



UNHCR Age, Gender and Diversity

Accountability Report 2016



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Cover page: A child in Honduras at the playground of a local community centre where families come to seek support in dealing with the effects of gang violence.

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Executive Summary



A Syrian father and his two daughters disembark a rescue boat, The Topaz Responder, after it landed in Sicily with 311 survivors of a capsized boat. The boat belongs to the charity, Migrant Offshore Aid Station, which has rescued over 12,000 people at sea since 2013. © UNHCR/France Malavolta/2016

The United Nations High Commissioner for Refugees (UNHCR)'s Age, Gender and Diversity (AGD) Policy (2011) guides the agency's work with women, men, girls and boys affected by forced displacement and statelessness. The policy highlights the importance of age, gender and diversity, which it defines broadly to include, for example, sexual orientation, gender identity, disability and membership in a minority or indigenous group. Recognizing that these traits play a critical role in determining a person's opportunities, capacities, needs and risks, UNHCR holds its staff responsible for integrating AGD considerations into all their work. This annual report provides a summary of the steps UNHCR has taken to implement the AGD policy by identifying and analysing key trends, challenges and field practices as well as projects and initiatives. The report concludes with a set of recommendations on how to strengthen UNHCR's implementation of the AGD policy, particularly in areas where gaps were identified. This report is structured around the key protection challenges that operations identified during participatory assessments

and ongoing engagement with communities, which are detailed below. The report also provides examples of actions taken by UNHCR operations to address each challenge.

Women

- » Equal representation and influence in community leadership and management structures.
- » Access to safe and sustainable livelihoods opportunities.
- » Sexual and gender-based violence (SGBV) prevention and response.
- » Affordable, accessible and adequate sexual and reproductive health services.

Persons with disabilities

- » Accurate identification, to enhance participation in public life, inclusion in programming and delivery of targeted support.
- » Reduction of stigmatization and discrimination in households, schools, and communities.

- » Prevention of, and response to, SGBV and other forms of violence and abuse.
- » Access to health services.

Older persons

- » Adequate family and community support structures.
- » Access to pension benefits and livelihoods opportunities.
- » Prevention of, and response to, SGBV and elder abuse.
- » Access to health services.

Lesbian, gay, bisexual, transgender and intersex persons

- » Safe identification for access to protection and services.
- » Access to safe and sustainable livelihoods opportunities.
- » SGBV prevention and response.

Minorities and indigenous peoples

- » Reduction of discrimination and marginalization in access to asylum, education, medical care, social benefits and solutions.
- » SGBV prevention and response, particularly sexual exploitation and abuse, as well as child marriage.
- » Access to procedures for the acquisition or confirmation of nationality.

Children

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

Youth

- » Safe and affordable access to quality education, especially post-primary, non-formal and accelerated learning opportunities.
- » Meaningful participation and representation in decision-making processes.
- » Support for emotional, psychological and spiritual well-being.¹
- » Access to vocational training and sustainable livelihoods opportunities.

Key Recommendations

The protection challenges and gaps identified through a review and analysis of 2016 AGD reporting indicate that UNHCR should:

1. Take specific measures, including adjusting programmes and working directly with women, to provide support to ease the caretaking, household and livelihoods-related responsibilities that impede the participation of various groups, particularly women, girls, boys and youth, in areas such as education and community leadership.
2. Continue to ensure that community-based support mechanisms are strengthened and supported in order to address social isolation, facilitate discussion on sensitive subjects, increase the participation of marginalized groups, counter stigma and discrimination, and reduce risks of sexual and gender-based violence and other forms of violence and abuse.
3. Strengthen efforts to address the under-identification of marginalized and stigmatized groups, such as survivors of sexual and gender-based violence, lesbian, gay, bisexual, transgender and intersex persons, and persons with disabilities through outreach, the creation of safe spaces and improvements in data collection.
4. Given that UNHCR operations have observed the links between psychological distress and the erosion of community support and other public health and protection issues, such as substance abuse and intimate partner violence, place greater emphasis on exploring the resources and mechanisms that can be used to address the mental health and psychosocial issues affecting the well-being of persons of concern.
5. Reinforce implementation of and reporting on accountability to persons of concern, particularly in the areas of: communication and transparency; participation and inclusion; feedback and response mechanisms; and programme adaptation and learning.

¹ UNHCR, *We Believe in Youth – Global Refugee Youth Consultations, Final Report* (Geneva: UNHCR, 2016). <http://www.unhcr.org/57e1126e7.html>

1 | Introduction



An internally displaced family in Iraq prepares a meal inside their temporary plastic shelter after having fled violence and persecution in other parts of the country. © UNHCR/Dominic Nahr/2014

UNHCR's AGD policy (2011) seeks to ensure that all refugees, asylum-seekers, internally displaced persons (IDPs), stateless people and returnees enjoy their rights on an equal footing and are able to participate fully in the decisions that affect their lives and the lives of their family members and communities.² It recognizes that traits such as age, gender, sexual orientation and gender identity, disability, and membership in a minority or indigenous group play a critical role in shaping a person's needs and capacities. UNHCR holds all staff responsible for understanding AGD considerations and integrating them into all their work.

The *AGD Accountability Report* provides an annual update on the progress UNHCR has made and the challenges it faces in implementing the AGD policy. It presents the common and sometimes recurrent protection challenges identified by operations during participatory assessments conducted in partnership with diverse communities.⁴ The assessments are aimed at finding better ways to increase communication with persons of concern, establish community ownership, solicit and incorporate feedback on UNHCR's programmes and safeguard the rights of:

- » Women;
- » Persons with disabilities;
- » Older persons;
- » Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons;
- » Minorities and indigenous peoples;
- » Children;
- » Youth.

The report also analyses and provides examples of actions taken by UNHCR operations in partnership with individuals and communities to address these challenges. Finally, it looks at UNHCR's global efforts to enhance its capacity to implement the AGD policy and increase its accountability to persons of concern.¹ Together, these actions speak to UNHCR's

commitment to be answerable to the diverse women, men, girls and boys it works with. The intended audience for this report includes UNHCR staff at all levels, partners and persons of concern, as well as external audiences.

Data for this report came primarily from the mandatory annual AGD reporting by 71 UNHCR operations and 12 regional offices that submitted information, as well as from reporting on AGD-related indicators. These reports are submitted through UNHCR's results-based management (RBM) tool, Focus. The AGD reporting provided by UNHCR operations draws from data obtained primarily during annual participatory assessments and other forms of engagement with communities. Additional data was provided by headquarters entities in the form of internal mission reports, briefing notes, staffing statistics, donor reports and external updates, which may not always be reflected in Focus reporting. UNHCR news stories and partner publications that describe issues germane to this report have also been used.

Where non-Focus data has been used – including in some graphs, charts, and tables – the report provides footnotes identifying the source. The sources this report uses present a wealth of information, but often of varying levels of detail and quality. As such, it is important to note that while the report covers a wide range of issues and regions, it is not intended to be exhaustive. Rather, it seeks to provide a broad overview of trends, as well as notable examples that speak to those trends.

2 UNHCR, *Age, Gender and Diversity Policy* (Geneva: UNHCR, 2011). <http://www.refworld.org/docid/4def34f6887.html>

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

4 Persons of concern to UNHCR include refugees, asylum-seekers, IDPs protected and/or assisted by UNHCR, stateless persons and returnees (returned refugees and IDPs). See UNHCR, *UNHCR Statistical Online Population Database: Sources, Methods and Data Considerations*. (Geneva: UNHCR, 2013). http://www.unhcr.org/en-us/statistics/country/45c06c662/unhcr-statistical-online-population-database-sources-methods-data-considerations.html#others_of_concern



A young refugee boy runs under a line of wet clothes in a transit station in Greece, where thousands of refugees and migrants remain hoping to continue their journey northwards. © UNHCR/Achilleas Zavallis/2016

2 | Implementing the AGD Policy



ELLENIKI RAILWAYS ORGANIZATION S.A.
VAROULI STREET 113 ATHENS P.O. CODE 115 27
GREECE FAX NO.

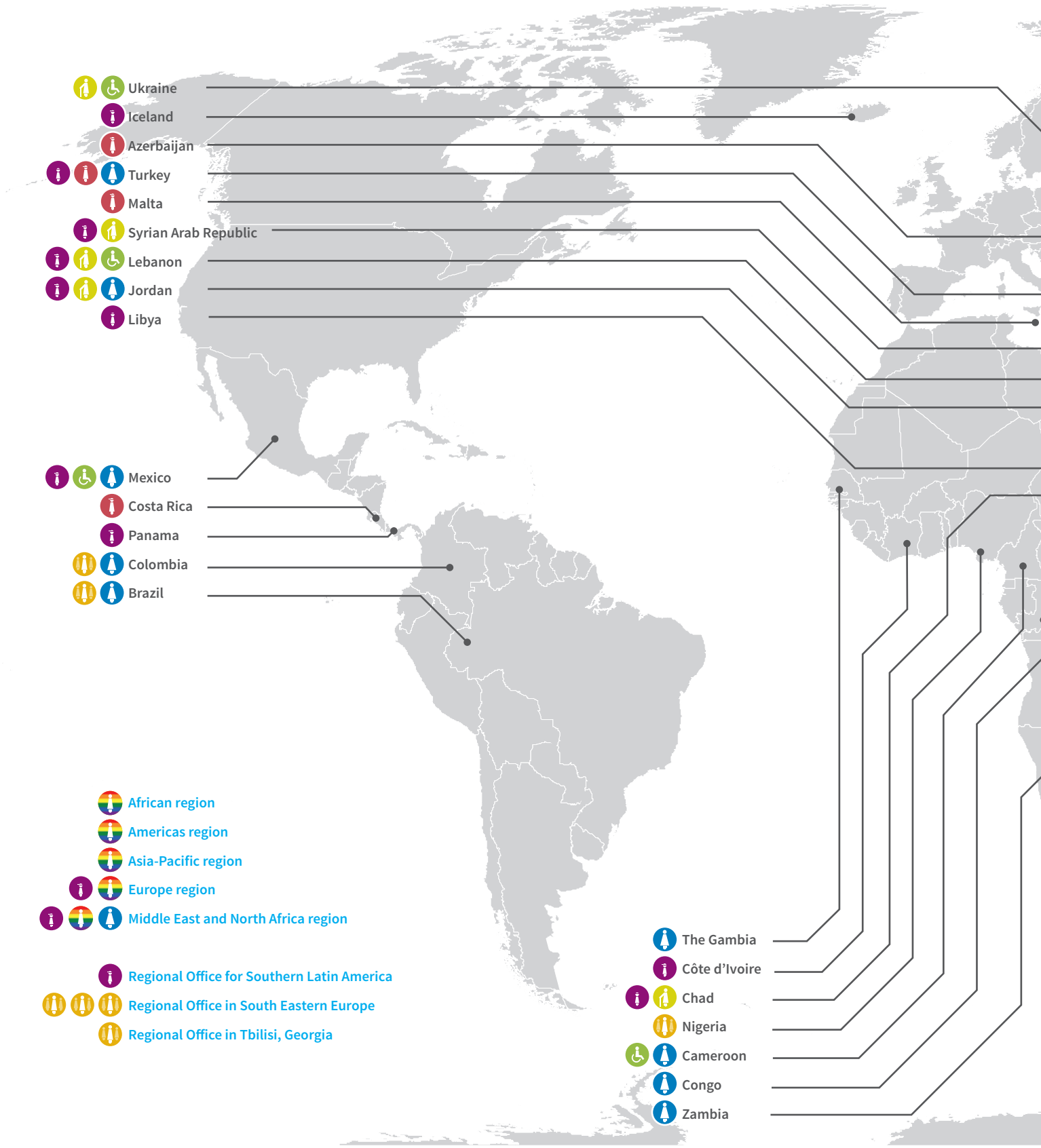
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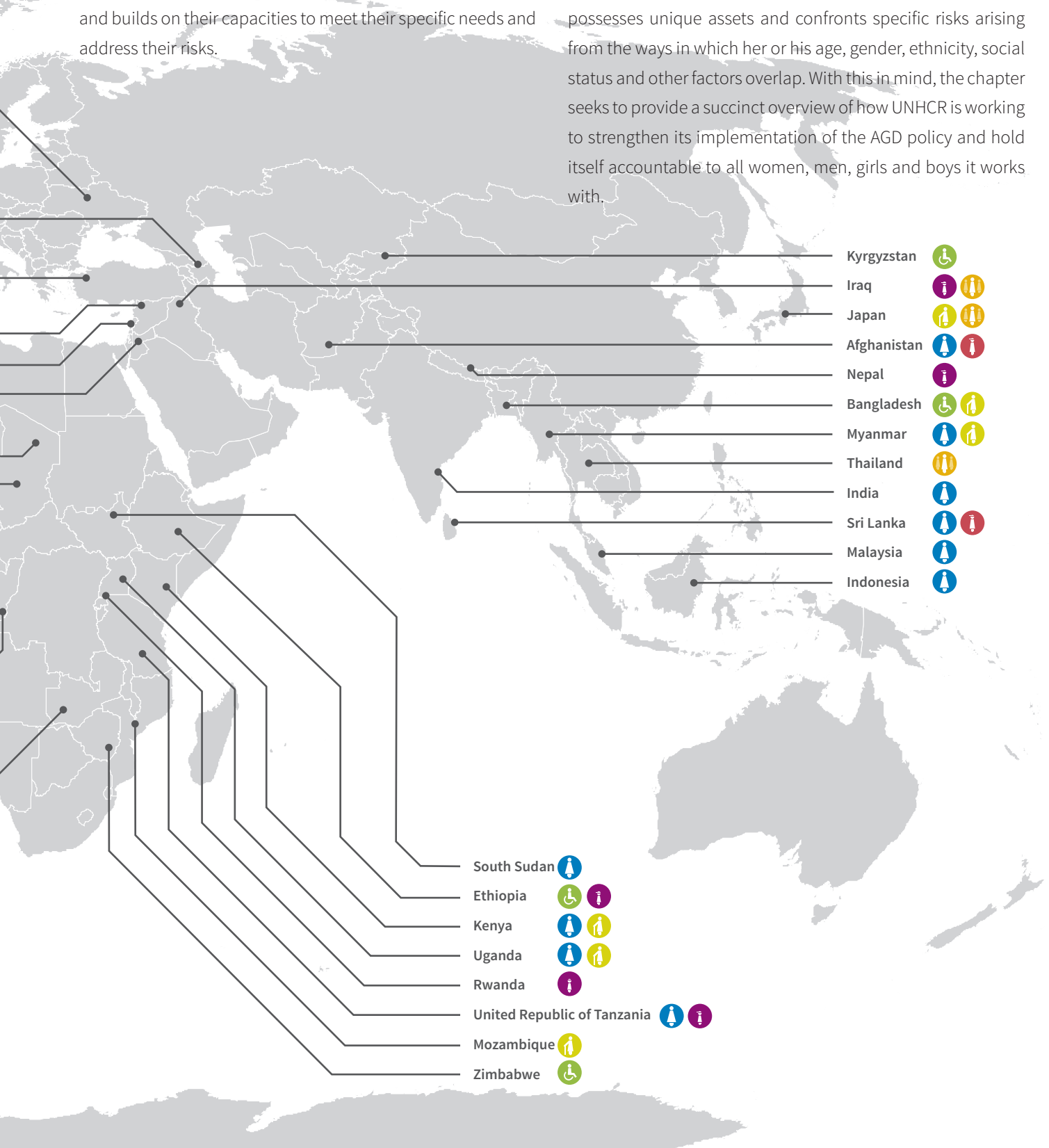
Field practice examples highlighted in this report from various UNHCR operations

-  Women
-  Persons with Disabilities
-  Older Persons
-  Minorities and Indigenous Peoples
-  Youth
-  Children
-  LGBTI Persons



This chapter presents key trends that emerged in UNHCR's work with women, persons with disabilities, older persons, LGBTI persons, minorities and indigenous peoples, children and youth. An exploration of the key protection challenges identified in consultations with communities is followed by how operations responded to these challenges. Field practices highlight how UNHCR supports diverse communities and builds on their capacities to meet their specific needs and address their risks.

It is important to note that while this chapter and its sections are organized around different groups of people, these categories should not overshadow the reality that diversity exists both within and across groups. Individual women, persons with disabilities, LGBTI persons, minority and indigenous peoples, children and youth should not be defined solely by their membership in a given group. Every individual possesses unique assets and confronts specific risks arising from the ways in which her or his age, gender, ethnicity, social status and other factors overlap. With this in mind, the chapter seeks to provide a succinct overview of how UNHCR is working to strengthen its implementation of the AGD policy and hold itself accountable to all women, men, girls and boys it works with.





