

# UNHCR's Dialogues with Refugee Women



**UNHCR**  
The UN Refugee Agency



Progress Report on Implementation of Recommendations





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# EXECUTIVE SUMMARY

In November 2010, UNHCR launched a series of Dialogues in seven locations around the world to give a voice to over 1,000 refugee, asylum-seeking and internally displaced women and girls, as well as over 300 men and boys, and to ensure this was heard and taken on board by UNHCR and other relevant stakeholders. The Dialogues had several objectives: to increase awareness and understanding of the protection issues facing women and girls, to enable an inclusive and in-depth discussion among refugees and relevant stakeholders of how these are being addressed and what could be improved, and to provide a space for displaced women and girls to formulate concrete recommendations for the way forward. Over one year after the Dialogues series was completed, positive changes can be seen both in terms of the visibility of women's and girls' protection issues and the responses of various stakeholders. This Progress Report sets out a number of concrete, tangible steps that have been taken by various actors in response to the specific recommendations made by women and girls during the Dialogues. It is based on information obtained from UNHCR staff and some of the Dialogue participants.

UNCHR regularly consults with refugees and displaced men, women, boys and girls of all ages and backgrounds. This has become a particularly well-established practice throughout the Organization since its age, gender and diversity approach was introduced in 2004. The Dialogues built on this, by providing a unique forum to explore in detail the specific protection issues facing women and girls, including with the involvement of men and boys. Given the length, structure and methodology of the Dialogues, participants were able to engage in a particularly frank and in-depth discussion and analysis of the protection issues they face. They not only explored gaps and challenges, but also shared ideas as to how various actors, including refugee women themselves, could better respond to the issues identified. Critically, the Dialogues involved not only displaced persons and UNHCR staff, but also representatives from UNHCR's partners, non-government organizations, government authorities and refugee and displaced communities. Participants were therefore given an important opportunity to present the results of their discussions and their recommendations directly to those in the position to effect change.

Women and girls around the world continue to confront gender-specific challenges and various forms of discrimination. These are amplified for women and girls in the context of displacement. The Dialogues tackled a range of protection concerns,

grouped around ten key areas: women in leadership, sexual and gender-based violence (SGBV), other forms of violence, legal issues, education, economic self-reliance, individual documentation, health, sanitary materials, and shelter. Participants described the various financial, practical, social, cultural and other barriers they face in accessing and enjoying their rights, and in seeking redress when they are violated. Despite the very different contexts in which the Dialogues took place, there were striking similarities in the protection concerns raised. The most widespread and critical protection concern highlighted in all locations was the ever-present threat of sexual and gender-based violence. Participants in all of the Dialogues also reinforced that protection challenges are interconnected: a failure to address one issue can perpetuate others. An important message repeatedly given by participants was their wish to actively contribute to their own protection. They emphasized that where conditions are conducive to their meaningful participation, they have the capacity, knowledge and skills to support themselves and respond to some of their own protection issues.

The Dialogues were not a mere discussion forum: although numerous challenges remain, positive steps have since been taken by UNHCR, its partners, governments and refugee and displaced communities to implement the recommendations made by the women and girls. As a result, many women have been given greater decision-making opportunities and are receiving training to improve their leadership skills. UNHCR and its partners have strengthened prevention of and response to SGBV in light of UNHCR's new SGBV strategy, by reinforcing existing programmes and developing new activities. Access to legal aid and the courts has increased through legal advice and reporting mechanisms. Steps have been taken to enhance the availability and quality of education, by renovating buildings, improving safety in schools and conditions for teachers, and providing extra support to children in need. Livelihoods programmes are being reviewed and new projects have started to better meet refugees' needs and preferences and respond to market demands, improving economic prospects. Some of the obstacles to obtaining birth registration and documentation have been overcome. Psycho-social support and different types of health care has been expanded, and improvements have been made in the provision of sanitary materials. In some contexts, refugees are receiving better support to improve their shelters in settlements and find suitable accommodation in urban areas.

This report sets out in more detail – in relation to the ten protection areas addressed – the progress that UNHCR staff, partners and displaced women and girls have made in follow up to the Dialogues. It reinforces the immense value of this process in having given a wide range of relevant stakeholders a much deeper and more personal insight into the problems faced by displaced women and girls, and a chance to hear first-hand their impressions as to how these can be resolved. Fundamentally, the Dialogues have given a greater impetus and sense of urgency to making protection more effective for women and girls. Despite difficult operational contexts, competing priorities and a host of financial, social and



cultural obstacles, the Dialogues have improved communication channels with displaced women and girls, triggered new initiatives, led to a re-focusing of existing projects and programmes to better respond to their needs, and built a heightened sense of responsibility and commitment in this area among UNHCR and other relevant stakeholder staff and – significantly – displaced women and girls and their communities. Efforts will continue to build on the momentum built during this process and make, as far as possible, the recommendations made by participants in all locations a reality.



# INTRODUCTION

## WHAT WERE THE DIALOGUES?

Between November 2010 and May 2011, UNHCR held a series of Dialogues with over 1,000 refugee, asylum-seeking and internally displaced women and girls, as well as over 300 men and boys in seven locations around the world. This formed part of a programme of activities to commemorate the 60<sup>th</sup> anniversary of the 1951 Refugee Convention and the 50<sup>th</sup> anniversary of the 1961 Convention on the Reduction of Statelessness, and built on the Five Commitments to Women and Girls made by UNHCR following a similar consultation process in 2001. The Dialogues were undertaken in cooperation with the Centre for Refugee Research at the University of New South Wales in Australia. They took place in both urban and camp settings in India (Delhi), Colombia (Medellín), Jordan (Amman), Uganda (Kyangwali refugee settlement), Zambia (Lusaka, also including refugees from the Meheba and Mayukwayukwa settlements), Thailand (Mae La and Umpium refugee camps), and Finland (Helsinki, including refugees living elsewhere in the country). For the sake of simplicity, this report refers to country names rather than the specific Dialogue locations: however, the findings do not necessarily apply to the UNHCR operation in these countries as a whole.

The Dialogues provided participants with a platform to share problems and develop solutions during several days of situational analysis workshops. A parallel workshop enabled men and adolescent boys to engage in the process and suggest ways to improve the protection of women and girls in their communities. Discussions focused on ten core protection areas: women in leadership, sexual and gender-based violence (SGBV), other forms of violence, legal issues, education, economic self-reliance, individual documentation, health, sanitary materials, and shelter. These were explored across the life cycle of women and girls as well as men and boys, with a focus on vulnerable groups such as unaccompanied minors, persons with disabilities and elderly persons. After an in-depth analysis of their protection problems, Dialogue participants worked together to develop practical solutions. They presented their recommendations to governments, UNHCR, UN and NGO partners, and – crucially – their own communities.

