

This document forms part of the 4th edition of the UNHCR Emergency Handbook and was generated from the digital Emergency Handbook system.

Livelihoods and economic inclusion

Key points

- The Global Compact on Refugees (GCR) calls for enhancement of refugee resilience and self-reliance and for adoption of a whole-of-society approach, both to reach this objective and for the benefits it will bring.
- Access to livelihoods and economic inclusion contribute in vital ways to refugee resilience and self-reliance.
- UNHCR recommends that, to improve refugee inclusion in programmes and services, operations should convene and partner with organizations that specialize in livelihoods.
- You can do this by consulting a range of stakeholders. For example:
 - Financial and business development service providers.
 - Private sector organizations (companies, chambers of commerce, employment agencies, business associations).
 - Public and private training institutes.
 - Development actors, including development NGOs.
 - Governments.
 - UN agencies.
 - Academic and research institutions.
- Assess whether it is viable to include refugees in programmes and services. Ask, for instance, whether specific actors:
 - Provide services that are relevant to refugees.
 - Have the capacity to meet the needs of all or specific groups of refugees. Do they offer appropriate incentives? What influence do they have?
 - Possess the necessary expertise. Can they survive and compete in local markets?
- UNHCR should not itself intervene to fill a gap in services except as a last resort. It should only intervene when other stakeholders:
 - Lack the expertise to offer refugees appropriate opportunities.
 - Are prevented from intervening.
 - Lack the capacity to meet refugees' needs.
- Where UNHCR operations do implement directly, they should apply the Minimum Economic Recovery Standards. These help to ensure that livelihood programmes are market-oriented and of high quality.

1. Overview

Refugees can be protected, and obtain long-term solutions more successfully, when they have livelihoods and participate economically. Economic inclusion implies giving all members of society, including non-citizens and vulnerable and underserved groups, access to labour markets, finance, entrepreneurial expertise, and economic opportunities. Refugees who enjoy economic inclusion are more likely to be self-reliant and resilient, to meet their needs in a safe, sustainable and dignified manner, to avoid aid-dependency and negative coping mechanisms, to contribute to their host economies, and to be prepared for the future, whether they return home, integrate in their country of asylum or resettle in a third country.

Economic inclusion starts from the moment a refugee influx begins. If humanitarian assistance and educational services are well-directed from the start, they can create better outcomes for refugees in later phases of displacement. The first short-term support provided by humanitarian assistance helps refugees to meet basic needs and obtain adequate protection. In the medium and long-term, assistance should secure the inclusion of refugees in programmes and services offered by development actors, the private sector, and governments. Participation in market systems (through wage- or self-employment, for example) depends not just on access to finance, training, access to education at all levels, coaching, job placement, and a wide range of other support services, but also on the presence of an enabling environment whose rules and regulations protect rights and security. Where refugees have limited access to the right to work and related rights, UNHCR and partners will need to advocate for an environment that encourages the economic inclusion of refugees and enhances their access to livelihoods and decent work. It is important to recognize that positive outcomes in this area require multi-year strategic planning.

2. Protection objectives

- To meet basic needs.
- To protect productive capital and diversify income sources.
- To prevent asset depletion and negative coping strategies.
- To protect and build human and social capital and promote decent work strategies.
- To support equal access to services and economic opportunities.

3. Underlying principles and standards

Key principles

- Convene internal and external stakeholders.
- Strengthen livelihood support based on socio-economic profiling.
- Assist refugees to become self-reliant and resilient, including during the emergency phase.
- Assist refugees to contribute to (and be included in) local development plans and processes.

- Avoid the provision or creation of parallel services.

Standards

The Minimum Economic Recovery Standards (MERS) set out the minimum level of activities required to support the economic recovery of vulnerable populations after crises. The MERS handbook offers tools and approaches that help practitioners, multilateral stakeholders, local market actors, governments, and donors to support economic recovery using a market-based response. The standards draw on the accumulated experience of the world's leading humanitarian agencies and economic development practitioners.

The MERS is composed of six sets of standards that can be read in sequence or separately.

- The Core Standards describe approaches and activities that prevent or mitigate physical, social, economic, environmental or other harms, and promote protection in alignment with the Core Humanitarian Standards.
- Assessment and Analysis standards advise on how to design, implement and share assessment results that inform effective and context-appropriate programmatic strategies.
- Asset Distribution standards assist practitioners to apply market-aware thinking to asset distribution, support activities linked to longer term-recovery, and minimize disruption of local market systems.
- The MERS also promote livelihoods, financial inclusion, and self-reliance through standards that focus on development of enterprise and market systems, financial services, and employment.

4. Protection Risks

Risks that may need to be addressed include:

- Sexual exploitation and abuse.
- Risky coping mechanisms (including survival sex, child labour, engagement in illegal activities).
- Obstacles to access and enjoyment of assistance and other services.
- Lack of access to formal and informal markets and labour opportunities.
- Depletion of assets, leaving people vulnerable.
- Restraints on, or prevention of, freedom of movement.

5. Other risks

- Legal systems may not adequately respect, protect and fulfil rights.
- Support programmes may discriminate between refugees and host communities.
- There may be a shortage of appropriate partners, especially development partners.
- Programme models may create dependence rather than self-reliance.
- Livelihood programmes may create frustration if they have no impact or their impact is deferred.

- Local people may perceive that refugees are competing with them for jobs and work.

6. Key decision points

Assess existing and potential livelihood opportunities and services. Because they know the context and have links with the local population, NGOs and other local institutions that are perhaps not typical UNHCR partners may be equipped to support and promote livelihoods work and help refugees to become more self-reliant. Use market assessments and value chain analysis (where appropriate) to evaluate host community and in-camp markets, and cross-check the findings against ProGres data on refugee profiles, to identify skills that are needed and skills that refugees possess. Consider sustainability, how both refugees and host communities make a living, and the capacity of the area to absorb refugees. Explore alternative solutions from the beginning.

Operations should seek partners that can include refugees in their programmes and services, taking into consideration the comparative advantage of development actors, private companies, government, financial services providers, and other stakeholders. Partners can develop joint advocacy plans to improve the economic environment for refugees.

7. Key steps

- To improve refugees' inclusion in programmes and services, operations should convene and partner with organizations that specialize in livelihoods.
 - You can do this by consulting a range of stakeholders. For example:
 - Financial and business development service providers.
 - Private sector organizations (companies, chambers of commerce, employment agencies, business associations).
 - Public and private training institutes.
 - Development actors, including development NGOs.
 - Governments.
 - UN agencies.
 - Academic and research institutions.
 - Assess whether it is viable to include refugees in programmes and services. For instance, ask whether specific actors:
 - Provide services that are relevant to refugees.
 - Have the capacity to meet the needs of all or specific groups of refugees. Do they offer appropriate incentives? What influence do they have?
 - Possess the necessary expertise. Can they operate and compete in local markets?
 - UNHCR should not itself intervene to fill a gap in services except as a last resort. It should only intervene when other stakeholders:

- o Lack the expertise to offer refugees appropriate opportunities.
 - o Are prevented from intervening.
 - o Lack the capacity to meet refugees' needs.
- Where UNHCR operations do implement directly, they should apply the Minimum Economic Recovery Standards. These help to ensure that livelihood programmes are market-oriented and of high quality.

8. Key management considerations

To strengthen refugee self-reliance successfully, livelihood interventions need to be supported by a range of teams working in education, protection, programmes, solutions, community services, communications, and other disciplines. Success also depends on cooperation with development actors, the private sector, and local partners. Where local partners lack expertise or capacity, the office may need to bring in technical support to strengthen them.

9. Resources and partnerships

Staff

UNHCR livelihoods staff in the field.

Partners

Implementation partners who take a market-oriented approach and are familiar with refugee issues. Operational partners with specific expertise in microfinance, vocational training, entrepreneurship, employment services, and agriculture and rural development.

10. Links

Refugee Livelihoods and Economic Inclusion: 2019-2023 Global Strategy Concept Note
 ILO, UNHCR - Guide to Market-Based Livelihoods Interventions for Refugees
 Minimum Economic Recovery Standards (MERS)
 OECD-UNHCR, A 10-point multi-stakeholder action plan for employers, refugees, governments and civil society
 UNCTAD-UNHCR- IOM, Policy Guide on entrepreneurship for Migrants and Refugees

Need help?

CONTACT Contact the Livelihoods and Economic Inclusion Unit, UNHCR Division of Resilience and Solutions (DRS). At: liveliood@unhcr.org

Version and document date

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Refugee Emergency Response Agreements (RERAs)

Key points

- Prepare for new displacement emergencies by undertaking minimum preparedness actions (MPAs). Monitor the situation and run risk analyses regularly.
- As part of emergency preparedness (both MPA and advanced preparedness actions, APA), map partners, their locations, and their capacity to provide surge support.
- Familiarize yourself with emergency programming tools.
- Establish and develop contacts in government to be able to advocate for rapid partner registration, if needed.
- Alert the UNHCR regional and global emergency preparedness focal points if you identify a critical gap in emergency partners.

1. Overview

Refugee Emergency Response Agreements are a global response mechanism that offers country operations additional partnership options for urgent surge support in emergency situations. RERA agreements may be agreed in any emergencies in which UNHCR has an operational role, including emergencies that involve internal displacement, stateless persons, or other persons of concern.

RERAs have been concluded with five partners in a range of sectors.

- The Danish Refugee Council (DRC) partners on Shelter and Community-Based Protection (CCCM).
- Oxfam International partners on water, sanitation and hygiene (WASH).

- The Norwegian Refugee Council (NRC) partners on shelter, housing, land and property, and education.
- The International Rescue Committee (IRC) partners on sexual and gender-based violence (SGBV), health, WASH, and cash-based interventions.
- Action Contre La Faim (ACF) partners on nutrition.

2. When and for what purpose?

RERAs are triggered when a critical partnership gap is identified during a refugee emergency, and can also be considered during the preparedness phase of a refugee emergency. They are not activated automatically.

UNHCR country operation assesses the availability of partners to mount the response. If insufficient partners are available, the UNHCR Country Representative will directly, or in consultation with the Regional Bureau with the Bureau Director, request the Division of Emergency, Security and Supply (DESS) to provide immediate surge support by activating a RERA.

DESS alerts an identified RERA partner and outlines the programmatic setup and operational interventions that are needed. The RERA partner is asked to undertake a mission to assess its capacity to establish an in-country presence or scale up its existing presence. The partner then enters into discussion with the relevant UNHCR Country Office. The final decision to enter an agreement with a RERA partner rests with the Country Representative. The Representative is also solely responsible for concluding a Letter of Mutual Intent (LOMI) or a Project Partnership Agreement (PPA). The working expectation is that, if the Representative invites a RERA partner in, a partnership agreement of some sort will be concluded.

3. Description and /or specifics

The following criteria were used to identify UNHCR's global RERA partners. Candidate organizations were expected to possess:

- Strong global and/or regional reach and presence, broad capacity, interest and experience in refugee operations.
- Demonstrated capacity and commitment to respond to emergency situations, especially emergencies that involve refugees.
- Experience of and commitment to working in accordance with the policies, standards and structures that apply in refugee contexts.
- Technical capacity; this was evaluated in terms of past performance, depth of expertise, and collaboration with UNHCR in particular sectors or areas of refugee operations, etc.
- Proven coordination capacity and experience in particular areas or sectors.
- Global emergency preparedness capacity (access to rosters, stockpiles, etc.).

- Experience of capacity development; experience of cooperation with national actors; proven institutional willingness to work cooperatively.
- Adherence to financial governance and accountability requirements.
- Ability and commitment to contribute resources.

The response capacities of UNHCR's RERA partners are documented in annexe II of its agreements with them (see below).

4. How to request / implement / seek support?

The UNHCR Country Representative will directly, or in consultation with the Regional Bureau request DESS to activate a RERA response for immediate surge support.

The RERA partner may be willing to undertake an initial assessment without requesting funds from UNHCR.

The decision to invite a RERA partner rests with the Country Representative. The Representative is also solely responsible for concluding any in-country Letter of Mutual Intent (LOMI) or a Project Partnership Agreement (PPA). Most RERA partners would reasonably expect UNHCR funding to implement activities.

5. Links

Special measures for the Management of Partnerships in Emergencies
[NRC Website](#)
[DRC Website](#)
[IRC Website](#)
[OXFAM Website](#)
[ACF Website](#)

Need help?

CONTACT Contact Isabelle Misic, Chief of Section in the Emergency Preparedness Section of UNHCR's Division of Emergency, Security and Supply (DESS). At: misic@unhcr.org

Annexes

- RERA_NRC

- RERA_DRC
- RERA_IRC
- RERA_Oxfam
- RERA_ACF
- RERA_NRC_Annexes
- RERA_DRC_Annex2
- RERA_IRC_Annex 2
- RERA_Oxfam_Annex 2
- RERA_ACF_Annex 2

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Sexual and gender based violence (SGBV) prevention and response

Key points

- Anyone can become a survivor of SGBV: women, men, girls, boys, of every age and background.
- Initiate SGBV prevention and response programming from the start of an emergency, whether or not cases have been reported.
- Do not forget to include men and boys when you work with communities on SGBV prevention.
- Involve staff having a variety of functions in SGBV prevention: it is a UNHCR protection priority and a responsibility of all staff.
- Put aside your cultural and other biases and assumptions with regard to SGBV (including assumptions about traditional practices).

1. Overview

Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It includes physical, emotional or psychological and sexual violence, and denial of resources or access to services. Violence includes threats of violence and coercion. SGBV inflicts harm on women, girls, men and boys and is a severe violation of several human rights.

Persons of concern are often at heightened risk of SGBV during emergencies. This can be due to a number of factors, including the sudden breakdown of family and community structures after forced displacement. Certain groups in a population may be particularly at risk of SGBV: older persons, persons with disabilities, adolescent girls, children, LGBTI persons, and female heads of household.

SGBV may be perpetrated by anyone, including individuals from host communities, from refugee or IDP communities, and humanitarian actors. Persons in positions of authority (police, security officials, community leaders, teachers, employers, landlords, humanitarian workers) may abuse their power and commit SGBV against persons of concern. Changed social and gender roles or responsibilities, as well as the stresses of displacement, can cause or exacerbate tensions within the home, sometimes resulting in domestic violence. Some harmful customary or traditional behaviours may amount to SGBV: early marriage, female genital mutilation/cutting (FGM/C), honour killing and maiming, forced abortion. During situations of armed conflict, sexual violence may be used as a weapon of war.

Preventing and responding to SGBV is a core component of UNHCR's protection mandate. Given the multi-sectoral nature of the response it requires, UNHCR and partners should mainstream SGBV prevention throughout the emergency response and in programming across all sectors. SGBV prevention and response interventions are life-saving. Programming must begin at the very outset of an emergency, irrespective of the number of reported SGBV cases. UNHCR works together with Governments, other UN agencies, local and international NGOs and persons of concern to prevent and respond to SGBV.

2. Protection objectives

- To protect displaced women, girls, men and boys against SGBV at all times and in all locations, including in the home, school and work, in public places, on public transport, and at aid distribution points.
- To ensure that SGBV survivors can confidentially report incidents and have timely and non-discriminatory access to services and support, including medical, psychosocial, legal and material assistance, as well as safe spaces where needed.
- To address the specific protection needs of persons at high risk of SGBV (including older persons, persons with disabilities, adolescent girls, children, LGBTI persons, and female heads of household) and take them into account in all programming.

- To ensure that SGBV survivors can seek a judicial remedy if they wish.
- To encourage and enable persons of concern to become actively involved in protecting women, men, girls and boys against SGBV, including through community-based protection networks and initiatives.

3. Underlying principles and standards

- A survivor-centred approach:
 - o Treat every survivor with respect.
 - o The safety of survivors and their families is paramount.
 - o Respect the choices, wishes, rights and confidentiality of survivors and their families. The identity of a survivor should never be revealed without his or her prior consent.
 - o Provide services and support without discrimination on any grounds.
- A rights-based approach. Empower individuals and communities to exercise their rights, rather than assist them as 'beneficiaries'.
- An age, gender and diversity approach. All women, men, girls and boys of all ages and diverse backgrounds should enjoy their rights on an equal footing and participate fully in decisions that affect them.
- Community-based protection. Put the capacity, agency, rights and dignity of persons of concern at the centre of programming. Involve communities actively and substantively in all aspects of programmes that affect them. The community should be the driving force of change.
- Gender equality and women's empowerment. Gender norms and unequal power relations are the underlying causes of SGBV: work with women, men, girls and boys to address the root causes of SGBV and support women and girls to be leaders in their communities on an equal footing with men and boys. Please see entry on Age, gender and diversity (AGD).
- A life-saving intervention. SGBV prevention and response are life-saving interventions. Plan and implementing them from the start of an emergency, without waiting for evidence of prevalence.
- A multi-sectoral approach. Involve UNHCR personnel and partners with different functions to make sure that SGBV prevention is mainstreamed throughout the response.

4. Protection Risks

- Persons of concern may be at risk of SGBV in many different settings (at home, in public places, on public transport, in the workplace, at school, at aid distribution points). Perpetrators may be from the host or refugee/IDP community, from the humanitarian community, or in an official position.
- Although there are also communalities, SGBV-related risks in camps may differ from those in out-of-camp settings. For example
 - o In camp settings, displaced people are at risk of SGBV at aid distribution points; in water, sanitation and hygiene (WASH) facilities; in unsafe shelter arrangements such as communal tents; and in areas where lighting is poor.
 - o In out of camp settings, they are at risk of SGBV in public spaces such as markets; in the workplace;

at and on the way to and from school; while using public transport; and at home (where they may be abused or exploited by landlords, neighbours, or other members of the household).

- The risk of SGBV in an emergency context is exacerbated by several factors. These include: breakdown of family and community support systems; the presence of armed forces or combatants; weak legal systems and law enforcement; abuse of power by individuals in positions of authority; laws and practices that reinforce gender discrimination; inadequate access to shelter, food, water and fuel; and inadequate access to livelihood opportunities.
- Certain people are particularly at risk of SGBV during and after forced displacement, especially when they have been separated from or have otherwise lost the support of their relatives or communities. They include older persons, persons with disabilities, adolescent girls, children, LGBTI persons, and female heads of household.
- Girls and boys are at risk of sexual exploitation, abuse or violence by persons who care for or have unhindered access to them, including in schools. Gender-based denial of resources or access to services can also amount to SGBV; for example, girls may be denied access to school because of their gender.
- When persons of concern are dispersed in the population, in urban or rural settings, it is difficult to identify survivors and those at risk of SGBV, or ensure their access to services.
- Under-reporting of SGBV is often a serious issue. Survivors may not speak out because they are ashamed, stigmatized, blame themselves, fear reprisals or re-victimization, or mistrust the authorities. As a result, survivors may not make use of services to which they are entitled.
- The difficult social and economic conditions that people experience during displacement may drive men, women, boys or girls to adopt negative coping strategies, such as survival sex.

5. Other risks

- UNHCR faces a reputational risk. If UNHCR and its partners do not adequately address SGBV, this may harm UNHCR's credibility and authority.
- The media may demand information on SGBV cases. If survivors come forward, it may put them at additional risk, particularly when the services in place cannot meet their immediate support needs.

6. Key decision points

Senior management is responsible for making sure that UNHCR and partners prioritize action to prevent and respond to SGBV, as a life-saving intervention. Programming should start from the inception of an emergency, whether or not cases of SGBV have been reported.

If no staff member has a specific SGBV portfolio, management should decide which protection staff will take primary responsibility for SGBV prevention and response. As part of protection mainstreaming, managers must also ensure that colleagues with different functions within UNHCR work together on SGBV prevention, and that all programmes address it. They should also make sure that steps are taken to identify people at risk, undertake prevention activities, and disseminate information about the services

that are available.

Managers should work closely with other UN agencies, Government authorities and ministries, and NGOs working on SGBV, to ensure the approach taken is collaborative. SGBV prevention and response programmes should fall broadly within protection and (in a refugee emergency) should be led by UNHCR. Services that meet the needs of survivors (health care, psychosocial support, legal aid) will ordinarily be provided by partners. Depending on capacity, UNHCR may assume a role in individual case management, alongside partners.

7. Key steps

Systems

1. Appoint at least one professional member of the protection staff to be responsible for SGBV prevention and response, under the overall supervision of the Assistant Representative Protection (or equivalent position in the operation) or the senior protection officer.
2. Identify other actors working on SGBV prevention and response (and their focal points), in Government institutions, UN agencies, and local and international NGOs, as well as service providers in the fields of health, psychosocial support, safety and security, and legal assistance.
3. Conduct individual interviews with persons of concern, and local actors, to identify their needs, solutions, and gaps in programmes and services. Complement interviews with situation analyses and focus group discussions.
4. With partners, establish (and in refugee situations lead) a coordination mechanism, such as a SGBV working group.
5. In collaboration with partners and service providers, develop clear reporting mechanisms and referral pathways for SGBV survivors, to ensure survivors are able to disclose SGBV [MV1] in a variety of points of contact and can obtain efficient and non-discriminatory access to services.
6. In collaboration with partners and service providers, prepare standard operating procedures (SOPs) on SGBV prevention and response, which describe the coordination arrangements, referral pathways, and reporting mechanisms.
7. Set up a management system for SGBV cases.
8. Put special procedures in place for working with child survivors and child perpetrators.
9. Establish an information management system for SGBV data, including an information-sharing protocol for participating organizations. (For tools go to website <http://gbvims.org>[MV2])
10. Develop a monitoring and evaluation framework for SGBV programmes and integrate it in protection programming.
11. Review national laws and policies on SGBV protection, the rights of survivors, and gender equality, to ensure they are in line with international law and are not discriminatory.
12. In countries that are listed in the annual *Report of the Secretary-General on Conflict-related Sexual Violence*, and in operations that receive refugees from those countries, UNHCR has an obligation to help coordinate, to collect and verify information, and participate in monitoring, analysis and reporting arrangements (MARA). UNHCR usually collects data for MARA via its protection monitoring and information management systems. The information is submitted to women protection advisors (or their equivalent) in peacekeeping missions, the MARA working group, or SGBV coordination structures at country level.