Amina Assafi is a mother of two who joined her parents in a refugee camp in southern Chad after her husband was killed during the war in the Central African Republic. With UNHCR support and a DAFI scholarship, she continued her studies in Chad and now works in the health centre of a Chadian village as a midwife. © UNHCR/Ibrahima Diane/2016



2.1 Women

Key trends that emerged from the analysis of UNHCR's work with women in 2016 are:

- » UNHCR includes the impact indicator “% of active female participants in leadership/management structures” among its global strategic priorities (GSPs).⁵ Of the 58 refugee and IDP situations for which reports on this indicator were provided,⁶ 55 per cent declared an increase in the percentage of female participants.⁷
- » Two indicators on SGBV were included as GSPs. Of the 104 refugee, IDP and returnee situations that reported on the provision of support to known SGBV survivors, 32 per cent showed improvements in the extent to which SGBV survivors received appropriate support.⁸
- » UNHCR partners with the United Nations Population Fund (UNFPA) to ensure that all persons of concern have access to human immunodeficiency virus (HIV) prevention services, including the provision of male and female condoms. In 2016, some 9.6 million condoms were distributed to refugees, IDPs and other persons of concern affected by humanitarian emergencies, both inside refugee camps and in out-of-camp settings.⁹

“Justice [can] be achieved [for survivors of SGBV] when resources are dedicated to interventions.”

UNHCR, South Sudan

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

Participation and Leadership

UNHCR strives to ensure that women are equitably and meaningfully engaged and represented in management and leadership structures and processes, such as camp management committees and neighbourhood associations.

While some operations noted that women were represented in committees at rates comparable to men, the vast number of operations noted that women's ability to participate and be represented in decision-making structures was limited by their generally lower levels of education relative to men; restrictive gender norms; and competing obligations, including to earn an income and fulfil domestic and parenting responsibilities. For example, women in **Angola, Cameroon** and the **Central African Republic** reported that taking on unpaid leadership roles or increasing their participation in community activities meant they would have to sacrifice time that could be used to earn income. Furthermore, operations indicated that even when gender parity was achieved in leadership structures, socially prescribed gender roles limited women's ability to participate on an equal footing with their male counterparts. Operations worked to address these barriers by various means, including providing leadership training to women, advocating

⁵ UNHCR Global Strategic Priorities are indicators from the RBM framework that are intended as a common set of key priorities for UNHCR operations worldwide. See UNHCR, *UNHCR Global Appeal 2016-2017* (Geneva: UNHCR, 2016), 24-27. <http://www.unhcr.org/564da0e30.html>

⁶ Operations choose each year which indicators they would like to report on for each specific situation, picking from the set indicators in UNHCR's RBM framework. This gives operations the flexibility to choose indicators that are relevant to their context; however, this makes year-to-year comparison challenging. This report uses the term “situation” to refer to each individual population group in a specific context. Population groups that are relevant for UNHCR include refugees, asylum-seekers, IDPs, stateless

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

⁷ UNHCR, *2016 Global Strategic Priorities Progress Report* (Geneva: UNHCR, 2017).

⁸ *ibid.*

⁹ UNHCR, *UNHCR Public Health 2016 Annual Global Overview* (Geneva: UNHCR, 2017). <http://twine.unhcr.org/ar2016/>

Figure 1: Female Participation in Leadership Structures¹⁰



with community leaders for women's rights, supporting women's committees, providing literacy programmes and supporting income-generating activities, engaging female role models to share their experiences with women and girls, and raising awareness of gender roles in the community, including among men and boys. For example, 100 women and 70 men in a refugee camp in **Kenya** participated in the pilot phase of a sexual and gender-based violence (SGBV) prevention programme, *Engaging Men in Accountable Practice* (EMAP). The programme tackles the root causes of violence against women – gender norms and unequal power relationships – by building upon women's existing leadership roles in community life and focusing on attitudinal and behavioural change among men.¹¹

A few examples of UNHCR's field practices in 2016:

» The **Cameroon** operation provided leadership training targeting women and placed a focus on livelihoods and community empowerment issues. Women were involved in income-generating activities such as the production of briquettes, poultry farming, running small business enterprises and agriculture. They were also encouraged to share their views in meetings with assessment or monitoring missions to ensure their ideas could inform programming. Women's committees exist in each camp/refugee site.

» In response to a request from female community leaders, UNHCR in **Colombia** partnered with a local NGO and its affiliate organizations to develop a community-based tool and best practices guide for female leaders. The tool addressed women's need for support in areas that included mental health and psychosocial support. It draws from the women's own experiences in working with community members who faced serious threats to their safety and well-being. The ongoing project aims to raise awareness about the important, lifesaving work that women do and provide them with the tools to address loss, grief and trauma.

» Rohingya refugee women leaders in **India** worked with a local non-governmental organization (NGO) supported by UNHCR to organize more than 100 women and girls in their communities to participate in a sports event as part of the 16 Days of Activism Against Gender-Based Violence. This was the first time most of the women had left their neighbourhoods to engage in a public recreational activity. During the event, the participants were able to voice their concerns on several issues affecting them, including violence against women. UNHCR India also mobilized both men and women in leadership positions to work as mentors on women's participation. Additionally, UNHCR and its partners organized three sensitization sessions for Afghan, Rohingya and Congolese refugee committees in Delhi so that they could adopt best election practices and ensure that 50 per cent of the members of representative structures were women.

» In **Malaysia**, UNHCR continued to encourage women's leadership by including female leaders in UNHCR's regular monthly leaders' meetings and by providing workshops and training on leadership and gender awareness. These efforts over the last year resulted in a rise of more than 43 per cent in the number of female leaders; 199 women now participate in management and decision-making roles, up from 139 in 2015.

10 UNHCR, 2016 *Global Strategic Priorities Progress Report* (Geneva: UNHCR, 2017). <http://reporting.unhcr.org/sites/default/files/2016%20Global%20Strategic%20Priorities%20Progress%20Report.pdf#page=27>

11 *Preventing Violence against Women and Girls: Engaging Men in Accountable Practice* (EMAP) Resource Package, is a one-year prevention intervention developed by the International Rescue Committee (IRC). It provides humanitarian actors with an evidence-based curriculum and a field-tested approach to address the root causes of SGBV. Such interventions bridge a disconnect between gender equality and SGBV programming by addressing the root causes of SGBV. The Call to Action on Protection from Gender-Based Violence in Emergencies initiative, of which UNHCR is a member, urges humanitarian actors to understand the inherent link between gender inequality and SGBV. It emphasizes the need to include gender equality programming in SGBV prevention work, including through strengthening linkages between gender and SGBV in working-group and coordination mechanisms at global, regional and national levels. Additional information can be accessed at <http://reliefweb.int/sites/reliefweb.int/files/resources/Call-to-Action-Roadmap.pdf>

» In **Uganda**, 11 women aged 17-28 were trained to work as data collectors for a UNHCR household survey on the effects of a solar lighting intervention, part the United States (US)-funded *Safe from the Start* initiative, which also mobilizes communities in SGBV prevention and response efforts. The women worked for five weeks and have since found other leadership opportunities, including in mentorship of younger girls, and community-based research initiatives. UNHCR and partners also continued to train youth using a pyramid model ('youth groups'). The Pyramid Model is based on the "pyramid networking strategy" whereby one refugee youth trained on SGBV prevention, including gender norms, trains two additional youth, and those two youth each do the same. This multiplier effect quickly expands the number of youth sensitized to the issues such as gender norms and SGBV.¹²

Box 1: Rwanda: Gender Assessment in Six Camps

Working in close collaboration with a number of partners and under the supervision of the Ministry of Disaster Management and Refugee Affairs, UNHCR Rwanda and UN Women sponsored and co-facilitated a joint inter-agency gender assessment in six refugee camps. The assessment identified good practices in addressing gender equality concerns in water, sanitation and hygiene (WASH), education, health and multi-sectoral support for survivors of SGBV and child abuse. It also identified challenges, including systemic gender inequality, contributing to harmful coping mechanisms among girls and women in long-existing camps, the minimal representation of refugee women in leadership roles in camp committees, disparities between men and women in health outcomes, and the links between lack of employment and domestic violence. The report outlines a set of 28 concrete recommendations by sector, under a broader recommendation for the development of a strategic framework to strengthen gender equality, by focusing on: (1) the creation of enabling environments at policy and operational levels; (2) building the capacity of refugees, their leadership and humanitarian actors on gender equality issues; (3) implementing selected high-impact gender equality interventions; and (4) measuring results on gender equality.

Livelihoods

Operations noted that forcibly displaced, returnee, and stateless women consistently prioritized their need to earn a living in a safe and dignified manner. The participatory assessment process highlighted the barriers women face in securing safe and sustainable livelihoods; the protection risks emerging from having few opportunities to earn an income; and, for those with jobs, the protection risks present in the workplace.

» *Barriers to work:* Insufficient employment opportunities in the formal labour market, linguistic barriers, lack of qualifications for the types of jobs available, identification documents deemed invalid or inadequate, a dearth of safe and affordable child care, restrictions on freedom of movement and the right to work, and restrictive gender roles.

» *Impact of barriers:* A lack of opportunities for self-reliance can result in increased poverty, marginalization and the resort to sex work to meet basic needs, such as rent and food for children. It can also contribute to intimate partner violence arising out of domestic strife and substance abuse.

» *Unsafe work environments:* Urban operations indicated women were exposed to sexual harassment in the workplace, discrimination, xenophobia and exploitative working conditions.

Operations sought to build upon women's capacities and to address the barriers they face in accessing livelihoods by prioritizing them, especially female-headed households and survivors of SGBV, for inclusion in livelihoods programming; advocating for refugee inclusion in national cash transfer programmes; offering vocational training; providing soft loans and livelihoods grants; offering in-kind assistance for

¹² UNHCR, Internal report: *Impact Assessment of the Community Watch Groups and Youth Trained Using the Pyramid Model in Adjumani, Uganda* (Geneva: UNHCR, 2016)

horticulture; partnering with the private sector; and organizing community dialogue groups among women.

A few examples of UNHCR's field practices in 2016:

- » Socio-economic assessments of refugee families by UNHCR and a partner NGO in **Brazil** resulted in refugee families' inclusion in the world's largest conditional national cash transfer programme, or Bolsa Família Program, which benefits households living in extreme poverty. In Brazil, women (92 per cent) are the main participants in the programme, irrespective of family arrangement. The inclusion of 43 refugee families in this programme indicates that the most vulnerable persons of concern are getting socio-economic support from the Government.
- » In **Congo**, a UNHCR partner's pilot project supported 20 refugee women who were engaged in sex work to complete training in hairdressing, auto mechanics and catering. The project included a sexual health awareness component. One month after completing the training, seven of the women were employed in jobs of their choosing and had ceased sex work. The remaining 13 participants were preparing to launch their own businesses with seed funding from the project. UNHCR's livelihoods partner meets quarterly with all project participants and provides ongoing job placement support.
- » In the **Gambia**, an integrated approach helped a total of 900 women, of whom 400 were refugees and the rest members of the host community, to grow vegetables. UNHCR provided six community gardens with durable fencing materials, solarized water reticulation systems and biogas facilities for the production of methane gas and fertilizer. The project has helped refugees to integrate into host communities.¹³
- » To facilitate women's access to the labour market, UNHCR **Turkey** provided vocational training specifically tailored to women, benefitting 289 individuals. Additionally, a "gastronomy centre" opened in cooperation with local

authorities, which provided training in catering to women and men from both the Syrian and local communities.

- » UNHCR **Zambia** conducted an assessment to evaluate the capacities of urban refugees to engage in livelihoods activities. Camp-based programmes scaled up livelihoods grants and soft loans to more than 500 refugees and other persons of concern, while the urban project piloted it to 15 individuals. The camp-based programmes also targeted and supported 31 women at risk of and/or survivors of SGBV with soft loans to start small businesses.

Sexual and Gender-Based Violence

Participatory assessments with women of all backgrounds consistently revealed that SGBV and its impact were a primary protection concern. Though this section focuses on SGBV perpetrated against women, UNHCR recognizes that SGBV also affects men and boys as well as a wide range of forced displaced and stateless persons, including children and youth, persons with disabilities, minority and indigenous peoples and LGBTI persons.¹⁴

Operations reported the persistence of challenges to improving SGBV prevention and response, such as overburdened response and referral systems, limited support and expertise for proper case management for survivors and difficulties in delivering support to people on the move. In spite of these challenges, UNHCR operations continued to engage in awareness raising and community-focused activities to prevent and respond to SGBV. Survivors were provided with safe shelters, medical and legal services and mental-health and psychosocial support. UNHCR also collaborated with governments in the development and implementation of national and local inter-agency standard operating procedures (SOPs) for SGBV response. Some operations, such as **Ghana** and **Thailand**, also advocated for survivors' inclusion in national legal aid schemes and protective services (e.g. one-stop crisis centres). Finally, UNHCR operations continued to build the SGBV prevention and response capacity of staff, partners, government and communities through training, awareness raising and education.

13 UNHCR Livelihoods Unit in the Division of Programme Support and Management, e-mail message to author, May 17, 2017.

14 Different AGD traits intersect to shape the risks and effects of SGBV. Better AGD reporting and, more broadly, additional research is therefore needed to understand the ways in which different groups – such as those discussed above – are impacted by SGBV, as well to understand the kinds of prevention and response activities that are needed to provide adequate and appropriate support. For example, in a 2015 report on the protection of LGBTI persons, *Protecting Persons of Concern with Diverse Sexual Orientation and Gender Identities*, UNHCR identified the need for more targeted research on under-represented populations of persons of concern with diverse sexual orientations and gender identities (SOGI), including lesbian women. Limited reporting on under-represented populations indicates that this continues to be an area where more investment needs to be made.

Under the US-funded *Safe from the Start* initiative, UNHCR deployed senior protection staff with expertise in SGBV to 10 countries for a total of 51 months.¹⁵ UNHCR also supported 12 projects that aimed to mainstream SGBV across multiple sectors: energy (alternative cooking energy and community solar lighting), livelihoods (artisanal and vocational training) and information and communication technology (women's internet café). In addition, UNHCR released its SGBV Prevention and Response Training Package, which is designed to help UNHCR and partner staff to promote programming that considers SGBV prevention and response across sectors.¹⁶

Along with a range of humanitarian partners, UNHCR is a member of the Real-Time Accountability Partnership, which promotes system-wide accountability for SGBV prevention and response in emergencies. The partnership seeks to ensure humanitarian actors prioritize and integrate SGBV prevention and response across sectors, and that this response is coordinated across all humanitarian assistance and protection actions.¹⁷

A few examples of UNHCR's field practices in 2016:

» In **Afghanistan**, approximately 250 IDPs, returnees, and other residents of Herat were able to use a female-only internet café. UNHCR and a partner organization opened the café in late 2015 at the suggestion of a group of returnee students who repeatedly experienced SGBV in

Box 2: Nationality and Documentation

UNHCR operations note that certain states have discriminatory nationality laws that prevent women from conferring nationality on their children and spouses on an equal basis with men. Operations also reported that displaced and stateless women voiced their concerns regarding lack of access to documentation during the participatory assessment process. Adequate documentation in the form of identification cards and civil registration documents, such as those registering births, marriages and other vital life events, is often essential to gain access to critical services ranging from education and housing to life-saving health care. Displaced and stateless women indicated that without adequate documentation they could not avail of social services, open bank accounts or obtain education and medical care. The lack of documents also restricted their movements as they feared that any interactions with police and state agents posed the risk of detention.

UNHCR operations recognize that women face more difficulties than men in obtaining civil status documentation, increasing their exposure to protection risks such as SGBV. They also note that women lacking personal identification documents face challenges in registering the birth of their children, resulting in increased vulnerability and the risk of statelessness for these children. For example, one operation reported that women without personal identification documents and birth certificates for their children were afraid to approach state agencies because they assumed that their children would be sent to orphanages due to lack of documentation. Another operation noted that both men and women reported experiencing anxiety and tension due to the fear of detention by local police who did not understand or recognize UNHCR-issued documentation. To address gender-discrimination in nationality laws, a major cause of statelessness in more than 20 countries, UNHCR Nepal focused its legislative-reform efforts largely on addressing the difficulties women face in passing citizenship to their children. In Bahrain, in February 2016, the Global Campaign for Equal Nationality Rights, in partnership with UNHCR, held a Gulf Regional Conference on Citizenship Rights focusing on equal rights for women. Finally, owing to UNHCR's continued efforts to tackle this issue, in January 2017 Madagascar became the first country since the launch of UNHCR's #IBelong Campaign to reform its nationality law to give Malagasy mothers the same right to confer their nationality on their children as men. UNHCR operations also reported making various efforts to ensure access to documentation, including individual registration of women and girls; the gathering of AGD-disaggregated data to support deeper analysis of protection needs; providing for the accelerated registration of women at risk; and raising authorities' awareness of refugee-registration issues.

15 The Central African Republic, Greece, Italy, Kenya, Malawi, Niger, Nigeria, Rwanda, Uganda, the United Republic of Tanzania.