## WHAT WERE THE FINDINGS?

The Dialogues revealed that gender-based risks and challenges affect almost all aspects of life for displaced women and girls. Despite very different geographic and cultural contexts, the commonalities in the experiences described by participants were striking. Examples include the negative impacts of a lack of documentation, over-crowded and unhealthy shelters, inadequate health services, a lack of education opportunities or safe and quality schools, and an absence of livelihood possibilities. The most commonly raised protection risk in every Dialogue was the ever-present threat of sexual and gender-based violence. Women and girls are not only at risk when fetching water or firewood outside camps or when moving around in big cities, but also in spaces where they should be protected: in the home, in school or at work. The problem of SGBV thus cuts across all other protection areas. Survivors often do not receive proper support and perpetrators are not prosecuted.

Participants during all of the Dialogues emphasized that protection gaps are often inter-related. Without registration and an identity card, for example, refugees may lack access to food, shelter, healthcare or education. Inferior and over-crowded shelters can create health problems and provoke domestic violence. The absence of income-generating activities pushes many women into survival sex to feed themselves and their families, leading to unwanted pregnancies and social exclusion. Children who are out of school may risk exploitation as child labourers and sexual abuse, and face dim prospects for their future. The lack of adequate sanitary materials causes health problems and can force girls to miss school and women to absent themselves from work.

The main findings and key recommendations from the Dialogues were published in a summary report, which was shared with States prior to a Ministerial Meeting organized by UNHCR in December 2011. They were also described by ten of the Dialogue participants in person, during very moving presentations before UNHCR's governing body and NGO partners in Geneva in June 2011. Significantly, Dialogue participants in all locations expressed their wish to be active partners in their own protection. They explained that in the right conditions, they have the capacity to assume responsibilities and use their skills to support themselves and their communities.



## WHY WERE THE DIALOGUES IMPORTANT?

UNHCR has worked in close consultation with refugee and displaced persons for many years. This evolved into structured participatory assessments, which have enabled UNHCR to better reflect their concerns and opinions in planning and programming. In 2001, UNHCR held its first Dialogues with refugee women and girls and made five commitments in light of their key concerns. In 2004, UNHCR introduced its age, gender and diversity approach, which led to consultations with refugees and displaced persons becoming a regular, annual exercise. Over the years, therefore, refugees and displaced persons have been increasingly seen as partners in their own protection and assistance, whose skills and capacities should be valued and harnessed.

The 2010-2011 Dialogues reaffirmed UNHCR's commitment to this participatory approach and in particular, to strengthening the involvement of women and girls. The length, structure and methodology of the Dialogues allowed for an even more in-depth discussion and analysis of their protection issues than is possible during participatory assessments. The atmosphere of trust and confidentiality that was built during the meetings also encouraged women and girls to express their concerns and ideas openly and freely. As a result, staff gained a better and more detailed awareness and understanding of their protection problems than they would have during shorter consultations.



The Dialogues were also unique in that they involved a wide range of stakeholders. Partners, NGOs and authorities were present during different stages of the Dialogues and attended the final presentation of the findings by the participants. They listened, commented, intervened and committed to address at least some of the recommendations. The Dialogues also helped to clarify for participants the different roles and responsibilities of UNHCR, partners and governments and the limitations of their work. This was reflected in the recommendations, which accorded different responsibilities to different actors. However, in some locations this created high expectations of change, and frustration when these could not be met. This demonstrates the need to maintain open and transparent communication with the community and manage their expectations, while also encouraging them to take on a more active role in their own protection.

Dialogue participants appreciated the opportunity to express their concerns not only to UNHCR and partners, but also to each other, and to explore sensitive topics. In some locations, it is rare for people from different ethnicities or nationalities to come together to share their personal experiences. In several contexts, the Dialogues created more openness to discuss sensitive issues such as SGBV, and fostered positive change. As one UNHCR staff member put it, the Dialogues “opened up people’s minds” to issues such as gender equality and SGBV. It gave some women the confidence to speak out and empowered them to more actively contribute to solving problems in their community. It also alerted UNHCR to some persons needing specific attention. However, in some cases this led to risks for the individuals involved, which had to be addressed.

# THE TEN PROTECTION AREAS: PROGRESS BY THEME

This part of the report is divided into the ten protection areas that were explored during the Dialogues. Following a brief description of the main protection challenges raised by participants and the recommendations made, concrete examples from the various countries are given as to how UNHCR and other relevant stakeholders are following up on the recommendations, either through the development of new initiatives or the strengthening of existing programmes.

## I. WOMEN IN LEADERSHIP

Dialogue participants explained that financial, practical, cultural and other obstacles – including a lack of education and training – often preclude them from participating meaningfully in decision-making mechanisms in their communities. As a result, their needs are often inadequately recognized and addressed. Women asked governments, UNHCR and partners to build their capacity and open up spaces for greater participation in decision-making processes affecting all aspects of their lives.

In **UGANDA**, where women expressed their wish to work together and strengthen their leadership capacity, specific women's forums have been established and training provided to all women in leadership positions. In **ZAMBIA**, participants developed action plans in follow-up to the Dialogues, setting out activities responding to the recommendations. These are implemented by the community with support from UNHCR and partners, and progress is tracked by a group of "Dialogue Ambassadors". So far, in addition to sensitization on SGBV and efforts to improve identification and follow up on SGBV and child protection cases, this led to a workshop being held on women's leadership. The Ambassadors are also leading a campaign which aims to achieve equal gender representation in the October 2012 camp-wide refugee committee elections. In the 2010 refugee representative elections in Meheba settlement, a campaign encouraging women to present their candidacy had already resulted in 33% women's representation – up from almost zero per cent previously.

In response to concerns raised during the Dialogues in **ZAMBIA** about women's lack of participation in food distribution processes, all-women food distribution committees were formed in Meheba refugee settlement. As a result, more attention has been given to the specific needs of single women, unaccompanied minors and the elderly. After some initial resistance, many women now receive active support from their husbands to enable them to participate in these committees – by helping with child care, for example. Women report that their role in decision making in the family has also grown, on important issues such as repatriation.

In **INDIA**, the Dialogues presented the first opportunity for members from different refugee communities in Delhi to get to know each other and share their experiences. This was greatly appreciated, and contact has been maintained. UNHCR facilitates this through the provision of meeting spaces for women's groups in outreach centres in different parts of the city, where community-based activities can be held. UNHCR also organizes open house meetings for all refugees and participatory assessments twice a year. Myanmar women from different community-based organizations and ethnicities have united in a committee which holds monthly meetings with UNHCR. This could serve as a model women's leadership structure for the Afghan, Somali and other smaller refugee communities in Delhi.