Prevention

1. Take steps to raise awareness among persons of concern of the need to prevent SGBV and promote gender equality, and about services available to survivors. Where it is relevant, include information on how survivors can access justice through formal and informal justice mechanisms. Please see entry on access to justice.
2. Identify or encourage the formation of community-based networks among persons of concern and assist them in their preventive and information work on SGBV.
3. In coordination with communities and the host Government, establish arrangements to ensure the safety and security of persons of concern.
4. Work with partner organizations to create safe spaces for women and for children in, out-of-camp settings. Where these already exist, make the community more aware of them.
5. Ensure that teachers, other school staff, and students are trained in SGBV and that systems are in place in schools to identify and refer survivors and children who are at risk of SGBV. Ensure that all teachers sign a code of conduct that prohibits all forms of SGBV against students and are trained to implement it. Please see entry on education in emergencies.
6. In camp settings, work with UNHCR and partners from relevant sectors to ensure that camps are set up, structured and managed to promote safety, by the provision of lighting, an adequate security presence (including female security personnel), secure shelters allocated according to need and vulnerability, and WASH facilities that are safe and accessible. Please see entries on camp coordination and camp management (CCCM) cluster (IASC), shelter solutions, and WASH in camps.
7. In urban settings, work with shelter partners to reduce the risks of SGBV created by overcrowded or insecure housing arrangements. Ensure that programmes (such as cash assistance) target persons with specific needs, including survivors and persons at risk of SGBV.
8. Explore the provision of vocational, skills training and livelihood programmes because these can contribute to SGBV prevention by empowering women. Ensure that programmes are open to women, including survivors. Please see entry on livelihoods and self reliance.
9. Engage with persons who have power (employers, teachers, landlords), and educate them about the risks and consequences of SGBV.
10. Provide training to local authorities, law enforcement and judicial officers, including informal justice mechanisms where relevant, to ensure that they recognize, respect and protect the rights of SGBV survivors. Emphasize the principles of non-discrimination, equality before the law, and equality before courts and tribunals. Please see entry on access to justice.
11. In discussions with local authorities, and law enforcement and judicial officers, including representatives of informal justice mechanisms, emphasize the importance of bringing perpetrators to justice.
12. Provide training to all UNHCR and partner personnel on prevention of sexual exploitation and abuse of persons of concern. Disseminate UNHCR's Code of Conduct and the Secretary-General's Bulletin on special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13).
13. Train and inform UNHCR and partner personnel in a range of functions (education, protection, food security, livelihoods, camp coordination and camp management (CCCM), health, shelter, fuel and energy, WASH), to ensure they understand the risks of SGBV and their responsibility to prevent and, where appropriate, respond to it in their programming.

Response

1. Provide training to relevant UNHCR and partner personnel to ensure they fully understand the SGBV SOPs[MV3] . Make sure they are familiar with reporting and referral systems, and core principles that

underpin work with survivors: respect, safety, confidentiality and non-discrimination. Familiarize staff with SPHERE standards, to ensure that response planning and assistance take the specific needs of women, men, girls, and boys into account.

2. Engage with service providers to make sure that services they provide to SGBV survivors are appropriate, of high quality, and comply with basic standards for survivor care. When a survivor reports a SGBV incident, always respect his or her wish to report the incident formally or not, or access particular services. Every survivor should be:

- Informed of the assistance available, including medical services, psychosocial support, legal assistance, and (where necessary) material assistance and access to safe shelter.
- Provided with health assistance as a priority if he or she has experienced physical or mental harm. In cases of rape, all (eligible) survivors must have access to post-exposure prophylaxis (PEP) against HIV, prophylaxis for sexually transmitted infections, and (in the case of female survivors) emergency contraception. Able, where admissible, to have forensic evidence collected by the health sector/cluster, where appropriate[MV4]
- Granted free legal aid if he or she wishes to pursue legal action. If the survivor agrees, acts of sexual violence or female genital mutilation should be reported to the police as soon as possible.
- Relocated to a safe house, shelter or an alternative location within the country, or considered for resettlement if their safety is at risk and circumstances require it.

Note: Pay attention to the definition of 'eligibility' and 'eligible rape survivor'. Eligibility should be determined for each prescribed medical intervention, based on the medical indication of the intervention and the time that has passed between the incident and the intervention.

Standard / Indicators

Emergency Standard

- All SGBV survivors have access to the medical care they require.
- All SGBV survivors have access to psychosocial support.
- All survivors who choose[MV6] to disclose an incident should be able to access legal advice and support
- Where a survivor's safety is at risk and the circumstances require, he or she is relocated to safe house, shelter, or alternative location within the country, or considered for resettlement[MV7]
- All survivors of rape should have access to services for clinical management of rape. All health facilities should have trained staff, as well as sufficient supplies and equipment for the clinical management of rape. Indicators that will be collected using the UNHCR Health Information System are:
 - o 100% of eligible rape survivors receive PEP (against HIV) within 72 hours of an incident.
 - o 100% of eligible female rape survivors receive emergency contraception within 120 hours of the incident.
 - o 100% of eligible rape survivors receive prophylaxis for sexually transmitted infections within 2 weeks of the incident.

Long-term Standard

The same standards apply to long-term situations and emergencies.

8. Key management considerations

To manage SGBV prevention and response programmes, at least one professional member of the protection staff should be dedicated to SGBV, in an appropriate supervisory or management structure. A monitoring and evaluation framework should be set up soon after an emergency starts, to measure the impact of interventions and identify gaps in programming. Because preventing and responding to SGBV is a multi-sectoral and inter-agency obligation, effective management, oversight and monitoring arrangements should involve relevant inter-agency mechanisms, partners and Government institutions, as well as persons of concern.

9. Resources and partnerships

Staff

- At least one member of the protection staff in each operation must have responsibility for SGBV prevention and response programming, under the overall supervision of the Assistant Representative Protection (or equivalent position in the operation).
- SGBV prevention and response activities are multi-sectoral and require coordination with UNHCR and partner organizations in a variety of sectors (including protection, WASH, livelihoods, health, shelter, CCCM, education and child protection). Ensure that protection and health staff work together to ensure that survivors are able to access health facilities as soon as possible. [MV1]

Partners

- Partnerships outside UNHCR include local, national and international NGOs; other UN agencies; and relevant Government authorities including ministries, and law enforcement and judicial institutions.
- It is essential to work closely with women, men, girls and boys across populations of concern at every stage of programming (assessment, prioritization, design, implementation, monitoring and evaluation).

Resources

- Adequate financial resources are required to plan, implement and monitor SGBV prevention and response programmes and interventions. SGBV programmes should be prioritized as life-saving interventions in funding proposals.

10. Links

Minimum Initial Service Package for Reproductive Health in Crisis

UNHCR Refworld, Special Feature Page, Gender Equality and Women UNHCR, SGBV e-learning
International Rescue Committee, Women's Empowerment and Protection Global Protection Cluster, Gender-based Violence Area of Responsibility MenEngage – an alliance of NGOs working with men and boys to promote gender equality Gender Based Violence information management system

Need help?

CONTACT As first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; or The UNHCR Regional Asst./Dep Rep (Protection) and/or Snr. Regional Protection Officer at the regional office (if applicable); or The Snr. Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who in turn will liaise as required with the parent unit at UNHCR DIP.

Annexes

- UNHCR, Action Against Sexual and Gender-based Violence. An Updated Strategy, 2011
- UNHCR, Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response, 2003
- Gender-based Violence Area of Responsibility Working Group, Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, 2010
- UNHCR Handbook for the Protection of Women and Girls
- Clinical Management of Rape Survivors
- Implementation of Security Council Resolution 1960 (2010) On Women, Peace and Security
- Handbook for Coordination Gender-based Violence Interventions in Humanitarian Settings

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Policy on UNHCR's Engagement in Situations of Internal Displacement ('IDP Policy')

Key points

- UNHCR must be proactive in preparing for and acting to address emergencies that result in situations of internal displacement.
- Our engagement is grounded in the UN Guiding Principles on Internal Displacement.
- The commitment to the 'centrality of protection' means that protection is the goal of humanitarian action and requires a collective effort from all humanitarian actors.

1. Overview

UNHCR's IDP policy covers all aspects of UNHCR's engagement in situations of internal displacement, including when preparing for and delivering protection and solutions as part of a collective response in support of States and affected populations. It applies to the work of all UNHCR personnel at field, country, regional and headquarters level. Compliance is mandatory.

2. When and for what purpose

The IDP policy reaffirms UNHCR's commitment to engaging decisively and predictably in situations of internal displacement. This commitment is an integral element of our operations worldwide and our protection leadership role in humanitarian crises. The policy requires country, regional and global operations to mobilize and deploy their resources and capacities to support UNHCR's longstanding pledge to work in partnership with others to strengthen protection and secure solutions for internally displaced people (IDPs). The policy empowers and requires Representatives to be proactive in preparing for and taking action to address emergencies that result in significant internal displacement. They act as part of a humanitarian response under the UN country leadership, based on a sound protection and context analysis. Representatives will be supported to: implement inter-agency commitments; place protection at the centre of humanitarian action; and design, implement and sustain a meaningful, solutions-oriented operational response to internal displacement that is backed up by global advocacy and resource mobilization.

3. Summary of guidance and/or options

The IDP policy provides guidance in situations where UNHCR engages with IDPs and wider displacement-affected communities. It covers: State responsibility; respect for human rights and international law; putting protection and solutions at the centre of humanitarian action; upholding

humanitarian principles; safeguards and accountability; and contributing to a multi-stakeholder whole-of-society approach through partnerships.

The policy equally provides guidance on operationalizing UNHCR's commitments at country and global level, with respect to leadership, advocacy and coordination, and operations. The guidance covers the different phases of an IDP emergency, from preparedness, through delivery of a protection and solutions response, to responsible disengagement.

To make the implementation of UNHCR's engagement effective, the guidance also addresses: integrated programming and area-based approaches; data and information management; identity management; resource mobilization and funding; and workforce management.

4. How to implement this at field level?

The IDP policy is accompanied by a *Guidance Package for UNHCR's Engagement in Situations of Internal Displacement*. The guidance package includes a checklist for UNHCR Representatives, provides an IDP footprint tool for UNHCR interventions in situations of internal displacement, and discusses: inter-agency coordination arrangements; programming; resource mobilization; communications; and considerations for responsible disengagement.

5. Links

Guidance Package for UNHCR's Engagement in Situations of Internal Displacement
Guiding Principles on Internal Displacement

Need help?

CONTACT For advice or support on the policy, contact the Chief of Section (Internally Displaced Persons) in the Division of International Protection.

Annexes

- UNHCR HCP 2019 1 Policy on UNHCR's Engagement in Situations of Internal Displacement
- Guidance Package for UNHCR's Engagement in Situations of Internal Displacement

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Version: 1.2

Document date: 06.05.2022

Education in Emergencies - Urban

Key points

- Build strong relationships with the Ministry of Education and local education officials.
- Work towards inclusion in national education systems from the start of an emergency.
- Identify barriers to girls' participation in education during assessments and design interventions to support enrolment and retention
- Foster complementarity between the early phase of the education response and child protection
- Consider the educational needs of children and youth of all ages. Include secondary school-aged children and university-aged youth in the education response.

1. Overview

Access to education is a basic right that is also applicable in emergency settings. The Global Compact on Refugees (para. 68) aims to see children and youth return to learning within three months of displacement. One of the first services requested by refugees and IDPs once their basic needs have been met is for children and youth to have the opportunity to continue their education.

Education provides knowledge and skills that support community resilience, facilitate living with dignity and lay the foundation for future access to meaningful work. Going to school also offers emotional and psychological benefits. In emergencies education activities offer opportunities for refugees to receive information about their rights, available services, disease prevention, safety and physical security (including mine risk awareness) and have access to psychological support services (PSS). This entry explains some of the key steps that should be taken at the start of an emergency to ensure that children and youth have long-term access to education.

2. Protection objectives

- Education provides a protective environment where children and young people acquire knowledge and skills, socialize and have access to wrap-around support services (including health screening, nutrition and counselling)
- Education provides a foundation for future economic activity, meaningful work and addressing generational poverty
- Education supports psycho-social wellbeing by offering hope and a focus on the future
- Girls in education are less likely to marry and have children early
- Children and young people in education are less likely to be engaged in child labour or be at risk of recruitment into armed groups

3. Underlying principles and standards

Terminology:

Non-formal education (NFE) programs are often designed for specific groups of learners such as those who are too old for their grade, whose education has been disrupted or who require additional support to adapt to learning in a new country. Examples include language learning support, catch up classes, and initial literacy and numeracy programs. NFE programs for youth and adults also exist.

Formal education usually makes use of a standard curriculum and typically takes place over 8-12 years. Schools and education institutions are regulated by policies of the Ministry of Education.

Principles:

- Work towards inclusion of displaced children in the national education system from the start of an emergency. This requires close collaboration with and, sometimes, intensive advocacy with national authorities to agree on how best refugee children can receive education that is certified, of high quality and allows refugees to progress from one level of education to the next.
- Support children and youth to return to learning as quickly as possible.
- Consider the educational needs of all age groups, including secondary school age youth and those above 18
- Enhance host community school infrastructure to promote accessibility to those with disabilities
- Ensure there are age-appropriate, sex-segregated WASH facilities, also accessible to children with disabilities
- Support programs (including language learning) that promote enrolment and retention in formal education are an important element of an education in emergencies (EIE) response
- Integrate psychosocial support (PSS) activities in education support programs
- Non-formal education programs should be limited in duration and help children and youth to transition to the formal system or prepare for livelihoods-focused skills programs. Accredited accelerated education programs may be of longer duration and operate alongside formal education opportunities.
- Specific barriers to education experienced by girls, adolescent girls and boys and those with disabilities should be explicitly addressed

Standards:

- Outside of camps education will most likely be delivered through host community schools. Improvements to existing school infrastructure or new school construction should conform with standards set by the Ministry of Education.
- Centers where non-formal education programs are offered should – as far as possible – conform with guidance on the establishment of safe, accessible temporary learning spaces and age-appropriate WASH facilities as set out in the INEE Minimum Standards for Education in Emergencies.

4. Protection Risks

Lack of access to relevant, quality education opportunities can result in:

- Loss of peer support networks, social isolation, increased need for mental health and psychosocial support (MHPSS) services
- Increased likelihood of early marriage and pregnancy
- Increased risk of child labour and economic exploitation
- Forced recruitment into armed groups
- Exploitative sexual relationships, transactional/ survival sex and GBV
- Irregular onward movement and trafficking
- Long-term social and economic exclusion of the refugee community and heightened rates of poverty

5. Other risks

- The absence of education services may lead to large numbers of children and youth being idle which can increase security risks in camps associated with gang membership, GVB and criminality.
- UNHCR may experience reputation risks if it does not ensure that the right to education is realized.

6. Key decision points

The decisions taken in the early phase of a response can have **long-term implications** for the quality and nature of education provided. Education interventions should be informed by a clear strategy for ensuring **sustained access** to education. Issues such as language of instruction, curriculum, materials, certification and accreditation need to be considered early in a response.

An **education needs assessment** will help to understand the previous education experience of children, the length of disruption to their education, the capacity of local education infrastructure and teacher availability in the refugee community. The Education Cluster's Joint Education Needs Assessment tool can be adapted to refugee contexts. Ensure the education part of the Needs Assessment for Refugee Emergency (NARE) checklist is included in the multi-sector assessment.

Advocacy with government may be necessary if administrative barriers to education must be addressed or significant policy changes are needed.

7. Key steps

1. Familiarize yourself with the **education policy context** in the country of asylum. The Minimum Preparedness Actions tool provides questions to help understand the policy framework applicable to refugees and the education context of the country of origin. At the same time, learn about the educational context in the country or region from which people have been displaced.
2. Establish a **coordination** structure for the education response. In refugee settings, where possible UNHCR should lead or co-lead this group. Familiarize yourself with the **potential education partners** in country who can support the response - UNICEF and the Education Cluster, where activated, may be able to provide useful information on education actors.
3. Ensure that the education response is well planned, budgeted and **included in inter-agency appeals**.
4. **Meet with district or local education officials** to discuss the response with them and ensure that they are informed about and supportive of efforts to support education access.
5. An education response in urban areas may include (i.) **facilitating access to host community schools** and (ii.) delivering **non-formal education programs** that support transition to or retention in host community schools.
6. Improving school infrastructure (adding classrooms, improving WASH facilities or providing furniture) can support social cohesion
7. Support teachers with practical advice on working with refugee students
8. Distributions of materials (e.g. school kits) should also include host community children and not single out displaced students
9. If children cannot immediately be accommodated in host community schools, establish support programs that focus on teaching the language of instruction used in schools or programs that focus on catching up lost learning time and strengthening core skills. Integrate psychosocial/ recreational activities in these programs.
10. Determine whether there are **existing programs** (such as accelerated education programs) or **materials** (books, language learning materials) approved by the national authorities that can be used in the response.
11. Work in close coordination with **child protection** actors to ensure that referral pathways exist between education and protection services. In the initial phase of a response similar activities may be carried out by child protection and education actors – it is important to ensure that any activities supporting learning contribute to the eventual inclusion in national services.
12. Ensure that **refugee and host communities community are well informed** about education services and decisions regarding curricula and inclusion in the national system. Consult community members and respond to any concerns that they express.
13. Establish a **common framework** for the recruitment, remuneration, **conditions of service** and code of conduct for those working in non-formal education programs.
14. Identify **key indicators** against which all education actors will report. Data on education participation should be disaggregated by age, gender, level of education and disability.

Specific considerations for IDP responses

- In IDP responses the coordination of the education response is usually led by the Education Cluster, where activated.
- Education programs and services established during an emergency should form part of the national education system. As far as is practical, host community schools should be supported to include displaced children and youth, with an emphasis on the continuity of learning.
- Protection monitoring and education assessments should identify any administrative or legal barriers limiting access to education.
- If IDPs speak a different language to that used in local schools, additional language support programs may be needed.

8. Key management considerations

UNHCR should play a lead role in establishing the strategic framework for the education response that is aligned with the overall protection and solutions strategy. Core elements of the strategy should be agreed with key actors ahead of an influx or as early as possible in the response. The strategy should also be informed by the work of development actors in the education sector and national priorities. The Regional Bureau and HQ Education team can provide guidance and support as needed.

Once the response is underway, the diversification of education services – including supporting access to higher education – should take place.

9. Resources and partnerships

Staff

- Emergency Response Teams should include an Education Officer responsible for coordination, liaison with the Ministry of Education and organisations supporting the education response, engagement with other sectors (e.g child protection, WASH, site planning) and strategy development.
- Appoint an Education Officer as soon as possible within the response staffing to ensure continuity of the education function.

Partnerships

- Identify focal points in the Ministry of Education at national and local levels.
- Build strong relationships with UNICEF and establish mechanisms for sharing information on response priorities and joint advocacy
- Be aware of and identify possible synergies with development-focused initiatives in the education sector and key donors to education, including the World Bank and the Global Partnership for Education.

Financial resources

- Ensure that education needs are reflected in inter-agency appeals
- Education Cannot Wait, the global fund for education in emergencies, is an important donor partner

10. Links

UNHCR Education Pages

Accelerated Education Working Group

Inter-agency Network for Education in Emergencies (INEE)

Global Education Cluster

Education Cannot Wait

Need help?

CONTACT Contact Senior Education Officers in Regional Bureaus or the Headquarters Education Section (hqeduc@unhcr.org) in the Division of Resilience and Solutions (DRS).

Annexes

- UNHCR Refugee Education 2030, A Strategy for Refugee Education
- ISEEC Report on Improving Coordination, 2020
- UNHCR Cash for Education, Direction and Key Considerations
- UNHCR COVID-19 Refugee Return to Schooling Guidelines, 2020

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UNHCR's mandate for refugees, stateless persons and IDPs

Key points

- Be clear about the nature of the population of concern. Are they refugees, asylum-seekers, stateless persons, IDPs, or none of these? This is particularly important in mixed refugee/IDP situations.
- Be clear about UNHCR's mandate responsibilities, and communicate accordingly to all relevant stakeholders. Understand the mandates of other humanitarian actors.
- Identify the most suitable and appropriate coordination arrangements in accordance with the Refugee Coordination Model.

1. Overview

UNHCR's mandate is the (legal) basis for UNHCR's activities and the rationale for its existence. It informs *what* UNHCR is supposed to do (material scope) and for *whom* (personal scope).

The primary source of UNHCR's mandate is the Statute adopted by the General Assembly (GA) of the United Nations in 1950 (Resolution 428 (V) of 14 December). Paragraph 1 of the Statute states that "The ... High Commissioner ..., acting under the authority of the General Assembly, shall assume the function of *providing international protection*, under the auspices of the United Nations, to *refugees* who fall within the scope of the present Statute and of *seeking permanent solutions* for the problem of refugees (...)" (emphases added).

The Statute further develops the material scope in paragraph 8. The personal scope was subsequently expanded by the GA (as foreseen in paragraph 9 of the Statute) to include **stateless persons** (clarified by the GA in 1974 and confirmed in 1976), **asylum-seekers** (clarified by the GA in 1981), and **returnees** (recognized by the GA in 1985).

UNHCR does not have a general or exclusive mandate for **internally displaced people**. The GA has authorized UNHCR's involvement in specific operations since 1972 (for example in Sudan, Angola, Colombia, and Bosnia and Herzegovina), and in 1993 clarified UNHCR's role under certain formal conditions (see below).

2. Relevance for emergency operations

The refugee mandate applies in both emergency and non-emergency situations, including in mixed movements situations involving asylum-seekers and refugees as well as migrants. The refugee mandate also applies both in camp and outside camp settings. In short, the High Commissioner has a mandate with respect to refugees globally, where and however they are located.

All humanitarian actors as well as States need to be aware of UNHCR's role, as defined by its mandate. This ensures a common understanding of organisational responsibilities and accountabilities. It also helps to clarify UNHCR's role, how it works in the humanitarian system, and the direct relationship it needs to maintain with Government authorities on refugee matters.

3. Description and guidance

1. Nature of the Mandate

Authority of the General Assembly

It is important to recall that the mandate of the High Commissioner was established by the UN GA ("The United Nations High Commissioner for Refugees, acting under the authority of the General Assembly...") and that the GA intended to ensure that the High Commissioner, supported by his Office, would enjoy a special status within the UN, possessing the degree of independence and prestige required to perform his functions effectively and exercise moral authority.

Non-political, humanitarian and social character

A general feature of UNHCR's mandate is its entirely non-political (that is, impartial), humanitarian and social character (paragraph 2 of the Statute). On these grounds, the High Commissioner and his staff should refrain from statements or any other activities that actively take or could be perceived to take political positions. (See also UNHCR, *Code of Conduct*, commitment 3: avoid conflict of interests and preserve and enhance public confidence in UNHCR.)

