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Acronyms

AAP-PSEA: Accountability to Affected Populations – Prevention of Sexual Exploitation and Abuse
AGD: Age, Gender and Diversity
CAR: Central African Republic
DIP: Division of International Protection
DRC: Democratic Republic of Congo
FGM: Female Genital Mutilation
FYR Macedonia: Former Yugoslav Republic of Macedonia
GBVIMS: Gender-based Violence Information Management System
GSP: Global Strategic Priorities
IDP: Internally Displaced Person
IRC: International Rescue Committee
LGBTI: Lesbian, Gay, Bisexual, Transgender and Intersex
MENA: Middle East and North Africa
NGO: Non-Governmental Organisation
PSEA: Prevention of Sexual Exploitation and Abuse
RSD: Refugee Status Determination
SASA: Start Awareness Support Action
SGBV: Sexual and Gender-Based Violence
SOP: Standard Operating Procedure
UAE: United Arab Emirates
UASC: Unaccompanied and Separated Children
UNAMI: United Nations Assistance Mission for Iraq
UNFPA: United Nations Population Fund
UNICEF: United Nations Children’s Fund
WASH: Water, Sanitation and Hygiene
WRC: Women’s Refugee Commission
Introduction
Age, Gender and Diversity Policy
Since 2007, UNHCR has systematically applied an Age, Gender and Diversity (AGD) accountability approach across all of its operations. This approach led to the development of UNHCR’s AGD Policy in 2011. The AGD policy, which is a key UNHCR accountability framework, seeks to ensure that all persons of concern are able to enjoy their rights irrespective of their age, gender, socio-cultural background, religious beliefs, ethnic background, nationality, sexual orientation, gender identity, ability, health, capacities and other personal characteristics.

The AGD policy encompasses UNHCR’s community-based and rights-based approaches and is reflected in our global strategic frameworks and operational guidance such as the Education Strategy (2012 – 2016).

A primary aim of the AGD policy is to ensure meaningful and effective participation of persons of concern in decision making that directly affects their protection and wellbeing. This includes their participation in processes related to priority setting, planning, design, as well as monitoring and evaluation. The AGD policy also places accountability on senior management to ensure that the policy is implemented in a manner that achieves equitable outcomes for all persons of concern.

Age, Gender and Diversity Report
UNHCR has sought to put in place a comprehensive system of accountability to persons of concern. The 2014 AGD Accountability Report is the eighth annual overview of progress towards achievement of this commitment. This report is a strategic step in strengthening accountability processes and provides analysis of associated targeted actions for the enhanced protection of persons of concern. It also highlights what is working well, what the constraints are and what strategies are being used to overcome these constraints. Significantly, the report highlights the commitments of senior management towards ensuring strong accountability processes across UNHCR’s operational cycles. By creating a baseline, it demonstrates progress in systematising agency wide accountability in a methodical and logical manner.

The 2014 AGD Accountability Report is the second report following the integration of UNHCR’s Accountability Framework into the Result Based Management tool, FOCUS. This integration was made possible in 2013 and ensures mandatory reporting on AGD interventions at the country, regional and headquarters levels. The incorporation of the AGD Accountability Framework into FOCUS has been a key step in ensuring institutionalisation of UNHCR’s AGD policy at all programming and operational levels. While the 2014 AGD Accountability Report primarily draws from narrative reporting provided by country operations, regional offices and headquarters divisions, it also gathers relevant information from indicators in the Results Framework that have been chosen by operations, specifically UNHCR’s Global Strategic Priorities (GSPs).

The overall objectives of the 2014 AGD Accountability Report are:

1. To measure progress made towards meeting UNHCR’s commitment to accountability to persons of concern through the implementation of the AGD policy.
2. To analyse and report on senior management interventions towards ensuring AGD integration.
3. To identify key challenges in implementation of the AGD policy with the aim of providing solutions.
4. To provide recommendations to further strengthen UNHCR’s AGD integration and its broader accountability commitments.

1 Available online at: https://intranet.unhcr.org/intranet/unhcr/en/home/protection_and_operational/international-protection/refworld/refworld_internal.html
2 Available online at: https://intranet.unhcr.org/intranet/unhcr/en/home/protection_and_operational/international-protection/refworld/refworld_internal.html
3 Available online at: https://intranet.unhcr.org/intranet/unhcr/en/home/protection_and_operational/international-protection/refworld/refworld_internal.html
4 Available online at: http://www.refworld.org/docid/4ab8e7f72.html
5 UNHCR has identified 20 key priorities as a common set of priorities to inform planning in UNHCR operations worldwide. Indicators from the Results Based Framework are used to measure these priorities. The GSP’s present critical areas of concern where UNHCR will make concerted efforts to strengthen protection, improve quality of life and seek solutions for refugees and other persons of concern.
Operationalising Accountability
This chapter focuses on thematic issues in the AGD Accountability Reports submitted by operations. It analyses the level of UNHCR’s accountability to women and girls, men and boys, youth and other persons of concern, including Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) persons, older persons and persons with disabilities. It is critical to note that a single thematic category cannot represent the uniqueness and multi-layered identities and aspirations that exist amongst persons of concern to UNHCR. To address this, a key aspect of operationalising accountability is to ensure that all persons of concern are able to influence decision making in a manner that accounts for diversity within communities and allows the views of all, including those most at risk, to be equally considered. This chapter highlights the commitment of UNHCR and our partners to work directly with persons of concern, in emergency and protracted settings, in identifying protection gaps and developing and implementing strategies to address this.
There is a well-documented multiplier effect of investing in gender equality and women’s empowerment. This investment goes beyond the immediate effect on individual women’s lives and creates a positive ripple through the managing role that women play causing the effect to be multiplied through children, families and communities. It is important to recognise this influence and view women not just within the framework of vulnerability and victimhood, but as active actors in humanitarian response whose resilience and agency play a powerful role in reconciliation and peace building efforts.

According to AGD reporting, UNHCR’s operations across all regions demonstrated their commitment to the inclusion of women and girls’ voices, concerns, resiliencies and capacities in the design of programmes and projects in order to achieve sustainable solutions.

Key areas of engagement that have emerged significantly through the AGD reporting by operations are; Women’s Participation and Leadership, Women’s Livelihoods, and Addressing and Preventing SGBV.

Women’s Participation and Leadership
UNHCR’s operations applied multiple strategies to encourage and assist women’s participation. In 2014, the indicator on the percentage of active females in leadership and management structures was included as a GSP for the first time. While parity between men and women in leadership structures remains a serious challenge, in the 65 operations that chose to report on this indicator, the number of women included in leadership and management structures increased from 42% in 2012 to 46% in 2014.