16 UNHCR, *SGBV Prevention and Response Training Package* (Geneva: UNHCR, 2016).
<http://www.unhcr.org/uk/583577ed4.pdf>

17 International Solutions Group. *The Real-Time Accountability Partnership Baseline Assessment Final report – Executive Summary* (2016).
<http://data.unhcr.org/syrianrefugees/download.php?id=13077>

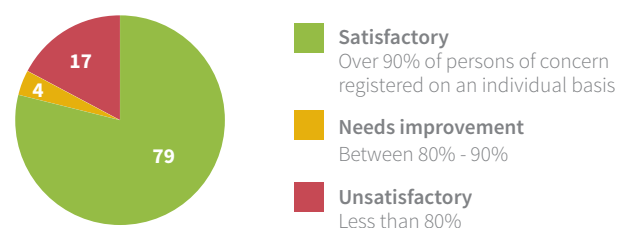
mixed-gender internet cafés. The women and girls, many of whom use the café daily, work on high school and university assignments on the café's 25 laptop computers. The café is housed at a local NGO that provides counselling for SGBV survivors and referrals to additional response services.

» In **Jordan**, UNHCR scaled up the provision of legal aid to SGBV survivors through the deployment of specialized lawyers in women and girls' safe spaces in refugee camps.

» “*We Keep It in Our Heart*” - *Sexual Violence against Men and Boys in the Syria Crisis*, a report based on 2016 research by UNHCR's **Middle East and Northern Africa (MENA) Protection Service in Amman, Jordan**, examined sexual violence against men and boys in the Syria crisis and assessed victims' access to services in Jordan, Lebanon and the Kurdistan region of Iraq.¹⁸ The research found that a high number of men and boys in Syria and in displacement outside the country were subjected to sexual violence; most men and boys who had been in detention in conflict-affected settings had experienced sexual violence, including rape and sexualized torture; and that very few (if any) targeted services for men and boy survivors of sexual violence existed.

» In **Mexico**, participatory assessments identified SGBV as a pressing issue for adult women, girls, female adolescents and LGBTBI individuals. In response, UNHCR designed and disseminated flyers and posters with information on the available local services for SGBV survivors. UNHCR also sent a report to be considered for the Gender-Based Violence Alert issued by the southern Mexican state of Tabasco. The findings of the participatory assessments also proved invaluable in the development of internal SOPs to identify and respond to SGBV.

Figure 2: Registration¹⁹



» UNHCR **South Sudan** trained teachers, UNHCR and NGO staff and law enforcement officers on SGBV prevention and response. The operation's work with refugee men and boys was strengthened by establishing Men's Action Groups, Men and Boys Information Sessions and an evidence-based intervention, EMAP (see footnote 11 for more information). Through UNHCR's legal partner in Juba, two cases of SGBV were successfully resolved in favour of the survivors.

» In the **United Republic of Tanzania**, medical staff worked to improve health and protection screening at border entry points, allowing for timely identification of SGBV survivors and accelerating referrals to health services and for psychosocial counselling. The operation also conducted the EMAP programme that had 461 (213 women and 248 men) graduates in 2016.²⁰ In addition, pilot research by UNHCR, the International Rescue Committee (IRC) and two universities (the US institution Johns Hopkins, and Muhimbili University in Dar es Salaam, Tanzania) is exploring the effectiveness of an eight-session group intervention for women who have experienced intimate partner violence. If the results yield promising outcomes, the intervention will be scaled up and expanded.²¹

Sexual and Reproductive Health Services

UNHCR strives to support all components of sexual and reproductive health, prioritizing essential life-saving

18 Chynoweth, S. “*We Keep it in Our Heart*”: *Sexual Violence against Men and Boys in the Syria Crisis* (UNHCR, forthcoming 2017). Internal draft version.

19 UNHCR, *2016 Global Strategic Priorities Progress Report* (Geneva: UNHCR, 2017). <http://reporting.unhcr.org/sites/default/files/2016%20Global%20Strategic%20Priorities%20Progress%20Report.pdf#page=12>

20 *ibid.*

21 Tol, W. A., Greene, M. C., Likindikoki, S., Misinzo, L., Ventevogel, P., Bonz, A. G., & Mbwambo, J. K., “An integrated intervention to reduce intimate partner violence and psychological distress with refugees in low-resource settings: study protocol for the Nguvu cluster randomized trial”. *BMC psychiatry*, 17(2017), 186. <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-017-1338-7>

interventions that affect mortality and morbidity at the onset of a humanitarian situation, while moving rapidly to expand to comprehensive services. At the onset of acute emergencies, UNHCR works with partners to implement the crucial actions that comprise the *Minimal Initial Services Package for Reproductive Health in Crisis Situations*²², where the programmatic focus is to expand to comprehensive reproductive health services and link them to existing national services as soon as possible. Operations reported challenges faced by women in accessing care, including the shortage of ambulances for intra-camp transfers, especially for pregnant women; cultural taboos around discussions of sexual health; a dearth of trained staff and adequately equipped facilities; and restrictive costs. Examples of how UNHCR operations tackled these challenges are provided in the country examples below. Numerous operations also reported distributing menstrual hygiene items and kits, including underwear, soap and sanitary pads. For example, UNHCR **South Sudan** consulted with adolescent girls and identified that they preferred disposable pads to those made of cloth, with the latter more often the choice among older women.

On a global level, UNHCR worked with staff and partners in nine countries to expand access to SGBV-relevant medical services to more than 485,000 additional persons of concern through the creation and enhancement of SGBV medical referral systems. In addition to these services, an estimated 398,000 persons of concern gained access to psychosocial services over the course of the 2016. In August 2016 the Population Council, a UNHCR partner, conducted a pilot initiative in **Uganda**, *Screening for Sexual and Gender-Based Violence in Emergency Settings in Uganda: An assessment of feasibility*. The initiative assessed the possibility of implementing SGBV screening and referral protocols in health facility settings within emergency contexts in the country. The findings suggest that routine screening for SGBV can be carried out in emergency settings. Indeed, the relatively higher screening,

disclosure, referral and referral adherence rates revealed by the study show a real need and demand for SGBV screening in emergency settings. Positive accounts of such screening from both its providers and its recipients further emphasized its feasibility when appropriate resources are used.

A few examples of UNHCR's field practices in 2016:

- » UNHCR **Indonesia** provided targeted cash assistance to pregnant and breastfeeding women, and partners conducted workshops for female persons of concern on health and hygiene, in addition to counselling sessions for pregnant and lactating mothers in collaboration with national organizations.
- » UNHCR **Jordan** helped the Government to complete its protocols for the clinical management of rape, ensuring that life-saving services are provided to survivors of the crime.
- » In 2016 UNHCR began implementation of a two-year project in **Jordan, Kenya and South Sudan** to support and improve health care interventions for new-born children in refugee operations. The aim of the project is to strengthen the use of low cost, high impact health interventions for new-born children, such as kangaroo-mother care, thermal control and early start breast feeding, as well as improved labour and delivery care.²³
- » UNHCR **Myanmar** helped an NGO partner to deliver information, supplies and services related to sexual and reproductive health through clinic-based interventions, including on SGBV response for IDPs. In **Sri Lanka**, UNHCR worked with partners to support mobile medical services and access to family planning.

22 The *Minimum Initial Service Package* is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. <http://www.unfpa.org/resources/what-minimum-initial-service-package#sthash.gynARWRn.dpuf>

23 UNHCR, *UNHCR Public Health 2016 Annual Global Overview* (Geneva: UNHCR, 2017). <http://twine.unhcr.org/ar2016/>



2.2 Persons with Disabilities

Key trends that emerged from the analysis of UNHCR’s work with persons with disabilities in 2016 are:

- » The impact indicator “% of persons of concern with disabilities who receive services for their specific needs” was reported on by 107 refugee, asylum-seeker, IDP and returnee situations. Of these, 40 achieved the satisfactory range, reporting 80 per cent or above of persons with disabilities receiving services for their specific needs.²⁴
- » Operations are focusing on building new partnerships with organizations of persons with disabilities at country, regional and global levels and are engaging in advocacy with States to include persons of concern, alongside nationals, in national programmes that provide services and assistance to older persons and people with disabilities.
- » UNHCR is shifting away from focusing solely on specific needs to increasing the inclusion of persons with disabilities in all areas of assistance and protection programming. It is also working with community-based groups to tackle disability-related stigma and promote the participation of persons with disabilities in decision-making and community leadership structures.

“We have a lot of skills and experience to do things but are told by others that ‘you [persons with disabilities] are not able to do things.’”²⁵

Man with a disability shares his experiences facing stigma in Amboko Camp, Chad

Operations state that the most commonly cited challenges that persons with disabilities face relate to identification, access to health services, stigmatization and discrimination.

Identification

UNHCR operations reported that persons with disabilities continued to be under-identified and therefore did not always receive appropriate support. Operations cited a number

of reasons for this, including the isolation of persons with disabilities in the home as well as a lack of staff awareness and knowledge of appropriate tools for identification.²⁶

This challenge has been addressed by various means, including training on disability and the inclusion of questions related to it in routine data collection and profiling. UNHCR **Bangladesh**, for instance, reported offering training on disability to partner staff. The operation also conducted a comprehensive assessment of persons with specific needs, including those with disabilities, using standardized risk assessment forms and case management matrices. Similarly, UNHCR **Kyrgyzstan** included questions in a profiling exercise that sought age-and gender-disaggregated data as well information about disability. UNHCR is now exploring the feasibility of incorporating the Washington Group question

²⁴ The target of the indicator “% of persons of concern with disabilities who receive services for their specific needs” is 100 per cent. The three thresholds for this indicator are: 80 per cent or above is considered satisfactory, between 79-40 per cent needs improvement and below 39 per cent is unsatisfactory. Of the total 107 situations that reported on this indicator, 10 were IDP situations in Afghanistan, Bosnia and Herzegovina, Burundi, the Democratic Republic of the Congo, Nigeria, Serbia, Sudan, Syrian Arab Republic, Ukraine and Yemen.

²⁵ UNHCR, Internal document, *Overview of activities and initial learning on Strengthening Protection of Persons with Disabilities in Forced Displacement* (Geneva: UNHCR, 2017).

²⁶ *ibid.*



Abdullah is a 20-year-old Syrian Kurd living in a camp in northern Iraq where he enjoys weightlifting, teaching football, English, dance, and playing table tennis with his friends. © UNHCR/Cengiz Yar/2016

Box 3: Rights-Based Approach to Disability

UNHCR is working to promote a rights-based approach in its work with persons with disabilities, in line with the UN Convention on the Rights of Persons with Disabilities (2006). Currently, a medical-model approach to disability is present in many contexts, including among UNHCR staff, partners and wider communities as well as persons with disabilities. Shifting attitudes so that persons with disabilities are seen as rights holders, capable of claiming their rights and participating actively in the life of their communities, will require sustained effort at field, country, regional and headquarters levels.

set into existing data collection processes,²⁷ in line with international good practice in this area.

Stigmatization and Discrimination

Persons with disabilities reported facing stigma and discrimination in their communities and from some service providers, resulting in their isolation, greater vulnerability to violence and abuse and limited access to services. UNHCR **Mexico** indicated that those with physical, sensory, intellectual and psychosocial disabilities faced rejection, harassment and discrimination. UNHCR **Zimbabwe** reported that some women with disabilities felt they were viewed as inferior to women without disabilities, and that they fetched water at night to avoid being seen in public. Children with disabilities and children of parents with disabilities also faced bullying and ridicule at schools.

Persons with albinism also experience similar types of stigma and are at risk of severe forms of violence.²⁸ In **United Republic of Tanzania**, UNHCR reported that there is a continued need to support people with albinism, including by providing them with hats and sunscreen, and considering them for resettlement.

Operations reported that they tackled stigma by raising awareness on disability through community events and commemorative days, such as the International Day of Persons with Disabilities. The day, which was celebrated in numerous operations, including Chad, Djibouti, Malawi, Mauritania, Rwanda, Ukraine and Zimbabwe, is recognized as a positive way to change attitudes to disability.²⁹

Operations also reported on the recurrent connection between SGBV risk and

disability. Persons of concern repeatedly highlighted that the stigmatization and discrimination they experience leads to them being marginalized socially, and exposes them to physical and sexual violence. For example, UNHCR **Myanmar** reported that stigma and discrimination isolated women and girls with disabilities, placing them at greater risk of physical and sexual abuse. Persons with disabilities also face numerous barriers to accessing SGBV prevention and response services. Country operations implemented a range of actions to respond to child protection and SGBV risks for persons with disabilities. These included awareness raising activities focusing on the SGBV risks faced by persons with disabilities and training parents of children with disabilities on positive communication and interaction with their children.³⁰

Access to Health Services

Persons with disabilities faced barriers in accessing primary health services. A lack of accessible and affordable transport was one significant reason for this.

In addition, persons with disabilities faced barriers in accessing health services needed specifically because of their disability, such as rehabilitation and assistive technologies. Obstacles included the limited availability of services, both for nationals

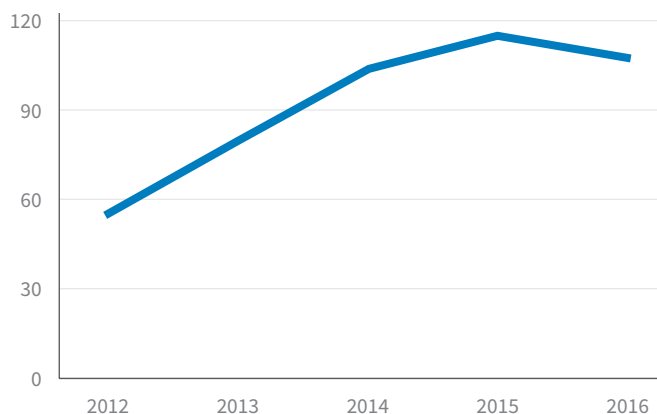
27 The Washington Group is comprised of national statistical offices working on developing methods to better improve statistics on persons with disabilities globally, with input from various international agencies and experts. The Group has developed a series of question sets on disability, with several more under development. <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

28 UNHCR, Internal document, *Narrative and Financial Report for 2016 on the Project Entitled Strengthening Protection of Persons with Disabilities in Forced Displacement* (Geneva: UNHCR, 2017).

29 Ibid.

30 UNHCR, Internal document, *Overview of activities and initial learning on Strengthening Protection of Persons with Disabilities in Forced Displacement* (Geneva: UNHCR, 2017).

Figure 3: Number of situations where the indicator on access to services for persons of concern with disabilities has been selected for reporting³¹



and persons of concern; the need to traverse long distances to gain access to facilities; the high cost of services; and the barring of people of concern from national services. Where these services were available, UNHCR worked with partners to provide assistive technologies and physical rehabilitation. The operations in **Cameroon** and **Mexico** worked to address these barriers by advocating with the respective governments to expand services for persons of concern, while UNHCR **Lebanon** cooperated with an organization to address the needs of persons with disabilities in three main areas: capacity building of humanitarian case workers, UNHCR reception staff, outreach volunteers; on the job coaching for persons with disabilities; and provision of assistive devices.

To complement UNHCR’s work on disabilities at country and regional levels, UNHCR continued building links with global disability actors. UNHCR was part of a collaborative group of stakeholders from states, UN entities and civil society that developed the Charter on Inclusion of Persons with Disabilities

in Humanitarian Action³², which was adopted at the 2016 World Humanitarian Summit.³³

A few examples of UNHCR’s field practices from 2016:

- » UNHCR **Ethiopia** advocated with partners to ensure equal access to work for persons with disabilities, including in gardening, pottery making and small shops.
- » In **Ukraine**, IDPs and refugees with disabilities worked with UNHCR to develop projects aimed at tackling their main concerns, such as isolation, limited access to employment and limited mobility. One component of the project was dedicated to building the capacity of potential employers to make workplaces more inclusive, while awareness-raising activities on inclusion were held for children and teachers.
- » In **Zimbabwe**, UNHCR partnered with the Ministry of Education to establish a classroom for children with disabilities at a local primary school that would function as a resource centre. The school accommodates children from the refugee and host communities. Following the establishment of the resource centre, all refugee children previously boarding at a special school in the district capital were moved to the local school. Early childhood education staff were given the appropriate training, and a number of children with disabilities are now included in the camp pre-school. The experience in Zimbabwe has provided valuable lessons on moving children with disabilities from special schools to inclusive educational settings, including the importance of close engagement with families and communities throughout the process.³⁴

31 Number of situations the indicator “percentage of persons of concern with disabilities who receive services for their specific needs” was reported on from 2012-2016 (Year/Situations): 2012/55, 2013/79, 2014/ 104, 2015/117, 2016/107.