Dual legal foundation

UNHCR and UNHCR's refugee mandate have a dual legal foundation. While the Statute is the main source of UNHCR's mandate, it is complemented by subsequent GA Resolutions, the 1951 Refugee Convention and the 1967 Protocol, and regional refugee instruments. This two-pronged legal foundation has given the High Commissioner, and his Office, independence.

Exclusivity

UNHCR's mandate concerns a legally defined group of people and covers all aspects of their well-being (the right of refugees to enjoy the widest possible range of fundamental rights and freedoms, Preamble of the 1951 Convention), including finding a solution to their problem. Since 2003, the mandate has been permanent (UN GA Res. 58/153).

Bound by legal instruments and UN resolutions, the mandate is 'non-transferable'. This means that in no stand-alone refugee or mixed situation can accountability for refugees and persons of concern be transferred or delegated to another UN entity or another actor.

Apart from UNHCR, the only other UN refugee agency is the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), which has a specific mandate to provide assistance and protection to 1948 Palestine refugees, and 1967 displaced persons, and their descendants, in five areas of operation (Gaza, the West Bank including East Jerusalem, Lebanon, Jordan, and the Syrian Arab Republic). Outside these areas, UNHCR has responsibility for Palestinian refugees.

Coordination

The coordination of international protection, assistance and solutions is inherent to UNHCR's refugee mandate and derives from the High Commissioner's responsibility to ensure that an individual receives international protection from the time he or she becomes a refugee until he or she finds a solution.

UNHCR's Statute places the High Commissioner and his Office at the centre of the international refugee response system, including in respect of coordination functions. The High Commissioner is also empowered to 'invite the co-operation of the various specialized agencies' to assist his Office in the performance of his mandate.

The High Commissioner has a global mandate for refugees regardless of their location (camp, rural dispersed or urban settings), in emergency, non-emergency situations and during mixed movements. Effective exercise of this mandate both presupposes, and is underpinned by, a commitment by States to cooperate with him and his Office, and acknowledges the High Commissioner's role in the 'effective coordination of measures taken to deal with this problem' [the refugee problem].

UNHCR's Refugee Coordination Model

UNHCR's Refugee Coordination Model (RCM), issued in December 2013, provides a framework for leading, coordinating and delivering refugee operations and consolidates coordination practices with the goal of achieving the best possible protection of and assistance to refugees. The RCM:

- Outlines UNHCR's role and responsibilities in refugee operations and mixed displacement situations.
- Provides an inclusive platform for planning and coordinating refugee operations.
- Clarifies modes of coordination in relation to broader humanitarian coordination structures, including the cluster system of the Inter-Agency Standing Committee (IASC).

Under the overall leadership of the host Government, partnership-based and inclusive coordination is a pre-condition for an effective refugee emergency response operation. Effective coordination and leadership have a direct impact on the delivery of protection and assistance to refugees. By articulating UNHCR's coordination role, the RCM reaffirms the integrity of the mandate and UNHCR's tradition of leadership on refugee protection.

2. Material Scope

The activities which the High Commissioner is required to carry out for refugees are set out in the Statute and in subsequent GA and ECOSOC resolutions. UNHCR is primarily mandated to provide international protection and humanitarian assistance and to seek, together with Governments, durable solutions.

Standard functions have included registration, status determination, issuance of documents to persons under UNHCR's mandate, relief distribution, emergency preparedness, special humanitarian activities and broader development work. UNHCR also provides surrogate diplomatic and consular protection to refugees and stateless persons. The High Commissioner is entitled, and has a duty, to intercede directly on behalf of refugees and stateless persons who would otherwise not be represented legally at international level.

An integral element of the core mandate is the High Commissioner's responsibility to supervise the application of refugee protection instruments, including the 1951 Convention and its 1967 Protocol. References to UNHCR's supervisory responsibility are also found in the 1969 Organisation of African Unity (OAU) Convention, the 1984 Cartagena Declaration and several EU legislative instruments. UNHCR's Statute explicitly gives UNHCR a role in supervising the application of international conventions for the protection of refugees. In addition, States parties to the 1951 Convention, 1967 Protocol and the 1969 OAU Convention have a duty to cooperate with UNHCR, particularly regarding its supervisory responsibility and, among other things, provide UNHCR with information and statistical data on the treatment of refugees. UNHCR fulfils this responsibility through, for example, advocacy, public information, capacity-building and technical assistance, partnerships, commentaries on national legislative and policy initiatives to assist law and policy makers, and submission of legal interventions as an *amicus curiae* ('friend of the court') to assist courts to arrive at decisions affecting the legal status, rights and solutions for refugees that are in accordance with international law.

Registration and status determination are key functions, because UNHCR is authorized to declare which individuals or groups are of concern to the Office under its core mandate. This exercise of the mandate makes clear to other external actors, including host Governments, the High Commissioner's international protection interest in and responsibilities towards such persons. UNHCR recognizes refugees in a myriad of ways, including through individual procedures but also through declaring groups to be refugees on a *prima facie* basis.

3. Personal Scope

Refugees and asylum-seekers

Refugees are part of UNHCR's core mandate. Refugees are all persons who meet the eligibility criteria under an applicable refugee definition, as provided for in international or regional refugee instruments, under UNHCR's mandate, or in national legislation. See Refugee definition Entry . Asylum-seekers also fall within the High Commissioner's competence *ratione personae*. Asylum-seekers are persons who are seeking refugee status or a complementary international protection status and whose status has not yet been determined by UNHCR or the authorities. Not every asylum-seeker will ultimately be recognized as a refugee. However, an asylum-seeker is entitled to protection from refoulement [<https://emergency.unhcr.org/entry/55697/access-to-territory-and-nonrefoulement>

] and certain minimum standards of treatment pending determination of their status.

Returnees

Returnees also fall within UNHCR's core mandate. These are former refugees who have returned to their country of origin spontaneously or in an organized fashion but have not yet been fully (re)integrated. UNHCR's mandate in this area has been refined and extended by the Executive Committee and the General Assembly. Initially considered to cease when a refugee crossed the border into his or her country of origin, UNHCR's mandate now extends to providing reintegration assistance and monitoring refugee treatment after return. (See ExCom, No. 18 (1980), No. 40 (1985), No. 74 (1994), and No. 101 (2004)

; GA Res. 40/118 of 13 December 1985
; and GA Res. 49/169 of 24 February 1995
. UNHCR's engagement with returnees is usually time-limited; its aim is to hand responsibility over to other actors, notably development partners.

Stateless persons

With respect to refugees who are stateless, UNHCR's initial mandate (set out in para. 6(A)(II) of the Statute and Art. 1(A)(2) of the 1951 Convention) has been expanded by the General Assembly over time and now also includes all non-refugee stateless persons. Significantly, activities on behalf of stateless persons are part of UNHCR's statutory function, and include identification, prevention and reduction of statelessness, and protection of stateless persons. (See ExCom, No. 78 (1995), endorsed by GA Res 50/152 of 21 December 1995; and ExCom, No. 106 (2006), endorsed by GA Res. 61/137 of 19 December 2006; see also 1954 Convention on the Rights of Stateless Persons and the 1961 Convention on the Reduction of Statelessness
.)

Internally displaced persons

The High Commissioner does not have a general or exclusive mandate with respect to internally displaced persons (IDPs). Instead, the GA has authorized UNHCR to conduct operations under certain circumstances to protect and provide humanitarian assistance to IDPs. In the early 1990s, it clarified UNHCR's role by setting out formal criteria for the Office's involvement. Its involvement is subject to:

- A specific request or authorization from the UN Secretary General or a competent principal UN organ.
- The consent of the State or other entity concerned.
- Assurance of access to the internally displaced persons in question.
- Availability of adequate resources, and the Office's expertise and experience.
- Complementarity with other agencies.
- Adequate staff safety.

The Inter-Agency Standing Committee developed an inter-agency coordination approach (the humanitarian reform and Transformative Agenda) for responding to IDPs, under which UNHCR agreed to assume global cluster leadership in 2005 for protection and co-leadership for camp coordination/management and emergency shelter. Today, UNHCR's involvement with IDPs focuses the engagement of operations where UNHCR has a comparative advantage and cluster leadership as spelled out in the Operational Guidelines for UNHCR's Engagement in Situations of Internal Displacement (UNHCR/OG/2016/2).

Good offices

UNHCR may also, and does, engage in activities to assist different groups outside its mandated functions if the GA or the Secretary-General invites UNHCR to extend its 'good offices' to such groups.

4. Links

UNHCR, Note on the Mandate of the High Commissioner for Refugees and his Office

UNHCR - Who we help

UNHCR, Refugee Coordination Model, November 2013.

UN General Assembly, Implementing actions proposed by the United Nations High Commissioner for Refugees to strengthen the capacity of his Office to carry out its mandate, Resolution 58/153, 22 December 2003

UN High Commissioner for Refugees, UNHCR's mandate in relation to assistance to refugees and other people of concern, 3 June 2015

UN High Commissioner for Refugees, Policy on UNHCR's role in relation to persons who are likely to be refugees who do not apply for asylum in the country in which they are present, 20 May 2015

Need help?

CONTACT As first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; or The UNHCR Regional Asst./Dep Rep (Protection) and/or Snr. Regional Protection Officer at the regional office (if applicable); or The Snr. Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who in turn will liaise as required with the parent unit at UNHCR DIP.

Annexes

- United Nations, Statute of the Office of the United Nations High Commissioner for Refugees, Annex to General Assembly Resolution 428 (V) of 14 December 1950
- UNHCR, Note on the Mandate of the High Commissioner for Refugees and his Office, 2013
- UNHCR OG 2016 2 Operational Guidelines for UNHCR's Engagement in Situations of Internal Displacement
- IDP Footprint Annex UNHCR OG 2016 2

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Social media in emergencies

Key points

- Document what you are seeing: take photos and short videos.
- Seek informed consent from anyone featured in your photographs and videos. Make sure they understand that their image might be distributed widely on internet, broadcast on television, etc.
- Where possible, let people talk about their own experiences; do not speak for them.
- For video, hold the camera horizontally so television broadcasters can use it.
- For Twitter, turn on the SMS feature so you can send and receive messages via SMS without need of an internet connection.

1. Overview

Social media platforms are very useful for sharing information quickly with large numbers of people and listening to relevant conversations online. They are very powerful in emergency situations, because they enable you to update colleagues, partners, journalists and people of concern with timely and relevant information. The most popular social media platforms are Facebook, Twitter, YouTube and Instagram. Each is different: staff should understand their differences and use the most appropriate platform, which may vary from region to region.

UNHCR has numerous institutional social media accounts. The social media team based in Geneva manages global accounts, but regional and country-level accounts are managed locally. In addition, UNHCR encourages PI and other staff to open their own social media accounts, so that they can share information directly.

In emergency operations, up-to-date information may be shared by staff who are directly involved in the operation, via their personal social media accounts. This information can be re-shared by institutional accounts, which in most cases have larger followings. Trust is a crucial element of social media, and during emergency operations followers want information that has been sourced directly from the ground, rather than from HQ, which may be thousands of miles distant. However, never post information that might put people of concern at risk.

2. Underlying policies, principles and/or standards

UNHCR's Administrative Instruction on the Use of Social Media

:

- Explains key differences between institutional and personal accounts.
- Provides guidance on what is and is not appropriate to post.
- Lists top tips for using social media.

The most important point to remember is that, even if you post on a personal social media account, those who use that information can attribute it directly to UNHCR. It is therefore important that only staff who are closest to the operation post updates. Remember too that social media are public forums: do not post anything you would not be prepared to say during a radio or television interview.

3. Good practice recommendations

Top Tips for Using Social Media

- Think before you post and use common sense. Be aware that, when you share facts or opinions, it may be assumed that you endorse that information. One of the best pieces of social media advice is: 'Don't say anything online that you wouldn't be comfortable seeing quoted on CNN, being asked about by your mother, or justifying to your boss'.
- Be honest. Do not mislead or invite misinterpretation. If you did not witness an event, do not imply that you did. UNHCR's credibility may be at stake.
- Be accurate. Outdated figures or erroneous information can spread rapidly on social media. Always double-check your facts before posting.
- Be clear. If your post might be misinterpreted, find a clearer way to phrase your message.
- Exercise discretion. Leave sensitive issues to personnel specifically authorized to speak on them. When in doubt, consult your supervisor.
- Respect confidentiality. Do not share information that is not meant for external audiences, such as details that could compromise diplomacy or protection.
- Ensure safety and protection. Bear in mind that information you post, especially locations or personal details, could put you or others at risk.
- Show respect and seek consent. When you talk about, photograph or videotape people we protect and assist, strive to respect their dignity.
- Avoid taking sides. UNHCR personnel must honour humanitarian principles, including impartiality, neutrality and independence. Refrain from making political statements that might compromise UNHCR's relationships with governments, partners or other stakeholders.
- Stick with what you know. When talking about UNHCR's work, focus on your own experiences and areas of expertise.

- Show integrity. You are responsible for your online reputation, which may affect UNHCR's image. Be aware of your digital footprint and act as responsibly online as you would in any other public context.
- Be transparent. Don't use a pseudonym or post anonymous comments or content about UNHCR, the UN, people of concern or the humanitarian sector. Declaring your identity and affiliation helps to build trust and prevent misperceptions.
- Be authentic. When you speak from a personal perspective and mean what you say, your posts will gain traction and visibility.
- Be generous. Credit others and avoid negativity. Being superior or patronizing reflects poorly on you and UNHCR and invites criticism.
- Listen and engage in conversations. Do not simply broadcast. If people are misreading your posts or twisting your words, try to clarify.
- Don't feed the trolls. It is often best to ignore hateful, discriminatory or otherwise inappropriate comments. Answering may only encourage more of the same.
- Seek advice. If you are unsure whether something is appropriate to post, seek advice from your colleagues or ask socialmedia@unhcr.org in Geneva.

Think about your audience

While social media can reach huge audiences, it is important to consider who you want to target. Are you hoping to provide other colleagues or partners with real-time updates of the developing situation? Are you hoping to connect with local or international journalists, letting them know you are on the ground, willing to provide information, and available for interview? Are you providing vital updates to people of concern?

It is vital to think about your audience because some platforms are better at reaching certain audiences. For example, many journalists from large international news organisations use Twitter to search for breaking news and people on the ground to interview during emergencies. Local journalists or refugee communities may be more likely to use Facebook. Ask the audiences you want to reach what platforms they use, remembering that email and SMS are still very powerful communications tools.

Creating original content

During emergencies, many people are looking for photographs or videos. Journalists in particular are desperate for content from people on the ground. If you are in the field, it is important to document what you see. In many emergency situations news organisations cannot get access or lack the funds to send journalists or camera people. They increasingly rely on content generated by aid workers.

No one expects a flawlessly constructed news video, or a perfectly composed picture. Audiences just want a sense of what the situation is really like. Images from the window of a moving vehicle captured by your smartphone can provide usable footage for news organisations. Photographs or videos of queues, camps or registration centres can show the scale of an emergency.

Video. Keep your phone as still as possible. Don't move quickly. Let movement in the scene provide interesting content.

Audio. Stand very close to your subjects so that ambient sounds do not drown out their voices. Try to

record in a quiet spot, out of the wind.

Photographs. Do not shoot into the sun. Take many shots and choose the best ones later.

For more tips, see entry on Media Content Production.

Wherever possible, allow people of concern to tell their own stories, bearing in mind issues of protection and consent.

Below are some simple tools for creating photos and video clips:

Instagram

. Allows you to take and share photos or 15-second videos. (Though you can add a filter to make your content more appealing, do not use one because newsrooms are less likely to use filtered images.)

Hyperlapse

. Allows you to shoot timelapse videos. (This is a wonderful way of showing the erection of a tent, or the arrival of refugees.)

Vine

. Allows you to create looping 6-second videos.

YouTube

. Allows you to upload longer videos that you have filmed on your phone.

Remember. Protection issues are paramount. When you take photographs or film video of people of concern, you must get informed consent. You must explain how the content might be used on social media accounts, and that it might be picked up and used by news organisations.

Using social media for distribution

When you have your video, photographs, text updates or statistics, or case studies of individuals, share them on the main social media channels (Twitter, Facebook). Publish them on your own personal accounts but please email socialmedia@unhcr.org or mention UNHCR in your posts. (You can add @refugees in your tweet, or tag the global UNHCR page in your Facebook post.) This makes it easier for the social media team in Geneva to share your content on the main global accounts, which have very large followings. Sharing this type of content on UNHCR's global social media channels will increase media coverage, raise awareness of the situation, and win support for the work UNHCR is doing.

If you use Twitter, turn on mobile notifications. (Via twitter.com

, click on the Settings cog, and go to Mobile. It will walk you through the steps that will connect your mobile photo to Twitter.) You can then send and receive tweets via SMS and will not require an Internet connection.

Communicating with people who are directly impacted by the emergency

Before you start thinking about using social media to talk directly to refugees or internally displaced persons, find out which platforms they use. In many places Twitter is used less than Facebook. Do not set up a Facebook page on a specific emergency without talking to the social media team in Geneva. Facebook pages are often not the best way to communicate emergency updates and information, because Facebook only shows your updates to a small fraction of your followers (typically less than

15% and often as little as 5%). A Facebook Group may offer a better alternative, because you can control membership and people in the group are notified each time a new update is posted.

Consider SMS communication. In emergency situations access to the Internet can be difficult, and social media platforms may be inappropriate. If you want to message large groups of people, SMS may be more effective. It is also a private way to communicate messages that are sensitive.

4. Considerations for practical implementation

- Staff should be confident in using smartphones to create content and share it via social networks. In emergency situations, you need to create and post quickly and confidently. If you do not feel confident, enrol in the online social media course available through 'Learn & Connect'.
- Staff should also feel confident about what they should and should not post on personal accounts. If you have concerns or questions, talk to your local PI officer or contact the social media team in Geneva.
- Staff should be listening to updates posted by other colleagues and partners so that everyone is well informed about the latest developments. You may want to re-share some of this content on your own accounts, helping it to reach a wider audience.

5. Resources and partnerships

Key staff including all PI staff working in emergency situations should be issued smartphones so that they can create content and share it quickly on social networks.



Case study: Photo of Syrians fleeing into northern Iraq (August 2013).

6. Links

Administrative Instruction on the Use of Social Media

Twitter.com

How social media is changing communications in emergencies

Need help?

CONTACT Communication and Public Information Service at Headquarters:

- Melissa Fleming, Spokesperson for the High Commissioner and Head of Service, fleming@unhcr.org
- Chris Reardon, Chief of Content Production Section, reardon@unhcr.org
- Adrian Edwards, Spokesperson and Head of News and Media Section, Edwards@unhcr.org
- Social Media Unit: socialmedia@unhcr.org

Version and document date

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International Humanitarian and Development Coordination Architecture

1. Overview

This Entry summarizes the current international humanitarian coordination structures. In addition, it also touches on areas where humanitarian and development coordination intersect. The Entry should be read in conjunction with the Entries on the Cluster Approach , and the Refugee Coordination Model .

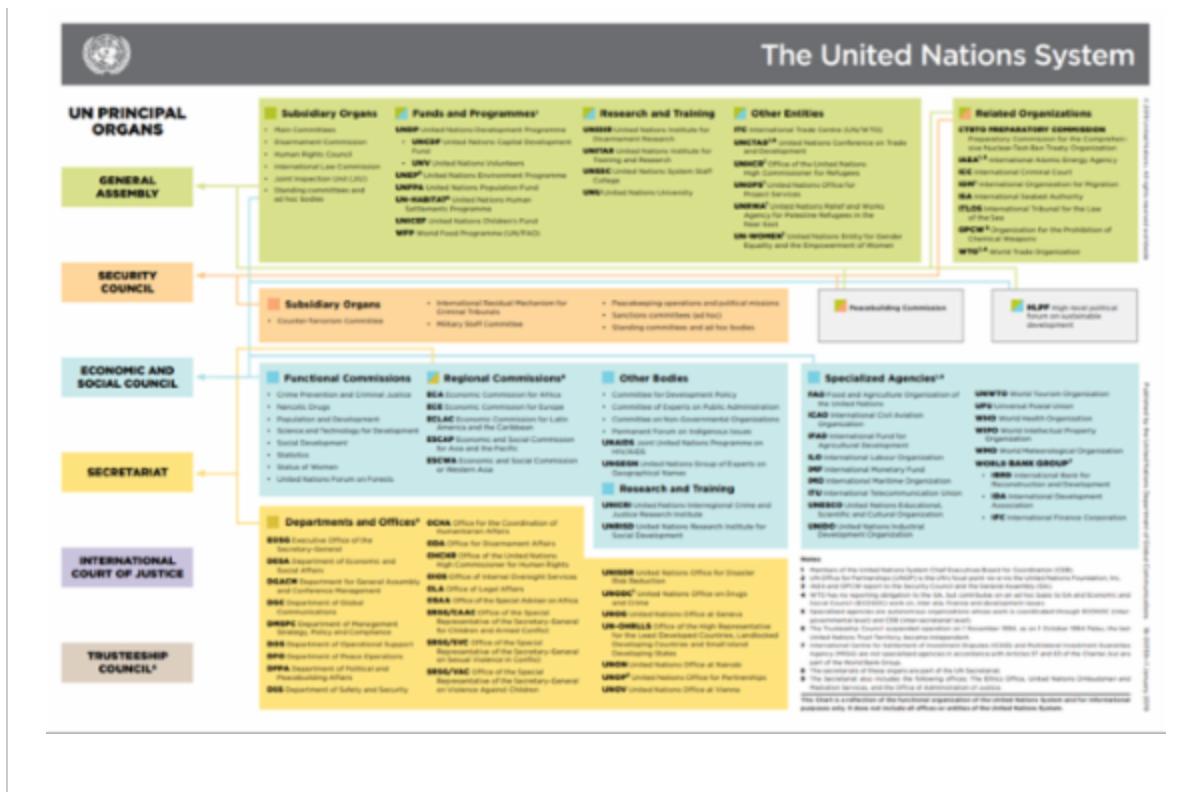
2. Underlying rationale / objective of the approach or system

Recent humanitarian emergencies have required a larger and more complex humanitarian response. Humanitarian actors have also had to become more accountable to the populations they serve. Public scrutiny of humanitarian action has increased. These factors have galvanized efforts to make UN coordination effective.