While there has been an increase in participation since 2012, there are still significant barriers that hamper UNHCR’s ability to ensure equal and meaningful female participation in leadership structures. Given the complexities involved in
gender equality integration, equal and meaningful female participation is often challenged by deep rooted gender stereotypes that assign a subordinate role to women and create a lack of confidence. This reinforces feelings of social isolation amongst women and limits their direct influence over decisions that impact their lives. This is evident in the reporting by many operations which state that despite an increase in participation, women find it difficult to participate due to socio-cultural and other constraints. In some operations where women are participating in committees, their role often has been relegated to those traditionally understood as appropriate for women, such as food distribution, parent-teacher associations and child protection.

Operations reported a number of targeted interventions implemented by staff and partners with the aim of increasing equal and meaningful participation by women. These included community sensitisation campaigns to promote gender parity, leadership trainings for women and participatory assessments6, which highlighted obstacles faced by women and resulted in an increase in their representation in community leadership structures.

In Ethiopia, the operation consistently engaged with women and provided leadership training, resulting in a significant increase in women’s participation in various activities. For example, from previous years, there was a 60% increase in women’s participation in food distribution activities, 40% in neighbourhood watch teams and 60% in SGBV committees.

The Cameroon operation supported discussion groups conducted with 180 women and encouraged their inclusion in community leadership structures, leading to an increase in women’s representation.

UNHCR Malaysia conducted capacity development with female refugee leaders. In 2014, 112 female leaders were identified and trained in leadership skills to better represent the needs of female refugees. Close collaboration with these women and a clear identification of their needs led to an increase in gender-sensitive programming. This included community-based day care projects and skills training projects. Based on findings from a participatory assessment during which women voiced their concern at being under-represented in decision-making structures, community sensitisation programmes were conducted which led to an increase in the number of women in refugee committees from 13% in 2013 to 31% in 2014.

Women’s Livelihoods

Productive livelihoods are vital to developing self-reliance and wellbeing of individuals, families and communities. While access to livelihoods is a challenge for all persons of concern, 2014 AGD reporting highlights the lack of livelihoods as a serious concern for women as it contributes to marginalisation and exacerbates the difficulties displaced women face. The lack of economic opportunities sometimes leads to negative coping mechanisms, such as survival sex, and heightens the risk of sexual exploitation and other forms of exploitation and abuse of women and girls. In some instances it was reported to have led to child marriage and child labour. While lack of livelihoods is a challenge, complexities also arise where economic opportunities are provided as this may increase women’s risk of violence in the workplace, especially where they lack legal status, as well as in the home due to resentment felt by spouses.

Given these realities, there is recognition amongst operations of the importance of creating self-reliance and contributing to a greater degree of economic stability by promoting livelihoods and skills development programmes for women. These initiatives include literacy courses, vocational training, cash grants and other activities aimed at encouraging small scale business ventures. Some operations provided child care facilities to ensure safe spaces for children during working hours. Analysis also shows that some UNHCR operations are undertaking livelihoods initiatives informed by a thorough analysis of labour market requirements.

Positive highlights from operations include:

- The Syrian Arab Republic operation provided approximately 2,500 women with vocational training and awarded a subset of these women with additional income generating grants as part of a self-reliance programme.

- In Cameroon, the livelihoods programme in urban areas accorded a quota to SGBV survivors and other women at risk to ensure women were amongst the beneficiaries.

- In Ethiopia, efforts to secure livelihoods included technical skills training, farming and livestock rearing, training on setting up small business ventures and language training. While these opportunities were offered to men and women, 59% of all beneficiaries were women.

- In Mexico, UNHCR’s implementing partner Casa de Acogida-Formación y Empoderamiento de la Mujer Nacional e Internacional (CAFEMIN) provided female persons of concern with workshops aimed at creating self-sufficiency. The workshops provided skills in computing, baking and sewing as well as life plan development.

Documentation

Different operations continue to highlight that the lack of identity documents leads to unemployment, exploitation and harassment, as well as challenges in accessing accommodation, health, social services and other benefits for all persons of concern. The lack of documentation also creates conditions for a distinctly gendered experience of discrimination that women and girls face in displacement settings. It not only puts women and girls at risk of sexual exploitation and abuse, but also creates challenges in reporting these incidences. It often prevents access to legal redress, leading to an environment of impunity for perpetrators. Even in some situations where identity documentation has been provided, women report that these documents are not accepted by local authorities. These challenges are particularly significant for Female Headed Households. The issue of statelessness also has a particularly gendered impact on Female Headed Households due to gender discriminatory nationality laws that do not grant women equality with men in conferring nationality to their children, and in some situations, occurs due to marriage or dissolution of marriage.

Below are examples of the manner in which country operations tried to address these challenges:

- The Indonesia operation successfully implemented an intervention where every refugee female above 18 years was entitled to register separately to receive an individual refugee certificate. Recognising the difficulties faced by Female Headed Households, the operation added this group to its eligibility criteria for cash based programmes.

Main constraints cited for women’s low participation in leadership and management structures are:

- Socio-cultural attitudes and practices
- High illiteracy rates
- Language barriers
- Domestic responsibilities
- Assigned gender roles
In Jordan, following recommendations gathered from a Round Table Discussion on Documentation of Marriages organised with the support of UNHCR, advocacy efforts contributed to a Cabinet decision in 2014 that approved a time-bound exemption from fines for couples who had not officially documented their marriages under Jordanian law. This enabled many Syrian persons of concern to document their marriage, thereby reducing the risk of statelessness.

In Afghanistan, women IDPs have limited or no access to documentation which has given rise to several challenges, including the difficulty to obtain land tenures. To address this, the Afghan operations prioritised individual registration and basic documentation of all refugees, including women, and continued dialogue with community elders to ensure wider societal acceptance for women’s access to assistance.

Addressing and Preventing SGBV

Women and girls are often exposed to SGBV in conflict and displacement settings due to gender norms, inequality, and discrimination. While men and boys also experience SGBV, they are seldom recognised as survivors and mostly viewed as perpetrators. Although AGD reporting on addressing the needs and concerns of male survivors of SGBV is limited, there is growing recognition across UNHCR operations that more targeted interventions are necessary to address this challenge. Preventing and responding to SGBV – irrespective of who it impacts – therefore continues to be a priority for all UNHCR operations.

Two of UNHCR's GSP indicators measure levels of support available for survivors and community engagement in survivor-centered SGBV prevention. Progress on these GSP indicators illustrates that there is an increase in the number of reported SGBV incidents in 44 reporting countries from 12,425 in 2013 to 26,004 in 2014. An increase in reported incidents does not necessarily demonstrate an increase in SGBV incidents, but is rather a result of better services, better monitoring and reporting mechanisms and increased dissemination of information. Similar increases are also evident in the number of reported incidents for which survivors received assistance.