32 “Charter on Inclusion of Persons with Disabilities in Humanitarian Action,” Accessed on June 8, 2017, <http://humanitariananddisabilitycharter.org/>

33 UNHCR, Internal document, *Overview of activities and initial learning on Strengthening Protection of Persons with Disabilities in Forced Displacement* (Geneva: UNHCR, 2017)

34 *ibid.*



2.3 Older Persons

Key trends that emerged from the analysis of UNHCR's work with older persons in 2016 are:

- » Of the 78 refugee, asylum-seeker, IDP and returnee situations that reported on the impact indicator “% of older persons of concern who receive services for their specific needs,” 29 reported achieving the satisfactory range of 80 per cent or above.³⁵
- » Operations reported that the types of assistance they provided to older persons were assistive devices, shelter assistance, cash grants and medical support. Older persons indicated food assistance and WASH facilities did not always meet their specific needs.
- » Community based and peer support networks were supported through the establishment of clubs for older persons and the mobilizing of volunteers to address social isolation.

“[Older] persons and persons with disabilities ... request self-help projects; they do not want to be viewed as charity cases and would rather do things for themselves.”

UNHCR Zimbabwe

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

Family and Community Support Structures

UNHCR operations reported that older persons, especially those who were unaccompanied or lacked family support, had to contend with social isolation, a lack of help with daily chores and barriers preventing them from accessing services. UNHCR tried to address these problems by using

a community-based approach to work with older persons, their communities, partners and governments. For example, UNHCR **Chad** reported that mutual aid committees were established in camps to help strengthen the protection of older persons and persons with disabilities, including during food distribution. UNHCR **Jordan** and **Lebanon** continued to support clubs for older persons providing cultural, educational and recreational activities. The clubs allowed older persons to build support networks, while offering UNHCR both formal and informal mechanisms to monitor their protection and well-being.

AGD reporting also indicated that families and households need to have better support, especially because caregivers themselves often face isolation and limited access to services and income-generation opportunities.³⁶ For example, a refugee profiling exercise in **Tajikistan** demonstrated the need to engage the broader community in providing

³⁵ The aim of the indicator “% of older persons of concern who receive services for their specific needs” is 100 per cent: 80 per cent or above is considered satisfactory, between 79-40 per cent needs improvement and below 39 per cent is unsatisfactory. Yemen.

³⁶ UNHCR, Internal document, “The Situation of Older Persons Displaced in Syria” (Geneva: UNHCR, 2017).

support for older persons. The exercise revealed that the overwhelming majority of those unemployed because they had to care for family members were women. The operation noted that women and girls are expected to bear the primary responsibility of caring for siblings, ill relatives and older family members.

Livelihoods and Pension Benefits

Older women and men reported facing barriers in receiving pension benefits and accessing livelihoods opportunities. Age discrimination made it difficult to find work, while obstacles to accessing pensions included the need to travel long distances to get to government offices, complicated administrative requirements, inadequate documentation and the absence of information on how to access pension systems.

Box 4: Older Persons Displaced in the Syrian Arab Republic

In 2016, UNHCR conducted an assessment of the situation of older women and men in Syria to inform humanitarian programming. The assessment involved focus group discussions with older IDPs and host community members in accessible parts of the country, as well as meetings with partners and government counterparts. The assessment identified a number of challenges older persons in Syria face, including the risk of abuse, ill health, limited access to income-generating opportunities, and malnutrition. It also identified older persons, particularly older women who provide care for grandchildren, their husbands or other family members as among those often overlooked in humanitarian programming. UNHCR Syria is now working with partners to follow up on the recommendations arising from the assessment.

Operations took several steps to address concerns among older persons about income. For example, UNHCR **Cameroon** indicated it prioritised older persons with an interest and capacity to engage in income-generating activities for inclusion in livelihoods programmes. **Syria** revised eligibility criteria for livelihoods programming to remove age restrictions. UNHCR **Japan** organised information sessions in conjunction with participatory assessment sessions on topics of interest to older persons and other community members. For example, the operation hosted a seminar on how to access pensions

with the local pension authority. The operation in **Ukraine** advocated with authorities on behalf of IDPs, including older IDPs, to ensure they could enjoy full access to their pensions and social benefits.³⁷ Other operations reported providing cash grants and material support (e.g. clothing, incontinence products, wheelchairs, walkers, etc.) to ease the financial burdens on older persons.

Health and Nutrition

Access to health and nutrition emerged as a challenge for older persons, due to limited physical mobility, the need to traverse long distances to hospitals and clinics, lack of interpreters at medical appointments and long waiting lists for services such as home-based care. They also reported that food assistance was often not appropriate to the requirements of older persons. This was especially the case among older persons with disabilities or chronic health conditions such as diabetes, as well as others who required food supplements. To address this challenge, the **Mozambique** operation included older persons in a complementary feeding programme and carried out household visits. With the support of the Ministry of Health, persons with specific needs were accompanied to secondary medical facilities such as central hospitals. Operations also provided medical services, including eye exams and the provision of eye glasses and psychiatric medication, as well as individual and group counselling. In **Kenya**, UNHCR provided home-based training in basic physiotherapy to caregivers of older persons.

A few examples of UNHCR's field practices from 2016:

» The **Bangladesh** operation recruited volunteers from the refugee community and trained them in the identification of older persons with specific needs and on how to conduct risk analyses and refer protection cases. The volunteers supported several hundred refugees, including older persons in need of assistance with household chores and errands, and accompanied patients to clinics and hospitals.

37 UNHCR, Ukraine: *Key Messages on Internal Displacement* (Geneva: UNHCR, 2017). Available at <http://unhcr.org.ua/attachments/updates/2017%2003%20UNHCR%20UKRAINE%20Key%20Messages%20Briefing%20Note%20FINAL%20EN.pdf>



Mohammed Osman, a 75 year-old Afghan, shares a joke at the Moria refugee registration centre on the Greek island of Lesbos. “I have to laugh,” Osman says. “It’s not because I want to laugh, it’s because I have to... I want to find a place where I can spend the rest of my days in peace.” © UNHCR/Hereward Holland/2016

- » In **Cameroon**, UNHCR’s advocacy enabled older persons with disabilities to access national disability services provided by the country’s Ministry of Social Affairs. Some 176 persons with specific needs, including older persons, received “Disability Cards” that entitled them to receive targeted assistance.
- » UNHCR **Uganda** mobilized 170 older persons to participate in the International Day of Older Persons to counter discrimination against older persons. The operation used the event to recognize the contributions of older persons to the community and to strengthen community engagement among older persons.



2.4 Lesbian, Gay, Bisexual, Transgender and Intersex Persons

Key trends that emerged from the analysis of UNHCR's work with LGBTI persons in 2016 are:³⁸

- » The stigma and discrimination directed at LGBTI persons continued to hamper their access to employment and essential services, and threatened their safety and well-being in countries of asylum, including at reception facilities.
- » UNHCR operations reported strengthening relations with and partnering with national LGBTI organizations to improve the coordination of services, plan joint actions and increase support for LGBTI persons.
- » UNHCR worked with the International Organization for Migration (IOM) on building a team of qualified trainers to increase global capacity to protect LGBTI persons of concern.

“LGBTI [persons] expressed continued discrimination and [threats of] violence [were] their key protection risks.”

– UNHCR office in Africa

Operations state that the most commonly cited challenges that LGBTI persons face related to their safety, as reflected in identification, SGBV, access to asylum and solutions, and limited staff and partner capacity.

Identification

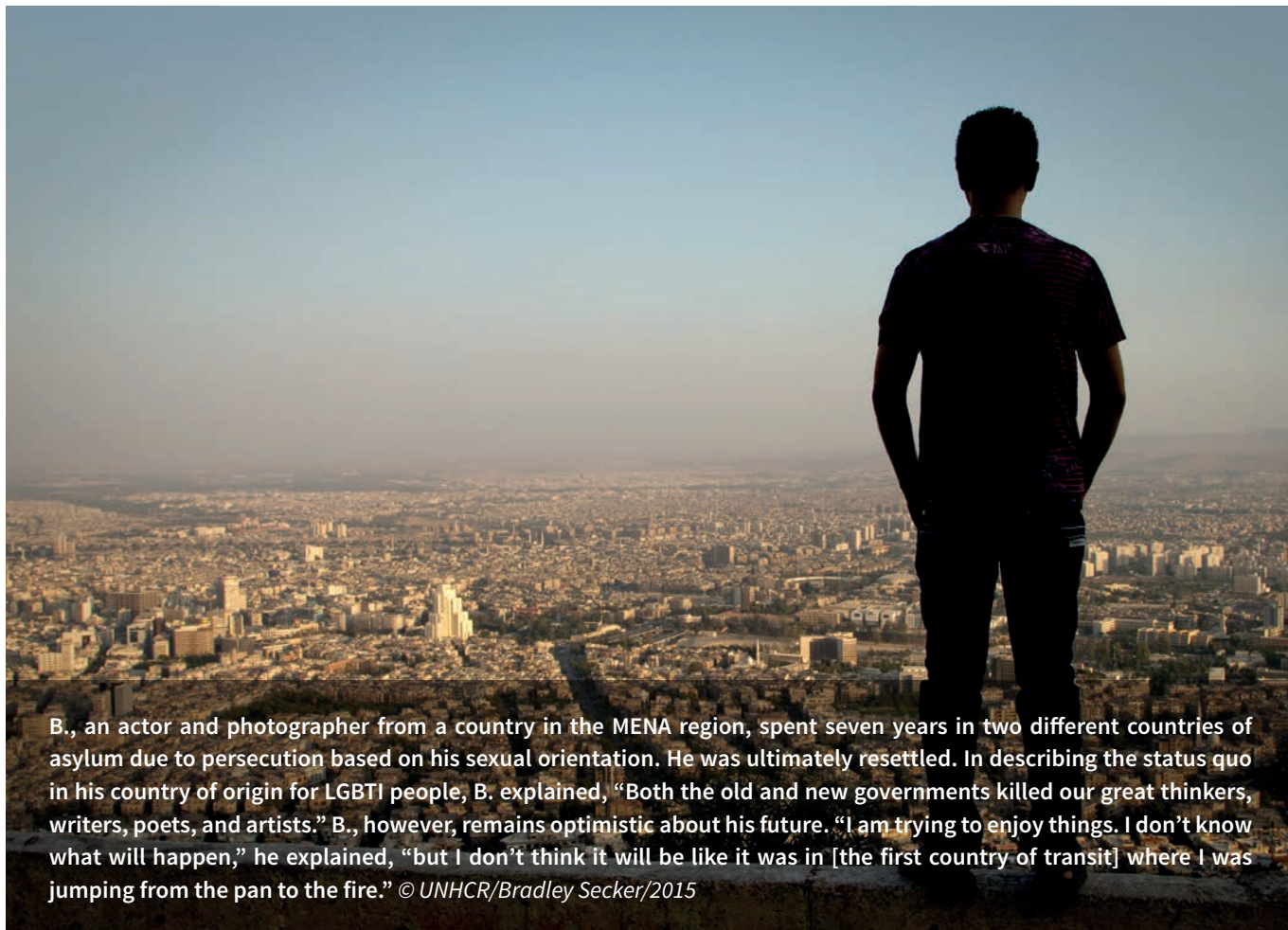
The safe identification of LGBTI persons to ensure their protection continues to require dedicated efforts. Examples from the **Asia-Pacific** and **MENA** regions demonstrate the work being done to create safe environments that enable LGBTI persons to feel comfortable in coming forward for support. One UNHCR operation in the **Asia-Pacific** region noted that while its staff had not identified any LGBTI persons

in need of support, they carried out sensitization activities, distributed materials on the protection of LGBTI persons and coordinated with NGOs working on LGBTI issues. The aim was to be prepared to act on any protection cases that may arise. Another operation in the region included LGBTI terminology in its updated protection glossary and circulated it among protection partners to help them become more aware of the need to include LGBTI persons in their programmes.

One operation in the **MENA** region reported that its efforts to create a safe environment and its increased engagement with LGBTI issues have resulted in an increase in the number of LGBTI persons identified for support.³⁹ The operation engaged in a range of activities to support this outcome, including training staff on topics such as interviewing techniques, and drew expertise from its network of in-house LGBTI-sensitized frontline staff. This operation also reported that it continued to use LGBTI pins and display LGBTI-friendly posters to create a

³⁸ Unless otherwise indicated, analysis here is based on approximately 35 operations that provided sufficient text in their AGD reporting. Therefore, it is important to note that although these findings might not fully capture all the major challenges and actions in UNHCR's operations, they highlight what appear to be recurrent and common themes among those operations that reported on their activities in this area. This section limits, to the extent possible, identifying operations by name to uphold confidentiality.

³⁹ Another operation in the region cited a two-fold increase in the number of LGBTI refugees it was working with between July 2015 and December 2016, but the exact reasons for this increase could not be identified in AGD reporting.



B., an actor and photographer from a country in the MENA region, spent seven years in two different countries of asylum due to persecution based on his sexual orientation. He was ultimately resettled. In describing the status quo in his country of origin for LGBTI people, B. explained, “Both the old and new governments killed our great thinkers, writers, poets, and artists.” B., however, remains optimistic about his future. “I am trying to enjoy things. I don’t know what will happen,” he explained, “but I don’t think it will be like it was in [the first country of transit] where I was jumping from the pan to the fire.” © UNHCR/Bradley Secker/2015

welcoming environment in registration centres and interview rooms.

While such welcoming environments are important, it is crucial that they are coupled with well trained staff with the necessary skills and information to provide effective support to LGBTI persons. For instance, LGBTI persons in **Europe** revealed they did not always get the information they wanted from UNHCR and partner staff wearing LGBTI pins. Operations also had to ensure that concrete measures were in place to support vulnerable LGBTI persons upon identification. Several operations in the **Americas, Africa** and **MENA** reported they have measures or SOPs in place to ensure immediate support for at-risk LGBTI persons, including referral to services and possibly for resettlement, depending on their specific protection risks.

Sexual and Gender-Based Violence

UNHCR operations noted that LGBTI persons frequently had SGBV perpetrated against them. One operation in **Europe** noted that LGBTI persons reported insecurity and isolation resulting from fear of the risk of sexual abuse. Two other operations, one in **Africa** and another in the **MENA** region,

reported LGBTI refugees and asylum-seekers in urban areas were forced to engage in sex work, that often exposed them to SGBV risks, as they were unable to get jobs because of factors such as discrimination and a lack of official documentation. Operations reported taking a number of actions to reduce LGBTI persons’ exposure to the risk of SGBV. These included prioritizing them in targeted vocational training programmes, providing cash assistance, advocating with relevant government bodies for the development of SOPs addressing SGBV in reception centres, and prioritizing LGBTI refugees for possible resettlement based on their specific protection risks.

Asylum and Solutions

UNHCR operations where national governments conduct refugee status determination (RSD) indicated LGBTI persons faced challenges in obtaining fair assessments of their SOGI-based asylum claims. These challenges, which were mentioned by NGOs and advocacy organizations, included asylum-seekers not trusting interpreters and concerns about poor quality decisions. Operations reported that they provided legal advice in response to queries from national asylum bodies, intervened in individual cases, worked to strengthen the development of State policy on SOGI in asylum

claims, conducted a wide assessment of claims based on SOGI and monitored RSD applications. These activities were concentrated in the **Americas** and **Europe**.

AGD reporting also indicates that LGBTI persons faced challenges in accessing durable solutions, particularly local integration. LGBTI persons in one operation in the **Americas** noted stigma and discrimination from employers, government officers and the community, not only due to their SOGI identity but also because of their nationality, that hindered their ability to integrate into the communities where they lived. Similarly, a UNHCR operation in **Africa** reported that due to the challenging operating environment, support for LGBTI persons was limited to individual case management. The operation reported it had procedures in place to transfer individuals who were unable to stay in camps for protection reasons to the urban programme. For LGBTI persons unable to reside safely in the country of asylum, resettlement was often pursued as the only viable solution.⁴⁰ In **Europe**, one UNHCR operation indicated it had begun a study to assess the integration chances of resettled LGBTI refugees and female heads of households, while another had a project to provide information about integration and support.

Staff and Partner Capacity

UNHCR operations provided various types of training to build staff, government and partner capacity in identifying and responding to the protection needs of LGBTI persons. Operations hosted training sessions and workshops on terminology, interviewing techniques, assessing the credibility of SOGI-based claims and safe identification and referral.

UNHCR carried out LGBTI protection trainings throughout the year, during which good practices were exchanged. Furthermore, UNHCR and IOM have also developed a training-of-trainers curriculum on LGBTI persons' protection and piloted it with their staff. The Division of International Protection also provides technical support and guidance in this area to field operations and bureaux. Finally, an online community of practice on community-based protection developed to share information on guidance, tools and good practices includes a section on LGBTI protection.