For UNHCR, the pursuit of effective coordination is not an end in itself, but a means to maximize the positive effects that UNHCR and its partners have on protection, the delivery of humanitarian responses, and solutions to displacement.

UNCHR and other agencies have promoted the connection between humanitarian action and development for many years. By recognizing this and promoting ways of working that increase complementarity, the Global Compact on Refugees

has underscored the need to involve development actors. Connections with development should be made from the preparedness phase onwards, and the link is especially crucial when countries emerge from the emergency phase and transition into a phase during which development issues, such as livelihoods and employment, predominate.



3. Policy, strategy and/or guidance

Chief Executive Board

The UN System Chief Executives Board for Coordination (CEB) is the longest-standing and highest-level coordination forum of the United Nations system. It meets biannually and is chaired by the UN Secretary-General.

It provides broad guidance, coordination and strategic direction for the system as a whole in areas under the responsibility of executive heads. While ensuring respect for organizations' independent mandates, it focuses on inter-agency priorities and initiatives. The CEB is composed of 31 United Nations entities, including the United Nations, executive heads of United Nations Funds and Programmes, Specialized Agencies such as the Bretton Woods institutions (the World Bank and International Monetary Fund), and related organizations (the WTO, IAEA and IOM).

The CEB works through two high-level committees: the High-Level Committee on Programmes (HLCP), and the High-Level Committee on Management (HLCM).

UNHCR is a member of the CEB and its three constitutive pillars; it is represented by the High Commissioner.

UN Reform

The Secretary-General (SG) has initiated an ambitious reform agenda to enhance UN performance across the three pillars of UN work: peace and security, human rights, and development. Overall, the

reform agenda seeks to improve performance at headquarters and in the field by adopting integrated, decentralized, and impact-oriented approaches wherever approaches have been fragmented, centralized or process-heavy.

In 2017, the SG initiated three reforms, to strengthen the UN development system (UNDS), UN (internal) management, and the UN's capacity to sustain peace (its peace and security architecture). The SG is also reviewing UN gender policies to enhance gender parity; UN efforts to prevent sexual exploitation and abuse; various components of the counter-terrorism architecture; and the UN's whistle-blower policy. It is important to note that UNHCR strongly supports efforts to revitalize the UN development system because doing so is key to bridging the humanitarian/development divide and delivering responses that are sustainable.

The SG has put 'prevention' at the centre of the reform effort. His vision of prevention requires the UN system to do everything possible to help countries avert the outbreak of crises that take a high toll on human life, undermine their institutions, and weaken their capacity to achieve peace and development. Elements of preventive action include: early identification of risks; intensified diplomacy; acceleration of UN development work; and strengthened member state engagement. To achieve these goals, it is necessary to prioritize efforts to raise prevention concerns with relevant intergovernmental bodies and mechanisms, such as the Security Council, the General Assembly, ECOSOC and the Peacebuilding Commission. The SG has formed a High-Level Advisory Board on Mediation to provide him with advice on mediation initiatives and to support specific mediation efforts around the world. The Board is composed of 18 current and former global leaders, senior officials, and experts. He also relies on the SG's Executive Committee, composed of the Principals of all Secretariat agencies, which raises and discusses issues of critical risk and pursues an overall risk mitigation and prevention strategy.

With regard to peace and security, a broad set of measures seeks to ensure that: risk analysis and responses to risk are shared; women and youth are meaningfully engaged in peace efforts; peace funding increases (including a 'quantum leap' in support to the Peacebuilding Fund); and partnerships for peace multiply, including partnerships with regional and sub-regional organizations and with the World Bank.

In addition, the Security Council is leading a major review of the UN's peacekeeping operations (PKOs), which may change how the Secretariat manages peace and security functions within the UN. Management reforms mainly focus on the UN Secretariat. They seek to improve the efficiency, transparency and accountability of a system that, according to some, is often slow, unresponsive and ineffective. Ongoing UN change processes are taking steps to: review and simplify human resources procedures to raise the quality and speed of staff recruitment, deployment and development; achieve gender parity; improve workforce planning, training and development, paying special attention to the profile of leaders and managers; refocus the UN's strategy on information and communications technology; and improve global supply chain management. Of the three areas of reform, reform of the UNDS currently has the most direct impact on UNHCR operations at country level. After the 2016 Quadrennial Comprehensive Programme Review initiated the UNDS reform process, the Secretary-General issued a report containing proposals for action, most of which Member States approved in the GA Resolution on UNDS reform of May 2019.

UN Sustainable Development Group (UNSDG)

At global level, the UNSDG provides a forum for joint policy formation and decision-making. It guides, supports, tracks and oversees coordination of development operations in 165 countries and territories. It brings together 36 UN funds, programmes, specialized agencies, departments and offices that play a role in development.

The UNSDG's current **strategic priorities** are to: assist countries to achieve the Sustainable Development Goals (SDGs) more swiftly and implement the 2030 Agenda for Sustainable Development; assist national partners to implement their human rights obligations and integrate human rights principles and international standards into the work of the UN; and deliver effective support that will help crisis and post-crisis countries to build resilient societies and achieve sustainable recovery.

The UNSDG's current **strategic approaches** are to: promote coherent development results across the entire UN development system in order to improve transparency and accountability; ensure that Resident Coordinator systems are participatory, collegial and mutually accountable; simplify and harmonize business practices more swiftly; develop effective partnerships and wider multi-stakeholder engagement; strengthen capacity development as a core function of the UN development system; and integrate planning, programming and policy more completely.

Implementation of UNSDG strategic priorities and work plans is driven by **working mechanisms** – working groups and task teams – that focus on fostering system-wide norms, standards, and policies, as well as operational effectiveness.

The UNSDG meets twice a year under the chairmanship of its Chair, Ms. Amina J. Mohammed, Deputy Secretary-General, who chairs the UNSDG on behalf of the SG. The UNDP Administrator, Mr Achim Steiner, serves as Vice-Chair.

The UNSDG is composed of the executive heads of UNSDG member entities. The UNSDG Vice-chair convenes the **UNSDG Core Group**, whose members include DESA, FAO, ILO, UNDP, UNFPA, UNHCR, UNICEF, UN Women, WFP, WHO, the rotating chair of the Regional Economic Commissions, and chairs of the UNSDG Strategic Results Groups.

Resident Coordinators

The new Resident Coordinator system

(RCS) remains focused on sustainable development; its overarching objective is 'the eradication of poverty in all its forms and dimensions'. As of January 2019, it is independent (separate from UNDP). Resident Coordinators (RCs) report to the SG through the UN Deputy Secretary-General. The UN Development Coordination Office (DOCO) in the UN Secretariat will manage and oversee the system, reporting to the Deputy Secretary-General. RCs will have authority to lead UN Country Teams (UNCTs) when they implement the UN Sustainable Development Cooperation Framework (UNSDCF) and assist countries to implement the 2030 Agenda for Sustainable Development. In this context, they have authority to:

- Ensure agency programmes for development are fully aligned with national development needs and priorities as well as with the UNSDCF.
- Ensure inter-agency pooled funding for development is used to further national priorities.
- Coordinate the UN's operational development activities in support of countries' efforts to implement the 2030 Agenda.
- Appraise the performance of UN country team heads.

Where international humanitarian assistance is required, and a separate Humanitarian Coordinator (HC) or lead agency is not designated, the RC leads and coordinates the response efforts of UN and other relevant humanitarian actors. In refugee crises, UNHCR is the designated lead agency and leads the response. To enable the RC to deploy and coordinate the UN development response coherently and effectively, UNHCR should brief the RC on all aspects of this work.

The accountabilities of UNCT agencies

Members of a UNCT are accountable and report to their respective agencies on matters relevant to their mandates. They are also expected to report periodically to the RC, on the activities of their individual agencies and on their agencies' contributions to the collective results of the UNSDCF. UNCT heads also report to the RC. In compliance with a recent UNDS resolution, they must now report on all activities that relate to the UNSDCF.

Funding

Funding for the new system will come from the following sources:

- A 1% coordination levy on tightly earmarked non-core contributions to UN development-related activities, to be paid at source.
- A doubling of the current UNSDG arrangement for cost-sharing between UN entities.
- Development system entities.
- Voluntary, predictable, multi-year contributions to a dedicated trust fund that will provide resources for inception periods.

Additionally, a Joint SDG Fund for Agenda 2030 has been created. It will receive voluntary contributions to implement country-level projects that support initiatives to achieve the SDGs. The aim is to raise and disburse USD 290 million annually. Because this target had not been reached at the end of 2019, the 2020 funding formula may be revised.

Regional set-up

Regional development structures (regional offices of UN agencies, regional UNSDGs, regional economic commissions) are being revitalized. The UN Sustainable Development Group (UNSDG) coordinates global and regional UN development programmes. It provides oversight, guidance and

capacity building, addresses policy guidance issues related to country-level operations, and supports the Resident Coordinator system.

UN country teams

UNCTs organize UN inter-agency cooperation and decision-making at country level. The UNCT includes every entity of the UN system that delivers operational activities for development, emergency, recovery and transition in a country. Its main purposes are to ensure that UNCT members plan and work co-operatively, within the Resident Coordinator system, to deliver tangible results in support of the Government's development agenda.

The UN Resident Coordinator (RC) is the designated representative of the UN Secretary-General for development issues. The RC leads the UNCT. The UNCT meets at least once a month to make decisions through a consultative process. All UNCT members are collegially accountable to the RC and the UNCT, as well as directly accountable to their own organizations, for producing results under the UNSDCF and the joint UNCT workplan.

UNHCR can use the UNCT mechanism to exercise its protection leadership role and advocate for the inclusion of refugees in the UNSDCF. Advocacy is recommended both to engage UNCT members in support of UNHCR's advocacy objectives, and ensure that people of concern to UNHCR (PoC) are included in the UNSDCF and other national planning mechanisms.

The UN Sustainable Development Cooperation Framework

The UNSDCF is a multi-year strategic programme framework for UNCTs. Each national UNSDCF is designed to streamline UN development programmes at country level by introducing shared objectives, strategies and timeframes; it is prepared in close cooperation with the national Government. The World Bank may also participate in a UNSDCF when it contributes to development programmes.

The UNSDCF process

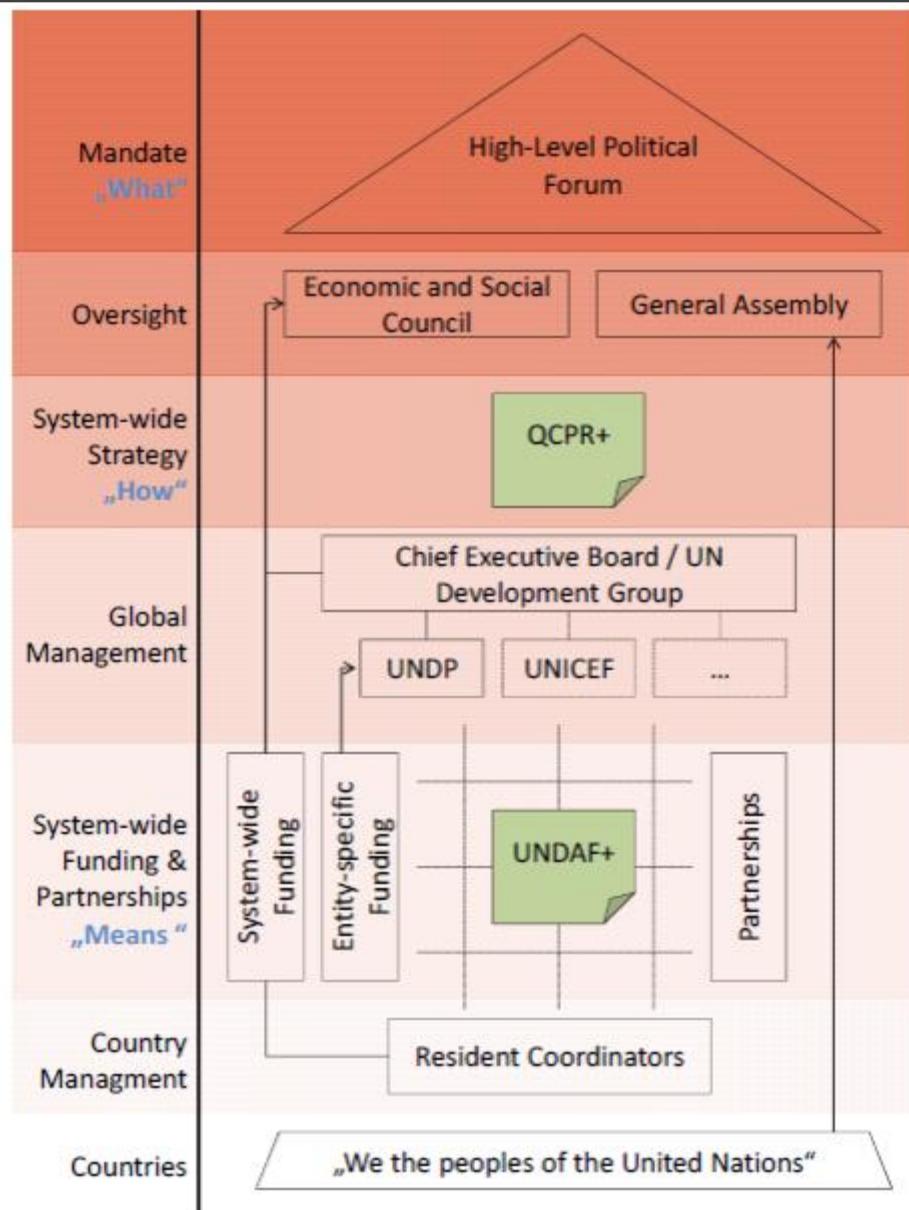
starts with a Common Country Analysis (CCA). The CCA identifies needs and achievable changes. It provides the essential evidence base from which the UNSDCF's theory of change is derived and sets the direction and content for a strategic UN development assistance framework (UNDAF). CCAs are forward looking. In developing them, the UN system uses its convening power to consult and engage with the Government and other stakeholders. The analysis itself is the UN's, and does not require formal endorsement by Government. At the same time, preparing a CCA creates opportunities to build partnerships with key actors in a country, including international financial institutions, civil society organizations, and the private sector.

Unlike humanitarian and refugee planning exercises, the UNSDCF does not include NGO or civil society programmes, although these organizations may be consulted and may be implementing partners. Inter-agency humanitarian plans, IASC-led humanitarian response plans (HRPs), and UNHCR-led refugee response plans (RRPs) will continue to be independent but as far as possible should complement the UNSDCF.

Inter-Agency Standing Committee (IASC)

The IASC is a global humanitarian forum established in 1992 under UN General Assembly Resolution 46/182. Led by the Under-Secretary-General for Humanitarian Affairs and the Emergency Relief Coordinator (ERC), who is also head of OCHA, its members are operational organizations that have links to the UN system. Standing invitees include the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Council of Voluntary Agencies (ICVA), InterAction, OHCHR, the World Bank Group, and the UN Special Rapporteur on the human rights of internally displaced persons. In practice, no distinction is made between 'members' and 'standing invitees', and the number of participating agencies has expanded significantly since 1992. The IASC's main purpose is to improve the effectiveness of humanitarian action by coordinating the activities of IASC members and other humanitarian actors, assigning responsibilities, and sharing resources and knowledge. The IASC develops and agrees system-wide humanitarian policies and resolves disputes or disagreements between humanitarian agencies or over system-wide humanitarian issues.

Figure 1: The UN Development System “House”



4. Role of partners involved

Overview of UNHCR's role in the IASC

- The IASC system deals with humanitarian issues that do not involve refugees. General Assembly Resolution 48/116 (December 1993) provides the legal foundation for UNHCR's engagement with internally displaced persons (IDPs). It is supported by the 2005 Humanitarian Reform that in turn led to the cluster approach and the Transformative Agenda. UNHCR is actively involved in the IASC. It

leads the protection cluster, and co-leads the camp coordination/camp management cluster (CCCM) and the shelter cluster. (On shelter, UNHCR leads in situations of conflict and IFRC leads in natural disasters.)

- The High Commissioner is a 'Principal' (head of agency) in the IASC.
- The Partnership and Coordination Service of the Division of External Relations represents UNHCR in IASC Working Group meetings.
- The Division of Emergency, Security, and Supply represents UNHCR in the Emergency Directors' group.
- UNHCR has made firm commitments to fulfil its global and national cluster roles and obligations, and to report to the ERC on these.

It should be borne in mind that, in line with the new IDP policy:

- UNHCR will always strive to lead the protection cluster. Because UNHCR is not operational in all countries, however, in natural disaster settings leadership may be allocated to other agencies that have strong in-country capacity (such as UNICEF, OHCHR or UNFPA), subject to the agreement of peers.
- UNHCR will strive to lead the shelter and CCCM clusters in forced displacement settings. In general, UNHCR is not in favour of merging these clusters because each requires distinct technical expertise.
- The IASC/ERC does not lead on refugee matters, which are exclusively the domain of the High Commissioner, who reports directly to the UN General Assembly. (The ERC reports to the Secretary-General on matters that concern the IASC.)
- The ERC activates cluster-based responses to IDP and natural disasters via the IASC. The ERC does not have authority to declare a refugee emergency. Equally, UNHCR may not issue a system-wide emergency declaration or initiate cluster coordination at its own initiative.

One of the central roles of the IASC is to declare that an emergency has been scaled up. In November 2018, protocols for 'system-wide scale-up' replaced the previous arrangements for activating 'Level 3 emergencies'. An IASC system-wide scale-up mobilizes the entire IASC humanitarian system in response to a sudden onset crisis, or a rapidly deteriorating situation, in a country or region. System-wide scale-ups are called when the local or regional capacity to lead, coordinate and deliver humanitarian assistance does not match the scale, complexity, and urgency of a crisis. The five criteria for determining a system-wide scale-up emergency are: scale, urgency, complexity, capacity, and risk of failure to effectively deliver to affected populations.

Key steps include:

1. Consultation with the IASC Principals.
2. Mobilisation of cluster lead agency response capacities.
3. Immediate deployment of cluster coordination teams, possessing information management expertise, with capacity to scale up.
4. Activation of clusters, including designated leads.
5. Appointment and empowerment of a Humanitarian Coordinator. The HC:

- Leads the Humanitarian Country Team (HCT). The HCT draws up a Multi-Sector Initial Rapid Assessment (MIRA), and uses it to prepare a strategic statement and response plan.
- Leads requests for Central Emergency Response Fund (CERF) allocations.
- Seeks consensus in the HCT on key decisions, but has authority to finalize proposals.
- Raises any cluster lead performance problems with the ERC for discussion with IASC Principals.
- Oversees effective coordination and delivery, monitoring, reporting and reviews.

Important processes

The World Humanitarian Summit

UNHCR took part in the World Humanitarian Summit, convened by the United Nations Secretary-General in Istanbul in May 2016.

In addition to subscribing to 32 commitments under the five core responsibilities of the Agenda for Humanity

, UNHCR made 33 individual commitments and joined several initiatives. Among these, UNHCR undertook to steer inter-agency efforts to place protection at the centre of humanitarian action, ensure predictable engagement in situations of internal displacement, and champion efforts to end statelessness.

In line with its commitment to the 'Grand Bargain'

which key donors and humanitarian organizations approved at the summit, UNHCR is making internal changes to improve its effectiveness, efficiency, transparency and accountability. It has also prioritized fulfilment of the Commitment to Action

, also signed at the Summit, which calls for a 'new way of working'. Through the Agenda for Humanity platform, UNHCR reports annually on its progress towards achieving these commitments

Commitment to Action: a New Way of Working and collective outcomes

Against the backdrop of the SDGs, which promise to leave no-one behind and end needs by reducing risks and vulnerabilities, the New Way of Working is now a shared commitment in the UN and the IASC.

Building on major global processes, including the 2030 Agenda for Sustainable Development, the World Humanitarian Summit, the Global Compact on Refugees

, the Compact on Facilitating Safe and Orderly Migration

, and twin resolutions on Sustaining Peace

, the introduction of new working methods is recognized to be an imperative for both humanitarian and development action. From UNHCR's perspective, the aim should be to improve the protection environment and contribute to peace and prevention of conflict. To reduce the impact of protracted crises on affected populations, it is necessary both to meet immediate needs and make investments in the medium- and long-term that will reduce the chronic vulnerabilities and risks faced by affected communities.

It is widely recognized that aid actors must evolve their thinking and working methods to address these issues more coherently. The adoption of 'collective outcomes' analysis and a 'whole-of-society' approach may make it possible to bring together sectors and intervention timeframes that have

traditionally been separate. IASC expects to release Collective Outcomes Guidelines in 2020.

Collective outcomes analysis seeks to employ the comparative advantages enjoyed by different agencies to transcend conventional thinking, silos, and other attitudinal, institutional, and funding obstacles. In practice, participating agencies define a collective vision based on a joint analysis of context and risks (in the short-, medium- and long-term) and agree strategies, roles and responsibilities based on the comparative capacity (advantage) of participating actors to deliver the different outcomes. It is important to remember that the definition of comparative advantage includes an organization's mandate, capacity, and ability to act.

Concretely, HCTs and UNCTs are applying the New Way of Working by:

1. Jointly conducting predictable situation and problem analyses.
2. Planning and programming in ways that are more inclusive and coherent, enabling humanitarian and development actors to agree collective outcomes.
3. Strengthening leadership and coordination.
4. Introducing financing modalities that can support collective outcomes.

Adopting a collective outcome approach implies objectives that deliver sustained positive change and, in particular, make future humanitarian interventions unnecessary by reducing vulnerability and risk. In most cases, achievement of such objectives requires multi-year action. 'Positive change' might include humanitarian, development and peace-building elements. Humanitarian action might continue to be relevant but would be implemented in ways that promote sustained positive change.

Refugee coordination

Under its Statute

, UNHCR provides international protection to refugees and seeks permanent solutions for them, acting on the authority of the General Assembly (GA). In that capacity, it is the lead agency with respect to refugee protection, responsible for seeking solutions in the UN system in association with a wider array of stakeholders. As set out in subsequent GA resolutions, its responsibilities include coordination, provision of protection and assistance, obtaining solutions, and advocacy. Importantly, UNHCR also has a supervisory role: it is the UN entity most immediately responsible for ensuring that States adhere to internationally accepted standards with respect to refugees and stateless persons and for strengthening States' capacity to protect both groups.