In **COLOMBIA**, Dialogues participants requested greater support and capacity-building to facilitate women's leadership, and in particular, increased participation of women's community-based organizations in decision-making processes. As part of the UNHCR-UNDP Transitional Solutions Initiative in Medellín, UNHCR has worked with groups of young men and women – which include some women who participated in the Dialogues – to develop an action plan focusing on capacity building for IDP organizations, SGBV prevention and response and skills development. In cooperation with the organization Red Kambiri, UNHCR also set up a capacity-building project to strengthen the ability of Afro-Colombian organizations to advocate for the inclusion of their proposals in a Medellín development plan. UNHCR, in cooperation with the municipality and a university, also set up the Youth Rights School with 28 IDP youth, to promote leadership and strengthen positive relations between youth and their communities.



## II. SEXUAL AND GENDER-BASED VIOLENCE

Sexual and gender-based violence was the most critical protection issue raised by refugee and IDP women in all of the seven Dialogues. Its prevalence was often linked to lack of income, inadequate shelter and other compounding factors. Women and girls face risks such as sexual harassment, rape, domestic violence and female genital mutilation, or may be forced to engage in survival sex. All of these can have devastating consequences for their physical and mental health, and negative impacts on family and community relations. Some groups of women are particularly vulnerable, such as unaccompanied minor girls and women and girls with disabilities. Men and boys are at risk too. After incidents of SGBV occur, survivors often do not receive adequate care and perpetrators are rarely punished, creating an on-going risk for survivors. The recommendations made by participants included tackling impunity, providing a more effective and multi-sectoral response to survivors, and preventing SGBV through community-based awareness raising and greater respect for women's rights.



The Dialogues led to an increased level of commitment by UNHCR to combat SGBV, culminating in a UNHCR pledge to strengthen its efforts in this area, made during a Ministerial Meeting in 2011. This goes beyond the Dialogue countries: fifteen UNHCR operations have received extra funding to strengthen their programmes in this area, and 27 operations have received an additional budget to provide women and girls of concern with sanitary materials. This funding is being targeted towards improved SGBV prevention and response, awareness raising and leadership training, increasing self-reliance of women through livelihoods projects, training of security personnel, education and youth empowerment, legal assistance, psycho-social support and SGBV data management. In parallel to the Dialogues, UNHCR also developed a new five-year SGBV strategy. Colombia and India, among other countries, were selected as pilot operations for the development of country-specific strategies, based on the global framework.

## PREVENTING SEXUAL AND GENDER-BASED VIOLENCE

In several countries, Dialogue participants emphasized the importance of including men and boys in any SGBV-related training efforts. In response, in **JORDAN** UNHCR and its NGO partner the Jordan River Foundation organized awareness-raising sessions and training of trainers for men, and a youth programme with a focus on boys entitled “Path to Safety”. In **THAILAND**, the DARE network, a national NGO, started the “Men Working With Men For Happy Families” project in Mae La and Umpiem camps. The programme engages men to serve as role models for other men in the community who may be perpetrating domestic violence. Through support groups and a community-based SGBV committee, men learn about the causes and effects of domestic violence and the impact of drugs and alcohol. Refugee and government security staff also receive training to increase their understanding of SGBV, referral pathways and the rights of survivors. In **ZAMBIA**, men and boys are also included in efforts to combat SGBV, for example through special awareness-raising sessions and the formation of committees called Men’s Insaka which provide peer support. Community-based committees such as block taskforces, and the multifunctional team comprising community members, implementing partner and UNHCR staff are also being strengthened.

In **INDIA**, the Myanmarese refugee community runs several small SGBV prevention and response projects, including a safe house, two day-care centres, peer-to-peer awareness raising for women and a neighbourhood watch system. While the Dialogues led to more openness to discuss SGBV, it still remains a very sensitive issue, especially among Afghans and Somalis, which inhibits reporting and survivors’ access to assistance.

Schools are an important platform for SGBV prevention, as protection messages can be disseminated to children and their parents. In **ZAMBIA** and **JORDAN**, information and awareness-raising campaigns on SGBV and child protection were held in primary and secondary schools.

As part of its national inter-sectoral programme for 2010-2015 to reduce violence against women, **FINLAND** will hold training courses in February and March 2013 for local authorities working with ethnic minorities and immigrants, including refugees, on how to identify violence and intervene. Courses will target health and social care staff, health care students, teachers, police, prosecutors, integration actors and others.

## IMPROVING RESPONSE TO SURVIVORS

In **JORDAN**, where refugees asked for an emergency response system for rape cases, UNHCR has been working with the national Family Protection Department whose trained female staff members are on call 24 hours a day, seven days a week. Refugees have access to these services and UNHCR monitors follow up on reported cases. In **COLOMBIA**, a new programme for SGBV survivors was developed by the municipality of Medellín, including safe houses, economic and psychological assistance and training for survivors. This multi-sectoral approach has also been adopted by the “Centros de Atención a Víctimas”, which opened in 2012 and can be accessed by all survivors of conflict and violence. UNHCR supports three such centres in Medellín, which receive about 1200 IDPs a month. The centres also provide recreation areas for children.

In a newly opened health information centre in one of **ZAMBIA'S** refugee settlements, refugees receive advice related to SGBV and HIV/AIDS, and can be accompanied to service providers to report cases and receive assistance. A second safe house for SGBV survivors, and a safe home for unaccompanied and separated children, also opened in 2012. Upon the request of Dialogue participants to strengthen response and referral systems, an additional safe house was also constructed in **UGANDA**. Medical attention, counselling, and legal support are available. Health staff received training on clinical management of rape, and contact points to refer and assist SGBV survivors are now available in all 14 villages in the Kyangwali refugee settlement. Information about the referral pathways was translated into different languages and displayed on bill boards.

In **INDIA**, where refugee women asked for an expansion of services at the Women's Protection Clinic in west Delhi, two new outreach centres were opened in south and north Delhi. This has increased the availability and accessibility of much needed services to these areas where many refugees live. UNHCR protection staff members are available several days a week, and a team of psychosocial

workers from Don Bosco Ashalayam, UNHCR's main partner, provides individual counselling and conducts home visits where needed. On request of the refugee women, the Women's Protection Clinic in west Delhi is now also open to men one day a week. While in 2010 1882 persons approached UNHCR outreach workers directly, in 2011 this number significantly increased to 2329 persons.

## TACKLING IMPUNITY

In **THAILAND**, where refugees requested easier access to the Thai justice system, UNHCR and IRC have been assisting them with reporting to the police, monitoring follow up of their cases, and advocating for and intervening in their cases where necessary. Refugees also asked for improvements in the camp justice system. In consultation with the refugee communities, UNHCR and IRC are therefore developing guidance to promote fairness and transparency in the mediation-based dispute resolution mechanism which is used in Thai villages. For serious SGBV offences, UNHCR encourages referral to the Thai justice system, as cases cannot be adequately addressed in the camps. IRC's Legal Assistance Centre also monitors mediation processes that take place within the camp, intervening and advocating in individual cases as appropriate. While lawyers and interpreters are available, women and some ethnic groups remain underrepresented. In **ZAMBIA**, new police officers, including two female officers, were installed in the refugee settlements. One female officer was specifically assigned to the Victim Support Unit that deals with SGBV cases. This has increased the trust of SGBV survivors and, as a result, their willingness to report on SGBV.