A few examples of UNHCR's field practices from 2016:

- » A UNHCR operation in **Africa** worked with partner organizations to include LGBTI persons in livelihoods activities. More than 500 LGBTI persons of concern received financial assistance, with 410 of them receiving support to enrol in livelihoods activities. This was part of an effort to shift the focus from direct financial assistance to livelihoods assistance, especially for those whose protection risks did not preclude their ability to work. Another operation in the region reported that it helped LGBTI persons to form support groups.
- » In the **Americas**, one UNHCR operation developed a booklet on the rights of LGBTI refugees to be distributed among persons of concern, partners, border agents and eligibility officers. The booklet is the result of joint efforts with the UN "Free Equal" LGBTI rights campaign and is available in English, French, Portuguese and Spanish. UNHCR reports partners have indicated there has been an increase in the number of LGBTI persons of concern approaching them following the distribution of the booklet. Partnerships with local networks and local governments were fostered in order to guarantee LGBTI persons could gain access to the necessary support.
- » Also in the **Americas** region, a UNHCR operation made sure that LGBTI protection was taken into consideration in the Government's multi-year planning by working with LGBTI community leaders and the ombudsperson's office working on gender issues. This cooperation resulted in the identification of the main LGBTI protection risks and the creation of a referral pathway and orientation tool for both service providers and LGBTI persons.

⁴⁰ *ibid.* In a 2015 report on the protection of persons with diverse SOGI, UNHCR concluded that owing to the extensive protection risks that LGBTI refugees face both in their homelands and the countries to which they flee, the only realistic durable solution available to LGBTI refugees is often resettlement in a third country, although local integration or voluntary repatriation may be appropriate in some instances.



2.5. Minorities and Indigenous Peoples

Key trends that emerged from the analysis of UNHCR's work with minorities and indigenous peoples in 2016 are:⁴¹

- » UNHCR operations engaged in monitoring, awareness raising, advocacy and community-building activities with communities, partners and governments to promote social inclusion and expand minority and indigenous peoples' access to asylum, solutions, health care, documentation and education.
- » The impact indicator “% of persons of concern from minorities or indigenous groups who receive services for their specific needs” was reported on by 17 refugee, asylum-seeker, returnee and IDP situations. Of these, five achieved the satisfactory range of 80 per cent or above of persons of concern from minorities or indigenous groups receiving services for their specific needs.⁴²
- » Despite the presence of minority and indigenous peoples in regions where UNHCR is engaged, AGD reporting on these groups was limited.

“UNHCR continues to support [a national indigenous] organization . . . to defend and protect [displaced indigenous communities'] collective and cultural rights [and] territory and traditions.”

UNHCR Colombia

Operations state that the most commonly cited challenges that minorities and indigenous peoples face were related to discrimination, marginalization and SGBV.⁴³

Discrimination and Marginalization

National, ethnic, religious and linguistic minorities and indigenous peoples faced social isolation and encountered

discrimination and marginalization in the areas discussed below.⁴⁴ In this section, the term minority refers to an ethnic, religious or linguistic group, fewer in number than the rest of the population, whose members share a common identity. The term indigenous refers to peoples who generally have a historical continuity with preinvasion and precolonial societies that developed on their territories.⁴⁵

Asylum and Durable Solutions: Operations reported in 2016 that minorities and indigenous peoples faced barriers to accessing asylum due to linguistic and cultural barriers. In response, UNHCR **Japan** made arrangements with the Ministry of Justice for interpreters to facilitate RSD interviews for asylum-seekers from linguistic minority groups.⁴⁶ In **Brazil**, the operation conducted assessment missions,

41 Because of the limited reporting on minority and indigenous peoples, the trends presented in this section should be considered judiciously.

42 The aim of the indicator “% of persons of concern from minorities and indigenous groups who receive services for their specific needs” is 100 per cent: 80 per cent or above is considered satisfactory, between 79-40 per cent needs improvement and below 39 per cent is unsatisfactory.

43 This chapter limits, to the extent possible, naming specific minority and indigenous peoples or their countries of origin and asylum to uphold their confidentiality and safety.

44 More detailed definitions of the terms minority, indigenous peoples, caste-based groups, persons in minority-like situations and other relevant concepts are available at UNHCR, *Working with National or Ethnic, Religious and Linguistic Minorities and Indigenous Peoples in Forced Displacement* (Geneva, UNHCR, 2011).

<http://www.refworld.org/pdfid/4ee72a2a2.pdf>. Please note while the popular term “minority” may also be used to identify groups defined by other characteristics such as SOGI, this section focuses on groups as defined in the first paragraph of this section and the link provided above.

45 *ibid.*

46 AGD reporting indicates the two languages spoken were: a) the principal language spoken by the majority of an ethnic minority group from the Asia-Pacific and MENA regions, as well as parts of Europe and b) the language of an indigenous community from the Asia-Pacific region. Multiple sources were consulted to verify origins of languages in AGD report; primarily, the NGO, Minority Rights Group International's websites, <http://minorityrights.org/> and <http://peoplesunderthreat.org/>, as well as an academic publication from Harvard University's Faculty of Arts and Sciences tracing the history and usage of one of the cited languages.



Rohingya refugees sit on the bus that will transport them to a temporary shelter, East Aceh, Aceh province, Indonesia, after having been stranded at sea for months. © UNHCR/Fauzan Ijazah/2015

monitored entry points and liaised with host and country-of-origin government authorities as well as other UN agencies to improve access to asylum for members of indigenous groups entering the country. This group encountered various challenges, sometimes because they had not sought asylum or any other form of migratory regularization.

Reintegration was noted as another issue of concern. UNHCR's **Regional Office in South-Eastern Europe** cited poverty arising from the lack of opportunities for income-generation as the most pressing concern for returnees, including among minority groups. This operation addressed these issues through reintegration activities or on a case-by-case basis, including through engagement with development agencies.

Nationality Processes: Minority and indigenous peoples faced challenges in acquiring or confirming nationality. For example, UNHCR **Thailand** noted that the vast majority of the stateless persons the operation registered belonged to minority ethnic groups. Discussions with these communities and advocacy with the authorities resulted in the implementation of a new procedure for acquisition of nationality that is expected to benefit more than 80,000 children. Similarly, UNHCR's **Regional Office in Tbilisi, Georgia**, intervened on behalf of

individuals from a historically marginalized minority group after participatory assessments revealed that its members faced challenges in obtaining birth certificates, registering paternity, acquiring identity documents and establishing citizenship. UNHCR advised authorities and legal practitioners on the procedural standards for case assessment and protection solutions using a gender-sensitive approach.

Education: Young refugees, IDPs and returnees from minority groups consistently report facing barriers to being able to go to school and completing an education. Barriers to accessing education included not having enough money to pay for supplies and uniforms, an inability to speak the (majority) language of instruction, a lack of the documentation needed for enrolment, long commutes, membership of a nomadic community and parents' distrust of government and humanitarian actors. Children and youth also reported dropping out of school for reasons arising from their membership in marginalized groups, including poverty, child labour, bullying and threats. In **Iraq**, for example, young refugee boys from a historically marginalized minority group said they dropped out of school after being threatened.

Medical Care: A minority group reported being discriminated against at private hospitals in **Iraq**, noting they were asked to pay higher prices for treatment and medications once they showed documents indicating they were refugees. An operation in **Asia** noted that members of a minority group held in detention centres faced a steady decline in their physical and mental health.

Social Benefits: A participatory assessment in **Ukraine** showed that IDPs and returnees, including those from minority groups, faced challenges in accessing national services and retirement entitlements. They reported discrimination in joining the labour market and finding housing solutions.⁴⁷

Sexual and Gender-Based Violence

School-age girls from two different minority groups in an operation in the **MENA** region reported that public transportation and long walks to school exposed them to SGBV risks. Refugee women from one community, including survivors of SGBV and those at risk of SGBV, requested inclusion in national social welfare programmes so they could access safe shelters. They noted that their movements were restricted, in part due to frequent searches by security forces of buildings where members of their community are known to live. UNHCR reports that at least two groups resorted to forced and child marriage as a response to this and other challenges arising from their difficult circumstances. UNHCR **Thailand** noted that a minority group arrived traumatized after being exposed to SGBV and extortion.

A few examples of UNHCR's field practices in 2016:

» In **Colombia**, UNHCR used culturally sensitive activities to solicit feedback from indigenous communities, particularly when addressing protection risks. In communities where not all members speak Spanish, interpreters and interactive methodologies were used to ensure the participation of women and children. The operation worked with schools, municipal authorities and civil society to highlight the historic discrimination against indigenous women in the region, and to implement affirmative action that supports their equal participation. An example is a project to aid

IDPs to reduce the risks of their communities' extinction by solving conflicts, strengthening community empowerment, reconstructing cultural identity and supporting relocation.

» UNHCR **Iraq** led a collaborative urban profiling exercise of refugees, IDPs and the host community that provided data on different ethnic groups, including minority groups. The exercise analysed results in areas such as access to services, education and social cohesion. The aim was to build an evidence base for policy and practice and present recommendations to the concerned regional governments and humanitarian and development actors.⁴⁸ Similarly, UNHCR's **Regional Office in South-Eastern Europe** reported on an office that conducted an IDP profiling survey to strengthen cooperation among relevant actors to improve identification of the needs and capacities of IDPs, including minority peoples.

» In **Nigeria**, community-based protection committees included IDP minorities from different ethnic and religious groups. The committees conducted awareness raising sessions among community members on peace-building principles and strengthened self-protection mechanisms. Twenty-five separate projects were implemented to strengthen peaceful coexistence among community members. The community-based protection committees also benefitted from regular capacity building activities.

» The UNHCR **Regional Office in South-Eastern Europe** addressed the problem of poor school attendance among IDP Roma children by supporting activities that promoted the community's social inclusion. Additionally, parents were informed of their obligation to enrol their children in school and provided with information and assistance. This resulted in 51 children being enrolled in the pre-school programme. The children and their parents received follow-up support from project assistants and volunteers, who helped build relationships with teachers, assisted parents with medical check-ups and in obtaining birth certificates, taught effective study skills, provided snacks and school materials and made regular home visits to consult with the parents.

47 UNHCR Regional Bureau for Europe, e-mail message to author, May 18, 2017.

48 UNHCR et al., Displacement as challenge and opportunity Urban profile: Refugees, internally displaced persons and host community Erbil Governorate, Kurdistan Region of Iraq (Erbil: UNHCR, 2016). http://www.jips.org/system/cms/attachments/1130/original_ErbilUrbanProfilingApril2016English.pdf



2.6 Children

Key trends that emerged from the analysis of UNHCR's work with children in 2016 are:

- » In 2016, half of the refugee situations that reported in this area showed improvements in non-discriminatory access to national child protection systems and social services, while 40 per cent maintained levels achieved earlier. UNHCR also increased the proportion of unaccompanied or separated refugee children (UASC) covered by best interests procedures⁴⁹ in 35 refugee situations.⁵⁰
- » In 2015, some 112,305 asylum claims were lodged by UASC in 83 countries, the highest recorded number since UNHCR started collecting this data in 2006.⁵¹
- » Global statistics estimate that for every 10 refugee boys in primary school there are fewer than eight refugee girls; at secondary school that drops to fewer than seven refugee girls for every 10 refugee boys.⁵²

“To protect children on the move, a better understanding of why they move and what pushes them, their families and their communities to seek safety and survival by crossing borders is required. Children themselves can provide these answers if they are listened to.”

UNHCR, High Commissioner's Dialogue on Protection Challenges

Operations state that the most commonly cited challenges that children and UASC face were related to accessing and continuing education; the risk of abuse, neglect, violence and exploitation; and birth registration.

Education

Children faced numerous barriers to gaining access to and continuing with their education. Some of the most commonly cited barriers in UNHCR's AGD reporting included:

- » Bullying and harassment in and on the way to school.
- » Security concerns, including SGBV and the kidnapping of girls.
- » Distance to school in both camp and out-of-camp settings.
- » Not speaking the language of instruction.
- » Overcrowding in schools.
- » Limited scholastic materials such as books.
- » Inability to afford the cost of school fees, uniforms and/or supplies.
- » Child labour, household duties and caregiver responsibilities.
- » Lack of documentation, such as national identification cards needed for enrolment.
- » Shortage of qualified and motivated teachers.

To address these barriers, UNHCR collaborated with partners to design, implement and advocate for improved access to education for primary school-aged children. One example is the partnership with Educate a Child (2015-2018), which

49 More information on best interests procedures is available at <https://emergency.unhcr.org/entry/44309/best-interests-procedure-for-children>. A best interests procedure has two components: a best interests assessment (BIA), and a best interests determination (BID).

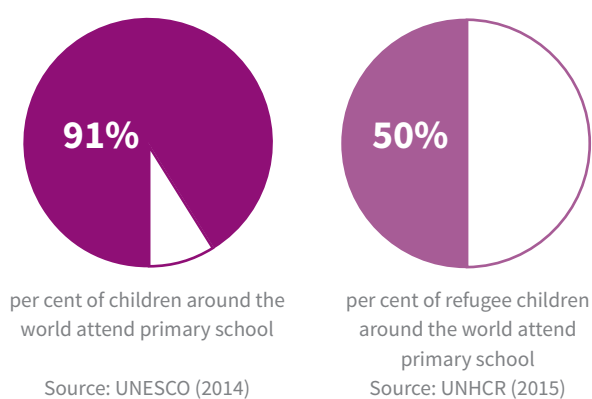
50 UNHCR, 2016 *Global Strategic Priorities Progress Report* (Geneva: UNHCR, 2017). <http://reporting.unhcr.org/sites/default/files/2016%20Global%20Strategic%20Priorities%20Progress%20Report.pdf#page=15>

51 UNHCR and Eurostat (Eurostat data last updated on 21 September 2016). 2015 data has been updated since the publication of UNHCR's *Global Trends: Forced Displacement in 2015*, to include asylum applications made in Belgium and Italy, and to update the figure for Germany. <http://www.unhcr.org/583d8e597>

52 Latest available data is for 2015 and is drawn from UNHCR, *Missing Out: Refugee Education in Crisis* (Geneva: UNHCR, 2016), 43. <http://www.unhcr.org/the-struggle-for-equality.html>

aims to enrol some 448,000 out-of-school children in primary education across 14 operations in 12 countries. UNHCR was able to expand access to education for out-of-school children in 2016, enrolling 263,379 children in primary education. The high numbers of out-of-school children are attributable in large part to unexpected influxes of refugees in several countries.⁵³

Figure 4: Primary Enrolment Rates for Children and Refugee Children⁵⁴



UNHCR's AGD reporting also indicated that factors such as gender, ethnicity, race, socio-economic status and national origin were additional obstacles to education for many children. For example, girls encountered numerous hurdles in the way of attending and staying in school, including responsibilities for household chores and child care as well as family restrictions on attending school, sexual harassment and child marriage. UNHCR operations undertook a wide range of activities to address these gender-related barriers. In **Chad**, UNHCR collaborated with its partners and the Government to undertake sensitization activities and organized extra courses for out-of-school girls. UNHCR **Côte d'Ivoire** provided material support (e.g. school kits and clothing) to girls, while the **Turkey** operation distributed information on child marriage, domestic violence and available services and entitlements for refugees.

Some operations reported on the adverse impact discrimination based on race and national origin had on

children's education.⁵⁵ UNHCR **South Africa** reported that xenophobia and discrimination led some students to drop out of school. Non-Syrian and non-Iraqi families in **Jordan** reported difficulties in enrolling their children in schools because they were asked to furnish residency documents. UNHCR participated in joint advocacy with the Government of Jordan to enable these children to register for school using their UNHCR Asylum-Seeker Certificate.

Protection from Abuse, Neglect, Violence and Exploitation

Forcibly displaced and stateless girls and boys continued to be exposed to numerous risks to their safety and physical and emotional well-being. They included child marriage, physical abuse, neglect, sexual abuse and harassment, child labour and recruitment by armed groups. In **Lebanon**, for example, children as young as eight reported that their families forced them to work, where they were consequently exposed to violence. UNHCR operations such as **Bangladesh** and **Iraq** noted that some families resorted to child marriage to ease their financial burdens, while in **Mali** UNHCR reported that families used child marriage to protect their daughters from unplanned pregnancies.

Operations implemented numerous measures to prevent and respond to the wide range of protection risks children encountered. These included supporting child welfare committees and clubs for children and youth; engaging community volunteers to identify children at risk and facilitate recreational/psychosocial support activities; supporting learning and recreational activities, including through sports; as well as providing psychosocial support services, including by using art activities to identify protection issues. For example, UNHCR **Iraq** reported working with partners to provide 10,402 Syrian refugee and asylum-seeking children with psychosocial support and structured activities in mobile and static child friendly spaces. **Rwanda** reported implementing projects designed to empower children and youth in various camps (e.g. Kung-Fu classes and mentorship schemes).

A few examples of UNHCR's field practices in 2016:

53 UNHCR, *Internal report on Educate a Child for 2016* (Copenhagen: UNHCR, 2017)

54 UNHCR, *Missing Out: Refugee Education in Crisis* (Geneva: UNHCR, 2016), 8. <http://www.unhcr.org/the-struggle-for-equality.html>

55 Discrimination and marginalization of ethnic minorities and indigenous peoples also affected school attendance and is covered in more detail in the section entitled, 'Minorities and Indigenous Peoples' in Chapter 2.