UNHCR has led and managed refugee operations effectively for decades. For many years, however, it did not articulate a model of refugee coordination that took account of changes in the humanitarian landscape. The Refugee Coordination Model (RCM), formalised in 2013 and further updated in 2019, makes UNHCR's approach to coordination more predictable by clarifying roles and responsibilities. Recent UN General Assembly Resolutions have confirmed the RCM and UNHCR's mandate to lead and coordinate the refugee response (A/RES/69/152

, A/RES/70/135

).

States are primarily responsible for protecting refugees. However, several factors can inhibit their capacity to fully discharge this responsibility. Over two thirds of all refugees live in low- and middle-income countries that face economic and development challenges. The arrival of large numbers

of refugees strains already over-stretched infrastructures and service delivery. In addition, the institutions of many States across the development spectrum are not equipped to appropriately receive, protect or otherwise respond to the challenges of receiving large numbers of refugees. For these reasons, it has long been recognized that international cooperation is required to support States that receive refugees. This understanding lay at the heart of UNHCR's creation and the 1951 Convention on the Status of Refugees. The importance of cooperation was subsequently confirmed in a range of regional instruments and was underscored by the Global Compact on Refugees (GCR) which stated that "there is an urgent need for more equitable sharing of the burden and responsibility for hosting and supporting the world's refugees, while taking account of existing contributions and the differing capacities and resources among States. Refugees and host communities should not be left behind." The GCR calls for a multi-stakeholder and partnership approach to reach this objective, to achieve which UNHCR plays both a support and catalytic role.

UNHCR is mandated to affirm and support the right of every refugee to a safe and dignified voluntary return to his or her own country. UNHCR provides advice and guides UN action to facilitate voluntary return to countries of origin where conditions are such that return is safe, dignified and sustainable.

The UN system expects UNHCR to advise it on refugee returns, based on its assessment of the country's readiness to receive returnees, guarantee their security, provide essential services, and do so sustainably over time.

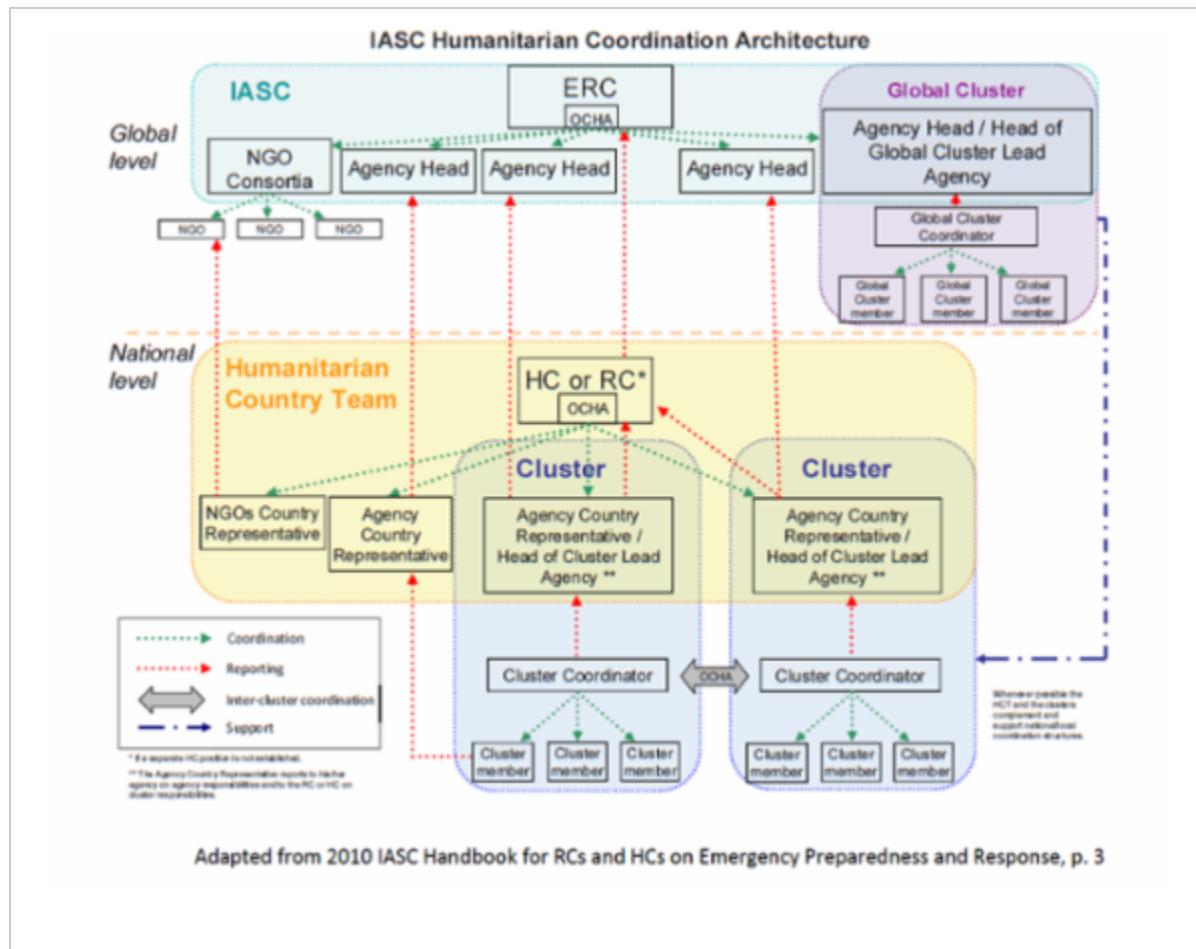
In practical terms, UNHCR's coordination responsibilities fall operationally in the following broad areas:

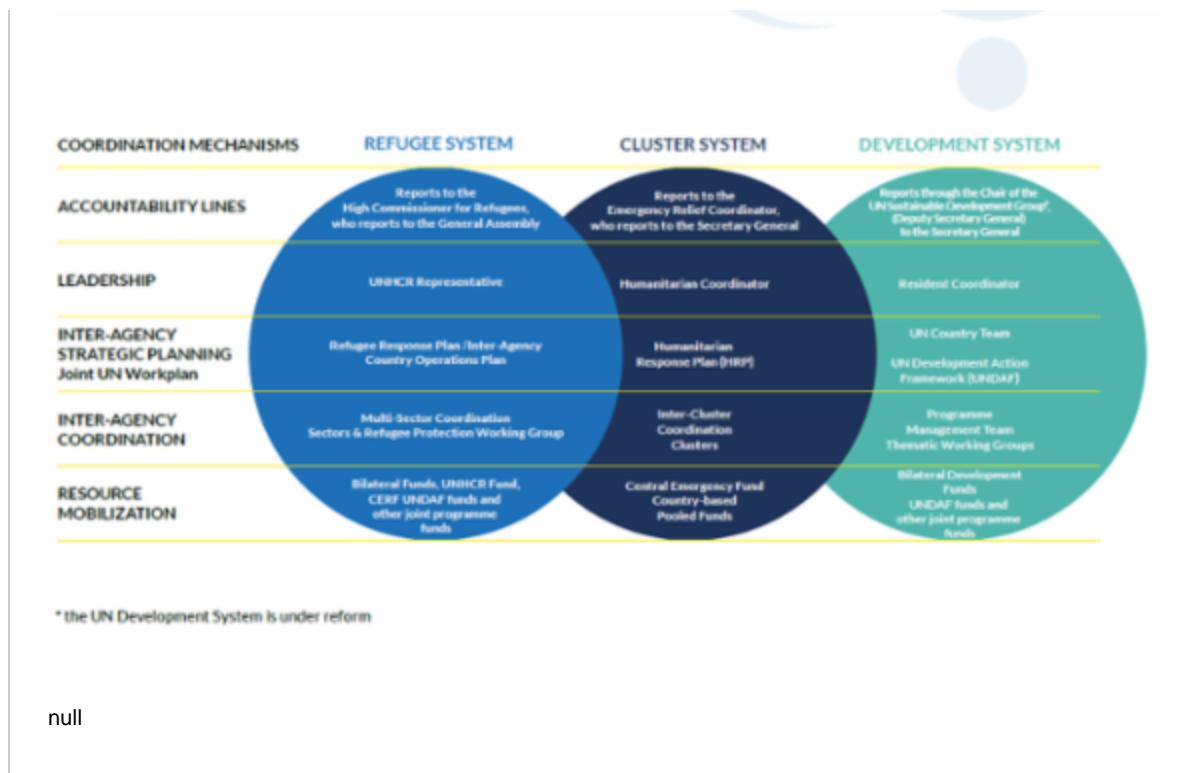
1. **Preparedness.** It works with Government and partners to: assess the likelihood of refugee inflows; determine the impact of inflows on national response mechanisms; and, depending on the level of risk, take preparedness actions.
2. **Advocacy.** It intervenes politically, diplomatically and legally to influence legislation and national practices. When doing so, UNHCR may engage directly with host Governments.
3. **Strengthening national capacity.** It may strengthen the capacity of national institutions and local actors to protect refugees and find solutions for them.
4. **Delivery.** It delivers protection and assistance and facilitates solutions.
5. **Coordination.** It involves UN partners and other stakeholders in developing and implementing a protection and solutions strategy that supports refugees and assists host countries to support refugees.
6. **Participation.** It works with refugees and host communities in ways that are sensitive to age, gender and diversity, and ensures they participate in designing responses to their needs that are appropriate, accessible and inclusive.
7. **Resource mobilization.** It raises funds for responding to refugees, including through inter-agency plans and appeals. *Inter alia*, it sets protection objectives; coordinates resource mobilization; drafts initial inter-agency plans; reports on their implementation and impact; and tracks contributions.
8. **Broadens the support base.** It seeks out and works with a wide array of stakeholders, including private sector, multilateral and bilateral development actors, to strengthen institutional capacity and assist host communities to address their urgent humanitarian needs. Where applicable, it works with such stakeholders to overcome shocks that result from conflict or large refugee arrivals.
9. **Monitoring and reporting.** It monitors and reports on the situation of refugees and application of the international protection regime.
10. **Prevention.** UNHCR uses the High Commissioner's good offices to prevent situations that cause refugees to flee, address root causes of migration and displacement, and promote the involvement of

refugees in efforts to sustain peace.

11. Solutions. It promotes durable solutions; designs refugee responses that facilitate solutions; and ensures that solutions are implemented in ways that are safe and sustainable. This work includes efforts to secure return and reintegration, resettlement, local integration, obtain complementary pathways, and achieve other local solutions.

For more information on the interface of refugee coordination with the development and cluster systems, see the Entry on the Refugee Coordination Model





5. Links

Chief Executive Board
IASC
Cluster Guidance
UN Reform

Need help?

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Cluster Approach (IASC)

Key points

- The UNHCR Representative actively participates in the HCT, representing both the agency and the cluster(s) UNHCR leads.
- The cluster approach provides the coordination architecture for non-refugee humanitarian emergencies.
- In refugee situations, coordination is guided by the Refugee Coordination Model (RCM); clusters are not activated in refugee situations.
- At global level, UNHCR leads the protection cluster; co-leads the shelter cluster when conflict causes displacement; and co-leads the CCCM cluster when conflict causes displacement. UNHCR also leads the protection cluster in cases where disasters induce displacement provided it has an in-country presence, is requested to do so by the Government, and there is inter-agency agreement.
- Through the UNCT or HCT, UNHCR participates in decisions on country cluster activation; at global level, the High Commissioner endorses cluster activation proposals.
- At country level, inter-agency cluster-based responses are led by the HC through the cluster lead agencies. Sector-specific strategic direction and operational coordination is led by national cluster coordinators.

1. Overview

This entry should be read in conjunction with the Entry on International Coordination Architecture .

The Cluster Approach is used for coordinating in non-refugee humanitarian emergencies. Humanitarian organisations have agreed to lead certain clusters at global level (see the chart), and have defined a cluster structure for non-refugee humanitarian responses at country level. At country level, cluster leadership should ideally mirror global arrangements and clusters are often co-led with government and/or co-chaired with NGO partners. The cluster system emerged to fill accountability gaps in international humanitarian responses. It spreads accountability for the delivery of services (health, shelter, etc.) across different cluster lead agencies, and as a result no single agency is accountable for

the entire response. In each country situation, overall accountability for coordination and delivery rests with the Humanitarian Coordinator (HC).

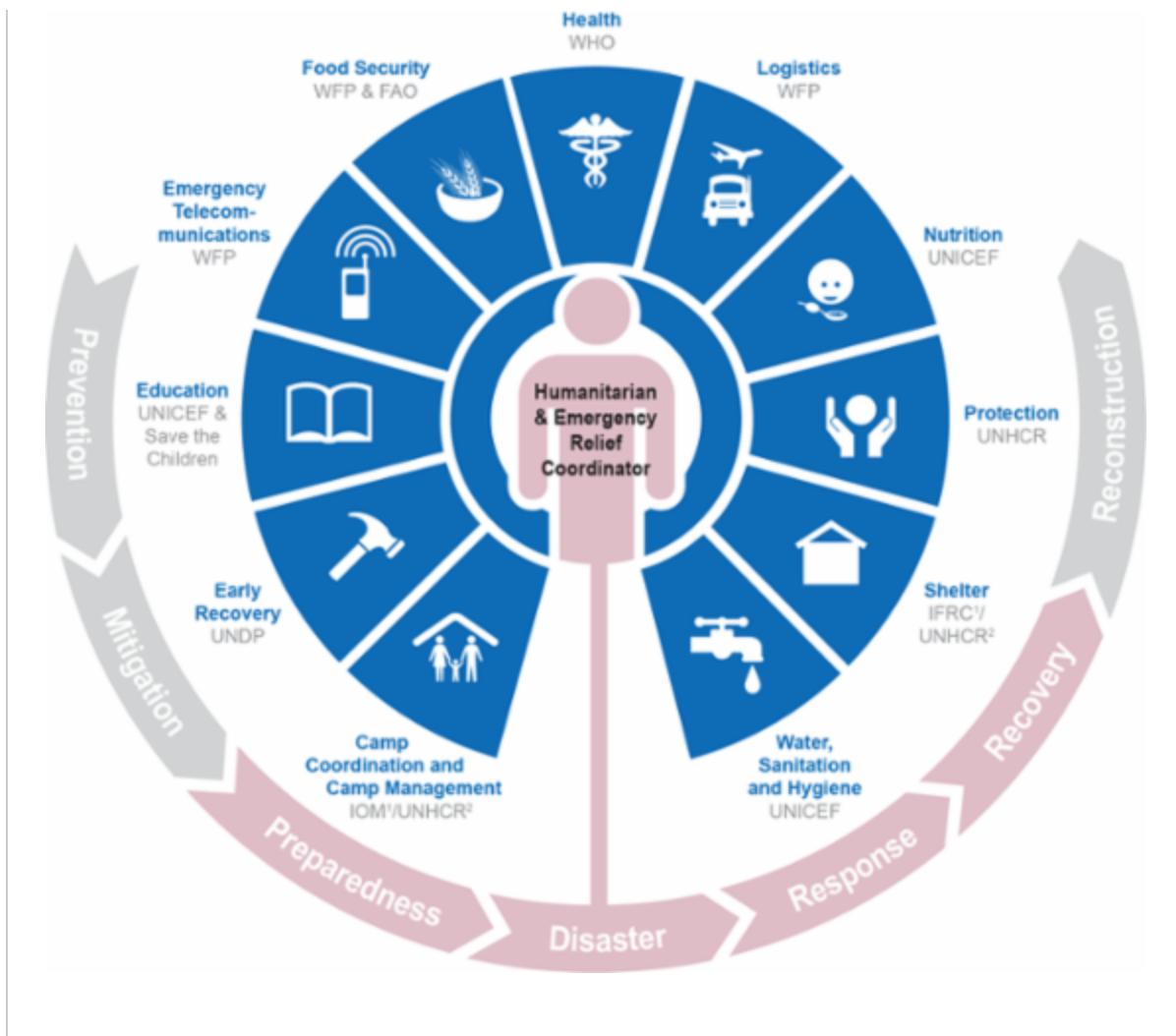
Note. Protection and assistance to refugees is coordinated and delivered through the Refugee Coordination Model (RCM). (Clusters are not activated for responses to refugee crises.) (Clusters are not activated for responses to refugee crises.) In mixed situations, where a response is needed for both refugees and persons who have been internally displaced, the *Joint UNHCR- OCHA Note on Mixed Situations: Coordination in Practice* should be used for guidance.

The foundations of the current non-refugee international humanitarian coordination system were established by UN General Assembly Resolution 46/182 (December 1991), which created both the Inter-Agency Standing Committee and the post of Emergency Relief Coordinator. Led by the Under-Secretary-General for Humanitarian Affairs and the ERC (who is also head of OCHA), the IASC system brings together its members, which are operational organisations linked with the UN system, and a number of standing invitees, including ICRC, IFRC, ICVA, InterAction, OHCHR, the World Bank Group and the Special Rapporteur on the Human Rights of Internally Displaced Persons.

Almost 15 years later, in 2005, the 'humanitarian reform agenda' introduced several new operational and policy elements to enhance predictability, accountability and partnership. The Cluster Approach was one of the new elements.

Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action (water, health, shelter, logistics, etc.). They are designated by the IASC and have clear responsibilities for coordination.

The Cluster Approach was applied for the first time after the 2005 earthquake in Pakistan. Since then there have been two evaluations. The first, finalized in 2007, focused on implementation. The second, in 2010, examined the contribution clusters made to improving humanitarian assistance. After the 2010 report, the Cluster Approach was further refined and improved in the context of the 'Transformative Agenda'.



2. Underlying rationale / objective of the approach or system

Good coordination is needs-based, not capacity-driven. It establishes a coherent and complementary approach that identifies ways to work together for better collective results.

Large non-refugee humanitarian crises are crises in which needs exceed a government's existing capacity and in which the needs, scale and complexity of the crisis warrant a multi-sectoral response with the engagement of a wide range of humanitarian actors. In such situations, a cluster response is activated under the overall leadership of the designated Humanitarian Coordinator (HC). Each cluster is accountable to the HC through its Cluster Lead Agency (CLA), as well as to national authorities and to people affected by the crisis.

A Cluster Approach may be used both in humanitarian emergencies caused by conflicts and in humanitarian emergencies caused by disasters.

The Approach aims to strengthen system-wide preparedness, make sure that critical materials and expertise are immediately available, and focus technical capacity. It:

- Increases transparency and accountability. Its mechanisms improve transparency in resource allocation, establish leadership, and focus on operational performance, leading to stronger accountability.
- Enhances predictability. Sector and thematic responsibilities are made clear; formal mechanisms at national and international level bring clarity to areas that are not otherwise covered.
- Engagement with national and local authorities. Government authorities are the primary duty-bearers. Humanitarian actors should actively engage with and support them to lead or progressively take over operational delivery, coordination, and monitoring of protection, assistance, and solutions for IDPs.
- Inclusion of affected communities. Humanitarian actors are required to make themselves accountable to affected populations. At minimum, they must consult and engage with the populations they assist. Affected communities help to determine the best responses to the problems they face.
- More effective advocacy. When clusters, singly or collectively, speak with one voice on issues of common concern, and do so in association with affected groups who are not normally heard, advocacy has more weight.
- Joint strategic and operational planning. Formal processes of coordination within and between clusters enhance efficiency and improve effectiveness.

Centrality of protection

In December 2013 the IASC Principals issued a statement on the *Centrality of Protection in Humanitarian Action*

. It is considered to be a core commitment of HCs, Humanitarian Country Teams (HCTs), and clusters. It affirms that, while Governments are primarily responsible for protecting people in humanitarian emergencies, humanitarian actors must protect people and respect and promote their human rights in accordance with international human rights law and international humanitarian law (IHL). Responses must develop a specific protection strategy at HCT level, covering preparedness, all aspects of the humanitarian response, and solutions. The protection cluster is expected to provide analysis and support the HCT needs to prepare this strategy.

3. Policy, strategy and/or guidance

Cluster activation

In specific country situations, clusters can only be activated by the ERC, with the endorsement of IASC Principals. In 2018, 'system-wide scale-up' replaced the previous emergency activation procedure referred to as 'Level 3'. An IASC Scale-Up is a system-wide mobilization in response to a sudden-onset and/or rapidly deteriorating situation in a given country or region and is declared when national or regional capacity to lead, coordinate and deliver humanitarian assistance does not match the scale, complexity, and urgency of the crisis. Five criteria are used to determine whether an emergency should be scaled up to a system-wide emergency: scale, urgency, complexity, capacity, and risk of failure to effectively deliver to affected populations.

Key steps include:

1. Consultation with the IASC Principals.

2. Mobilisation of cluster lead agency response capacities.
3. Immediate deployment of cluster coordination teams that possess information management expertise and capacity to scale up.
4. Activation of clusters, including designated leads.
5. Empowerment of an HC. The HC:
 - Leads the HCT in a multi-sector initial rapid assessment (MIRA), leading to a strategic statement and response plan.
 - Leads requests for allocations from the Central Emergency Response Fund (CERF).
 - Seeks consensus in the HCT for key decisions, but has authority to finalize proposals.
 - Raises any cluster lead performance problems with the ERC, who may bring them to the IASC Principals for discussion.
 - Oversees effective coordination and delivery, monitoring, and reporting.

UNHCR's participation and involvement in initial discussions of cluster activation at country level are crucial. In this period, it should make clear its readiness and commitment to lead particular clusters and activate internal mechanisms for rapid deployment of relevant staff.

Core functions of a cluster

At country level, clusters:

1. Support service delivery by providing a space in which to agree approaches and eliminate duplication.
2. Inform strategic decision-making of the HC/HCT by coordinating needs assessment, gap analysis, and prioritization.
3. Plan and develop strategies, including cluster plans, and arrangements for adhering to standards and meeting funding needs.
4. Advocate on behalf of cluster participants and affected populations.
5. Monitor and report on the cluster strategy and its results, and recommend corrective action where necessary.
6. Undertake contingency planning and, preparedness actions, and build capacity where the cluster has resources to do so.

From the outset of a humanitarian response, each cluster is also responsible for mainstreaming protection and integrating a solutions-orientation.