These improvements can be attributed to targeted outreach activities, improved access to services and advocacy efforts. It has also been made possible through increased capacity development of counterparts, including government partners, as well as improved data collection and management. Other interventions supporting these outcomes included sensitisation campaigns on SGBV and interventions aimed at increasing access to justice, health and psychosocial services.

Several operations carried out interventions aimed at community engagement on SGBV prevention and response. These included establishing or supporting community-based groups, engaging in mass awareness sessions, outlining referral mechanisms in publicly visible spaces, distributing materials on prevention of exploitation and sexual abuse (PSEA), and the training of male and female refugee community development workers. Operations also conducted a number of trainings and workshops targeting staff, partners, religious and other leaders and persons of concern, including those engaged in survival sex.

Some key good practices that emerged from the 2014 AGD reporting on SGBV prevention and response are listed below.

UNHCR Operations that chose to report on the Indicator: Number of reported Incidents of SGBV

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>70</td>
<td>80</td>
<td></td>
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</tbody>
</table>

UNHCR Costa Rica, in cooperation with the House of Rights, offered free legal and psychosocial counselling to SGBV survivors. It also conducted community sensitisation on SGBV and HIV/AIDS.

In Nigeria, SGBV sensitisation campaigns, also promoting women’s leadership, led to an increase in women’s active participation in management structures and decision-making processes.

The Ethiopia operation reported on the results of a knowledge, attitude, and practice survey on female genital mutilation (FGM), and indicated that while addressing behavioural changes remains a challenge, significant attitudinal changes on FGM were measured amongst the refugee Somali community in eastern Ethiopia.

In Chad, a SGBV working group comprised of UNHCR and partners provides coordination, technical guidance, and capacity building for prevention and response interventions in each sub-office. Every camp site in Chad also has a Standard Operating Procedure in place for the prevention of and response to SGBV.

In Eritrea, UNHCR and its partners trained the refugee community on a variety of protection concerns, including SGBV. In 2014, a multi-year strategy (2014-2015) for Prevention and Response to SGBV in Umkulu Camp was developed to complement the Standard Operating Procedures for the SGBV referral pathway.

In Georgia, UNHCR through its partner organisation conducted an assessment with service providers and persons of concern, including SGBV survivors, on the perception, understanding and forms of SGBV. The findings of the assessment will be used to formulate new approaches in 2015 to combat SGBV.

In Afghanistan, capacity building for female shuro’s (women’s groups) on SGBV prevention and response was carried out. The operations also held a campaign on SGBV issues and communicated through various creative and innovative means, such as theatre, arts and sports. Campaigns against SGBV were conducted in schools, targeting both students and teachers. The operations also addressed SGBV issues in shelter, livelihoods, and WASH interventions.

In Iraq, SGBV awareness activities were conducted on International Women's Day. SGBV advocacy messages were broadcast on the website of the Ministry of Women, UNAMI and social media throughout the 16 days campaign. UNHCR’s implementing partner received and registered 220 SGBV cases. Survivors were provided with psychosocial support while 105 women were provided with legal services. The operations also conducted 20 SGBV advocacy sessions in the southern region and formed 6 SGBV committees which then conducted outreach activities.

In the Syrian Arab Republic, SGBV case management for refugees continues to be directly undertaken by UNHCR. Trained staff members are dedicated to assess follow up on the needs of SGBV survivors to ensure adequate access to available services. In addition to referrals, other services provided include monthly financial assistance, urgent cash grants, and community support through trained volunteer’s programmes. The operations also support a safe house for women survivors of SGBV that was able to provide services to 37 refugees from different nationalities.

7 UNHCR GSP indicators addressing SGBV prevention and response are: Extent known SGBV survivors receive appropriate support and Extent community is active in SGBV issues and innovative means, such as theatre, arts and sports. Campaigns against SGBV were conducted in schools, targeting both students and teachers. The operations also addressed SGBV issues in shelter, livelihoods, and WASH interventions.

8 In 2014, there was a 38% increase in the number of operations reporting on known incidents of SGBV.

9 The House of Rights provides services to refugees, migrants and Costa Rican women with specific needs, including survivors of SGBV.
Persons with Disabilities

KEY TRENDS:

» The number of operations that reported on providing persons with disabilities with non-cash support doubled from 2012 to 2014.

» Despite challenges, UNHCR operations improved their efforts in including persons with disabilities in decision-making bodies.

Persons with disabilities are not a homogenous group; they have different capacities and needs, and contribute in different ways to their communities. Persons with disabilities are at heightened risk of discrimination, exploitation and violence and face numerous barriers to accessing humanitarian assistance. In addition, they are often excluded from leadership and decision-making processes, denying them the opportunity for participation in all stages of protection and assistance programming, and the opportunity to apply their skills and capacities to benefit themselves, their families and communities.

A significant area of concern emerging from participatory assessments conducted with persons with disabilities is the lack of inclusion in community leadership and decision-making processes due to stigma and discrimination. Challenges remain in adapting existing protection and assistance programming to ensure that it is accessible and participatory, with barriers including preconceptions or negative attitudes towards disability and lack of knowledge about the rights of persons with disabilities. Limited inclusion of persons with disabilities at all stages of protection and assistance programming often results in limited access to information; protection mechanisms; goods and services such as education, livelihoods, health; and SGBV prevention and response programmes. In accordance with a twin-track approach, UNHCR’s operations have been working to address this challenge and make all programmes accessible and inclusive, in addition to conducting targeted interventions to ensure persons with disabilities have the same opportunity to enjoy the full range of their human rights and participate in relevant programmes. Besides the provision of goods and cash, interventions focused on conducting mapping exercises to identify persons with disabilities. Some operations reported adapting spaces to be more accessible to all refugees, with the aim of ensuring their inclusion in participatory assessments and other decision-making processes. Persons with disabilities were also provided information on relevant national service providers and targeted livelihoods opportunities. Between 2012 and 2014, UNHCR operations doubled the provision of non-cash support to persons with disabilities.

Some good practices that emerged with regard to inclusion of persons with disabilities are listed below.

» UNHCR Burundi started an income generating micro-credit scheme targeting persons with disabilities.

» UNHCR Thailand field office in Mae Sot met monthly with the Self Help Group for persons with disabilities and provided them with information they requested on various issues. This intervention led to better access to services for persons with specific needs.

» Based on consultations, the Central African Republic (CAR) operation provided assistance with basic needs such as shelter construction/repair and inclusive distribution of Non Food Items (NFI). The operation also distributed seeds, tools and other income generating resources to increase the self-reliance of persons with disabilities.