A 12-year-old refugee boy practices writing in French and Arabic while his 7-year-old brother attempts a headstand in the apartment they live in with their parents and two other brothers in north Lebanon. © UNHCR/Dalia Khamissy/2016

» UNHCR **Lebanon** has initiated a specialized refugee outreach volunteer programme to capitalize on the talents and skills of refugees in Lebanon and to expand the capacity of the case management system. Child protection outreach volunteers (OVs) work on a voluntary basis with UNHCR child protection partners to provide outreach services to the refugee community. The child protection OVs are based in community, education and registration centres as well as other locations that provide services for refugees. They conduct information sessions, identify children at risk, conduct home visits and help families and children to access services directly or by guiding them to community centres providing more specific services. The OVs also support low risk UASC cases with problem solving, referrals and information. The child protection OVs have become a crucial part of the child protection case management teams.

» In **Nepal**, various community-based organizations managed the operation of drop-in centres that provide child care, support early childhood development and assist

children with disabilities. UNHCR also coordinated with the relevant government offices and civil society organizations to ensure children’s access to protection services in the host community.

» In the **Syrian Arab Republic**, UNHCR established 35 children’s clubs with more than 500 members in schools. The clubs are comprised of children and youth. In addition, 12 child welfare committees were established to support the well-being of children and young people by promoting positive coping mechanisms in collective shelters and host communities. UNHCR also established more than 60 child-friendly spaces in community centres, schools and collective shelters where more than 404,492 children benefited from social and recreational activities.

Unaccompanied and Separated Children

UNHCR operations reported UASC were exposed to numerous threats, including arrest and detention; smuggling and trafficking; psychological distress related to separation from family members; and SGBV and abuse. UNHCR continued to

provide support to UASC by strengthening case management procedures; monitoring shelters and reception centres; engaging in strategic litigation; advocating for an end to the detention of all children, including UASC;⁵⁶ and promoting and developing alternatives to detention.⁵⁷

UNHCR continues to collaborate closely with States to strengthen policies and practices in relation to UASC. For example:

(i) In the European Union, UNHCR is collaborating with governments and civil society on a “*Roadmap to Strengthened Policies and Practices for UASC*”, for which extensive consultations were conducted in 2016.

(ii) Also in the EU, UNHCR continues to work with states on the recommendations made in “*Safe and Sound*” (2014), for which specific roundtables with governments in Northern Europe were organized in 2016.

(iii) In **Mexico**, UNHCR cooperated with the Government to strengthen best interests determination (BID) procedures for UASC as part of the enactment of the Child Rights Law and Regulations, which create a National Child Protection System with a new Federal Office for the Protection of Children’s Rights.

UNHCR is also working with governments to strengthen community-based care arrangements for UASC, including as an alternative to detention, in many countries. Examples include:

(i) **Jordan**, where UNHCR worked with the Ministry of Social Development to formalize guidelines and procedures for alternative care for UASC; and

Box 5: High Commissioner’s Dialogue on Protection Challenges

The 2016 UNHCR High Commissioner’s Protection Dialogue, which was organized around the theme of “*Children on the Move*”, brought together child protection experts, States, intergovernmental organizations, civil society, humanitarian and academic partners and youth representatives. The focus on the theme of *Children on the Move* highlights UNHCR’s continued commitment to addressing and bringing greater international focus on the protection and solutions needs of such children. During the Dialogue, strengthening the response to children on the move was acknowledged as life-saving, multi-sectoral and involving multiple actors (States, civil society, international organizations, the private sector and affected populations and children). UNHCR will take forward the recommendations from the High Commissioner’s Dialogue, most notably (i) ensuring that children on the move are treated as children first, regardless of their migration status; (ii) ending immigration detention for children; (iii) ending childhood statelessness; (iv) finding solutions for children on the move; (v) strengthening national child protection systems; (vi) ensuring that children and youth have access to quality education programmes; and (vii) improving data on children and youth on the move.

(ii) **Rwanda**, where it explored opportunities to formalize customary care arrangements for Congolese refugees in Rwanda in line with national systems.⁵⁸

A few examples of UNHCR’s field practices from 2016:

» As part of the regional initiative, “*Live, Learn and Play Safe (2014-2016)*”, UNHCR **Ethiopia** strengthened best interests procedures and service provision, improving the well-being of individual UASC as well as the overall child protection response. UNHCR was able to conduct best interests procedures for 100 per cent of UASC in Shire through the innovative process of integrating the refugee registration process with a best interests assessment (BIA) interview, with all data captured in *ProGres*, UNHCR’s registration database. UNHCR was also able to increase the number of children living in foster care and with relatives by 10 per

56 For updates on UNHCR’s progress in implementing the Beyond Detention global strategy, see UNHCR, *Progress Report Mid-2016. Beyond Detention: A Global Strategy to support governments to end the detention of asylum-seekers and refugees – 2014-2019* (Geneva, UNHCR, 2016). <http://www.unhcr.org/en-us/protection/detention/57b579e47/unhcr-global-strategy-beyond-detention-progress-report.html>

57 For examples of challenges and support specific to UASC in Europe, see UNHCR, *Briefing Note - Unaccompanied and Separated Children in Europe* (Geneva, UNHCR, 2016), 4-5. <http://www.unhcr.org/ngo-consultations/ngo-consultations-2016/Europe-Bureau-Briefing-Note.pdf>

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

cent through the introduction of a cash-based support programme targeting relatives and foster caregivers in a programme designed by community groups and UASC themselves. Children in family-based care were 20 per cent less likely to engage in onward movement than UASC in other forms of care, reducing their risk with regards to smuggling and trafficking.

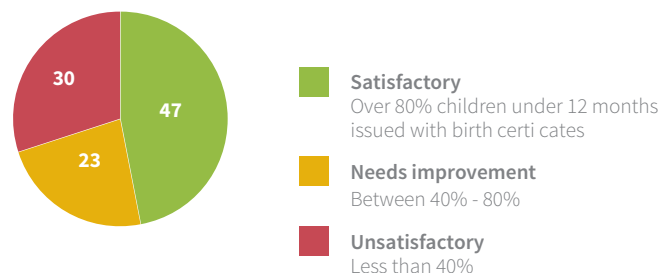
- » In **Iceland**, the Children’s House (“Barnahus”) model – described as a child-friendly, interdisciplinary and multi-agency response to child abuse and services for child victims – is being used with UASCs. As part of this approach, children are interviewed by a psychologist and only need to tell their stories once. Initial results are promising, and a review will be carried out in 2017.⁵⁹
- » UNHCR **Libya** accelerated registration for vulnerable groups such as UASC, while UNHCR **Panama** provided technical support to strengthen national authorities’ ability to coordinate and draw from common standards and procedures when undertaking BID.
- » In the context of RSD, the **Regional Office for Southern Latin America** advocated for the adaptation and implementation of a regional guide to ensure appropriate care and protection arrangements were in place for asylum-seeking UASC.

Nationality and Birth Registration

UNHCR operations highlighted barriers that parents faced in obtaining birth certificates for their children and interventions aimed at ensuring all children were registered at birth. The barriers include onerous requirements for documentation by civil registries (including legal stay), fees for birth registration, costs and security issues associated with travelling to civil registries, and limited capacity among governments to issue documentation. Operations also drew attention to instances where nationality laws, which do not grant women equality with men in conferring nationality on their children, resulted in

statelessness. To address these challenges, UNHCR operations engaged in community awareness raising; advocated for reform of laws and administrative procedures; collected and analysed disaggregated refugee and birth registration data; helped build government capacity and, in some cases,

Figure 5: Birth Registration⁶⁰



intervened directly on behalf of persons of concern.

For example, UNHCR **Tanzania** responded to the Government’s request for support in facilitating a birth registration project, including through printing of birth certificates and payment of associated costs. UNHCR’s coordinated regional strategy in connection with the Syrian refugee situation included numerous innovative approaches to ensure every child’s birth was registered. As a result, the percentage of **Syrian** refugee children born in the region without birth documentation has declined from approximately 35 per cent in 2012 to 3 per cent in 2016.⁶¹ In October 2016, UNHCR and the League of Arab States jointly convened a Regional Expert Meeting on Belonging and Legal Identity, with the objective of highlighting innovation and reform in the protection of children.⁶² At the end of 2016 UNHCR and the United Nations Children’s Fund (UNICEF) co-launched the Coalition on Every Child’s Right to Nationality, a scheme to introduce joint pilot projects on nationality for children in more than 20 countries.⁶³

59 The Government Agency for Child Protection, Iceland, *Barnahus- Children’s House: a child-friendly, interdisciplinary and multiagency response to child abuse and services for child victims* (Brussels: BVS, 2015). http://ec.europa.eu/justice/fundamental-rights/files/rights_child/9th_b_gudbrandsson.pdf

60 UNHCR, 2016 *Global Strategic Priorities Progress Report* (Geneva: UNHCR, 2017). <http://reporting.unhcr.org/sites/default/files/2016%20Global%20Strategic%20Priorities%20Progress%20Report.pdf#page=11>

61 UNHCR, *In Search of Solutions: Addressing Statelessness in the Middle East and North Africa* (Geneva: UNHCR, 2016). <http://www.refworld.org/docid/57dbdaba4.html>

62 UNHCR and the League of Arab States, Regional Expert Meeting, “Our Children, Our Future: Belonging and Identity”, (Cairo – Arab Republic of Egypt, 17-18 October 2016). <http://www.unhcr.org/regional-expert-meeting-on-belonging-and-legal-identity-in-the-arab-region.html>

63 UNHCR and UNICEF, “Coalition on Every Child’s Right to a Nationality.” www.unhcr.org/ibelong/unicef-unhcr-coalition-child-right-nationality/



2.7 Youth

Key trends that emerged from the analysis of UNHCR's work with youth in 2016 are:

- » The outcome of the Global Refugee Youth Consultation (GYRC) process – *Seven Core Actions for Refugee Youth* – is a new framework to help humanitarian actors shape youth-specific policies, guidance and programmes.⁶⁴
- » UNHCR supports youth in the realization of their full potential by exploring ways to expand skills training and opportunities to obtain livelihoods and education, especially at the secondary and tertiary levels. For those who have missed out or dropped out of education, UNHCR seeks to provide non-formal and accelerated learning.
- » The UNHCR Youth Initiative Fund is one way the agency is working to transform how it works with and for young people. By partnering with young people to develop youth-led projects that contribute to their communities, UNHCR is transferring power back to youth and supporting them to be active protection actors and leaders.

“Youth should be helped to make their own decisions – the perception is that they cannot make decisions.”⁶⁵

Youth participant, Global Refugee Youth Consultations.

Operations state that the most commonly cited challenges that youth face were related to participation, access to post-primary and non-formal education and access to livelihoods opportunities.

Participation

UNHCR operations indicated in AGD reporting that youth put a high priority on participation. For instance, the 1,500 young people who participated in the GRYC – conducted by UNHCR in partnership with the Women's Refugee Commission, states and civil society organizations – emphasized the importance they gave to meaningfully engaging in decision-making processes and having opportunities to develop their leadership potential. Youth participation is at the heart of the Seven Core Actions for Refugee Youth identified in the final

GRYC report.⁶⁶ Participatory assessments conducted with youth also reflected the same emphasis on the need to expand opportunities for youth to participate and be represented in community structures.

For example, UNHCR **Afghanistan** reported that returnee youth felt they had no opportunity to make contributions to their community, owing in part to a lack of educational and employment opportunities. UNHCR collaborated with its partners in the country to help youth groups contribute to decision making in their communities and raise awareness of their rights. Young people took part in activities to raise awareness on SGBV prevention and response, formed youth groups for the monitoring and quality assurance of humanitarian and development activities, were involved in registering formal youth associations, organized the celebration of international women's events and supported women's community centres. A youth association of 20 members in Kabul participated in rights awareness sessions that enabled it to conduct community campaigns to prevent SGBV.

⁶⁴ UNHCR, *We Believe in Youth – Global Refugee Youth Consultations, Final Report* (Geneva: UNHCR, 2016). <http://www.unhcr.org/57e1126e7.html>

⁶⁵ *ibid.*

⁶⁶ *ibid.*



Morsal, 19, attends a decorative wood work class in Varamin, a city South East Tehran. Morsal dreams of becoming a midwife and returning to Afghanistan to work in a hospital. © UNHCR/Sebastian Rich/2015

Education

In their AGD reporting, UNHCR operations consistently identified the importance young people placed on education and other learning opportunities, and the barriers they faced in pursuing these goals. Among these barriers were the lack of opportunities for post-primary education, especially formal secondary education. Among the 2.5 million refugee adolescents of secondary age worldwide, nearly two million do not attend secondary school. This is particularly true for girls: for every 10 boys in secondary school there are fewer than seven girls.⁶⁷ Access to non-formal programmes such as accelerated education for youth who are out of school or who dropped out of primary education and are now overage is also highly limited. Other impeding factors are the prohibitive cost of tuition, especially at the post-primary level; corporal punishment; a shortage of teachers; forced marriage among young women; lack of family income, requiring youth to contribute to household earnings; and insecurity and discrimination in and around school. The confluence of these

issues limits access to education and learning opportunities for youth of all genders.

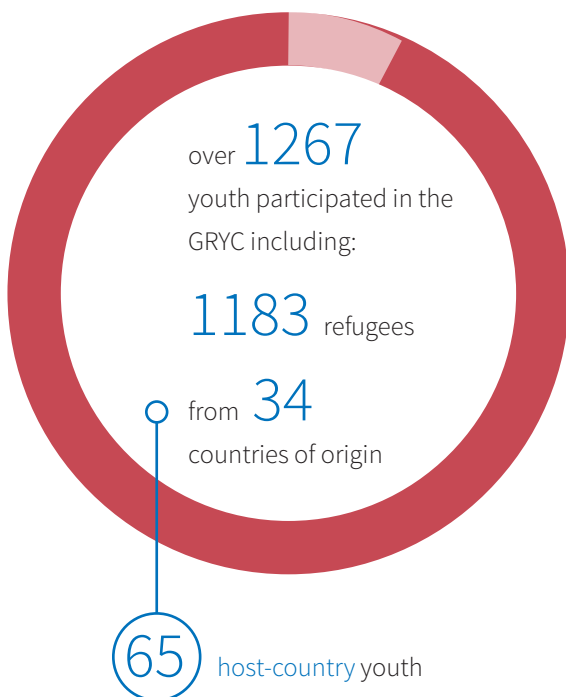
One way UNHCR is tackling the problem is through the Albert Einstein German Academic Refugee Initiative (DAFI) which has allowed more than 4,300 students in 37 countries to gain access to higher education through scholarships. Some 2,573 scholarship recipients were newly enrolled in 2016, representing an 89 per cent increase in the numbers of students from the previous year.⁶⁹ But in spite of the considerable opportunity DAFI scholarships open up for participants, higher education continues to be out of reach for many refugee youth. To address these gaps, UNHCR is exploring the use of innovative learning programmes, such as connected learning, by collaborating with universities, education-focused organizations and donors.⁷⁰

Livelihoods

UNHCR operations' AGD reporting on youth highlighted the importance of vocational training and livelihoods opportunities. This mirrors the priority of access to livelihoods opportunities formulated by youth in the second of the Seven Core Actions for Refugee Youth – Recognize, utilize, and develop refugee youth capacities and skills.⁷¹ Operations reported on the many factors that limit livelihood opportunities for youth, including the absence of vocational centres in rural and remote areas; the cost of transportation to training centres; and limited job opportunities even after completion of studies. UNHCR **South Africa** highlighted how xenophobic attacks inflicted harm on youth and their families: some youth reported having to drop out of school to help support their families after attacks and identified the looting of businesses as a serious threat to their livelihoods. The **Uganda** operation indicated that some young women faced pressure from their families and partners to engage in sex work as a way of contributing to household income.

UNHCR worked to address some of the challenges young people faced in securing safe livelihoods. For example, the **Azerbaijan** operation reported that the UNHCR Refugee

Figure 6: GRYC Participants⁶⁸



67 UNHCR, *Missing out: refugee education in crisis*, (Geneva: UNHCR, 2016), 43. <http://www.unhcr.org/missing-out-state-of-education-for-the-worlds-refugees.html>

68 *ibid.*

69 UNHCR, Internal documents from the Education Unit at UNHCR headquarters in Copenhagen. The increase was mainly due to the German Ministry of Foreign Affairs; the main DAFI programme donor, additional contributions to support Syrian refugee students in MENA region as well as Afghan refugee students in Asia and refugee students in Sub-Saharan Africa.

70 *ibid.*

Women and Youth Centre served as a social and educational facility. The centre not only alleviated young women's' social isolation, but also enabled them to gain access to vocational training. Bi-monthly meetings with refugee women and girls were organized so they could have a safe space to discuss their problems and understand their rights.