### III. OTHER FORMS OF VIOLENCE

While SGBV was the main type of violence refugee and internally displaced women and girls highlighted during the Dialogues, participants also described other forms of violence and threats thereof they encounter in their daily lives. Some of this stems from difficult relations with the host population and includes discrimination and xenophobia, but also physical violence. Refugees may also be affected by general crime and violence in the areas in which they live. In other contexts, refugees or IDPs may experience violence within their own community.

**FINLAND** has launched a project that seeks to provide better services for asylum-seekers in a vulnerable position, including those who are victims or at risk of human trafficking. In addition to training for reception centre staff, activities include the development of a handbook for staff working with victims of human trafficking, informative materials for asylum-seekers on work-related issues, and a website on human trafficking.

In **JORDAN** and **INDIA**, where refugees reported high levels of discrimination against them, sensitization programmes target service providers such as local police and school and hospital staff, to increase their awareness and understanding of refugee issues. Specific initiatives have been developed for children who are discriminated against in schools. In **JORDAN**, UNICEF has carried out a countrywide campaign to raise awareness of violence in schools, and Save the Children follows up on individual cases referred directly or through UNHCR. Youth clubs in **DELHI** involve both refugee and Indian boys and girls, who together organize a variety of community-based activities, fostering mutual understanding and respect. However, discrimination and violence in schools remain a problem. This is also the case in **COLOMBIA**, where gang- and drugs-related violence on the way to and in school poses an on-going threat to school children in neighbourhoods where many IDPs live, despite the deployment of more police officers.

In **THAILAND**, UNHCR and protection partners are working with the refugee community to reduce juvenile delinquency, which Dialogue participants identified as a big problem. Some of the initiatives in this area include awareness-raising with parents, activities and life skills for children, legal counselling and assistance, alternatives to detention and support services related to substance abuse. However, as the problems reportedly still persist, continued efforts are needed. Further activities with community-based organizations outside the camps are already planned.



In **COLOMBIA**, IDPs called for measures to curb violence by armed gangs that control the neighbourhoods in which they reside in Medellín. A new Law on Citizen Security that came into force in 2011 prioritized the reduction of urban violence: more police officers have been deployed and homicide rates have generally decreased. IDPs affected by violence can receive support, including legal and psychosocial assistance, at Centres for Attention to Victims. Nevertheless, violence remains a problem.

## IV. LEGAL ISSUES

Participants in all locations raised various legal protection issues, particularly related to access to justice. The police do not always properly handle SGBV and other cases, and perpetrators of rape are rarely prosecuted and punished. Women have little to no say in camp justice systems and decisions are often unfair to them. Access to formal justice systems is limited by a lack of information and legal representation, in addition to financial, logistical and language barriers. Participants requested specific measures to enhance their ability to access justice and suitable durable solutions.

### LEGAL AID AND ACCESS TO COURTS

In **ZAMBIA**, where refugees asked for increased access to the justice system, a mobile court now visits the refugee settlements every two weeks and the magistrates are being sensitized on SGBV. A special budget is available for legal representation in SGBV cases. During the other weeks, paralegals are present in the settlement to receive cases and give advice. An increased number of cases have been taken to court, mostly relating to custody or marriage disputes, and these are often resolved in favour of the woman. However, SGBV cases are rarely adjudicated in court, as this is still seen as a private family issue and survivors fear repercussions from the community. The enactment of the new National Anti Gender-Based Violence Act of Zambia is a positive step in strengthening the prevention and response to SGBV. In **UGANDA**, refugees also requested increased access to lawyers and courts. In response, UNHCR's partner recruited a legal officer to assist SGBV survivors, which has led to more cases being reported to the police and UNHCR's implementing partners. Advocacy to secure regular visits to the settlements by mobile courts is on-going.

In **JORDAN**, in response to a recommendation from Dialogue participants, UNHCR and partners have established a 24-hour emergency legal telephone service. An NGO partner provides legal advice to refugees on their rights, and independent lawyers are available to represent them. UNHCR provides direct legal advice and ensures follow up with government entities, lawyers and its NGO partner. Victims of human rights violations can file complaints with the National Centre for Human Rights.

In **INDIA**, UNHCR's legal partner, the Socio-Legal Information Centre (SLIC) provides legal assistance to refugees both at the individual and community levels. SLIC staff undertake sensitisation sessions at local police stations and accompany refugees when they report cases to the police. They also introduce refugee leaders to the police and serve as an interlocutor with the community, in order to improve relations and encourage reporting and successful case follow-

up. When cases are taken to court, refugees have access to a lawyer provided by the state, though few cases reach that stage. UNHCR and SLIC's interventions are mainly focused on prevention, mediation and conflict resolution to ensure better integration of refugee communities in Delhi, although support is also provided to individuals when required.

In **COLOMBIA**, Dialogue participants emphasized the need for specific legal assistance for IDPs. Under the new Victims Law, the authorities have established orientation and assistance centres for IDPs to receive individual legal assistance. UNHCR with the Norwegian Refugee Council also supports university-based Legal Aid Clinics. UNHCR and the Ombudsman Office run a House of Rights in one of the neighbourhoods in Medellín with many IDPs, where they can access different services including legal aid. UNHCR also supports the Brigades of Legal Assistance of the University of Antioquia's legal offices, which provide legal advice and assistance to the displaced population. At a national level, the Victims Law stipulates that victims of conflict must be registered in a national database to ensure their access to rights and services. This includes the right to land restitution, which was raised as a key issue by Dialogue participants and is a major step forward. UNHCR also advocates with the authorities for the right to land restitution of some specific ethnic communities.

## DURABLE SOLUTIONS

Many Dialogue participants expressed concern about the availability of suitable durable solutions. In **COLOMBIA**, UNHCR is exploring with the authorities the possibility of local integration for IDPs. As part of the Transitional Solutions Initiative, UNHCR and UNDP are implementing local integration programmes for IDPs in one area in Medellín, which includes improving living conditions and strengthening community institutions. The programmes are developed in close consultation with the IDP communities, including some Dialogue participants. In **INDIA** and **JORDAN**, UNHCR is continuing its resettlement programmes for those most in need. In **ZAMBIA**, refugees from Rwanda and Angola expressed concern about cessation of their status. Rwandan refugees unwilling to repatriate have been able to apply for exemption, with certain criteria, to be allowed to stay in Zambia. For Angolan refugees, a similar procedure will be available once the exemption criteria have been decided. UNHCR has been advising the government throughout this process, and also advises refugees on appeal procedures.