Coordination structure

A cluster-based response is led by the HC, in support of the host Government. At senior level (usually in the HCT), clusters are represented by the country head of the cluster lead agency. For example, the UNHCR Representative will represent the protection, the shelter and the camp coordination and camp management (CCCM) clusters, the UNICEF Representative the water, sanitation and hygiene (WASH) cluster, etc. OCHA supports the HC's coordination role, and typically convenes inter-cluster coordination meetings in which national cluster coordinators participate.

At country level, a cluster has six core functions:

1. To support service delivery, it:

- Provides a coordination platform that ensures service delivery is driven by the Humanitarian Response Plan (HRP) and strategic priorities.
- Develops mechanisms to eliminate duplication of service delivery.

2. To support the HC/HCT's strategic decision-making, it:

- Prepares needs assessments and analyses of gaps (across and in clusters), using information management tools as needed, to guide decisions on priorities.
- Identifies (emerging) gaps, obstacles, problems of duplication, and cross-cutting issues, and finds ways to address them.
- Formulates priorities on the basis of analysis.

3. To plan and implement cluster strategies, it:

- Develops sectoral plans, objectives and indicators that directly support realization of the response's strategic objectives.
- Applies and adheres to agreed standards and guidelines.
- Clarifies funding requirements, helps set priorities, and agrees cluster contributions to the HC's overall humanitarian funding proposals.

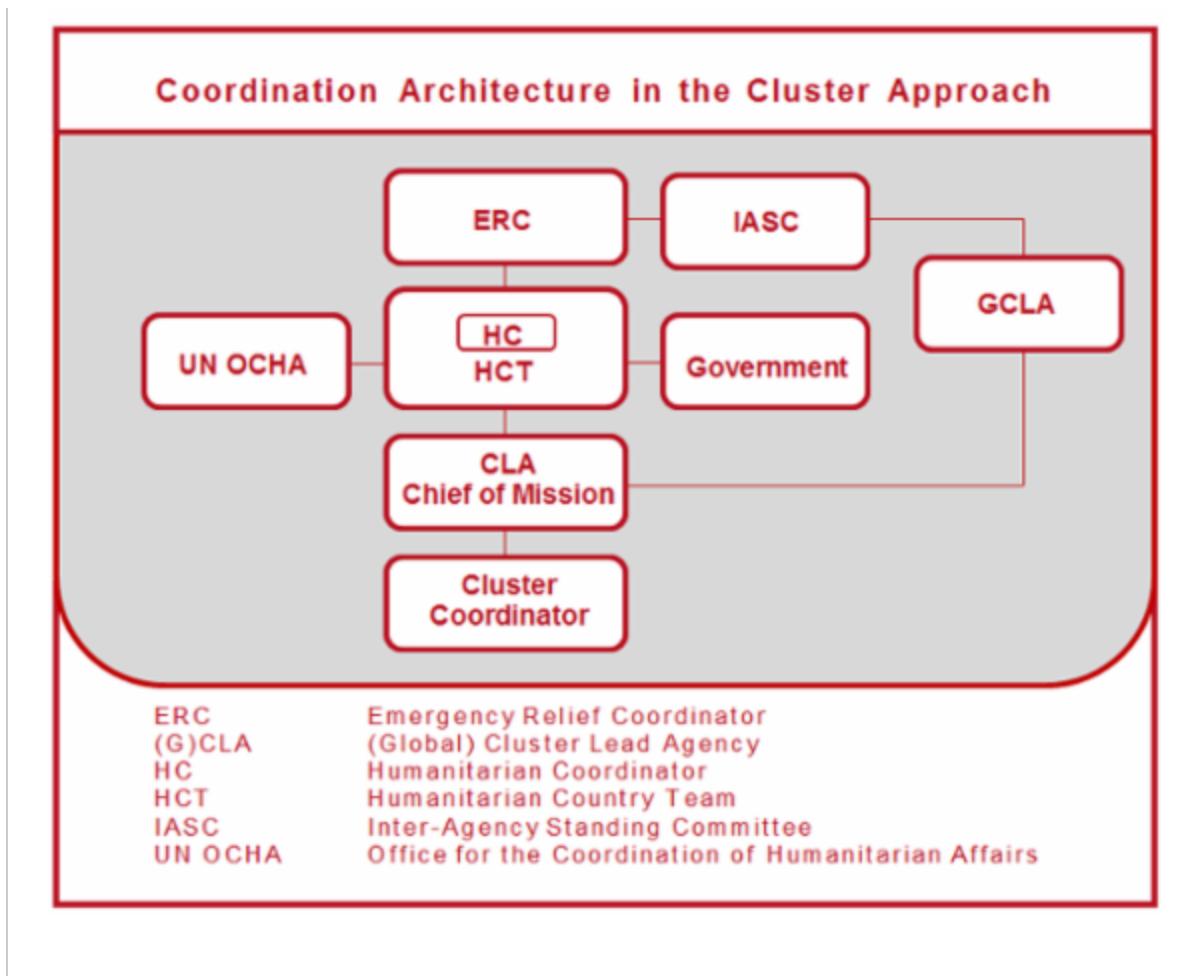
4. To monitor and evaluate performance, it:

- Monitors and reports on activities and needs.
- Measures progress against the cluster strategy and agreed results.
- Recommends corrective action where necessary.

5. To build national capacity in preparedness and contingency planning.

6. To support robust advocacy, it:

- Identifies concerns, and contributes support and content to HC and HCT messaging and action.
- Undertakes advocacy on behalf of the cluster, cluster members, and affected people.



4. Role of partners involved

The Inter-Agency Standing Committee. The IASC is a unique inter-agency forum for coordination, policy development and decision-making. It includes the key UN and non-UN humanitarian partners. Led by the E, the IASC develops humanitarian policies, demarcates responsibilities across the various dimensions of humanitarian assistance, identifies and addresses gaps in response, and advocates for effective application of humanitarian principles.

Government and national actors. Under UN General Assembly Resolution 46/182 (19 December 1991), the affected State, including the Government and its official institutions, is primarily responsible for initiating, organizing, coordinating, and implementing humanitarian assistance in its territory.

The Emergency Relief Coordinator. The post of ERC is held by the Under-Secretary-General for Humanitarian Affairs, who leads the IASC. The ERC is responsible for overseeing all complex emergencies that require UN humanitarian assistance. In countries affected by disasters or conflict, the ERC may appoint an HC. The ERC secures IASC endorsement of HC proposals to activate clusters and appoint cluster leads. The responsibility of the ERC does not detract from the High Commissioner's mandated accountability for refugees.

Humanitarian Coordinator. When crises occur, the HC in a country is responsible for assessing whether an international response is warranted and, if it is, for ensuring that it is well organized. HCs are

accountable to the ERC. At national level, they lead the HCT in deciding the most appropriate coordination solutions for a crisis, taking into account the local situation. Agreement must be reached on which clusters to establish, and which organizations will lead them.

Humanitarian Country Team. The HCT is a strategic and operational decision-making and oversight forum established and led by the HC. It includes representatives from the UN and NGOs; the Red Cross/Red Crescent Movement often attends with observer status. Agencies that are designated cluster leads represent their clusters as well as their organizations. The HCT is responsible for agreeing on strategic issues relevant to humanitarian action.

Cluster lead agencies. Heads of cluster lead agencies are accountable to the HC. They

- Ensure that coordination mechanisms are established and properly supported.
- Act as first point of call for the Government and the HC.
- Are the provider of last resort in their respective cluster.

Note. The IASC term '**provider of last resort**' "translates into a commitment by the Cluster Lead Agency to do the utmost to ensure an adequate and appropriate response. This means calling upon all relevant humanitarian partners to address critical gaps, and if this fails, depending on the urgency, and subject to access, security and funding availability, the cluster lead may need to commit itself to filling the gap" (**from UNHCR's IDP policy**).

Cluster coordinators. A cluster coordinator is responsible for ensuring that his or her cluster fulfils its role (with regard to needs assessment, response planning, setting of strategies/approaches, provision of policy/operational guidance, coordination of field responses, inter-cluster engagement, information management, monitoring and evaluation, donor engagement, Government engagement, advocacy, etc.), as set out in the IASC Reference Module for Cluster Coordination at the Country Level . Cluster coordinators co-operate through the Inter-Cluster Coordination Group (ICCG) to: jointly deliver an effective and efficient humanitarian response that results in meaningful protection outcomes in line with the IASC Policy on Protection; reach a shared understanding of needs, informed by a robust protection and gender analysis; and agree a joint strategy to meet needs. They brief the HCT and raise strategic issues for discussion in the HCT. (For more information on ICCG standard terms of reference, see <https://www.humanitarianresponse.info/en/coordination/clusters/global-cluster-coordinators-group-initiatives-0>.)

Shared leadership. The IASC recommends that country-level cluster leadership should mirror global arrangements. Accordingly, UNHCR should normally lead the protection cluster and, in conflict situations, the shelter cluster and the CCCM cluster. When appropriate, Governments should co-lead the cluster. Practice has shown that the appointment of NGOs to co-chair a cluster generally improves partnership, advocacy and information distribution and therefore the response as a whole. When an NGO co-chairs a cluster, it should contribute staff to the cluster coordination team in roles that complement and enhance the cluster's capacity. Appointing two UN agencies to co-lead clusters should be avoided because this does not strengthen ownership or make coordination more sustainable, but dilutes accountability and complicates decision-making. Global clusters should be consulted when the

appointment of co-leads or co-chairs is considered before cluster activation. (For IASC guidance on cluster leadership, see IASC, *Reference Module for Cluster Coordination at the Country Level*, activation procedures, p. 10.)

OCHA. OCHA works closely with global cluster lead agencies and NGOs to develop policies, coordinate inter-cluster issues, disseminate operational guidance, and organize field support. At field level, it helps ensure that the humanitarian system functions efficiently and supports the HC's leadership. OCHA provides guidance and support to the HC and HCT, and facilitates inter-cluster coordination. It also helps coordination between clusters at all phases of the response, when required, including needs assessment, joint planning, and monitoring and evaluation.

A cluster benefits from wide and representative participation, but can become unmanageable if it has too many members or its members are transient. In such cases, the appointment of a smaller strategic advisory group (SAG) or technical working groups (TWIG) can improve its performance.

Minimum commitments for participation. These set out what local, national, or international organizations undertake to bring to country-level clusters. They are not meant to exclude organizations or prevent national authorities from participating, where it is appropriate for them to do so.

Organizations that join clusters undertake to:

- Adhere to humanitarian principles and principles of partnership
- Participate in actions that specifically improve accountability to affected populations
- Engage consistently in the cluster's collective work, and make capacity available for this.
- Make the best use of resources, and share information on organizational resources.
- Take on leadership responsibilities as needed and as capacity and mandates allow.
- Help to develop and disseminate advocacy and messaging for relevant audiences.

The minimum commitments are not prescriptive and should be adapted to actual needs and context. Country-level clusters should consult the IASC's *Coordination Reference Module* when they develop or update their terms of reference or commitments.

5. UNHCR's role and accountabilities

Within the IASC system, UNHCR leads three clusters:

Protection. In situations involving conflict, UNHCR leads the protection cluster. UNHCR also leads this cluster in situations where a disaster has caused displacement provided that it has an in-country presence, the Government asks it to lead, and there is inter-agency approval. This cluster includes 'areas of responsibility' that are attributed to UNFPA for sexual and gender-based violence (SGBV), to UNICEF for child protection, to UNMAS for mine action, and to NRC for housing, land and property.

Recognizing that protection is central to the purpose of any humanitarian response, the protection cluster advises the HC and HCT, and works with all clusters to strengthen protection and rights-based responses.

Camp coordination and camp management (CCCM). In conflict situations involving IDPs, UNHCR leads this cluster. IOM leads this cluster in natural disasters. The CCCM cluster neither advocates for, nor automatically creates, camps and similar collective settings; it seeks rather to establish and maintain the dignity of living conditions and services of an appropriate standard for displaced populations, whether they live in planned or spontaneous collective settings.

Shelter. In situations involving conflict, UNHCR leads this cluster. In natural disasters, the IFRC leads. If IFRC is not present or is not able to lead the cluster at the outset of a natural disaster, UNHCR may temporarily lead until IFRC is ready to do so. Because IFRC is not a recipient of CERF funding, UNHCR can provide support in natural disasters by receiving CERF funds for shelter. Country operations should consult the Global Shelter Cluster in such situations.

When new emergency situations arise, UNHCR Representatives at country level consult HQ and participate in UNCT or HCT discussions of cluster activation. When a cluster led by UNHCR is activated, in accordance with IASC commitments and accountabilities, UNHCR offices must be prepared to resource cluster coordination, including coordination capacity at national and local level and information management support. Merging of clusters (shelter/NFI and CCCM) is not considered a good practice and should be avoided. Country operations should consult global clusters before taking steps to merge clusters.

To implement its updated *Policy on UNHCR's Engagement in Situations of Internal Displacement* (September 2019),

UNHCR is currently making an agency-wide effort to strengthen its preparedness, response and solutions interventions in internal displacement situations, underpinned by a robust operational response in each of these sectors. Globally and in all IDP operations, it is strengthening internal tri-cluster synergies, including by mainstreaming protection across all sectors.

6. Links

Shelter cluster

Global CCCM Cluster

Global protection cluster

Need help?

CONTACT Contact

- Annika Sandlund (sandlund@unhcr.org)
or Maria Kiani (kiani@unhcr.org)
at the Partnership and Coordination Service

- The Global Protection Cluster at <http://www.globalprotectioncluster.org/general/contact-us/>
- The Global Camp Coordination and Camp Management (CCCM) Cluster, at:
<https://cccmcluster.org/about/team>
or HQGLOBCC@unhcr.org
- The Global Shelter Cluster, at: <https://www.sheltercluster.org/about-us/global-support-team>
or HQShelter@unhcr.org

Annexes

- UNHCR-OCHA, Joint UNHCR-OCHA Note on Mixed Situations. Coordination in Practice
- IASC Principals, The Centrality of Protection in Humanitarian Action, statement
- Global Shelter Cluster Coordination Toolkit
- IASC Reference Module for Cluster Coordination at the Country Level July 2015

Version and document date

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Document date: 06.05.2022

Emergency Response Preparedness (ERP) approach (IASC, IDP situations, natural disasters)

Key points

- The ERP is the IASC-endorsed framework for preparedness for IDP situations, natural disasters and other non-refugee emergencies. At country level, in support of the host Government, these preparedness efforts are led by the UN Resident Coordinator (RC) or the Humanitarian Coordinator (HC).
- Efforts to prepare for potential refugee emergencies (influxes) in support of the host Government, on the other hand, are always led by the UNHCR Representative, with the involvement of members of the UN Country Team (UNCT) or Humanitarian Country Team (HCT). In such case, the Preparedness Package for Refugee Emergencies (PPRE) provides the framework.
- ERP focuses on situations in which the scale of a potential emergency requires the concerted action of a number of agencies and organizations.
- Real-time and continuous risk analysis and early warning by HCTs are vital to emergency preparedness and trigger related preparedness actions.

1. Overview

Note. This Entry reflects the 'BETA version' of the Emergency Response Preparedness (ERP) approach, which the Inter-Agency Standing Committee (IASC) Task Team on Preparedness and Resilience released for field testing in 2015. It does not necessarily reflect the final version that will be issued.

The aim of Emergency Response Preparedness (ERP) is to optimise the speed and volume of critical assistance delivered immediately after the onset of a humanitarian emergency. It provides practical guidance to assist inter-agency country teams (including UN agencies, international organizations, the International Red Cross and Red Crescent Movement and NGOs) when they collectively prepare to respond to potential emergencies with appropriate humanitarian assistance and protection.

ERP is primarily applicable to inter-agency preparedness for natural disasters and internal displacement (IDP) situations. In potential refugee crises (where the identified emergency risk specifically relates to the possibility of a refugee emergency), the Preparedness Package for Refugee Emergencies (PPRE), which uses the same approach as the ERP, should be used as a toolkit and for guidance.

ERP outlines how the international humanitarian community can organize itself to support and complement national Government action. The guidelines are premised on the understanding that Governments hold the primary responsibility for providing humanitarian assistance to women, girls, boys and men, and sub-groups of the population in need, in line with General Assembly Resolution 46/182, which affirms: 'Each State has the responsibility first and foremost to take care of the victims of natural disasters and other emergencies occurring on its territory. Hence, the affected State has the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory'.

ERP is a tool:

- To develop a common understanding of risks and a system to monitor those risks, ensuring that early action is taken when required.
- To establish a minimum level of multi-hazard preparedness.
- To take additional action, including the development of a contingency plans for specific risks that can be used as the basis of a Preliminary Response Plan to meet the differentiated needs of an affected population in the first 3-4 weeks of a humanitarian emergency.

The IASC Task Team on Preparedness and Resilience has developed the ERP, with UNHCR involvement. It replaces the 'Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance' that were prepared in 2001 and updated in 2007.



2. Purpose and relevance for emergency operations

Emergency preparedness aims to ensure that the strategic direction and required building blocks for an eventual response are in place. Experience has shown that starting the delivery of emergency aid, especially at scale, takes significant lead time. By undertaking preparedness measures, operations front load preparatory actions before a crisis occurs. Preparedness includes: a context analysis, planning, gap identification, partnership development and coordination, and perhaps resource pre-positioning. Good emergency preparedness lays the foundation of an emergency response.

Some of the three main ERP components are triggered by specified levels of risk, as shown in the table below.

Component	When and Who?	Purpose

Risk analysis and monitoring (multi-hazard).	<ul style="list-style-type: none"> • All the time at regular intervals • By UN Country Teams (UNCTs) or Humanitarian Country Teams (HCTs), led by the Resident Coordinator (RC) or Humanitarian Coordinator (HC). 	To identify potential hazards and monitor indicators related to those hazards
ERP Minimum Preparedness Actions (MPAs).	<ul style="list-style-type: none"> • Ongoing all the time. • By UNCTs and/or HCTs, and by clusters, if in place. 	To maintain standard minimum preparedness and lay the foundation for emergency readiness. .
ERP Advanced Preparedness Actions (APAs) and ERP contingency planning.	<ul style="list-style-type: none"> • In situations of medium and high risk (risk score higher than 8). • By UNCTs and/or HCTs, and by clusters if in place. 	To increase the preparedness level to emergency readiness.

3. Underlying process – how does this work?

ERP is a continuous process, divided into three key elements:

- Risk analysis and monitoring.
- Minimum preparedness actions (MPAs).
- Advanced preparedness actions (APAs) and contingency planning.

The approach is:

- Led by a Resident Coordinator (RC) or Humanitarian Coordinator (HC).
- Managed by the UN Country Team (UNCT) or Humanitarian Country Team (HCT).
- Supported by an inter-cluster/sector coordination group and clusters/sectors, if clusters and sectors are in place.
- Inclusive of a broad range of actors, including at sub-national level.
- Supports national authorities, who have primary responsibility for affected people.

Context	Accountability
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In countries where IASC humanitarian coordination structures are in place.	The HC, working with the HCT and country level clusters/sectors, should lead the ERP process, and ensure coherence in the HCT as well as with national structures. Coordination is led by UNHCR in refugee contexts (the Preparedness Package for Refugee Emergencies applies) and by WHO in public health emergencies.
In countries where IASC humanitarian coordination structures are not in place.	The RC should establish an inter-agency humanitarian country team, and work with this team and national authorities to implement the ERP. The RC should encourage the input and participation of NGOs, including women's organisations active in the country, to ensure that their humanitarian capacities and expertise are recognized, and that they can contribute fully. In-country coordination mechanisms may need to be expanded for this purpose.

The extent of involvement of national and subnational authorities depends on the context. In all situations, ERP should be based on knowledge of the planning, capacities and systems of national and local authorities. This should be complemented with a knowledge of the underlying inequalities and vulnerabilities influencing the risk susceptibility and resilience of women, men and their communities in a given context, and guided by the principles of neutrality and impartiality.

The ERP approach has three inter-related levels of action:

Inter-agency	Sector/cluster	Organization-specific
Builds an over-arching framework to guide the collective action of all potential humanitarian responders.	Defines how agencies will work to achieve sector-specific objectives together.	Describes how the organization's response will be delivered Note. The ERP approach does not define the form of agency-level planning

Overview of the three main components of the ERP

(a) Risk analysis and monitoring (multi-hazard)

A clear, shared understanding of the risks that may trigger a crisis significant enough to require a coordinated humanitarian response is fundamental to the entire ERP process. Analysis informs planning while monitoring ensures that the process is responsive to emerging risks. The risk analysis process identifies hazards that could trigger a crisis and ranks them by impact and likelihood. The risk ranking determines whether thresholds are low, medium, or high. Development of a contingency plan (see 'Advanced Preparedness Actions and contingency planning' below) is recommended when it is determined that risk thresholds are 'medium' or higher.

In parallel, risk monitoring should be undertaken, using indicators identified as part of the risk analysis process. Monitoring provides early warning of emerging risks that in turn makes it possible to take early action (adapting the contingency plan, for example, or where possible taking action that will mitigate the impact of an emerging risk).

(b) ERP Minimum Preparedness Actions (MPAs)

ERP MPAs are a set of activities that every UNCT must implement to establish a minimum level of emergency preparedness within a country. ERP MPAs are not risk or scenario-specific and usually do not require significant additional resources. They include risk monitoring, the establishment of coordination and management arrangements, preparation of joint needs assessments, monitoring, information management, and establishment of operational capacity and arrangements to deliver critical relief assistance and protection. Their implementation makes a fundamental difference to the quality of an eventual response and makes it possible to respond flexibly to different types of emergency.

(c) ERP Advanced Preparedness Actions (APAs) and ERP contingency planning

APAs and contingency planning are two sets of complementary activities that should be initiated together to plan for specific risks when risk analysis and monitoring indicate that the risk of an emergency occurring is 'medium' or higher.

ERP APAs are designed to increase the readiness of an HCT to respond to specific risks. Unlike ERP MPAs, ERP APAs are risk-specific. They build on ERP MPAs already in place. The ERP APA checklist (see Annex III) includes essential preparedness actions that complement and support the contingency planning process.

A contingency plan sets out the initial response strategy and operational plan for meeting humanitarian needs during the first three to four weeks of an emergency. A contingency plan sets out what might happen and what might be needed, actions that will need to be taken, resources that will be required, and gaps that will need to be filled.