A few examples of UNHCR's field practices in 2016:

» In **Costa Rica**, UNHCR and a partner agency supported a youth-led group, "Pura Vida", formed by 35 adolescents, some of whom had been in Costa Rica for up to eight years. The group aims to provide emotional support to young people by encouraging their participation in activities, healthy dialogue and by defusing negative emotions through art and sport. "Pura Vida" drew from the expertise and support of artists in fields such as free dance and theatre and others, who have been mentoring the sessions. The group conducts sports competitions and tours of parks and areas of interest, besides encouraging participation in community initiatives where artists and performers showcase their talents. The group is now seeking collaboration with volunteers, a major museum and a bank as well as the Vice-Ministry of Youth and other NGOs to expand its work.

» UNHCR supported Eritrean, Libyan, Palestinian, and Somali refugees, among others, in founding the first youth refugee-led NGO in **Malta** – Spark 15. The group's goal is to advocate for social inclusion and encourage other young refugees to become active agents for societal inclusion in

Box 6: Need to support refugee youth physical and emotional well-being

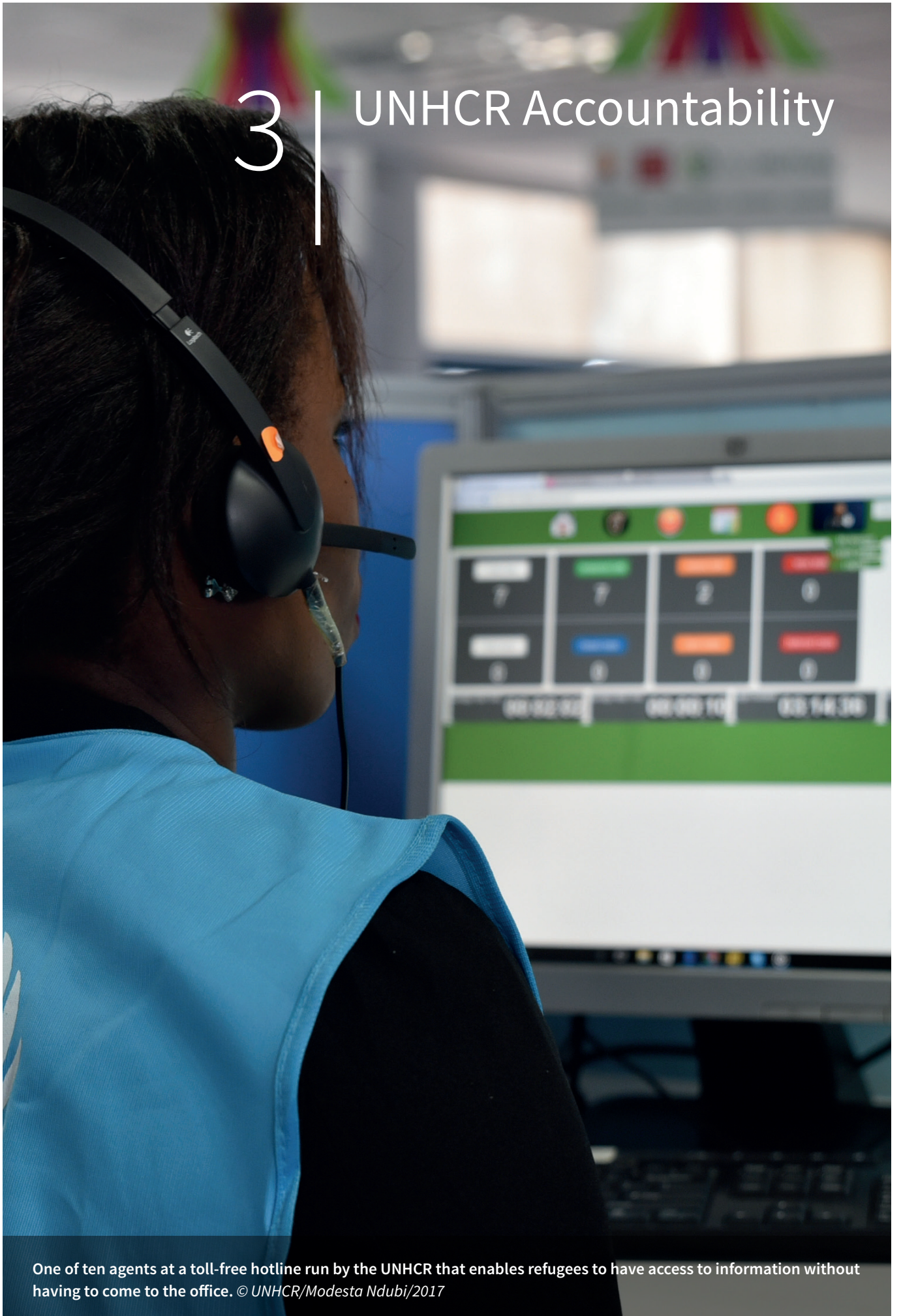
Two operations reported on suicide and other incidents of self-harm resulting in the deaths of young refugees and asylum-seekers in a major refugee resettlement country in northern Europe and in a major refugee hosting country in East Africa. One operation cited that young refugees face especially serious psychosocial concerns related to past exposure to difficult events, as well as their separation from family members during a formative stage of their development. Another operation reported that young people felt "unwell" due to past exposure to trauma, prolonged waiting times in the asylum procedures, great uncertainty about the outcomes of the asylum process and prospects of family reunification. The gravity of such incidents is a sobering reminder of the need to support the physical and emotional wellbeing of adolescents and youth. Refugee youth stressed the importance not only of physical but also emotional, psychological and spiritual well-being, which is reflected in the fourth of the Seven Core Actions for Refugee Youth.

Malta and beyond.⁷² It was formally inaugurated in March 2017 with an opening speech by the President of Malta, Her Excellency Ms. Marie-Louise Coleiro Preca. During the launch, Spark 15 released a video which highlights the daily challenges confronting young refugee refugees in Malta, especially in finding work and educational opportunities. (To view the video, see the link in the footnotes below.)

71 UNHCR, *We Believe in Youth – Global Refugee Youth Consultations*, Final Report (Geneva: UNHCR, 2016). <http://www.unhcr.org/57e1126e7.html>

72 UNHCR, *Spark 15: The first youth refugee-led NGO* (Geneva: UNHCR, 2017). <http://www.unhcr.org/mt/news-and-views/press-releases/850-spark-15-the-first-youth-refugee-led-ngo>

3 | UNHCR Accountability



One of ten agents at a toll-free hotline run by the UNHCR that enables refugees to have access to information without having to come to the office. © UNHCR/Modesta Ndubi/2017

This chapter focuses on the work UNHCR undertakes to hold itself accountable to persons of concern. Accountability is central to the organization's mandate and is instrumental to achieving results that have a positive impact on women, men, girls and boys of concern. In 2016 UNHCR developed an accountability statement and began broad consultation on the content of an accountability policy to be issued in 2017. UNHCR also co-chaired the IASC Task Team on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse.

AGD reporting provided examples of how UNHCR held itself answerable to persons of concern on the relevance, quality, effectiveness and impact of all protection, assistance and solutions interventions and services. AGD reporting also highlighted actions taken by senior managers to uphold their responsibility to ensure that accountability to persons of concern was integrated throughout the operations management cycle. Finally, this chapter also addresses activities undertaken to ensure the protection from sexual exploitation and abuse, in line with UNHCR's Code of Conduct⁷³ and the United Nations Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Abuse.⁷⁴

Senior Management

Steps taken by senior management to lead AGD policy implementation and support of staff and partners in implementing the approach included:

- » **Engaging in advocacy:** Country representatives reported on internal and external advocacy actions to promote AGD in various forums. For example, one representative sought to advance the AGD approach in UN and other partners' programmes by involving them in annual participatory assessments. The representative also deployed staff with relevant expertise to inform partners and build capacity.
- » **Meeting with and intervening on behalf of persons of concern:** Country representatives reported meeting with diverse persons of concern during the participatory assessment process through home visits and field missions to gain a better understanding of protection

issues and gather feedback. One representative reported meeting with public security representatives at ministerial, provincial and municipal levels to seek their collaboration in providing refugees with needed documentation.

- » **Providing guidance and oversight:** Country representatives advanced implementation of the AGD policy through meetings with heads of units and management to review priorities centred on persons with specific needs. One representative personally consulted with national project staff to solicit their views on UNHCR's responses, while another reviewed and endorsed plans for participatory assessments and provided direct guidance on implementations.

Protection from Sexual Exploitation and Abuse

UNHCR has developed guidance for field offices on PSEA. In April 2016, it sent out the protection from sexual exploitation and abuse (PSEA) Facilitators' Training Manual to support managers and PSEA focal points to raise awareness among staff, partners and community members. Included in the Facilitators' Training Manual are session designs for dialogue with women, men, girls and boys from communities of concern, including on community-based complaint mechanisms.

In October 2016, the Inter-Agency Standing Committee (IASC) published the *Best Practice Guide on Inter-Agency Community-Based Complaint Mechanisms* (CBCM) in order to provide support to humanitarian NGOs and UN agencies working directly with persons of concern.⁷⁵ The guide is used by UNHCR to reinforce its work on PSEA, and to address gaps in efforts to prevent and address cases of sexual exploitation and abuse. The guide was designed as an operational tool to ensure that persons of concern have safe and confidential access to inter-agency complaints mechanisms.

The guide builds on lessons learned from a pilot project on CBCM that was conducted in Ethiopia from 2014 to 2015. The CBCM project has now been mainstreamed and teams in **Ethiopia** collaborate across agencies to ensure that the voices of all community members are heard. The High Commissioner sent out the Best Practice Guide through an all-staff broadcast,

73 UNHCR, *Code of Conduct & Explanatory Notes* (Geneva: UNHCR, 2004). <http://www.unhcr.org/en-us/admin/policies/422dbc89a/unhcr-code-conduct-explanatory-notes.html>

74 UN Secretary-General, *Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse* (New York City: UNSG, 2003). <http://www.refworld.org/docid/451bb6764.html>

75 IASC, *Best Practice Guide on Inter-agency Community-based Complaint Mechanisms* (Geneva, 2016). https://interagencystandingcommittee.org/system/files/best_practice_guide_-_with_inside_cover_online.pdf

along with copies of the Inspector-General's brochure on how to report misconduct.⁷⁶ In addition, a multifunctional team began to develop guidelines to help field offices integrate PSEA activities into operational planning. UNHCR will develop an organization-wide strategy to reinforce its zero tolerance policy for sexual exploitation and abuse.

Operationalization of Accountability to Persons of Concern

Operations reported engaging in a number of activities to operationalize UNHCR's accountability to persons of concern in the areas of communication and transparency, participation and inclusion, feedback and response, and adaptation and learning.⁷⁷ These included providing interpreters and translating pamphlets and posters; using interactive methods of communication to facilitate the participation of children and indigenous peoples; engaging regularly with communities through meetings and focus group discussions; and carrying out community mapping to identify and include diverse community members in the participatory assessment process. Operations also reported working with refugee volunteers and community-based groups and committees, with varying degrees of training and formalization.

Some UNHCR operations adjusted programming or provided additional services, such as psychosocial or livelihoods support, in direct response to feedback from persons of concern. Operations reported using help desks, complaint boxes and mobile teams to solicit feedback from communities. They also noted gaps in feedback and response systems, including the need for child-friendly complaint mechanisms, and challenges in implementing SOPs and ensuring that complaints receive adequate and appropriate follow-up.

The following are a few examples of how UNHCR operations strengthened accountability to persons of concern in 2016:

» In order to facilitate communication between refugees and community leaders in an urban setting, UNHCR **Chad** provided 100 mobile phones to refugees who served as committee members, as well as training to support their activities. Elections were also organized to renew the community-based structures representing urban refugees.

» To facilitate communication and transparency, UNHCR **Iraq** distributed radios for use during information blackouts and carried out two-way communication activities with partners and communities in each governorate. Themes for information campaigns were selected through community engagement activities such as focus group discussions, community meetings and interviews.

» UNHCR **Israel** used feedback from the community to guide its planning and design of programmes. As a result of information obtained from meetings with women's groups in different locations, the operation created a three-year family planning programme with a new partner. Similarly, the **Sri Lanka** operation responded to women's concerns about the quality of health services by training hospital staff. Women reported that the support they received improved after UNHCR's intervention.

» UNHCR **Jordan** reported that its complaints handling mechanisms will be strengthened through an increase in human resources and training for UNHCR partner staff who handle a helpline. This was done after complaints from helpline users of slow follow-up and lack of response.

» To enable information sharing and collection of feedback from communities, UNHCR **Lebanon** increased the number of outreach volunteers from 553 in 2015 to 587 in 2016. The percentage of female volunteers also increased from 57 per cent to 63 per cent over the same period. Measures were taken to review the quality and impact of the volunteers, including issuance of an oversight note, development of a brand for the volunteer programme, launch of a review of the volunteer program, development of an outreach volunteers training curriculum and the launch of an online outreach volunteers database.

» Following a verification exercise, UNHCR **Uganda** was able to confirm the number of people with specific needs and what those needs were among persons of concern. This not only allowed for different groups of people to indicate their protection risks and needs, but also to be involved in planning for 2017. By involving refugee leaders and community members in this way, UNHCR Uganda

76 UNHCR, *How to Report Misconduct*, (Geneva: UNHCR) <http://www.unhcr.org/admin/execoffice/4a1278f06/how-to-report-misconduct.html>

77 These are the four key components or building blocks of accountability to affected populations and are drawn from UNHCR's internal documents that address accountability.

was able to determine that more than 70 per cent of the programme priorities identified by that community were under-implemented.

- » UNHCR **Ukraine** partnered with a local NGO to operate a hotline so that persons of concern could lodge complaints, as well as get referrals to services.



4 | UNHCR Capacity

A UNHCR worker hugs a Honduran woman at a local community centre that helps families deal with the effects of gang violence. © UNHCR/Tito Herrera/2016

This chapter provides an overview of UNHCR's efforts to enhance its capacity to implement the AGD policy in 2016. It focuses on areas where UNHCR works to institutionalize its AGD approach, including through staffing, workplace culture, training and the development of guidance and good practices.

Training

UNHCR offers training on the AGD approach through blended and face-to-face learning at operational level, as well globally on its online learning platform, Learn and Connect. In 2016, some 370 UNHCR staff completed the online short course on the "Age, Gender and Diversity Approach," while more than 6,000 staff completed other SGBV and gender-related online training. These included mandatory UN courses on the Prevention of Workplace Harassment, Sexual Harassment, and Abuse of Authority in the Workplace and Prevention of Sexual Exploitation and Abuse.⁷⁸ UNHCR also piloted a learning programme on community-based protection that promotes an AGD approach by focusing on how to build UNHCR staff and partner capacity to increase community engagement, including in decision-making and solutions. Online short courses on working with persons with disabilities and promoting gender equality are being developed, and UNHCR's online course on SGBV is being updated.

Numerous operations also reported that they provided training on the AGD policy to multifunctional teams comprised of stakeholders such as communities, staff, governments and partners.⁷⁹ These training and refresher sessions covered the substance of the policy and its implementation through the use of participatory assessments. As a result, participants received support and guidance in areas such as diversity considerations, the analysis of UNHCR's AGD policy implementation, the planning and implementation of participatory assessments and the reflection of participatory assessment findings in programming.

Guidance and Good Practices

UNHCR issued guidelines and good practices on how to address the needs and build the capacities of diverse community groups. The following are some examples:

- » UNHCR released refugee status eligibility guidelines that consider AGD risk profiles. For example, the guidelines for assessing the international protection needs of asylum-seekers from Honduras consider age and gender-specific forms and manifestations of persecution. It includes profiles on children and youth, women and girls, individuals of diverse SOGI, and members of indigenous, Afro-Honduran and peasant communities.⁸⁰
- » UNHCR has also taken steps to implement the AGD policy in the context of general guidance on RSD. As just one example, it has updated its RSD Procedural Standards chapter, "Interpretation in UNHCR RSD Procedures", which strengthens the requirement that, "Wherever possible, applicants should be given the option to communicate with interpreters of the sex they prefer. Each UNHCR Office should make every effort to ensure that an adequate number of competent interpreters, of both sexes, is available to meet the RSD processing requirements." The Procedural Standards indicate that where gaps in interpreter resources exist, priority must be given to "requests for interpreters by applicants with specific needs or vulnerabilities, including children, survivors of torture, persons with physical and mental disabilities, and individuals with diverse SOGI."⁸¹
- » The UNHCR Review of Gender Equality in Operations was published in 2016. It followed a survey, key informant interviews and assessment missions to collect and analyse data from 73 UNHCR⁸² operations. The review documents good practices and challenges in the five areas prioritized in UNHCR's Commitments to Refugee Women (2001), as

78 This figure represents the number of staff who have completed training on: the UN Module on the Prevention of Harassment, Sexual Harassment, and Abuse of Authority in the Workplace; UNHCR's online course on Preventing Sexual Exploitation and Abuse and Sexual and Gender-Based Violence; and the IASC tool, Women, girls, men and boys: different needs – equal opportunities.