In **FINLAND**, a national integration programme was adopted by the Government on 9 June 2012. A general objective of the programme is to support participation by immigrants, including refugees, in all sectors of society. Specific focus areas include promoting employment and providing support for immigrant children, young people and families, and women in particular.



## V. EDUCATION

Dialogue participants identified education for girls and women as one of the most important ways to ensure meaningful protection, realize a better future, and facilitate durable solutions. Yet schools are often overcrowded, teaching is of poor quality, and the way to school and learning environments are unsafe. Secondary and tertiary education is often unavailable or prohibitively expensive, and may not always guarantee a job. Participants called for concrete steps to improve the availability, accessibility and quality of education, on an equal basis for girls and boys.

In urban contexts, UNHCR is working to integrate refugee and IDP children into the existing education system. In **JORDAN** and **INDIA**, refugees reported that access to public schools is not always automatically granted, and once in school language barriers and discrimination cause psychological distress and reduce motivation. To address this, UNHCR and partners now assist in individual cases, and make policy-level recommendations for schools. Partners also train teachers to better understand refugee trauma, making schools a more welcoming environment for refugees. Refugee children in Delhi can also attend after school homework classes, English classes, Hindi classes, remedial classes and bridge classes to enhance their prospects of admission in government schools. In Amman, remedial language classes are provided to students. The Jordanian Ministry of Education





also offers literacy classes for adults, addressing another gap identified during the Dialogues.

In **ZAMBIA**, Dialogue participants expressed concern about the poor state of school buildings and the competencies of teachers. In response, some schools have been renovated, and small stipends have been introduced to attract and keep better qualified teachers. However, other obstacles to improving the quality of education remain such as a lack of scholarships for teachers' colleges, low salaries and unsuitable accommodation for teachers. In **UGANDA**, where problems with education in refugee settlements are similar to Zambia, extra classrooms and teachers' accommodation were constructed at primary schools. In addition, teacher salaries were raised to government standards.

Refugee women in **ZAMBIA** and **UGANDA** also asked for measures to improve safety for girls in schools. In both countries, specific teachers were appointed as focal points for students to report safety incidents to. The Zambian government ran a campaign on child rights in schools, and meetings between school teachers, the police, UNHCR and the government have resulted in the investigation and dismissal of several teachers. In **UGANDA**, extra and separate latrines in schools were constructed for girls and boys. To address the problem of children dropping out of school, which was raised during the Dialogues, child protection committees are following up on individual cases.

## VI. ECONOMIC SELF-RELIANCE

The lack of opportunities to earn a viable income through decent work causes great hardship for refugees and IDPs. Dialogue participants mentioned a variety of obstacles, including difficulty in obtaining work permits or denial of the right to work, non-recognition of qualifications, high unemployment, lack of skills that are in demand, and language barriers. They called for greater training opportunities and increased access to decent employment opportunities.

In **JORDAN** and **INDIA**, refugees reported difficulties in finding decent jobs and exploitation by employers in the informal sector, as they are not allowed to work in the formal labour market. While the Government of **INDIA'S** recent decision to issue long term visas and work permits to mandate refugees will help them to establish themselves in the country, it will take time before this policy is implemented and its full impact is felt. UNHCR and partners try to assist by mediating between refugees and employers, but their influence is limited. In addition, in both countries income generating projects and vocational training provide an income to those most in need of support and can enable refugees to acquire relevant vocational and language skills. However, a lack of resources limits the projects' scale and refugees' wages, and many still struggle to find jobs after completing such training. In response to Dialogue participants' recommendations, UNHCR is reviewing its livelihoods programmes in both countries to make them more suited to refugee and market needs.

In **INDIA**, a business grant programme introduced last year has proven to be a success, with 40 out of 42 small businesses – half of them owned by women – still sustaining themselves. The project has been expanded this year with more slots and higher grants. In addition to this project, renewed income-generation programmes in India will reserve a designated number of spots for persons with disabilities, and persons who due to psychosocial problems cannot work on the labour market. In **ZAMBIA**, where refugees requested improvements in microfinance programmes, loans are issued to groups of women and/or groups of men only.

In **COLOMBIA**, Dialogue participants reported that while they have access to national vocational training programmes, they still have problems finding a job afterwards. UNHCR therefore advocates for increased IDP participation in the evaluation of such programmes, to make them better suited to their needs. This has, for example, resulted in a new income-generation project to grow vegetables in a neighbourhood in Medellín. In **INDIA**, UNHCR supports community-based development initiatives, such as two day-care centres run by the Myanmarese community. In addition, the University of New South Wales, with the support of UNHCR India and Australian Government funding, has established a Refugee



Community Development Programme through which Afghan and Somali refugees manage different education, livelihoods and psychosocial support projects.

In **ZAMBIA** and **THAILAND**, women also requested a targeted livelihoods programme to prevent women and girls from engaging in survival sex or, in Thailand, in bonded labour, in order to sustain their families. In response, in **ZAMBIA** groups of women now receive seeds for growing crops and a newly opened women's centre offers training in tailoring, crafts and poultry production. Training and meetings take into account women's schedules, to accommodate their other tasks. Community farming cooperatives that were initially supported by UNHCR are now able to secure their own funding. In **THAILAND**, livelihood programmes for refugees include the production and sale of handicrafts as well as micro-finance schemes. A community agriculture and nutrition programme enhances self-reliance and tackles malnutrition. However, funding constraints keep these projects small in scale, forcing many others to search for work outside the camps.



## VII. INDIVIDUAL DOCUMENTATION

During the Dialogues, participants stressed how crucial registration and identity documents are for their protection and access to basic services. Yet they reported that all too often, they continue to face obstacles in securing timely registration, acquiring documents, having these recognized by representatives of authorities and service providers, or getting birth certificates for newborns. They requested individual documentation that effectively grants legal status and access to rights, as well as birth certificates for all.

### REGISTRATION AND DOCUMENTATION

In **COLOMBIA**, people living in remote areas often lack access to documents, especially women and indigenous and Afro-Colombian communities. While this also presents challenges prior to displacement, it becomes a serious problem when people are displaced to urban areas and need documents to prove their identity in order to access protection and assistance. The authorities therefore conduct registration and documentation campaigns for people living in remote and inaccessible areas; mobile units have issued 878,363 personal identification documents since 2000. UNHCR supports campaigns in rural areas, in Medellín and the surrounding region.

In **ZAMBIA**, participants asked for identity cards to be issued to all refugees above 16 years of age. The Zambian Government and UNHCR have reinforced their efforts to ensure that all refugees in the settlements have documentation and that expired ID cards are replaced in a timely manner. Efforts to solve documentation problems for refugees in Lusaka are on-going. In **THAILAND**, the government has approved a “fast track” procedure that provides access to the Provincial Admission Board (PAB) asylum mechanism for unregistered residents in the nine temporary shelters, if they are immediate family members of resettled refugees and/or of registered camp residents whose resettlement is being processed. The absence of a registration process for a large number of the camp-based population is both a complex challenge and an on-going protection gap.