» UNHCR Liberia established a collaborative mechanism with the National Institution for Rehabilitation to support persons with disabilities. Mobility equipment and medical services were provided. Additionally, regular individual monitoring was conducted to keep informed of the situation and conditions of persons at particular risk. WASH facilities were also made accessible to persons with disabilities.

» In Nepal, UNHCR’s targeted interventions included the construction of 25 semi-permanent shelters for persons with disabilities.

» In Bishkek, the Kyrgyzstan operation improved physical accessibility of the reception centre. This included installing handrails along the walls of the reception centre and building an entrance ramp.

» In Dadaab, the Kenya operations have made community based structures such as latrines, classrooms, the community centre and offices more accessible for persons with disabilities leading to enhanced mobility in the camp.

Persons with Disabilities

UNHCR Operations that reported on the Indicator: Number of Persons with Disabilities receiving non-cash support

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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</thead>
<tbody>
<tr>
<td>0</td>
<td>30</td>
<td>60</td>
<td>120</td>
</tr>
<tr>
<td>0</td>
<td>60</td>
<td>120</td>
<td>150</td>
</tr>
</tbody>
</table>

Between 2012 and 2014, UNHCR operations doubled the provision of non-cash support to persons with disabilities.
Older Persons

KEY TRENDS:

» UNHCR operations address older persons’ needs by ensuring their inclusion in community activities, providing health care and prioritising them in distribution processes.

Older persons are at risk of exclusion from protection and assistance programmes if humanitarian actors do not fully understand their needs and involve them in participatory decision making that concerns their well-being. It cannot always be presumed that they will benefit from their family, assistance programmes, or community support networks. Older women and men also experience displacement differently, based on their cultural and socio-economic status. It is therefore important to fully understand the realities of older persons so they can be taken into consideration when designing protection responses.10

As demonstrated in the graph, operations across all regions, but particularly operations in Africa, reported on addressing older persons’ needs. During focus group discussions with older persons, recurring topics included health issues, exclusion from services and distribution mechanisms, and lack of livelihood opportunities. Many operations focused on providing older persons with prioritised access to service delivery such as food and NFI. Operations also facilitated the provision of medical services addressing specific health concerns and other identified material needs based on consultations with older persons increasing their mobility and access to information.

Some examples from country operations are given below:

» UNHCR India developed a guidance note to assist the identification of older persons in need of cash assistance and other unaddressed specific needs. In 2014, the operations rolled out a strategy to support older persons which envisages reliance on family members and community rather than institutional care arrangements. 211 older persons were provided with services such as subsistence allowances, psychosocial support, occupational therapy and income generating activities.

» UNHCR Armenia operation supported older persons and other persons with specific needs through continuous home care and social assistance, provision of hygienic and medical supplies, as well as rental subsidies and other forms of cash assistance. In addition, the office successfully advocated for the inclusion of older persons of concern into the state welfare system through an emerging national Integrated Social Services Scheme.

» In consultation with older persons, the Sudan operation identified the lack of access to spectacles, as well as certain categories of eye diseases such as cataracts, as critical issues. As a result, the operation prioritised older persons for eye treatment and the provision of spectacles.

» In the Malaysia operation, older persons, especially older Rohingya, face difficulties in meeting the high cost of health care. In response, the operation conducted a targeted scheme that provided older persons with short-term cash grants.

» Based on consultations with older persons, UNHCR Angola, in cooperation with the national Ministry for Social Assistance and Reintegration, focused on the provision of a combination of legal assistance and health services specifically for older persons.

» In Zimbabwe, consultations with older persons identified the material needs of mattresses and underwear, which were then met.

» In the Botswana operation, older persons were prioritised as a target group for the provision of winter clothing donations.

» The Liberia operation provided older refugees with targeted cash assistance, in particular to meet monthly utility bills.

» In Georgia, older persons were targeted with one-time cash grants and a referral system to specialised government and NGO counterparts was developed.

10 UNHCR, Need To Know Guidance Working with Older Persons in Forced Displacement, 2013, Page 5
Deep seated societal hostility, violence and discrimination often force LGBTI persons to flee their home countries and seek protection abroad. However, in many cases these protection challenges continue in the country of asylum. The multiple vulnerabilities that LGBTI refugees may face in all stages of the displacement cycle is an increasing protection concern making it important for UNHCR to make a concerted effort to ensure that the rights of LGBTI persons are met without discrimination.11

Reports from LGBTI persons and organisations, as well as UNHCR operations globally confirm this environment of discrimination, which makes it difficult for LGBTI persons to be accepted in either displaced or host communities. In 2014, several initiatives were taken to address specific needs and challenges of LGBTI persons both at headquarters and in the field.

Eight country operations have chosen to report on the Results Framework indicator on the percentage of known LGBTI persons of concern who receive services for their specific needs. This indicator was introduced in 2014. Additionally, 23 operations have reported on activities carried out to enhance the protection and self-reliance of LGBTI persons, bringing the total number of operations reporting on their LGBTI-related work to 31.

Key trends from the 2014 AGD reports indicate that forcibly displaced LGBTI persons face serious protection challenges. In many situations, LGBTI persons are hesitant to seek help as they prefer to remain anonymous for their own safety. Recognising this, a number of field operations attempt to create “safe spaces” where LGBTI persons can feel comfortable discussing their biological sex, sexual orientation and gender identity confidentially and without fear of judgement or reprisal. For example, some offices display posters and other visual cues to demonstrate that they are LGBTI-friendly. These offices aim to provide LGBTI-related information in a sensitive manner and to direct LGBTI persons of concern to targeted services.

Based on consultations with LGBTI persons, operations focused on countering discrimination and protection risks, supporting access to services and enhancing self-reliance. The interventions carried out included fast-track resettlement, livelihoods opportunities and the provision of financial assistance for those LGBTI persons who were not able to engage in livelihoods.

Some good practices reported by country operations in the 2014 AGD reports include:

» Development of a referral mechanism for LGBTI persons and individual counselling.

» Conducting individual assessments and partnering with LGBTI organisations to advocate for LGBTI rights.

» Sensitisation training and capacity building on LGBTI rights, for government officials, including Refugee Status Determination (RSD) decision-makers.

» Creating more space for diversity and including LGBTI representatives in SGBV committees in refugee camps through gradual and non-threatening engagement in order to address SGBV challenges faced by LGBTI persons of concern.

» Organising and prioritising resettlement of LGBTI individuals with the aim of addressing specific protection needs.

» Including sexual orientation in the protection strategy addressing persons of concern.

