoc and difficult to record or document to support decision-making*. Systematic use of two-way communication, which includes sharing information, listening and responding to persons of concern, along with the collection, storing and analysis of information and data must be improved. Good practices and lessons learned from operations making progress in this area must be more systematically shared across the organization.

- ▶ **Ensure that two-way communication, listening and responding, as well as the systematic use of information to support decision-making are standard approaches.**

Despite COVID-19, UNHCR continued to progress towards institutionalizing its AAP at all levels of the organization. While there is strong recognition of how UNHCR is accountable as an organization, there now needs to be a shift towards focusing on persons of concern rather than the organization's accountability. A collective effort is needed to ensure that persons of concern are at the centre of all action and that their needs, experiences and capabilities are driving these actions.

- ▶ **Shift the understanding of UNHCR's AAP from an organization-centred perspective to one focused on how persons of concern experience** their encounters with UNHCR and other aid actors.
- ▶ As part of this, **significantly increase efforts within UNHCR and with other key humanitarian actors to make AAP more effective and coordinated through collective action**, for example by offering one-stop contact centres with multisectoral, multi-actor mechanisms for communication, transparency, feedback, complaint and response.

UNHCR values practices that are replicable and scalable across operations. While useful, this also limits UNHCR's identification and use of good practices, as a 'good practice' in one country may be counter-productive in another.

- ▶ **Place greater value on knowledge of context and the ability to advance meaningful participation, equality and inclusion within a particular context.**
- ▶ **Place greater value on staff who hold context-specific knowledge and skills, and strategically position such staff.**

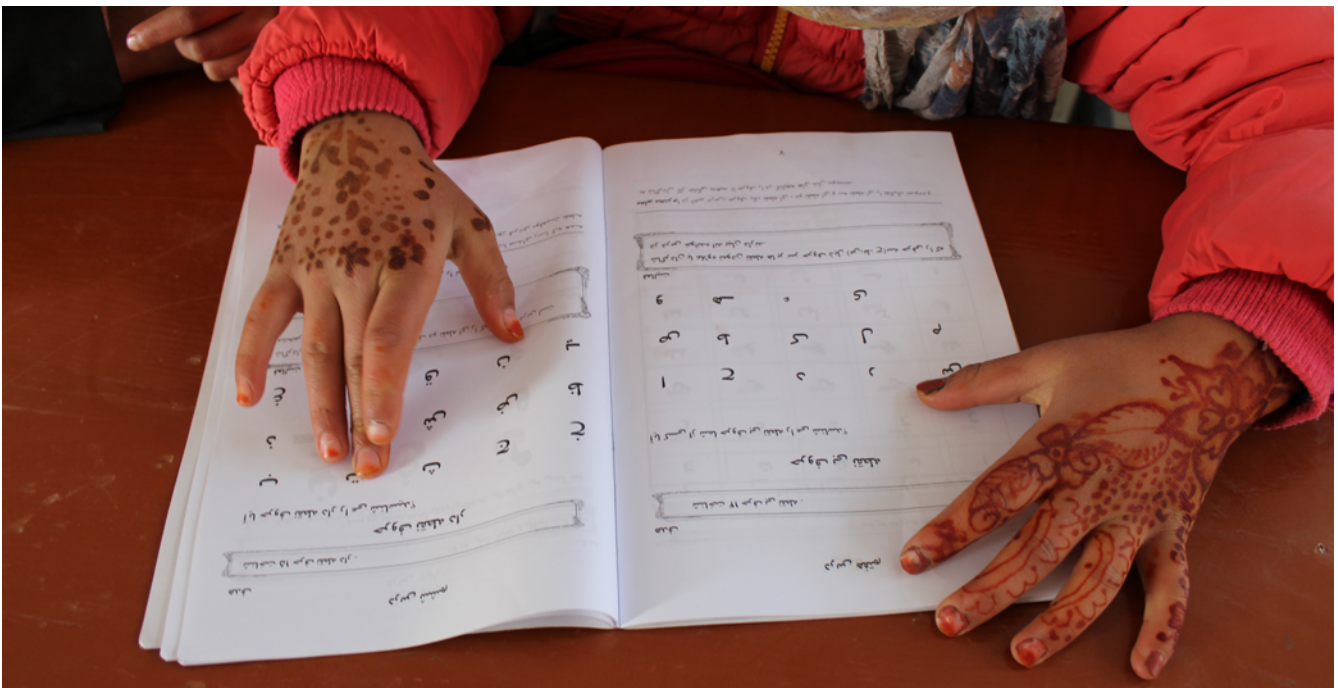
Gender Equality

UNHCR continued to advance gender equality in its programming and often took other AGD dimensions into account. This should be maintained, with an intersectional approach to AGD made more widespread.

- ▶ **Ensure that UNHCR's efforts to mainstream gender equality continue to roll out swiftly and systematically,** and are taken up by all operations, sectors and regions. Ensure that mainstreaming efforts apply to all aspects of UNHCR's work, across the programming management cycle, advocacy, work culture and staffing.

Several operations ensured that their programming was both gender-responsive (serving the needs of women, girls, men and boys) and gender-transformative (working to deconstruct structural gender inequalities). However, this was not yet systematic, leading to potential risks and missed opportunities.

- ▶ **Ensure that programming and advocacy are not built on the false assumption or expectation that women and girls support gender equality,** and that men and boys oppose it.
- ▶ **Ensure that women and girls remain at the centre of gender equality work, while also working with men and boys to advance this** by seeking out, supporting and learning from those who are allies of gender equality, better understanding and influencing those who are bystanders or opponents, and making equality in care work a key issue.
- ▶ **Recognize where women's and girls' immediate practical interests may differ from their longer-term strategic interests** and respond by supporting both, particularly when working with poor women and girls forced to focus on daily survival.
- ▶ **Take into account both diversity among women and girls and the real differences in their outlooks and material and immaterial interests.** Respond to this by keeping rights-based approaches as UNHCR's core framework.
- ▶ **Learn from the limitations of 'equal opportunity' approaches and aim to implement transformative approaches.** For example, in livelihoods programming, draw on feminist approaches to macroeconomics and women's economic empowerment, such as those developed by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and within UNHCR.



A schoolgirl studies at the Deh-Misken primary school in Parwan province, Afghanistan.
© UNHCR/Gulbuddin Elham

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Afghan refugee girl flies a kite on World Refugee Day 2020 in the Torbate-Jam settlement of Khorasan Razavi province, north-east Iran.
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