In **JORDAN** and **INDIA**, where asylum-seeker and refugee cards are not always recognized, UNHCR and its partners are sensitizing authorities and service providers on their purpose and legal effect, to increase their access to protection and services. In Jordan, training has been provided to residency and border police officials, judges, religious leaders, ministry and NGO staff, while in India sensitization efforts target police, hospital staff, school teachers and other relevant actors. In both countries, on-going efforts in this regard are needed due to a high turnover of staff. In addition, UNHCR in Delhi replaced the paper refugee certificates with smart ID cards. The new cards are more easily recognized by service providers, are more practical to carry and last longer. Likewise, as requested by Dialogue participants in **UGANDA**, all refugees of 16 years and above were given plastic photo identity cards. During a verification exercise, UNHCR and the Ugandan authorities ensured that all women received the identity cards.

UNHCR **INDIA** has also accelerated the refugee status determination procedure so that asylum-seekers, if recognized, receive refugee status and the benefits attached to it sooner. In addition, the Government of India recently announced a new policy to grant long-term visas to refugees recognized by UNHCR which will also allow them to work in the private sector and enrol in any academic institution. Although this is a major positive development, implementation remains slow.

## BIRTH REGISTRATION

In response to requests to facilitate access to birth certificates by refugees in settlements in **ZAMBIA**, a mobile birth registration campaign was held, resulting in the issuance of almost 1,000 certificates to Angolan children. Since 2012, such campaigns will be held biannually, and the community will be trained to complete and submit birth registration forms to the authorities to allow for continuous registration. In **INDIA** and **JORDAN**, refugees have access to birth certificates on the same basis as nationals. Where necessary, UNHCR informs them about the procedure and facilitates access.

## VIII. HEALTH

The lack of access to quality health care, including reproductive health care, was a source of great concern to Dialogue participants in all countries. Treatment and medication is not always available or is too expensive, and there are insufficient ambulances for emergency cases. Participants asked for non-discriminatory access to health care in urban areas so that they would be able to receive the same services as nationals, including access to mental health care and male and female interpreters to overcome language barriers.

Refugees in camps asked for staff to be trained in performing caesareans and other reproductive health care to meet the needs of rape survivors and young pregnant women and girls. In response, in **ZAMBIA** health workers provide information to the refugee community on family planning, STIs, HIV and AIDS and other reproductive health issues. Traditional birth attendants in the refugee community received training from medical staff to improve their skills and report births to health institutions. Similarly, in **THAILAND** the American Refugee Committee provided training on SGBV and reproductive health for camp-based health agency staff in two camps, and further training is planned in a third. New water points were constructed to increase supply and access to safe water.

In **UGANDA**, the availability of emergency care increased with the procurement of a second ambulance for the settlement. Access to specialized health care improved with UNHCR-supported visits by dentists, ophthalmologist and others, and the recruitment of an additional doctor. In response to women's concerns about privacy in the health centres, separate rooms were created for men and women. To improve access to clean drinking water, new water points were constructed and all households were given new water containers.

In **JORDAN**, refugees requested better coordination between health services. UNHCR's partners have introduced appointment systems and designated focal points to coordinate services and inform refugees of their appointments, to reduce waiting hours, travel time and costs. UNHCR disseminated brochures and posters to inform refugees about available emergency care procedures and facilitate their access. In **INDIA**, refugees reported they had language problems and felt discriminated against by health personnel. UNHCR's NGO partners in Delhi have sensitized public hospital staff on the situation and specific needs of refugees, and the availability of interpreters in hospitals is being monitored. Following requests for increased access to psycho-social support, UNHCR opened two new protection outreach centres in north and south Delhi. As needs outweigh the availability of these services, refugees indicated they could counsel other community members if given training.



The specific health needs of older persons were also a recurring theme during the Dialogues. In **COLOMBIA**, where IDPs requested specific attention for the health needs of elderly IDPs, UNHCR has been working with the association of elderly IDPs in Medellín to increase their access to forums where they can advocate for their rights.

In **FINLAND**, one of the major issues raised by Dialogue participants was the need for those working with refugees to understand the impact and severity of their pre-arrival traumatic experiences. In response, in autumn 2012 and spring 2013, the Finnish Immigration Service will start providing training to reception centre staff on psychosocial support. This psychotherapeutic skills training will be based on known and tested therapy frameworks and techniques. **FINLAND** has also launched a project to integrate an electronic health care information system within the reception system, to facilitate more effective provision of health care services to asylum-seekers.





## IX. SANITARY MATERIALS

In all Dialogue locations, refugee women and girls indicated that a lack of sanitary materials could lead to serious health problems, and hinders their ability to engage in daily activities such as work or school. It also negatively impacts on their sense of dignity and causes great shame. They stressed the importance for UNHCR to consult with them on their needs and preferences for sanitary materials. This year, 27 UNHCR operations improved their provision of sanitary materials, following UNHCR's pledge to do so during the Ministerial Meeting in December 2011.

Upon the request of Dialogue participants in **ZAMBIA**, UNHCR added a bucket to the sanitary materials package so women and girls can more easily wash disposable materials in a hygienic way. Three months' supply of sanitary materials was also included in the repatriation package for refugees returning to their home country. In **THAILAND**, distribution of sanitary materials has been expanded to include all unregistered women, as opposed to only those identified as vulnerable. While this meant a reduction in quantity due to budgetary constraints, refugees preferred the materials to be distributed equally to all women in the camps. In **INDIA**, asylum-seeker women and girls now receive sanitary materials from selected pharmacies, which has made the delivery much faster. The package now also includes soap and underwear. In **COLOMBIA**, sanitary materials are included in the emergency response kit provided to IDPs by the authorities upon their arrival in the city. However, no systematic distribution of sanitary materials takes place, as IDPs do not receive material assistance. Further, follow up consultations with women indicate that there are still some issues with the quantity and quality of the materials. In **UGANDA**, as per the request of Dialogue participants, the distribution system has been changed and delivery is now carried out with the help of refugee village women representatives. Before each distribution, hygiene promotion talks are held, followed by discussions in schools.



## X. SHELTER

Dialogue participants reported numerous problems with finding adequate shelter. Both in urban and rural settings, many refugees and IDPs live in houses that are overcrowded, unhealthy and unsafe, putting women and girls at particular risk of SGBV. The lack of space and privacy also causes tensions within families, which may lead to domestic violence. In camp settings, participants requested better housing materials, allowing them to build safe and adequate shelters for their families.