» As part of a regional campaign on LGBTI rights known as “Equality is a right. Acceptance is a decision”, on 17 May, International Day against Homophobia and Transphobia, an event focusing on good practices to overcome homophobia and transphobia was held.

11 UNHCR, Need To Know Guidance Working with Lesbian, Gay, Bisexual, Transgender and Intersex Persons in Forced Displacement, 2013
Youth

KEY TRENDS:

» UNHCR provides livelihoods training as well as secondary and tertiary education for youth; however, a key challenge is scaling up these interventions to meet the demand for such initiatives.

» Across regions, UNHCR operations increasingly involve youth in SGBV prevention and sensitisation campaigns.

» UNHCR operations strengthened the involvement of youth in youth committees and community-based protection initiatives and activities.

Unlike children, adults and older persons, UNHCR does not provide a definition of the term youth in respect of an age range. While this flexibility may be helpful in allowing UNHCR’s field staff to recognise that ‘youth is a cultural construct,’ and that chronological age may not be the most important factor in considering a young person to be ‘youth’ in a particular culture and context, it also contributes to the invisibility of youth. 12

Since 2013, a greater focus has been placed on working with youth. In 2014, youth are more evident in the AGD reporting with operations being asked to specifically report on them for the first time. Common concerns raised by youth during participatory assessments can be summarised under three main points; their desire to be heard and be active members within their communities; the need for secondary and tertiary education, as well as, vocational training and livelihoods; and their wish to be involved in recreational activities.

Across all UNHCR’s operation reports, livelihood opportunities were highlighted as important by youth. Yet as the graph indicates, only a small number of youth were actually engaged in certified livelihood trainings in 2014. AGD reports state that many youth are not confident of securing skilled employment opportunities after completing certified livelihoods trainings or higher education. Consultations held with youth indicated that the lack of genuine opportunities coupled with immediate economic needs leads to a preference for unskilled and informal labour. For young women in displacement settings, the challenge is further intensified given social and religious tensions preventing them from accessing employment opportunities and often severely limiting their potential and opportunities for self-reliance.

Operations also reported engaging youth in recreational and community activities and in youth committees with the aim of ensuring their wellbeing and protection. These initiatives were undertaken in recognition of the capacities of youth and their positive role as change agents, especially given the resilience and agency they display and their ability to adapt to difficult situations.

Given the potential of youth, an increasing number of UNHCR operations reported including youth in SGBV prevention and awareness campaigns. This was done with the aim of addressing SGBV in conflict affected settings, which often report an increase in SGBV incidences, as well as to address the prevalence of SGBV amongst youth.

Field examples of targeted initiatives with youth are listed below.

» The operation in Afghanistan reported that young people from university and secondary schools were supported in idea-generating initiatives to enhance awareness on SGBV issues. The operations also supported the implementation of the National Youth Policy and formulation of its strategy in collaboration with key stakeholders.

» In Iran, the field operation in Shiraz implements community-based projects. To inform these projects, the operation conducts missions to consult with communities. In 2014, the operations included refugee youth in these missions with the aim of building trust within communities as well as draw upon the knowledge, cultural awareness and abilities of youth to inform and promote their interventions within the community.

» The operation in Botswana initiated and involved youth in an innovative SGBV awareness project, Start Awareness Support Action (SASA), with the purpose of informing and involving the community in SGBV prevention and response initiatives.

» The Burkina Faso operation supported youth involvement by providing training in choreography by the Choreographic Burkina Faso (the CDC), which was supported by France-based African Artists for Development. This activity was supported by UNHCR’s Youth Initiative Fund.

Given the realities in displacement settings, many youth are driven to try and become active members of their communities with the aim of creating a better future for themselves and their families. Operations reported on the inclusion of youth in participatory assessments, as well as holding separate consultations with them in order to ensure inclusion of their concerns in protection responses.

Operations reported including youth in SGBV prevention and sensitisation campaigns. This was done with the aim of addressing SGBV in conflict affected settings, which often report an increase in SGBV incidences, as well as to address the prevalence of SGBV amongst youth.

Field examples of targeted initiatives with youth are listed below.


Number of Youth (15-24 years) Enrolled in Certified Livelihood Training

[Graph showing 7% Enrolled and 93% Not Enrolled]
Children

KEY TRENDS:

» UNHCR operations improved the response to children at risk, in particular for unaccompanied and separated children (UASC), through strengthening of the Best Interest process.

» Operations reported several strategies to address the challenge of obtaining birth certificates, specifically with the goal of increasing access to education.

» Multiple strategies were engaged to overcome cultural, economic and language barriers, with the aim of ensuring increased enrolment and retention rates in schools.

In 2014, children represented 51% of the total number of refugees in the world. This was the highest population of refugee children seen in a decade. 2014 also saw a dramatic rise in the number of asylum applications made by UASC to more than 34,000. Many children spend their entire childhood in displacement and face unique protection risks. A key focus area for operations is to respond to identified needs arising from these risks, as well as provide support to families and communities. This includes protection from and advocating against all forms of discrimination; preventing and responding to abuse, neglect, violence and exploitation; ensuring immediate access to appropriate services; and ensuring durable solutions in the child’s best interest.

Key issues that emerged based on consultations with children are related to protection from SGBV, access to education and documentation. In the AGD narrative reporting, several interventions were undertaken by operations to address these challenges, some of which were conducted in partnership with government agencies to improve coordinated response mechanisms and strengthen child friendly procedures. As indicated in the graph, there was an increased use of best interest processes for UASC and other children at risk in UNHCR operations. These processes are essential tools in determining durable solutions in the care of individual children.

Operations also addressed SGBV affecting children, in particular child marriage. Limited socio-economic opportunities and environments where girls’ safety is at risk leads displaced communities to use negative coping strategies, including early and forced marriages, often to much older men. Several operations reported targeted interventions to address this challenge.

A majority of the AGD reports state that a primary concern amongst girls and boys is access to education. Education is a core component of UNHCR’s protection and solutions mandate, yet only 1 in 2 refugee children are enrolled in primary school, 1 in 4 are enrolled in secondary school, and less than 1% of refugee students have access to tertiary education.

UASC for whom a Best Interest process has been initiated or completed

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>2012</td>
<td>29%</td>
</tr>
<tr>
<td>2013</td>
<td>50%</td>
</tr>
<tr>
<td>2014</td>
<td>54%</td>
</tr>
</tbody>
</table>
This translates into approximately 3.2 million refugee children and adolescents out of school. In a number of AGD operations, access to primary education has been identified as directly linked to the availability of documentation. Some AGD reports note that children face great difficulties in obtaining a birth registration certificate. While this hinders children’s access to education, it can also lead to statelessness. Several operations have been working to facilitate access to education through the provision of documentation.