4. UNHCR's role and accountabilities

As a member of the UNCT and HCT, UNHCR fully participates in ERP. With respect to preparedness for IDP situations and natural disasters, UNHCR contributes to preparedness efforts led by the RC and/or

HC. As part of an overall preparedness plan, UNHCR leads the preparedness efforts of the three clusters which the agency leads (the Protection cluster, the Shelter cluster, and the Camp Coordination and Camp Management cluster). The extent of this engagement will depend on whether these cluster responses are a priority for preparedness, and whether clusters have been formally activated in the country.

5. Considerations for UNHCR's engagement at country level

- The ERP should be practical. It should focus on needs, what is in place, and how to bridge the gaps; and how the country team can reach affected people to provide assistance. In other words, it is a process of asking and answering critical operational questions. Risk analysis and monitoring are the key to dynamic and responsive preparedness.
- The ERP should be flexible. Country teams should prioritise actions in light of capacity in the country to undertake preparedness.
- The ERP should be participatory. Planning is most effective when all those who will be required to work together are engaged in the process from the start.
- Strategic leadership by the RC or HC, and a commitment by agencies at country level to make staff and resources available to support the process, are vital to ERP success, which depends on each and every member of the country team.

6. Links

Humanitarian Response Info – Preparedness

Need help?

CONTACT UNHCR Emergency Services, Division for Emergency Security and Supply (DESS). At:
hqemhand@unhcr.org

Annexes

- Emergency Response Preparedness July 2015

Version and document date

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Refugee Coordination Model (RCM)

Key points

UNHCR's is accountable for coordinating refugee responses as follows:

1. **Preparedness.** It makes sure that joint risk analyses are prepared and that, where necessary, joint preparedness plans and actions are completed.
2. **Protection strategy.** It guides the development of a comprehensive refugee response, drawing on the contributions of partners.
3. **Resource mobilization.** It coordinates immediate and ongoing inter-agency funding appeals. It seeks support from pledges made at the Global Refugee Forum and other relevant fundraising fora.
4. **Sectoral set up:**
 - a. It determines whether current Government-led or interagency coordination mechanisms (including clusters) can be adapted to address the needs arising from refugee influx, in accordance with UNHCR's accountabilities.
 - b. Where necessary, it establishes sectoral coordination mechanisms, with government counterparts where possible, to lead sector-specific needs assessments, planning, monitoring, reporting, and information management, within and across sectors, at national and sub-national level.
 - c. It leads the refugee protection working group; ensures protection concerns are reflected in the work of other sectors; and ensures that refugees and host communities participate in a manner that is sensitive to age, gender and diversity.
 - d. It ensures that other sectors and their leaderships, including leads from other agencies, have appropriate expertise, experience and operational capacity.
 - e. Being accountable for the quality of the refugee response, the UNHCR Representative maintains a direct line to the Government on refugee issues.
5. **Coordination forum.** Where appropriate, it establishes a national coordination forum, if possible co-chaired by the Government, to support the overall refugee response.
6. **Information management.** It builds or strengthens information management,

including through contributions by other agencies.

7. Information sharing. It ensures that information is shared regularly with the RC and UNCT; updates and ensures coordination with the HC and HCT (where they operate); and shares information regularly with donors.

1. Overview

The coordination of international protection, assistance and solutions is central to UNHCR's refugee mandate and derives from the High Commissioner's responsibility to ensure international protection for persons of concern to UNHCR from the time they become a refugee or internally displaced person (IDP) until they find a solution, whether they live in urban or rural host communities or in camps, with other refugees and internally displaced people, with other populations affected by humanitarian crises, or in non-emergency settings.

The Refugee Coordination Model (RCM) provides the model for leading and coordinating refugee operations. It sets out our shared duty to refugees, an integrated humanitarian vision, and responsibilities. Together with the UNHCR-OCHA *Joint Note on Mixed Situations: coordination in practice* (2014)

, the RCM sets out a framework and principles for responding to refugee and mixed situations.

2. Underlying rationale / objective of the approach or system

UNHCR's mandated responsibility to protect refugees, and coordinate action on their behalf

Under its Statute

, UNHCR provides international protection to refugees and seeks permanent solutions for them, acting on the authority of the General Assembly (GA). In that capacity, it is the lead agency with respect to refugee protection, responsible for seeking solutions in the UN system in association with a wider array of stakeholders. As set out in subsequent GA resolutions, its responsibilities include coordination, provision of protection and assistance, obtaining solutions, and advocacy. Importantly, UNHCR also has a supervisory role: it is the UN entity most immediately responsible for ensuring that States adhere to internationally accepted standards with respect to refugees and stateless persons and for strengthening States' capacity to protect such persons.

UNHCR has led and managed refugee operations effectively for decades. For many years, however, it did not articulate a model of refugee coordination that took account of changes in the humanitarian landscape. The Refugee Coordination Model (RCM), formalised in 2013 and further updated in 2019, makes UNHCR's approach to coordination more predictable by clarifying roles and responsibilities. Recent UN General Assembly Resolutions have confirmed the RCM and UNHCR's mandate to lead and coordinate the refugee response (A/RES/69/152 , A/RES/70/135).

States are primarily responsible for protecting refugees. Several factors can inhibit their capacity to fully discharge this responsibility. Over two thirds of all refugees live in low- and middle-income countries that face economic and development challenges. The arrival of large numbers of refugees strains already over-stretched infrastructures and service delivery. In addition, the institutions of many States across the development spectrum are not equipped to appropriately receive, protect or otherwise respond to the challenges of receiving large numbers of refugees. For this reason, it has long been recognized that international cooperation is required to support States that receive refugees. This understanding lay at the heart of UNHCR's creation and the 1951 Convention on the Status of Refugees. The importance of cooperation was subsequently confirmed in a range of regional instruments and was underscored by the Global Compact on Refugees (GCR) which stated that "there is an urgent need for more equitable sharing of the burden and responsibility for hosting and supporting the world's refugees, while taking account of existing contributions and the differing capacities and resources among States. Refugees and host communities should not be left behind." The GCR calls for a multi-stakeholder and partnership approach to meet this objective, to achieve which UNHCR plays both a supportive and catalytic role.

UNHCR's approach to coordination is determined by the needs and concerns of refugees and persons of concern, the capacity of Government to respond, and the operational context. Coordination is a means to an end, whose purpose is to ensure that refugees and other persons of concern receive the protection and assistance they need through the collective efforts and capacities of all stakeholders involved. Reflecting these points, the RCM:

- Reaffirms that States' have the primary responsibility to protect refugees, and that the High Commissioner has a mandate to provide international protection to refugees and support the efforts of host Governments to protect refugees by providing leadership and coordination.
 - Affirms that coordination of a refugee response takes account of the approach of the host Government, and its capacity, and builds on the resources of refugees and host communities.
 - Makes clear that UNHCR's approach to coordination is predictable, inclusive and partner-friendly, designed to ensure that refugees receive the assistance and protection they need throughout the duration of a refugee response.
 - Underlines that UNHCR is mandated to undertake advocacy on refugee issues and international protection.
 - Welcomes sector leadership by partners who have the necessary expertise and experience.
 - Seeks to widen the support base for refugees and countries that host them, and promotes self-reliance and collaboration with development actors, in accordance with UN Reform and the Global Compact on Refugees
- .

In practical terms, UNHCR's coordination responsibilities lie operationally in the following broad areas:

1. **Preparedness.** It works with Government and partners to assess the likelihood of refugee inflows, determine the impact of inflows on national response mechanisms, and (depending on the level of risk) take preparedness actions.

2. **Advocacy.** It intervenes politically, diplomatically and legally to influence legislation and national practices. When doing so, UNHCR may engage directly with host Governments.
3. **Strengthening national capacity.** It may strengthen the capacity of national institutions and local actors to protect refugees and find solutions for them.
4. **Delivery.** It delivers protection and assistance and facilitates solutions.
5. **Coordination.** It involves UN partners and other stakeholders in developing and implementing a protection and solutions strategy that supports refugees and assists host countries to support refugees.
6. **Participation.** It works with refugees and host communities in ways that are sensitive to age, gender and diversity, and ensures they participate in designing responses to their needs that are appropriate, accessible and inclusive.
7. **Resource mobilization.** It raises funds for responding to refugees, including through inter-agency plans and appeals. *Inter alia*, it sets protection objectives; coordinates resource mobilization; drafts initial inter-agency plans; reports on their implementation and impact; and tracks contributions.
8. **Broadens the support base.** It seeks out and works with a wide array of stakeholders, including private sector organizations and multilateral and bilateral development actors, to strengthen institutional capacity and assist host communities to address their urgent humanitarian needs. Where applicable, it works with such stakeholders to overcome shocks that result from conflict or large refugee arrivals.
9. **Monitoring and reporting.** It monitors and reports on the situation of refugees and application of the international protection regime.
10. **Prevention.** UNHCR uses the High Commissioner's good offices to prevent situations that cause refugees to flee, address root causes of migration and displacement, and promote the involvement of refugees in efforts to sustain peace.
11. **Solutions.** It promotes durable solutions; designs refugee responses that facilitate solutions; and ensures that solutions are implemented in ways that are safe and sustainable. This work includes efforts to secure return and reintegration, resettlement, local integration, obtain complementary pathways, and achieve other local solutions.

UNHCR's mandate includes leadership responsibilities. Within countries, the **Representative** speaks for the High Commissioner on matters concerning UNHCR's mandate and is responsible for coordination, as described in the next section. Where large refugee movements occur, the Representative coordinates UN and NGO partners as they prepare a refugee response plan, which serves as an advocacy tool and is used to raise resources.

At regional level, the High Commissioner may appoint **Regional Refugee Coordinators** to address a specific refugee situation and lead development and implementation of regional refugee response plans. These are developed jointly with partners at regional level.

The High Commissioner may also appoint **Special Envoys** to provide political representation and advocacy on behalf of the High Commissioner in specific contexts.

Resident Coordinator system

In the UN system, the Resident Coordinator (RC) in a country leads the UN Country Team (UNCT) in undertaking development activities under the UN Strategic Development Cooperation Framework (UNSDCF, formerly UNDAF) and assisting countries to implement the 2030 Agenda. As a member of the UNCT, UNHCR contributes to this work and is accountable to the RC for UNHCR programming in support of the UNSDCF/UNDAF. RCs are in turn accountable to members of the UNCT, who expect the

RC to support their efforts to fulfil their mandates. UNHCR exercises its mandate as an agency and fulfils its supervisory responsibilities. These include the duty to monitor States' compliance with their international obligations to refugees and stateless persons, and play a catalytic as well as support role in implementing the GCR, which encourages a broad range of stakeholders – including development actors – to participate in refugee responses.

In line with the GCR, UNHCR is committed to work with RCs and UNCTs to advance national development priorities and ensure no one is left behind. This collaborative work includes encouraging development actors to intervene on behalf of refugees and in support of host communities, as well as to work with States to include refugees in national development plans, as part of the Agenda 2030 imperative to 'leave no one behind'.

Humanitarian Coordinator system

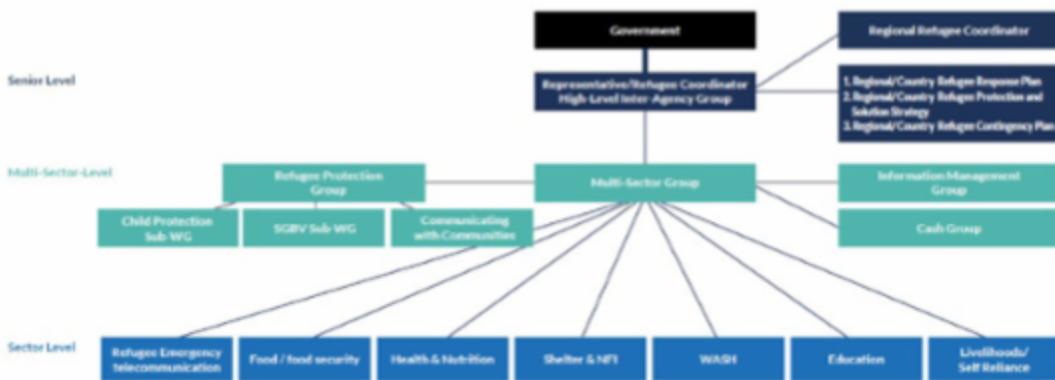
In complex emergencies, the Humanitarian Coordinator (HC), if one has been appointed, leads overall humanitarian planning, advocacy and resource mobilization. When a complex emergency occurs that has a refugee dimension, UNHCR leads the refugee response, working with the overall humanitarian response to make sure it is coherent. The arrangements are set out in UNHCR's and OCHA's *Joint Note on mixed situations: coordination in practice* (2014). They were reconfirmed by the Emergency Relief Coordinator (ERC) and the High Commissioner in 2018. The Note describes in detail the division of responsibilities between the UNHCR Representative and the HC in such situations.

The High Commissioner remains accountable for protection of persons of concern; the Joint Note is about increasing operational efficiency by flexible and pragmatic organization, not about transferring accountability or responsibility. The High Commissioner's protection responsibilities, combined with his advocacy and supervisory functions, mean that he must continue to oversee and monitor the delivery of services to refugees during UN responses. UNHCR's refugee response is an **integral yet distinct** element in the overall humanitarian coordination architecture. By developing visions that are integrated and strategic alongside distinct but interoperable plans and funding tools, UNHCR and the larger humanitarian response can remain accountable and fulfil their responsibilities coherently and transparently.

The RCM is applicable **in all refugee situations and throughout a refugee response**, whether the emergency is new or protracted, and whether refugees are living in camps, rural areas, urban settings or in mixed situations. According to the operational context and the size and length of the response, certain features of the RCM may be less or more significant.

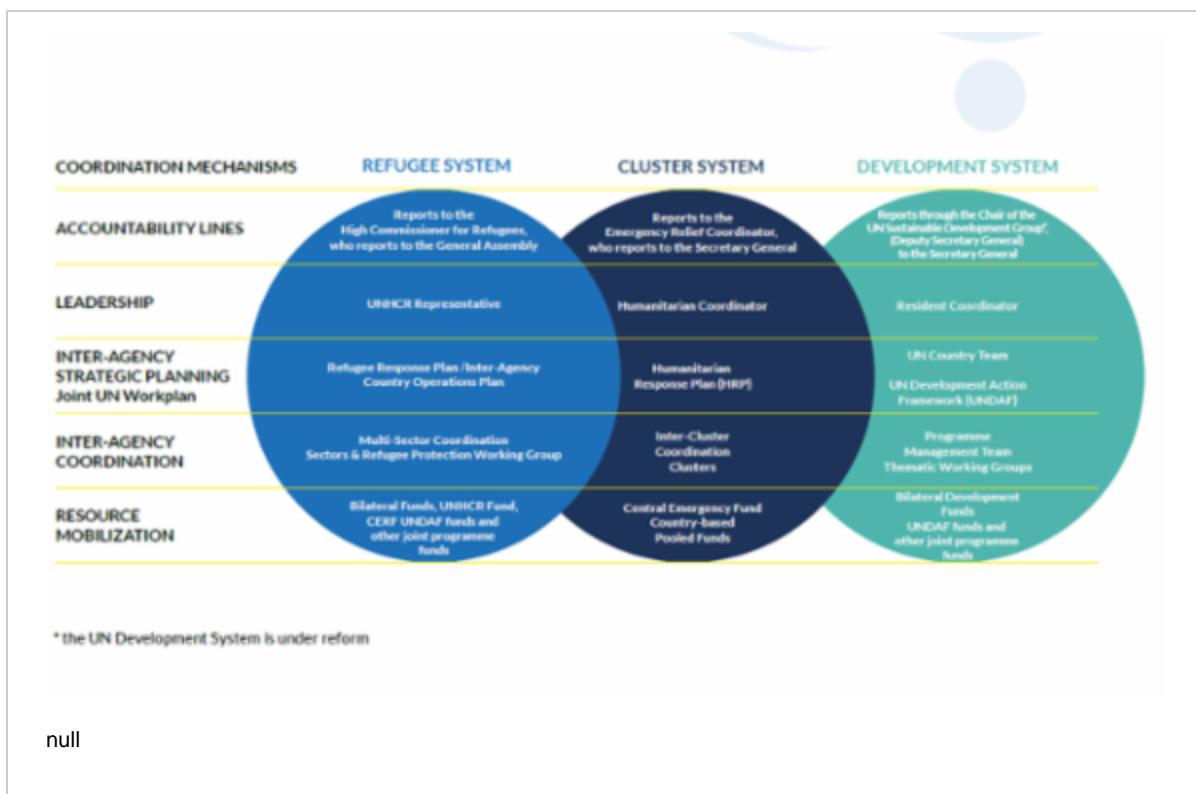
RCM Coordination Structure – Example

The arrangements below should be adapted, expanded and reduced based on context and need.



REMEMBER:

- Government leadership is paramount.
- Multi-Sector Group is chaired by relevant Government and co-chaired by UNHCR
- Refugee Protection Group is chaired by Government (where feasible) and UNHCR.
- Sectoral meetings are chaired by relevant Government entities and agency coordinating the sector.
- Sectors should be increased and reduced in number depending on operational need.
- Necessary linkages with other coordination mechanisms should be established.
- In certain situations, particularly CRRF ones, coordination arrangements will be more fully led by Government and change.



null

3. Policy, strategy and/or guidance

Preparedness

Refugee influxes can often be anticipated. Large movements may build over time and can be predicted as the conflict that drives them intensifies.

UNHCR's emergency policies require operations to prepare annual risk analyses and complete minimum preparedness actions. This work is done with government and partner counterparts to: assess the likelihood of refugee inflows; determine the impact that refugee flows are likely to have on national response mechanisms; and, depending on the level of risk, make ready.

When refugee influxes are anticipated, UNHCR coordinates refugee preparedness actions. Where relevant, it does so as part of broader UNCT or Humanitarian Country Team (HCT) preparedness processes. Wherever possible, UNHCR works jointly with Government. Preparedness actions include mapping of partner capacities.

The growing engagement of multilateral development actors, including the World Bank Group, mean that preparedness efforts can be supported more actively by national institutions, whose capacity goes well beyond what UNHCR can do on its own. By engaging early on with development and financial institutions, UNHCR can provide information and guidance that will help them to: strengthen the institutions that will manage any refugee influx; prepare instruments to facilitate flows of financial support; devise social protection systems able to support affected host communities and refugees; and establish surge capacity for service delivery.

Emergency

At the outset of a refugee emergency, UNHCR's knowledge and operational capacity assists Governments to design and roll out quickly a response that has the capacity to be sustainable and encourages contributions from a wide array of stakeholders. Importantly, Governments expect UNHCR to act immediately to raise financial and in-kind resources to meet urgent and pressing needs.

Operations are expected to reinforce or establish coordination arrangements, as prescribed in the RCM, ensuring a smooth interface with other interagency mechanisms.

Building for resilience

Not all refugee situations start with an emergency influx, but all emergency responses need to become consolidate programmatically and become a more stable form of operation.

National ownership is crucial. Wherever possible, UNHCR will work to establish and support national arrangements for coordinating a comprehensive refugee response. As envisaged by the GCR, UNHCR may support the development of a comprehensive plan, in line with national policies and priorities. Comprehensive plans set out: policy priorities; institutional and operational arrangements; requirements for support from the international community, including investment, financing, and material and technical assistance; and solutions, including resettlement and complementary pathways for admission to third

countries, as well as voluntary repatriation.

The GCR also makes clear that refugee responses should be designed (or adapted) to be able to evolve into more sustainable forms of support and response. One objective of the GCR is therefore to strengthen the resilience both of refugees and the communities that host them, especially when displacement is protracted. The GCR's Programme of Action sets out various arrangements for supporting refugees and hosting countries and identifies areas in which immediately or long term support is likely to be needed. Longer term action is likely to be required to: strengthen the capacity of facilities and systems that deliver asylum, education, health and child protection services; enhance accommodation, energy supply, and natural resource management; increase livelihoods and grow the economy; and empower women and youth.

UNHCR will remain engaged in all areas of refugee protection and solutions; however, the transformative support envisaged by the Programme of Action requires **investments that go well beyond a humanitarian or even a UN development response**. A much broader array of stakeholders must be engaged. While UNHCR can act as a catalyst, it recognizes that it is not competent to lead in all areas.

UNHCR must therefore encourage others to make significant contributions, to strengthen institutional capacity, help host communities overcome shocks resulting from conflict or large refugee arrivals, and advance the rights of refugees. These objectives can be pursued in the following ways:

-Within the UNCT. UNHCR actively draws on the expertise of other agencies to promote refugee resilience: UNICEF and UNESCO in education; ILO in employment; WHO in health etc. It works to include refugees in UN development frameworks (UNSDCF/UNDAF).

-NGOs. NGO contributions and leadership are vital and can be promoted in HCTs and within refugee responses that UNHCR coordinates. Encouraging others to lead in their areas of expertise strengthens their engagement and the inclusion of refugees without undermining UNHCR's mandate or accountability.

-The private sector, and multilateral and bilateral development actors. UNHCR encourages involvement by the private sector and development actors. Its knowledge of refugees, of the operating environment, and other agencies and actors involved in refugee response, mean that UNHCR can be an invaluable guide and source of information for such organizations.

Voluntary repatriation and returns

Within the UN, UNHCR is the authoritative voice on the right of every refugee to a safe and dignified voluntary return to his or her own country. It advises and guides UN action and facilitates voluntary return by refugees to their country of origin when conditions in those countries are such that their return can be safe, dignified and sustainable.

UNHCR advises the UN system on the basis of its own assessment of the degree to which countries are in a position to: receive returnees; assure their security and provide essential services; and sustain return. In its assessment, UNHCR identifies obstacles to voluntary return, conditions favourable for

voluntary return, and specific protection needs. UNHCR also leads on a range of other relevant activities by UN and operational partners. These include: compiling information on possible return areas; structured dialogues with refugees and intention surveys; go and see visits; identification of specific protection needs; monitoring; and comprehensive measures to support protection and solutions. With both host and receiving Governments, UNHCR may sign a Tripartite Voluntary Repatriation Agreement that defines the legal framework, lists refugee guarantees, and describes the responsibilities of the parties.

In countries of return, UNHCR's work to support returning refugees usually focuses on the country's coordination mechanisms (notably the UNCT and HCT, where applicable), and, for an initial period of time, on the protection, assistance, and well-being of returnees. Its responsibilities include the provision of: return packages; initial reintegration support; returnee monitoring; information sharing on protection risks in areas of refugee return; and advocacy and operational guidance on measures to reduce those risks.