In response, in **THAILAND** carpenters are upgrading individual shelters according to needs assessments. The refugee community assists in determining needs and prioritizing certain individuals or families for shelter improvements. In **ZAMBIA**, a vocational training scheme was recently introduced that offers short courses in house construction and repair, carpentry and brick laying. Through its implementing partners, UNHCR has been warning the community against the risks of overcrowding and advising refugees on how to improve their shelters. Locks for security – especially important for women and girls – are included in building material packages. Additional assistance in shelter construction is available for persons with specific needs in Zambia and **UGANDA**.



In urban areas, refugees reported exploitation by landlords and high rents. As resources for general housing subsidies or special accommodation are not available, they have to pay high local market prices. In **INDIA**, one of UNHCR's partners advises refugees when they have problems with their landlords, supports refugees in reporting cases of exploitation to the police, and assists in finding temporary safe shelters for vulnerable persons such as single young women. They also bring refugees and members of resident welfare organizations together to learn about the refugees' circumstances, improving understanding and relations with the local community. However, finding adequate, safe and affordable housing remains a challenge in these and other urban areas.

In **FINLAND**, the Dialogue highlighted the need for increased communication between reception centre staff and asylum-seekers. Reception centres collect feedback from clients annually, based on a standard form prepared by the Finnish Immigration Service. This allows them to identify issues of particular importance to the life and well-being of asylum-seekers. In addition, since the Dialogues reception centres have started to organize regular group-based discussions, to empower and involve the asylum-seekers in improving reception conditions. Asylum-seekers have also been encouraged to actively engage in running the centres, which are considered as social and health care units.

# CONCLUSION

The protection environments in which UNHCR operates are inherently complex. UNHCR, implementing partners, government authorities and displaced people themselves must constantly balance competing priorities, and frequently confront an array of practical, financial, social, political and cultural barriers in striving to meet the needs of displaced men, women, boys and girls. The Dialogues were a valuable and inspiring process in a number of respects. Despite these unrelenting challenges, they demonstrated the strength, resilience and vision of displaced women and girls, and the willingness of relevant stakeholders to actively engage with them to better understand the protection challenges they face. As this report has demonstrated, the process did not stop there: numerous projects and activities have since been initiated, strengthened or re-focused in order to improve protection responses and better address the needs of women and girls.

As explained, the Dialogues went beyond UNHCR's usual methods of consulting with persons of its concern. They brought together a wide range of relevant stakeholders and focused specifically on the protection situation of displaced women and girls. They not only provided a forum to explore in detail the challenges they face, but also fostered constructive discussion as to how these could be resolved. The resulting recommendations have clearly influenced the work of UNHCR, its partners and other stakeholders, as well as the efforts of displaced women and girls themselves. More asylum-seekers, refugees and IDPs are now registered, have obtained documents and are able to access protection and services. Women's influence on decisions affecting their lives has increased, and some have improved their livelihoods. Efforts are on-going to improve access to and quality of education, shelter and health care. Refugees and IDPs receive support to access justice and have their rights respected. More women and girls receive sanitary materials. Programmes to prevent and respond to sexual and gender-based violence have been strengthened.

Despite such progress, some of the abovementioned barriers cannot be easily overcome and many of the problems highlighted by Dialogue participants remain. Refugee and displaced women, girls, boys and men still suffer the consequences of inadequate education, health care and housing, struggle to make a living, fear for their safety and are subject to discrimination and violence. Further, many women still do not have a meaningful say in decisions made at the family or community level. One of the Dialogues' major achievements, however, has been to generate a new level of commitment and dedication to addressing such challenges, including among women and girls themselves. This is clearly evidenced by the steps that have already been taken, as set out in this report. What is now needed is to maintain the momentum built during the Dialogues, and ensure that the protection of women and girls remains a high priority for UNHCR and all other relevant stakeholders, both in and beyond the Dialogue locations.

## ANNEX I:

# SUMMARY OVERVIEW OF ACTION TAKEN IN THE TEN PROTECTION AREAS

### PROTECTION AREA ACTIONS TAKEN AND RESULTS ACHIEVED

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#### **WOMEN IN LEADERSHIP**

- establishment of women's forums and provision of leadership training to all women leaders (**UGANDA**)
- creation of all-women food distribution committees (**ZAMBIA**)
- selection of "Dialogue Ambassadors" who sensitize the community on gender equality and SGBV, encourage women's leadership and support other initiatives (**ZAMBIA**)
- monthly meetings between UNHCR and the Myanmarese women's refugee committee; biannual open house meetings and targeted participatory assessments for all refugee groups (**INDIA**)
- capacity building for IDP organizations (**COLOMBIA**)
- creation of a "youth rights school", promoting leadership and strengthen positive relations with the community (**COLOMBIA**)

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#### **SEXUAL AND GENDER-BASED VIOLENCE**

- construction of a new safe house and strengthening of response and referral mechanisms (**UGANDA**)
- inclusion of men and boys in programmes to prevent SGBV through awareness-raising and training (**JORDAN, ZAMBIA**)
- peer-to-peer groups for men on substance abuse and domestic violence, and engaging men as role models for others (**THAILAND**)
- community-based SGBV prevention and response such as a safe house, crèche, neighbourhood watch systems (**INDIA**)
- awareness-raising campaigns for children in schools (**ZAMBIA, JORDAN**)

- training courses for local authorities and service providers working with ethnic minorities and immigrants, including refugees, on how to identify violence and intervene (**FINLAND**)
- improved quick and multi-sectoral reporting and response systems for survivors through a 24/7 telephone line and follow up on cases (**JORDAN**), a government-led integral response programme with assistance centres (**COLOMBIA**) and health information centres (**ZAMBIA**)
- increased availability of UNHCR protection and community services staff and psycho-social counselling through the opening of new protection outreach centres (**INDIA**)
- improved access to formal justice systems (**THAILAND**)
- introduction of female police officers in refugee settlements (**ZAMBIA**)

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## **OTHER FORMS OF VIOLENCE**

- improved services for vulnerable asylum-seekers, including those who are victims or at risk of human trafficking (**FINLAND**)
- sensitization for service providers on refugee issues, to reduce discrimination and xenophobia (**JORDAN, INDIA**)
- creation of youth clubs including refugee and local children, who together organize activities to promote mutual understanding (**INDIA**)
- community-based initiatives to reduce juvenile delinquency, including activities for youth and counselling (**THAILAND**)
- government-led efforts to curb gang-based armed violence in urban areas (**COLOMBIA**)

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## **LEGAL ISSUES**

- regular visits of mobile courts and paralegals for adjudication and legal aid (**ZAMBIA**)
- sensitization of magistrates on SGBV to improve court rulings (**ZAMBIA**)
- 24/7 legal telephone service providing legal advice and access to pro-bono lawyers (**JORDAN**)
- provision of legal advice, support in reporting cases to the police and improving relations between refugees, police and local communities (**INDIA**)