The following examples highlight good practices that were reported by operations.

- In India, operations brought in a child protection expert who conducted trainings for UNHCR staff and implementing partners on child protection and child friendly procedures. As a result, focused activities addressing children’s needs were undertaken, including converting interview rooms into a more welcoming space for children, conducting a mapping exercise to identify all children at risk and coordinating regular meetings to ensure that targeted assistance was provided. As a result, the Child Protection Standard Operating Procedures and the Best Interest processes have become streamlined. A SGBV, Child Protection and Education working group was established and a member of the national Child Welfare Committee included in this working group. This led to improved relationships and better coordination with national child protection systems in the country.

- In Malaysia, based on assessments made, 305 children at risk were referred immediately for counseling, medical aid, relocation and legal counseling. Following reports of suspected trafficking, the office conducted a study on underage marriage among the Rohingya community in order to review the existing laws and practices on marriage, as well as to map the dynamics and practice of child marriages among the Rohingya refugee population. The findings of the study will allow the office to better coordinate its response to child marriage as a phenomenon.

- UNHCR Indonesia strengthened their Best Interest process by recruiting a Best Interest Determination consultant to coordinate the process and provide capacity building and training to UNHCR and partner staff.

- In Angola, the operation established a partnership with UNICEF and the Ministry of Justice to improve birth registration practices targeting refugees and asylum-seekers born in Angola.

- In Chad, the operation successfully advocated for 637 supplementary judgements which were issued to refugee children who had not been issued birth certificates before and were unable to access education. The operation adopted several approaches to improve girls’ access to education. This included community discussions with different groups to discuss the importance of girls completing their education. Additionally, the distribution of hygiene kits and sanitary napkins to adolescent girls supported their health and dignity and played a role in ensuring retention of girls in school.

- The DRC operation responded to the children’s participatory assessment findings by strengthening timely identification, registration and documentation for children with specific needs, advocating for birth registration, and partnering with UNICEF to further promote children’s access to education, including the provision of school kits and school fees to 139 boys and 95 girls.

- The Pakistan operation opened 15 Home Based Girls Centres with 25 to 30 students each, recruited female teachers and equipped the centres with teaching and learning materials. In addition, Early Childhood Education centres recruited female teachers in an effort to improve girls’ access to early childhood care and development as well as primary education.

- The Ministry of Education in Iran agreed to include vulnerability criteria for disadvantaged refugee children to enable exemption from tuition fees in 2014 – 2015. UNHCR and the Ministry of Education also jointly supported the provision of school equipment and infrastructure.

- In Afghanistan, UNHCR in partnership with UNICEF and the Ministry of Education developed school infrastructure in order to accommodate the influx of returnee school children. This along with the provision of Community-Based Education helped reduce children’s dropout rates, particularly amongst girls.

3
AGD Accountability in Leadership Practices
The primary responsibility for providing leadership and guidance on AGD integration in UNHCR’s work rests with UNHCR senior management at country, regional and headquarters levels. Annual reporting on AGD accountability reporting is mandatory for UNHCR’s senior management. The report provides the senior management with an opportunity to report on how they have led, facilitated and supported the implementation of the AGD approach in all programmatic responses undertaken by their operations and divisions. In 2014, senior management provided information on three key areas of accountability:

1. Accountability practices through participatory assessments and other mechanisms
2. The composition and role of Multi-Functional Teams
3. Senior management’s personal commitments to integrating AGD within operations

Accountability practices through participatory assessments and other mechanisms

Senior management reported diverse practices to ensure accountability. Primary amongst these were participatory assessments. The use of participatory assessments is central to ensuring accountability to affected populations. This process also ensures that engagement with existing community-based knowledge and capacities are strengthened with the purpose of ensuring that communities play a primary role in their own protection and solutions.

Participatory assessments were generally carried out by Multi-Functional Teams composed of staff members and partners with different skill sets, experience and functional expertise to facilitate the adoption of an integrated approach. In some cases, Representatives reported that they themselves participated or led the participatory assessment processes and that findings from these assessments informed programme planning. Representatives also stated that there was a concerted effort to include women and marginalized groups. In certain operations, where it was felt that participatory assessments could not be conducted due to the political situation, Representatives reported the use of other mechanisms, such as comprehensive needs assessments and individual interviews, to ensure that persons of concern could participate in the planning processes.

A key aspect of accountability is to ensure that the views of persons of concern are adequately integrated into programming at all levels and stages of the programme cycle. Currently, in a majority of operations the participatory assessment is held annually at the end of one operational cycle and the beginning of the next. To ensure that there is more regular feedback provided, operations conduct home visits and individual interviews throughout the year to receive feedback on UNHCR’s work from communities. This type of feedback, however, tends not to be systematic and structured.

To strengthen accountability practices, some operations reported formally putting in place systems to allow feedback from persons of concern. For example, senior management in UNHCR Mozambique described the use of complaint boxes, regular meetings with zone leaders, and focus groups to provide persons of concern with the opportunity to give feedback on the quality of UNHCR’s interventions, as well as to influence programming. Also, UNHCR Niger introduced, a complaint mechanism targeting urban Malian refugees. This formalised complaint mechanism was complemented by a social panel that evaluated individual assistance requests. Both interventions enhanced protection.

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Multi-Functional Teams16

Multi-Functional Teams are a key tool to ensuring AGD accountability, as they ensure a comprehensive approach with diverse perspectives taken into consideration. Having a strong Multi-Functional Team ensures sharing of information between functional units, enhancing coordination within UNHCR and with partners.

‘In the Tajikistan Operation, I have emphasised to the larger team and partners that AGD should not be perceived as a separate construct or paradigm, but that it should inform all aspects of our work as a protection agency.’

Country Representative, Tajikistan

The vast majority of Representatives highlighted the importance of Multi-Functional Teams for the planning and carrying out participatory assessments as well as integration of the findings into programming. Some operations provided a clear membership breakdown, including male and female staff and technical/organisational affiliations of all external members. Certain operations included government counterparts in their Multi-Functional Teams and involved them in the responses when possible. Where Representatives reported Multi-Functional Teams were not required, it was mostly due to the size or nature of the operation. For example, some operations in countries affected by the Ebola epidemic felt that they did not need a Multi-Functional Team approach and were also hampered by lack of mobility.

Personal commitments of Country Representatives and Senior Management

Commitment displayed by Representatives and senior management towards AGD integration encourages staff to ensure AGD integration in all aspects of work. A majority of the Representatives clearly articulat[ed] their commitment to promote gender equality. Some Representatives reported having achieved gender balance in staffing in their operations as an internal AGD accountability measure and also ensuring that outreach to persons of concern is not hampered by lack of female staff.