79 A multifunctional team is, at a minimum, composed of protection, programme and community service staff. Ideally, it should include female and male staff, both national and international and of different levels. A successful multifunctional team approach requires the strong leadership and commitment of management, especially Heads of Office, and the active engagement of all members of the team. Offices should ensure that multifunctional teams include the wider circle of actors, such as partners, governmental counterparts, NGOs, other UN agencies and donors, as appropriate. UNHCR, The UNHCR Tool for Participatory Assessment in Operations, (Geneva, 2006). Available at <http://www.unhcr.org/en-us/publications/legal/450e963f2/unhcr-tool-participatory-assessment-operations.html>

80 UNHCR, UNHCR Eligibility Guidelines for Assessing the International Protection Needs of Asylum-Seekers from Honduras, 27 July 2016, HCR/EG/HND/16/03, <http://www.refworld.org/docid/579767434.html>

81 UNHCR, UNHCR RSD Procedural Standards - Interpretation in UNHCR RSD Procedures, 2016, <http://www.refworld.org/docid/56baf2634.html>

82 UNHCR, UNHCR Review of Gender Equality in Operations (Geneva; UNHCR, October 2016), <http://www.refworld.org/docid/57f3b5c14.html>

well as other key areas of UNHCR's work such as RSD, public health, shelter, education and solutions. The review also addresses UNHCR's internal capacity on gender equality. The aim of the review is to improve the organization's capacity to integrate gender equality systematically and consistently across its work.

- » UNHCR completed the research and validation of a report on seven gender equality promising practices in the MENA region focusing on Syrian refugees in Egypt, Jordan, Lebanon and Turkey.
- » UNHCR's MENA Protection Service in Amman, Jordan commissioned a study on the prevalence of sexual violence against Syrian refugee boys and men and held a regional capacity building workshop on working effectively with male SGBV survivors. The training module was acknowledged as a replicable good practice and will be launched globally in cooperation with the UNHCR Global Learning Centre.
- » UNHCR is strengthening its system of gender focal points. This included mapping existing gender and AGD focal points across the agency; conducting a desk review and interviews with other UN agencies to learn from their experiences; and working with the UNHCR Global Learning Centre to develop a blended learning programme for gender focal points.
- » UNHCR has begun to update its *Sexual and Gender-Based Violence Against Refugees, Returnees and Internally Displaced Persons - Guidelines for Prevention and Response* (May 2003) to improve SGBV-prevention tools and strengthen programme implementation.
- » UNHCR developed an online community-based protection community of practice, and released field guidance to improve community outreach work, promote the use of community centres, and strengthen staff capacity to communicate effectively and respectfully with persons of concern.⁸³

- » In the context of statelessness, UNHCR's *Guidance Relating to Programming Statelessness in the Operations Plans* provides practical tools to aid implementation of the Global Action Plan to End Statelessness.⁸⁴ This includes guidance on Action 2, to ensure that no child is born stateless, and Action 3, to remove gender discrimination from nationality laws.

Staffing and Workplace Culture

UNHCR works to achieve gender balance and diversity among its staff and deployees through various means, including:

- » **Development and dissemination of strategies and frameworks:** UNHCR launched a report, *Framework for the Future: Gender Equity, Diversity and Inclusion in Staffing in UNHCR*, which was the summary of the review of the 2007 Policy on Achieving Gender Equity in UNHCR Staffing conducted by a senior consultant.⁸⁵ The review identifies five key areas as hampering progress toward greater diversity, gender equity and greater inclusivity in UNHCR, and provides numerous practical recommendations on how to move forward to address these areas. Driven by the UNHCR Division of Human Resource Management (DHRM), the 5-year People Strategy and detailed Implementation Plan map a cultural shift and complete overhaul in the organization's leadership and management approach.⁸⁶ The People Strategy also includes many of the recommendations included in the Framework for the Future report. Meetings were held with most of the heads of bureaux and divisions to discuss inclusion and diversity in their areas of responsibility and test proposals on implementation of the Framework for the Future recommendations. In addition, UNHCR's Global Learning Centre undertook a review of leadership and management programmes to determine where input on inclusion and diversity needed to be strengthened or introduced. The revision of the core and functional programmes will include the development of behaviours that promote, support and reinforce inclusion and diversity.

83 UNHCR, "About Community-Based Protection," Accessed on June 13, 2017, <http://www.unhcrexchange.org/topics/15192/contents/188477>

84 UNHCR, Internal document, *Guidance Relating to Programming Statelessness in the Operations Plans* (Geneva: UNHCR, 2016).

85 Bond, S., *Framework for the Future: Gender Equity, Diversity and Inclusion in Staffing in UNHCR*, (Geneva: UNHCR, 2015). <http://www.unhcr.org/en-us/excom/standcom/576ba8057/framework-future-gender-equity-diversity-inclusion-staffing-unhcr.html>

86 UNHCR, *UNHCR's People Strategy 2016-2021 In Support of Those We Serve* (Geneva: UNHCR, December 2015). <http://www.unhcr.org/55f97a9f9.pdf>

Figure 7: Ratio of female and male UNHCR staff in 2016⁸⁷

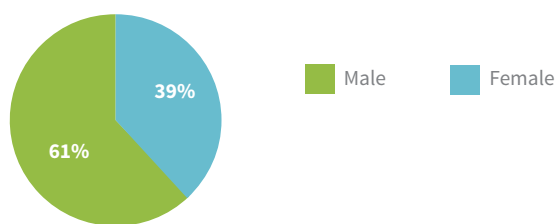


Figure 8: Percentage of female and male UNHCR staff in 2016 by grade⁸⁸

Grade	Male	Female	Total
INTERNATIONAL			
USG/ASG	75%	25%	4
D2	52%	48%	27
D1	54%	46%	96
P5	56%	44%	237
P4	56%	44%	774
P3	60%	40%	1196
P2	47%	53%	539
P1	60%	40%	5
JPO	23%	77%	62
FS5	61%	39%	31
FS4	100%	0%	1
LOCAL			
ND	63%	38%	8
NC	47%	53%	59
NB	50%	50%	214
NA	56%	44%	472
G7	46%	54%	515
G6	57%	43%	2297
G5	52%	48%	1660
G4	58%	42%	1011
G3	93%	7%	317
G2	98%	8%	1279
G1	57%	43%	21
1A	100%	0%	1

87 UNHCR, Internal document, *Gender and Diversity Dashboard as at December 2016* (Geneva: UNHCR, 2017).

88 Data as at December 2016. DHRM, e-mail message to author, May 15, 2017.

» **Hiring and engagement of staff for an inclusive culture:**

UNHCR hired a Senior Advisor on Inclusion, Diversity and Gender Equity to lead the implementation of the recommendations from the Framework for the Future review report. A call also went out to invite expressions of interest from staff to join a Challenge Team on Inclusion, Diversity and Gender Equity. The Challenge Team will be a resource for both senior management and DHRM, and will be expected to contribute new perspectives to help create a shift towards a more inclusive culture. In addition, a UN-GLOBE Coordinator is under recruitment. UN-GLOBE is a staff group representing LGBTI staff members of the UN system and its peacekeeping operations. This will be the first time UNHCR has had a nominated individual to act as a bridge between our LGBTI colleagues, UN-GLOBE and UNHCR management. This appointment will enhance the development of human resource policies and practices that take better account of staffing issues relating to SOGI.

» **Leadership from senior and executive management:**

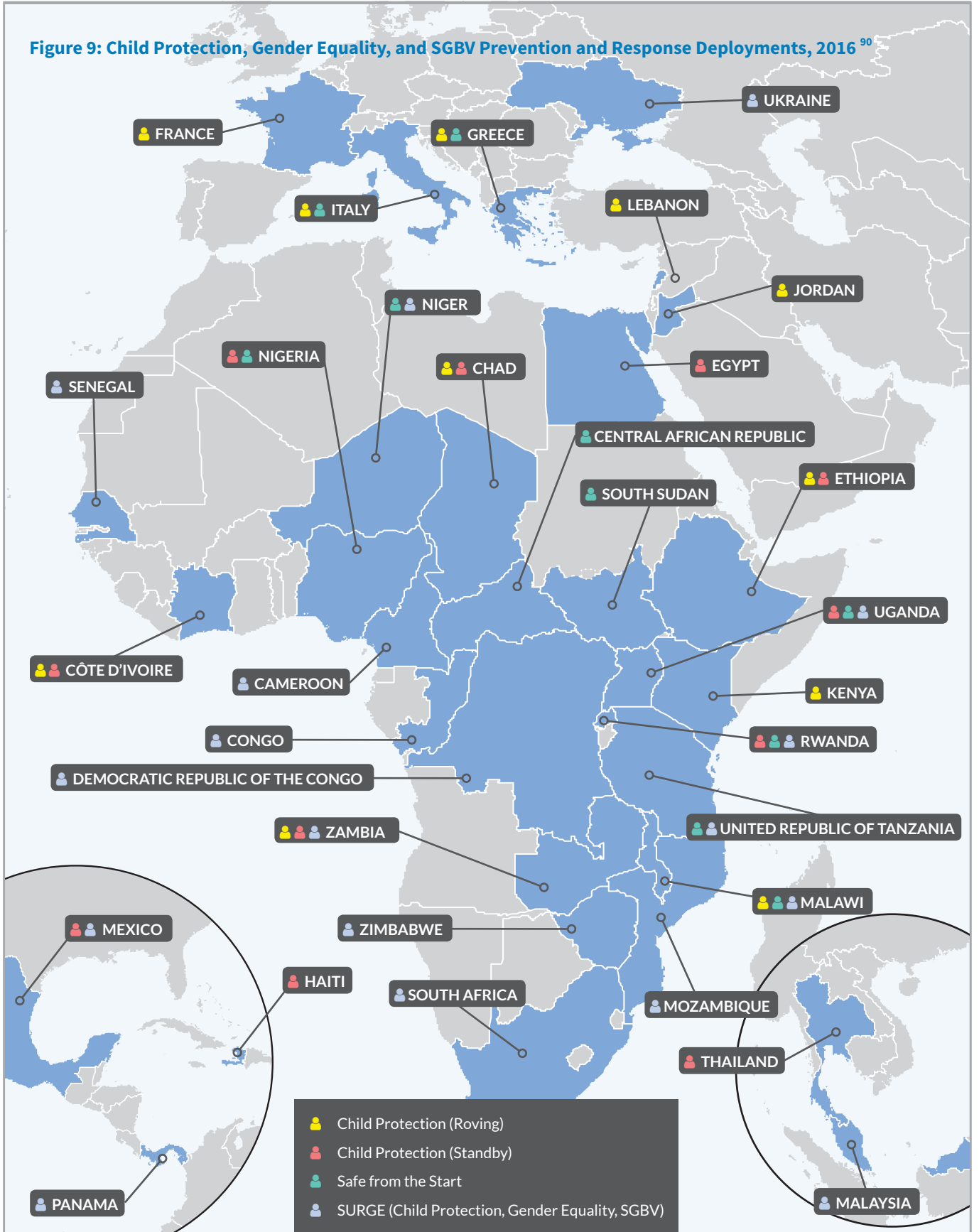
The UNHCR Senior Management Group on Inclusion, Diversity and Gender Equity, led by the Deputy High Commissioner, will oversee the implementation of the recommendations from the Framework for the Future report. In addition, the High Commissioner has committed to upholding the values of the International Gender Champions,⁸⁹ a network of leaders working to generate momentum at the highest levels for the promotion of gender equality.

» **Collection of data through research and surveys:**

UNHCR undertook in-depth analysis to disaggregate the diversity profile of the UNHCR workforce across the organization, looking at gender and geographic diversity. An inclusion survey was also conducted at the end of 2016 and the results are forthcoming. The internal survey provided an opportunity for the UNHCR workforce to provide good examples of inclusive leadership as well as data on demographics, such as ethnicity and religion, not typically captured so that the organization could better understand the needs of its workforce. Finally, UNHCR continues to track staffing through an internal online Gender and Diversity Dashboard, which is accessible to all UNHCR staff.

89 "International Gender Champions," Accessed on June 8, 2017, <http://genderchampions.com/champions>

Figure 9: Child Protection, Gender Equality, and SGBV Prevention and Response Deployments, 2016⁹⁰



The system allows for tracking different grades, locations and national/international staff.

90 Data for 2016 deployments provided by Child Protection, Gender Equality, and SGBV Units in the Division of International Protection (Geneva: UNHCR, 2017).

5

Conclusion and Key Recommendations



“It is one of the most rewarding things I have ever done.” Volunteer Lesley Urbach and a 19-year-old Ethiopian refugee meet on a regular basis in London as part of the Jewish Council for Racial Equality’s Unaccompanied Minors Project. The programme has been running for eight years and aims to support young unaccompanied asylum seekers and refugees with the kind of adult companionship that youth rarely get when alone and new to a place. © UNHCR/ Claire Thomas/2017

5.1 Conclusion

This report provides an overview of the activities of UNHCR, partners and communities to address the protection needs that diverse women, men, girls and boys of concern have identified. It provides examples of barriers persons of concern faced in areas such as education and livelihoods and provides field practices from multiple sectors and regions, including several refugee-led initiatives. The report also provides updates on progress UNHCR has made in institutionalizing the AGD policy, including strengthening staff capacity. However, the report also presents gaps and challenges in UNHCR's implementation of the AGD policy, some of which are addressed and reflected in the key recommendations.

To address these challenges, it is necessary to also leverage opportunities such as the adoption of the New York Declaration for Refugees and Migrants, and its Annex, the Comprehensive Refugee Response Framework (CRRF), to strengthen UNHCR's work on inclusion and implementation of AGD related work. The New York Declaration and CRRF call for a people-centred approach with a particular emphasis on the protection and empowerment of women and children and persons with specific needs, building on the 2030 Agenda for Sustainable Development which is premised in the principle of 'leaving no one behind'.

Going forward, it is critical that actions to promote the Age, Gender and Diversity approach inform implementation of the CRRF and are well reflected in the Global Compact on Refugees, as this will underscore the responsibilities and actions of UNHCR operations, as well as other key stakeholders. In addition, UNHCR has begun to work on the revision of its Result Based Framework. It is important to ensure that this process reflects lessons learned, including on how to strengthen AGD disaggregated data collection and analysis that informs programmes.

The field examples and regional and global initiatives discussed in this report demonstrate UNHCR's continued commitment to strengthening its implementation of the AGD policy and its accountability to the women, men, girls and boys it works with.

5.2 Key Recommendations

The protection challenges and gaps identified through a review and analysis of 2016 AGD reporting indicate that UNHCR should:

1. Take specific measures, including adjusting programmes and working directly with women, to provide support to ease the caretaking, household and livelihoods-related responsibilities that impede the participation of various groups, particularly women, girls, boys and youth, in areas such as education and community leadership.
2. Continue to ensure that community-based support mechanisms are strengthened and supported in order to address social isolation, facilitate discussion on sensitive subjects, increase the participation of marginalized groups, counter stigma and discrimination, and reduce risks of sexual and gender-based violence and other forms of violence and abuse.
3. Strengthen efforts to address the under-identification of marginalized and stigmatized groups, such as survivors of sexual and gender-based violence, lesbian, gay, bisexual, transgender and intersex persons, and persons with disabilities through outreach, the creation of safe spaces and improvements in data collection.
4. Given that UNHCR operations have observed the links between psychological distress and the erosion of community support and other public health and protection issues, such as substance abuse and intimate partner violence, place greater emphasis on exploring the resources and mechanisms that can be used to address the mental health and psychosocial issues affecting the well-being of persons of concern.
5. Reinforce implementation of and reporting on accountability to persons of concern, particularly in the areas of: communication and transparency; participation and inclusion; feedback and response mechanisms; and programme adaptation and learning.

Acronyms

AGD	Age, Gender and Diversity
BIA	Best Interests Assessment
BID	Best Interests Determination
CBCM	Community-Based Complaint Mechanisms
CRRF	Comprehensive Refugee Response Framework
DAFI	Albert Einstein German Academic Refugee Initiative
DHRM	UNHCR Division of Human Resources Management
EMAP	Engaging Men in Accountable Practice
GRYC	Global Refugee Youth Consultation
GSP	Global Strategic Priority
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Persons
IOM	International Organization for Migration
IRC	International Rescue Committee
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MENA	Middle East and North African
NGO	Non-Governmental Organization
OV	Outreach Volunteers
PSEA	Protection from Sexual Exploitation and Abuse
RBM	Results-Based Management
RSD	Refugee Status Determination
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedure
SOGI	Sexual Orientation and Gender Identity
UASC	Unaccompanied and Separated Children
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene



UNHCR
The UN Refugee Agency

Division of International Protection
United Nations High Commissioner for Refugees
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