- provision of legal aid at university-based clinics and improved rights of victims of conflict under the new national Victims Law (**COLOMBIA**)
- local integration programmes for IDPs in Medellín, including improvement of living conditions, access to rights and strengthening of community institutions (**COLOMBIA**)
- UNHCR-government cooperation on exemption procedures for Rwandan and Angolan refugees falling under the cessation clauses (**ZAMBIA**)
- promotion of participation and employment as part of a newly adopted national integration programme (**FINLAND**)

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## **EDUCATION**

- teacher training, awareness-raising and individual support to integrate refugee children in public schools (**JORDAN, INDIA**)
- after school homework, language and remedial classes (**JORDAN, INDIA**)
- renovation of school buildings (**ZAMBIA, UGANDA**)
- introduction of stipends for teachers to compensate and attract more qualified staff (**ZAMBIA**)
- selection of SGBV focal points in schools (**ZAMBIA, UGANDA**)
- construction of extra and separate latrines at schools for girls and boys (**UGANDA**)

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## **ECONOMIC SELF-RELIANCE**

- mediation between refugees and employers to enhance job prospects and reduce exploitation (**JORDAN, INDIA**)
- business grants, skills training and other livelihoods activities for vulnerable refugee women and men (**INDIA**)
- microfinance schemes for groups of refugee women or men (**THAILAND, ZAMBIA**)
- skills training and agricultural livelihoods projects for women (**COLOMBIA, ZAMBIA**)

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## **INDIVIDUAL DOCUMENTATION**

- mobile registration and provision of documentation in rural and urban areas (**COLOMBIA**)
- documentation for all refugees above 16 years old in the settlements (**ZAMBIA, UGANDA**)



- “fast track” procedure that provides access to the Provincial Admission Board (PAB) asylum mechanism for unregistered residents in the nine temporary shelters if they are immediate family members of those who were already resettled and/or of registered camp residents who are in the process of resettlement. **(THAILAND)**
- sensitization with authorities and services providers to increase recognition of asylum-seeker and refugee cards **(JORDAN, INDIA)**
- introduction of smart ID cards, replacing paper certificates **(INDIA, UGANDA)**
- quicker refugee status determination procedure **(INDIA)**
- mobile birth registration campaigns **(ZAMBIA)**

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## HEALTH

- improved reproductive health care through training for traditional birth attendants and community outreach to provide information about family planning and other issues **(ZAMBIA)**, and training on SGBV and reproductive health for camp-based health agencies **(THAILAND)**
- construction of new water points to increase supply of and access to safe water **(THAILAND, UGANDA)**
- increased availability to emergency and specialist care **(UGANDA)**
- introduction of appointment systems for health care providers to reduce long waits and improve coordination **(JORDAN)**
- sensitization of hospital staff on the situation of refugees and ensuring access to interpreters **(INDIA)**
- capacity building of an association of elderly IDPs to improve advocacy for their rights **(COLOMBIA)**
- training for reception centre staff to better understand refugee trauma and provide psycho-social support **(FINLAND)**
- integration of an electronic health care information system within the reception system, to facilitate more effective provision of health care services to asylum-seekers **(FINLAND)**

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## **SANITARY MATERIALS**

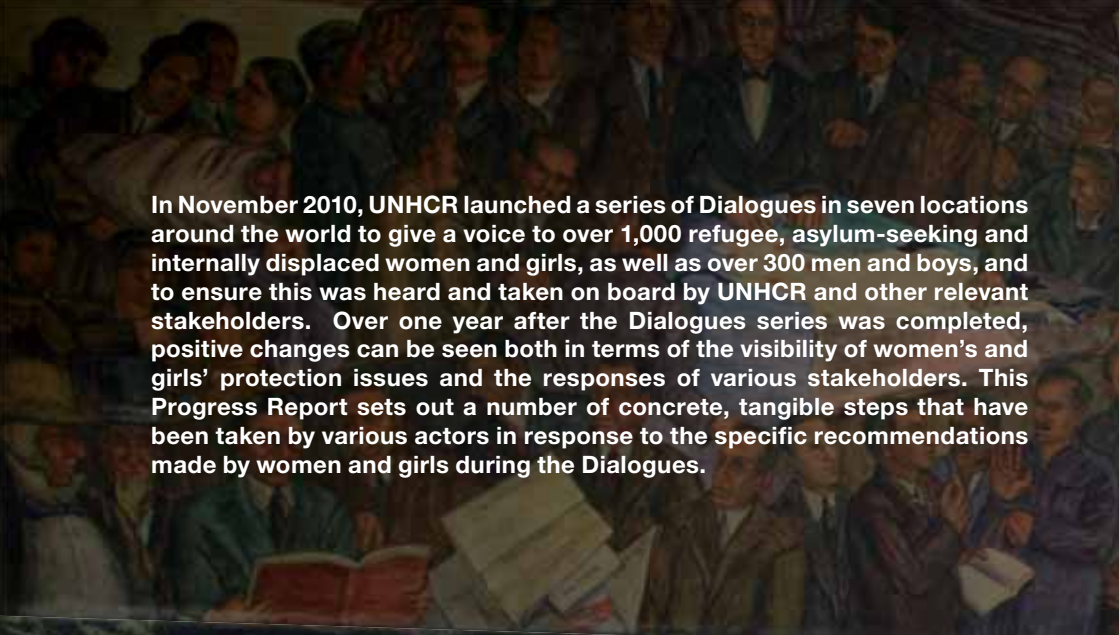
- addition of a bucket to the sanitary materials package enabling women and girls to wash materials separately and hygienically (**ZAMBIA**)
- inclusion of sanitary materials in assistance packages for returnees (**ZAMBIA**) and emergency response kits for newly arrived IDPs (**COLOMBIA**)
- expansion of distribution to include all the unregistered refugee women (**THAILAND**)
- changes in the distribution system to include women village representatives (**UGANDA**)

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## **SHELTER**

- upgrading of individual shelters by carpenters according to needs assessments, in cooperation with the community (**THAILAND**)
- vocational training in house construction and repair, carpentry and brick laying (**ZAMBIA**)
- special assistance for construction of shelters for persons with specific needs (**ZAMBIA, UGANDA**)
- mediation between refugees and landlords and support with police reporting in cases of exploitation (**INDIA**)
- bringing refugees and resident welfare associations together to enhance understanding, prevent and solve disputes (**INDIA**)
- regular consultations with asylum-seekers in reception centres on improvement of facilities (**FINLAND**)





In November 2010, UNHCR launched a series of Dialogues in seven locations around the world to give a voice to over 1,000 refugee, asylum-seeking and internally displaced women and girls, as well as over 300 men and boys, and to ensure this was heard and taken on board by UNHCR and other relevant stakeholders. Over one year after the Dialogues series was completed, positive changes can be seen both in terms of the visibility of women's and girls' protection issues and the responses of various stakeholders. This Progress Report sets out a number of concrete, tangible steps that have been taken by various actors in response to the specific recommendations made by women and girls during the Dialogues.