Representatives also advocated with governments and partners with the aim of promoting an AGD approach externally. Reports highlight advocacy efforts for inclusion of children in national education systems, women’s rights, ending statelessness, inclusion of vulnerable groups into national systems and the inclusion of AGD-sensitive approaches in national services. For example, the UNHCR Regional Office in Ethiopia participated in the 23rd session of the African Committee of Experts on the Rights and Welfare of the Child in 2014 and brought specific attention to the plight of girls and boys displaced by the ongoing conflicts in CAR and South Sudan.

‘The entire country office is a multi-functional team and operates as such. I maintain a gender and geographic breakdown of the entire country office and monitor this closely, especially during recruitment.’

Country Representative, Nepal

16 Multi-Functional Teams comprise of representatives from UNHCR as well as key stakeholders including Representatives from government agencies and implementing partners.
Representatives highlighted that they communicated directly the operations plan for the future year. More than half of the raised by persons of concern were considered and reflected in participatory assessments to ensure that the challenges.

Representatives also conducted field visits and participated agencies and UNHCR staff on implementing AGD interventions. developing capacity through training of partners, government and transparency to concerns and grievances community leaders to ensure open dialogue.

'I participated in regular meetings with refugee community leaders to ensure open dialogue and transparency to concerns and grievances from refugees and asylum-seekers.'

Country Representative, Kyrgyzstan

UNHCR Headquarters AGD Accountability Practices

UNHCR headquarters, through its various divisions and sections oversees key areas of AGD integration within operations, protection, external relations, human resources and finances. The portfolio of tasks UNHCR headquarters exercises include consolidating annual global trends and reports; providing strategic and technical guidance; staff administration, initiating campaigns, programmes and projects; and liaising with partners, governments and donors. Through policy guidance, training and other capacity building initiatives, UNHCR headquarters also strengthens the capacity in field operations and influences operational level strategic priorities.

Strengthening Capacities

Strengthening Responses for LGBTI Individuals

The High Commissioner set the tone for strengthening UNHCR’s response for the protection of LGBTI persons of concern by sending a message to all staff in May 2014 to commemorate International Day against Homophobia and Transphobia. Recognising the particular harm and discrimination faced by LGBTI persons, The High Commissioner called on all UNHCR staff to help improve protection of LGBTI persons of concern as well as to eliminate homophobia and transphobia in the workplace.

The Division of International Protection (DIP), in close cooperation with the Africa Bureau, initiated a survey aimed at assessing the capacity of UNHCR offices globally, starting in the African region, to ensure the protection of LGBTI persons of concern. Following Africa, the survey has been implemented in all other regions and a global analysis of the results will be published in 2015. It is expected to inform and improve LGBTI-related training, toolkits and other resources.

In 2014, to address the knowledge gap on specific protection risks facing LGBTI people in countries of origin, transit and asylum, DIP also began a training initiative for staff members involved both in RSD and the delivery of protection and assistance. A comprehensive training module was developed and piloted in November 2014, in Geneva for participants from 17 operations in Africa; with plans for further pilot trainings to be conducted in Southern Africa, the Middle East and North Africa (MENA), Asia and UNHCR headquarters in 2015. The training module includes units on terminology and general sensitisation, protecting LGBTI refugees and asylum seekers and addressing LGBTI concerns in RSD and resettlement.

Campaign to end Statelessness

In 2014, UNHCR furthered its work on ending statelessness and launched the Campaign to End Statelessness in 10 Years. The Global Action Plan to End Statelessness (2014 – 2024) prioritises ten targeted actions to end statelessness. Among these are actions aimed at resolving major situations of statelessness; ensuring no child is born stateless; ensuring birth registration to prevent statelessness; removal of gender discrimination from nationality laws; and prevention of denial, loss or deprivation of nationality on discriminatory grounds.

In December 2014, UNHCR and the Kenya Human Rights Commission held a dialogue with Kenyan women and their families to understand how the 2010-2011 national laws reforms in Kenya, which provide for gender equality in the ability of women and men to confer their nationality on their children and spouses, was impacting them.

The strong involvement and advocacy of civil society on removal of gender discrimination from nationality laws led to the launch of The Global Campaign for Equal Nationality Rights in June 2014 by a coalition of NGOs supported by UNHCR and UN Women.

Institutional Initiatives on SGBV

The Call to Action is an important framework for UNHCR to advance its commitments to protect women, girls, men and boys from SGBV. Some of the key components of the Call to Action are:

Safe from the Start: Launched in 2014 for an initial period of 3 years, key components include deployment of six Senior Protection Officers (SGBV) in emergency operations; development of sound assessment tools and methodologies to strengthen evidence-based child protection and SGBV prevention and response interventions; implementation of multi-sectoral programmes addressing SGBV; and training and capacity development for UNHCR and partners.

In 2014, initial deployments of the senior protection officers (SGBV) began in Iraq, Ethiopia, Cameroon, Egypt, and Afghanistan. Under this initiative, a community-based

Additionally, Representatives stressed the importance of developing capacity through training of partners, government agencies and UNHCR staff on implementing AGD interventions. Representatives also conducted field visits and participated in participatory assessments to ensure that the challenges raised by persons of concern were considered and reflected in the operations plan for the future year. More than half of the Representatives highlighted that they communicated directly with persons of concern.
protection programme was implemented in Uganda in four villages in Arua and in all 14 settlements of Adjumani and Kiyandongo, and has enhanced community engagement in the prevention of SGBV.

Gender-based Violence Information Management System (GBVIMS). In collaboration with UNFPA, UNICEF and IRC, UNHCR is implementing a two-year project funded by Canada to improve service provision to SGBV survivors, and expand SGBV data collection and management. In this context in 2014, UNHCR supported 14 countries in the roll-out and implementation of the GBVIMS.

Strengthening the Protection of Children
In 2014, UNHCR headquarters strategically engaged with States in working with children of concern. The Sharjah Conference19 in the UAE broke new ground as the first regional, high-level meeting focusing on the protection of refugee children. A report to the Standing Committee also supported a stronger focus on the role of governments and strengthening children of concern’s access to national child protection and education systems. In line with this, the Child Protection Unit undertook cutting edge new research on measuring the impact of child protection and SGBV systems on the protection and wellbeing of refugee girls and boys in Uganda and Rwanda, with a particular focus on sexual violence (as part of the Safe from the Start initiative).

Headquarters also intensified direct and regional support for operations on the ground. The Live, Learn and Play Safe regional initiative was launched in 2014 as the first regional initiative was launched in 2014 as the first regional initiative to support UASC in northern Ethiopia, Sudan, Egypt and Yemen. An increased number of child protection initiative was launched in 2014 as the first regional initiative to support UASC in northern Ethiopia, Sudan, Egypt and Yemen. An increased number of child protection specialist included in the training of refugee children. A report to the Standing Committee also supported a stronger focus on the role of governments and strengthening children of concern’s access to national child protection and education systems. In line with this, the Child Protection Unit undertook cutting edge new research on measuring the impact of child protection and SGBV systems on the protection and wellbeing of refugee girls and boys in Uganda and Rwanda, with a particular focus on sexual violence (as part of the Safe from the Start initiative).

In 2014, UNHCR partnered with the Women’s Refugee Commission (WRC) to build capacity on implementation of UNHCR guidance on disability. Under a project led by a newly-engaged Senior Disability Adviser, eight country operations are receiving technical support on disability inclusion; consultation with persons with disabilities and their families to identify protection concerns; and development of action plans in partnership with refugees and IDPs, national disability organisations, governments and partners. Good practices and ongoing challenges will feed into a comprehensive training module for staff, partner organisations, government institutions and the broader humanitarian community. UNHCR is also building internal and external institutional linkages to ensure the inclusion of disability in protection and assistance programming.

Community-Based Protection
In 2014, UNHCR intensified efforts to promote community-based protection in the field. One priority was to encourage and enable staff to spend sufficient time directly with persons of concern and build sustained relationships and networks throughout communities. UNHCR recruited a Community-Based Protection Adviser to carry out a mapping of good practices on community-based protection in country operations. The Adviser will carry out field missions to document good practices in country operations with successful community-based protection programmes and then develop practical guidance material on strengthening community-based protection.

In 2014, UNHCR also assumed the role of co-chair of the Inter-Agency Standing Committee’s Task Team on Accountability to Affected Populations/Prevention of Sexual Exploitation and Abuse (AAP-PSEA), which enables the organisation to share good practices on accountability and promote the AGD approach as well as learn from other humanitarian actors.

Putting Adolescents and Youth on the Agenda
The Youth Initiative Fund promotes a positive approach to working with youth and has spurred UNHCR country offices and partners to work with young people in innovative ways. The fund focuses on tapping into and building upon the existing capacities and capabilities of young people, rather than focusing on vulnerabilities or the perceived problems of youth. In 2014, the Youth Initiative Fund supported innovative projects submitted by 16 countries.19 These initiatives designed and implemented by young people included a project led by a platform at the regional Child Protection Conference in Sharjah, through a dedicated Youth Forum and a ‘Thematic Day on Adolescents and Youth’ brought together global actors to discuss field practices and the way forward for working with adolescents and youth in humanitarian situations.

NGO Consultations
The main theme for UNHCR’s annual consultations with NGOs in 2014 focused on Women’s Leadership and Participation. The forum brought together 482 representatives from around the world, representing 250 different national and international NGOs, UN and international organisations. The theme guided the content of the sessions and was evident in much of the discussion, highlighting the persistent need to ensure that forcibly displaced women and girls have an equal and meaningful voice in decisions that affect them. The consultations also saw the first dedicated session on the protection of adolescents and youth.

Persons of Concern with Disabilities
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Conclusions and Recommendations
Central to operationalising the AGD policy is to ensure that the AGD approach informs all interventions. Overall, UNHCR’s accountability to persons of concern through AGD integration is encouraging and has been consistent with other reviews carried out in previous years. This process has been led and guided by senior management’s strong support towards ensuring participation of persons of concern in all decision-making processes impacting their lives. This has resulted in the strengthening of protection responses and identification of solutions in the best interest of persons of concern.

Further institutionalisation of the AGD policy in all protection responses and interventions is necessary to ensure that transformative programming is embedded at all levels. This can be achieved by strengthening on-going efforts to integrate the AGD policy throughout the programme cycle including planning, design, implementation, and monitoring and evaluation. This requires a greater investment in developing capacity to be able to work effectively on emerging protection issues amongst women and girls, older persons and marginalised groups including persons with disabilities and LGBTI persons. Strengthening this capacity will contribute towards supporting country, regional and headquarter interventions in successful operationalisation of the AGD policy. It will also lead to effective and meaningful community engagement as the main driver of UNHCR’s protection work.

AGD Reporting Challenges

It is important to strengthen the quality of AGD reporting, as this is a key tool that not only allows UNHCR to improve the analysis of protection risks and inform programming accordingly, but also to present how accountability translates at all organisational levels. The AGD Accountability Report relies primarily on individual country level AGD reports provided in FOCUS. Supplementary information is also gathered from other data sources, namely UNHCR’s impact and performance indicators, including the GSPs. In view of the very recent introduction of the AGD Accountability Report into FOCUS, with the objective of making improvements, the following recommendations are made for AGD reporting in future years:

» Headquarters reporting on AGD needs to be strengthened with the purpose of setting the standard.

» Significant progress relating to AGD integration must be accompanied by sufficient detail and analysis. Since the online reporting format provides only limited space, it is important to outline key AGD practices and provide well analysed information on these practices as an important means of assessing replicability.

» Given that there are approximately 52 indicators in the Results Framework that are linked to AGD, reporting must strengthen the link between the AGD narrative report and the indicators chosen by each operation to ensure consistency in reporting.

Key Recommendations

The following recommendations emerge from the analysis of UNHCR’s 2014 AGD Accountability Report.

» UNHCR’s accountability processes are strong in the initial phase of the programme cycle, with reporting demonstrating that this becomes diluted in the following phases of the programme cycle, specifically on monitoring and evaluation, oversight mechanisms and programme revision. Given this, it is recommended that participatory AGD measures are incorporated at key stages of the programme cycle to improve programmes and strengthen accountability.

» Given the key challenge of participation that has been highlighted by women, youth, persons with disabilities and older persons, it is recommended that the agency strengthen skills development and capacity building, specifically on leadership skills, amongst persons of concern to enable and strengthen their meaningful and effective participation.

» It is recommended that there be further investment in agency-wide interventions on the ‘how to’ with regard to AGD integration. This will also assist in operationalising existing guidance where it may already exist and highlight gaps that need to be addressed.

» 2014 AGD reporting on disability inclusive programming and interventions targeting older persons is largely silent on the complex issue of how gender considerations impact women and girls in these groups. To ensure that gender equality measures are integrated into all stages of the programme cycle targeting the diverse population groups UNHCR works for, it is recommended that gender analysis be strengthened.

» Very few operations reported specifically on interventions with men and boys, especially survivors of SGBV. Given the importance of developing community-based responses and recognising that vulnerabilities exist amongst all persons of concern, further programmatic engagement with men and boys is recommended.


40 UNHCR 2015 Age, Gender and Diversity Accountability Report 2014 41