It is a given for UNHCR that Governments should lead refugee responses wherever possible. Beyond this, how UNHCR exercises its coordination responsibilities is context specific.

Refugee Response Plans. With respect to both inter-agency refugee response plans (which are country specific) and regional refugee response plans (which address refugee influxes in several countries), UNHCR leads their development, their implementation, and resource mobilization. Response plans are a coordination tool: they establish a common strategy and give host Governments as well as donors an overview of the inter-agency response, including resource requirements.

Comprehensive Response Framework. When requested to do so, UNHCR assists Governments to put in place the national, regional and international arrangements needed to establish a comprehensive refugee response framework. These frameworks should engage a broad range of stakeholders as envisaged by the GCR and are context specific.

As recognized in the GCR, population movements are not always homogeneous and may be composite. Some large movements involve both refugees and others on the move; others involve refugees and internally displaced persons; in certain situations, people are displaced across frontiers by sudden-onset natural disasters and environmental degradation.

These situations present complex challenges for affected States. In responding to refugee movements within mixed movements, UNHCR works with a range of operational partners, such as OCHA, UNDP and the International Organization for Migration (IOM), drawing on their mandates, roles and expertise as appropriate to develop a coordinated approach.

In **complex emergencies** that include internal displacement and refugees, for example, UNHCR and OCHA apply a joint coordination model that ensure their leadership and coordination are complementary and clearly defined, reflecting their expertise, mandates, and responsibilities.

UNHCR is also actively engaged in efforts to ensure that humanitarian and development responses are linked and engage multilateral partners such as the World Bank and international financial institutions. These efforts include the humanitarian-development-peace nexus

- , the collective outcomes approach
- , and the New Way of Working set out in the Agenda for Humanity

Mechanisms for joint coordination, which can be adapted to regional contexts, have been designed for responses to mixed movements of refugee and migrants, and responses to refugees and hosting communities. These are elaborated by UNHCR and IOM in their *Joint UNHCR-IOM letter on Global Compact for Safe, Regular and Orderly Migration* (25 January 2019).

Wherever **inter-agency mechanisms** function in countries or regions, UNHCR will seek similarly to coordinate its work with them.

At all times, UNHCR exercises its mandate responsibilities which include coordination of efforts to ensure refugees are protected and to advance solutions for them.

4. Links

Refugee Coordination Model - Updated Guidance (2019)

UNHCR-OCHA, Joint Note on Mixed Situations: Coordination in Practice
Note on the Mandate of the High Commissioner

Refugee Coordination Model (internal link)

Need help?

CONTACT Contact the Partnership and Coordination Service of the Division for External Relations:

- Annika Sandlund: Sandlund@unhcr.org
- Maria Kiani: Kiani@unhcr.org

Annexes

- Joint UNHCR and OCHA, Note on Mixed Situations. Coordination in Practice
- Note on the Mandate of the High Commissioner for Refugees and his Office
- Refugee Coordination Model

Version and document date

Version: 4.5

Document date: 06.05.2022

Third country nationals

Key points

- Third country nationals (TCNs) are individuals who are generally not refugees and who are stranded in a country that is not their own.
- Some third country nationals may require refugee protection, where they are not able to return to their country of origin, which is unable or unwilling to protect them from persecution or other serious harm.
- UNHCR should participate in inter-agency mechanisms to ensure the protection needs of persons of concern to UNHCR are met.
- In mixed migration flows, distinguish other TCNs from asylum-seekers, refugees and stateless persons.

1. Overview

For the purposes of this Entry, a 'third country national' (TCN) is a person who is stranded in a country that is not his or her own. This may occur as a result of conflict or natural disaster, or deportation from another state. This Entry aims to address specifically the situation of third country nationals who are not refugees, but who may travel in mixed movements with refugees and asylum-seekers. To ensure respect for refugee protection principles as well as the human rights that apply to all, it is important to understand the distinctions between these categories.

In times of sudden emergency (conflict, natural disaster), third country nationals in a country may face particular difficulties. They may be unable or unwilling to leave a crisis area, or unable to access humanitarian assistance, or may seek safety in adjacent countries. Such persons have recently been described as 'migrants in countries in crisis' (MICIC).

In other circumstances (distinct from the situation of MICICs), migrants who cross international borders irregularly, for work or other purposes, may become stranded for various reasons. They may lose their documents, be deported to a third country, lack the resources to return home, or face other problems. (See also the entry on Migrants).

Such persons are not ordinarily of concern to UNHCR, unless the migrant in question wishes to seek asylum due to a well-founded fear of persecution in his or her country of origin. However, refugees who have fled persecution may also be caught up in crisis situations in countries to which they have fled, and may face similar problems and risks to those of migrants. At the 2013 second High Level Dialogue on Migration and Development, the Secretary General asked the UN to develop a framework on MICIC, and UNHCR was assigned to participate in this task, given its expertise in crisis situations and the potential implications for refugees, alongside IOM and other stakeholders.

2. Protection objectives

- To ensure that refugees and asylum-seekers continue to enjoy the rights attached to their legal status, even when a crisis (such as conflict or natural disaster) causes cross-border displacement.
- To ensure that refugees and asylum-seekers are identified in mixed flows and that their protection and assistance needs are assessed and addressed.
- To ensure that the access to asylum procedures of persons in need of international protection is not obstructed or hindered when third country nationals seek relief and aid.
- To differentiate third country nationals, and ensure they are referred for consular protection and assistance, including evacuation to their countries of origin.

3. Underlying principles and standards

- UNHCR, Refugee Protection and Mixed Migration: A 10-Point Plan of Action, 2007
- IOM, Migrants in Countries in Crisis, (MICIC)
- IOM, Migration Crisis Operational Framework, 2012
- UNHCR, The return of persons found not to be in need of international protection to their countries of origin: UNHCR's role, 2010
- UN General Assembly, International Convention on the Protection of the Rights of All Migrant Workers and Members of their families

- UNHCR, Summary Conclusions on International Protection of Persons Fleeing Armed Conflict and other Situations of Violence

4. Protection Risks

- In large-scale crises, the protection needs of asylum-seekers and refugees may receive insufficient attention, especially when large numbers of third country nationals also need assistance.
- Refugees and asylum-seekers who flee their host country following a crisis may be mislabelled as third country nationals and repatriated (refouled) to their country of origin.
- Asylum procedures may be overloaded by requests for relief and aid by third country nationals who do not qualify for refugee status. Such pressure on fledgling or emergency asylum systems can jeopardise access to asylum for those who need it.
- There may be a heightened risk of statelessness – especially where people lacking ties to their country of origin flee after a long presence in the country in crisis.

5. Other risks

- Refugees, asylum-seekers, third country nationals (and others) who flee crises will often need immediate physical and psycho-social attention to meet their basic needs. This assistance should be distinguished from the long-term protection to which refugees, asylum-seekers and stateless individuals are entitled.
- When mass crises displace many third country nationals, UNHCR may not fulfil its protection mandate if it cannot detect refugees and asylum-seekers in large mixed flows.
- In the absence of established mechanisms (until a MICIC concept and framework are in place), UNHCR may need to develop emergency responses that include third country nationals.
- Inaccurate profiling of third country nationals can cause them to be evacuated to countries with which they have no ties.

6. Key decision points

- Establish effective systems to identify those with protection needs; such systems need to distinguish third country nationals from asylum-seekers, refugees, and stateless persons.
- Make sure that partners who have responsibility for third country nationals ascertain their ties to countries of origin. Be attentive to the risk that individuals may become stateless.
- Ensure that profiling and categorization lead to a needs-based referral; this may result in referring individuals to partner organisations such as IOM or relevant consulates.
- In collaboration with partner organisations, meet the basic physical and psycho-social needs of all persons at reception.

7. Key steps

Identification and profiling in a country in crisis.

Specific and separate approaches are required to assess and address the needs and entitlements of different categories of persons. The entitlements of other third country nationals are distinct from those of refugees, asylum-seekers and stateless persons.

Refugees and asylum-seekers who flee a country in crisis that hosted them do not lose their entitlement to international protection. Evacuations must be monitored to ensure that no refugees are involuntarily returned to their countries of origin, because this will amount to *refoulement*.

Refugees and asylum-seekers who wish to return to their country of origin must be granted access to voluntary repatriation procedures, including a determination of the 'voluntariness' of their return.

Third country nationals. The majority of third country nationals are ordinarily able to demonstrate their nationality. Their identity and profile should nevertheless be assessed with care, to ensure that any protection issues are addressed, and that they are evacuated to the correct country. Some TCNs will have weak links to their country of nationality; some may not possess proof of their nationality and will require further assistance to evacuate. When collecting information on TCNs, consider the risk of statelessness. Processing will largely be undertaken by IOM, other international organizations and NGOs; however, UNHCR will need to remain informed to make sure that persons of concern to UNHCR are not considered and processed as TCNs.

Protection in receiving countries

Persons of concern may be caught during evacuation, and their protection needs may not be assessed. Entry systems must be monitored to ensure that persons of concern to UNHCR are correctly identified and evaluated.

Individuals who are not nationals of the receiving country may seek international protection. Such individuals must be identified and referred to national asylum procedures or UNHCR's refugee status determination (RSD) procedures (as appropriate). Monitoring and advocacy may be necessary to ensure that individuals can access national asylum procedures promptly and effectively.

Refugees and asylum-seekers who have fled a country in crisis that hosted them should not lose their entitlement to international protection. Their profile and individual circumstances must be verified and they must be offered appropriate solutions, and protected from return to their countries of origin.

Most **third country nationals** do not claim to be refugees. However, they may need immediate assistance and assistance to repatriate to their country of origin. They should be referred to IOM for assistance to return to their country of origin.

Assistance

All civilians fleeing conflict, regardless of their nationality, status, or background, should be provided

with assistance that gives them immediate physical protection and access to essential services (food, shelter, water & sanitation, health & nutrition, education).

UNHCR's contribution, as part of a joint humanitarian response to a crisis, may be to provide evacuees with NFIs or temporary shelter.

Other specific needs of TCNs that relevant stakeholders (such as IOM, ICRC, and WFP) may need to address could include: family tracing; psycho-social needs; protection of unaccompanied and separated children; and protection of other persons with specific vulnerabilities.

8. Key management considerations

- At all stages, including when a response to TCNs is prepared, UNHCR should collaborate with key stakeholders, including relevant State authorities, IOM, other relevant international organizations, NGOs, and the UN country team or Humanitarian country team (UNCT/HCT).
- Sufficient staffing and resources should be in place to fulfil this task and accurately distinguish categories of arrivals.
- Entry systems and referral procedures must be monitored and evaluated to ensure that refugees and asylum-seekers are not considered, or processed as, other TCNs.

9. Resources and partnerships

Inter-agency cooperation is required to ensure that the assistance and response needs of third country nationals are met. UNHCR should participate in inter-agency mechanisms wherever relevant to ensure that the protection needs of persons of concern to UNHCR are met, and UNHCR's leading mandate role for refugees is recognised. UNHCR works in UNCT with other agencies to provide support to Governments that must assist and protect mixed population groups. Where third country nationals are evacuated to countries of origin, a joint humanitarian response will be required.

Evacuation of third country nationals is primarily a State responsibility, which in some instances is facilitated by IOM. UNHCR may support the process exceptionally as a life-saving measure. A decision to do so requires prior consultation and approval by the concerned bureau, in consultation with the Assistant High Commissioner (Operations).

10. Links

UNHCR, Mixed migration webpage

IOM, Humanitarian Evacuation on the Libyan Border

IOM, Migrants caught in Crisis: the IOM experience in Libya

UNHCR, Beyond the nexus: UNHCR's evolving perspective on refugee protection and international migration

Need help?

CONTACT As first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; or The UNHCR Regional Asst./Dep Rep (Protection) and/or Snr. Regional Protection Officer at the regional office (if applicable); or The Snr. Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who in turn will liaise as required with the parent unit at UNHCR DIP.

Annexes

- UNHCR, Refugee Protection and Mixed Migration. A ten-point plan in action
- IOM, Migrants in Countries in Crisis

Version and document date

Version: 2.3

Document date: 06.05.2022

Coping with stress

Key points

- Know what you are trying to do in every situation. This helps you to remain constructive when you face problems.
- Engage in something other than work every day. This helps you to stay mentally fit.
- Call or skype home. Write a letter if telephone lines are poor or internet is too slow for skype. This helps you to be who you are.
- Create opportunities for extended sleep (at least 6 hours). Make every effort to eat good food. Drink water rather than alcohol or sweetened soft drinks. This helps you to remain balanced.

- Do not drink excessively to unwind or relax. Practice breathing or other relaxing exercises instead.

1. Overview

Working in humanitarian emergencies is among the hardest of professions. Stressors are pervasive, and how we cope with stress often determines whether the personal outcome is positive or negative. Stress can push us to extraordinary achievements but can also have insidiously debilitating effects on what we do and how we do it. Sometimes, we experience different states simultaneously.

We tend to engage in an emergency operation as if it is a sprint. Rather than pace ourselves, we run as hard and fast as possible. However, emergencies are hardly ever short sprints. To avoid the malign effects of cumulative stress, we need to learn how to pace ourselves and find time for activities other than work. The sections below on 'good practice recommendations' and 'considerations for practical implementation' may help you to keep chronic fatigue at bay.

An emergency deployment requires the best of us. If we are incapacitated by fatigue or stress, we offer less than we can. To meet the needs of persons of concern, we have a duty to enhance our personal resilience and manage stress as well as possible.

2. Underlying policies, principles and/or standards

'Resilience' refers to a person's ability to adapt well to adversity, tragedy, threats, or major sources of stress. It is not a trait that individuals possess or lack; it involves behaviours, attitudes and feelings that we can learn and foster.

Experienced or not, every stressed individual can reach a point of saturation; beyond it, habitual coping mechanisms do not work. For this reason, you should not take your resilience for granted or neglect yourself during emergency deployments. If you notice too late that you are overtired, you may already have harmed yourself, damaged your team's dynamics or, most important, failed adequately to have assisted persons of concern, who need your contribution the most.

See if you recognize yourself in some of the descriptions below. You may also use a self-assessment tool (see 'documents and references').

A. Cumulative stress impairs your capacity to process information. You become less able to manage more than two pieces of information at once, or absorb new information and integrate it with knowledge you already possess. It impairs decision-making and your ability to learn from experience, two faculties of high importance in emergency operations.

B. Cumulative stress reduces your ability to cooperate. Normally most of us have a good balance between our desire to make an impact in the world, and our desire to be liked by and associate with people around us. When we are stressed, power dominates the impulse to affiliate. We focus on getting ahead, careless of whether we are liked or not. Relationships become manipulative, a means to an end.

- C. Cumulative stress detaches you from people around you. A stress-induced hormonal misbalance initially causes moodiness, which eventually becomes emotional numbness. Anger becomes the only directly experienced emotion.
- D. In the long run, cumulative stress may make you sick, physically and mentally.

3. Good practice recommendations

Know why you are where you are, in your life and in your day. Know what you expect from what you are doing. This knowledge is the foundation of resilience to stress and fatigue. People who have decided what they want to achieve, and can see the purpose of their actions and experiences, are far less vulnerable to the malignant impacts of stress. Conversely, when we deny or fail to understand our deeper motives, we tend to disengage from work and our environment, making ourselves highly vulnerable to the malignant effects of stress.

Answering the questions below may help you to recognize your motives, particularly if you write the answers down in a personal note. Take time to think about your answers in a quiet environment and have the courage to be honest with yourself.

Note that answers may be complex and are frequently not coherent or consistent. What you write may seem contradictory. Such contradictions pose less of a problem when we are familiar with them.

- Why do you work in UNHCR?
- What did you realistically expect from this particular assignment?
- What did you hope for?
- How does your situation look today, in the light of your answers to these questions?

It is also important to understand how you value yourself and what you do. This knowledge helps you to deal with others who try to assess you, and with any dissatisfaction you may feel because work is not being done properly. Once again, your answers may not be coherent; be honest and consider carefully what you say.

- What are the personal costs, and the rewards, of your work?
- How do you measure success in your work?
- What can you control in your work?
- What did you (or will you) achieve today?

Revisit these questions from time to time. When you are in trouble it may help to remind yourself of the 'bigger picture'.

Do not assume that you know the answers. Write down what you think and look at what you have said.

You may call a staff welfare officer (see ‘Need help?’) to talk about your answers and your frustrations. Your conversation will be confidential and may deepen your understanding.

4. Considerations for practical implementation

Being as clear as possible with yourself about your motives, about the rewards you obtain from your job, and the price you pay, is the foundation of resilience.

The next step in building and sustaining personal resilience is to make every reasonable effort to eat well, sleep well, and drink enough water. Good health and fitness are prerequisites for coping effectively with stress.

Do not drink too much alcohol to unwind or relax. There are better ways, some of which are proposed below.

Take leave and holidays when you can and make sure that you schedule them.

To help you stay in a healthy state of mind (and eat well, sleep well, and stay away from alcohol, tobacco and other drugs), we propose the following practices.

- Think regularly about things other than work: this injunction is common to all methods of building resilience.
- Avoid talking about work with your colleagues after work. Do not become your work.
- Keep in regular contact with home and friends (by skype or e-mail). They will remind you that there is a world outside your duty station.
- Find an understanding soul in your duty station and talk about what matters (emotions, meaning, life choices).
- Write your thoughts in a stream of consciousness every evening. It has been shown that this technique improves the quality of sleep and reduces the impact of cumulative stress.

[Instructions. Set a 15 minute alarm on your phone so that you do not have to watch the time. Have enough paper to hand. Promise yourself you will show no-one what you write. Start writing whatever comes into your mind and keep writing for 15 minutes (until the alarm rings). Do not try to write coherently, correctly, or in complete sentences. When you do not know what to write, write that thought down. Do the exercise regularly, every evening.]

- Do a mindfulness breathing exercise every evening. This is an alternative to the stream of consciousness exercise, and also improves the quality of sleep. If practised in the morning, it improves attention, emotional control and mental discipline in general.

[Instruction. Set a 15 minute alarm on your phone so that you do not have to watch the time. Sit in a

chair with your back straight, your legs parallel to each other, and hands resting in your lap. Take slow deep breaths. Exhale for slightly longer than you inhale. Keep your mind focused on the flow of air and on the movement of your belly. When your thoughts attract your attention, concentrate on breathing ... Breathe 100 times if need be; let the thoughts come and go. Do this exercise regularly every morning. Do not be discouraged if you cannot make two consecutive breaths without chasing your thoughts. Most people find this at the start. This is an exercise in willed focus of mind, very helpful in chaotic environments like those that exist in an emergency.]

- Take physical exercise or do yoga. These activities rebalance your hormones and drain toxic metabolic agents.

[Instructions. Many sites provide advice. Try: <http://emergencyoga.wordpress.com/>.]

- If you have hobbies, practise them: do them every day if the environment permits.
- Read literature rather than watch TV. Television rarely engages your mind as much as literature.

5. Resources and partnerships

In UNHCR, eight staff counsellors (in Islamabad, Amman, Nairobi, Juba, Kinshasa, Geneva, and Dakar) are available to give personal advice and confidential counselling. (See 'Need help?')

The UN has more than 100 staff and stress counsellors. Check if there is one in your duty station.

You may also make use of external professionals.

6. Links

A site dedicated to the mental health of humanitarian workers

This covers a broad range of health subjects, including mental health, in a user friendly way.

A site dedicated to raising self-awareness

A site developed by colleagues which demonstrates yoga and other stress management exercises in a typical guest-house setting

7. Media

10 minute de-stresser

Emergency Meeting Yoga

Emergency Desk Yoga

Need help?

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Coordination skills, methods and good practices

Key points

- Treat all sector and cluster colleagues as allies.
- Never assume that your preferred approach to data gathering, analysis or decision-making is necessarily shared by others.
- Do not take conflict or resistance personally, rather as part of a consensus-building process.
- Take time to get to know individuals and organizations that are critical for your coordination.
- Use your active listening skills, always and more than you would like. Let others talk while you identify opportunities and incentives and effectively coordinate.

1. Overview

In the context of emergencies, 'coordination' is the act of bringing organizations under a common protection and solutions strategy to work together in clusters and sectors to deliver protection and services effectively to persons of concern. However, coordination competencies and skills are more broadly applicable and also of great value to UNHCR in non-emergency situations. This Entry gives a snapshot of core coordination skills.

These skills not only improve coordination but are critical to general operational management and management of internal and external projects, change, and conflict resolution.

2. Underlying policies, principles and/or standards

A good place to start is De Bono's description of 'the coordinator':

The co-ordinator is a person-oriented leader. This person is trusting, accepting, dominant and is committed to team goals and objectives. The co-ordinator is a positive thinker who approves of goal attainment, struggle and effort in others. The co-ordinator is someone tolerant enough always to listen to others, but strong enough to reject their advice. For more on Professor De Bono's work on team roles: http://en.wikipedia.org/wiki/Team_Role_Inventories

Committed to team goals and objectives, notably effective protection and delivery of services to persons of concern, the coordinator helps identify and formulate realistic objectives for the sector or cluster, and puts in place processes to reach them. Some of these processes are discussed below because they are key tools of successful coordination.

Secondly, a coordinator listens well: she is able to explore positions, identify underlying interests, search out opportunities to reach goals, work trustfully with sector and cluster peers, and chart a course of action that reconciles competing agenda and objectives.

What you think works may not always work for others.

Remembering this truism is the first step in accommodating other participants and working towards full and effective inclusion. The Myers-Briggs Type Indicator offers a useful entry point for understanding and managing differences of preference, notably in the way we absorb information and the way we make decisions - two important aspects of sector and cluster work. For more on Myers-Briggs Type Indicator: http://en.wikipedia.org/wiki/Myers-Briggs_Type_Indicator

The Myers-Briggs Type Indicator distinguishes (without value judgement) those who prefer data and detail from those who prefer structures and patterns. In meetings (and coordination communication in general), a coordinator needs to accommodate both, regardless of her own preferences. The second group will lose interest in prolonged discussion of data, while the first group will find 'big picture' conversations too abstract. In reality both are necessary to good decision making. You need to take the

cluster or sector partners through the data and then move on to trends and opportunities to which the data give rise.

With respect to decision making, the Myers-Briggs Type Indicator distinguishes (again without value judgement) those who take an objective and detached approach from those who focus on values and people. A coordinator needs to accommodate both to ensure that all stay involved and engaged. Your role as coordinator is to design your data gathering and decision making processes in a manner that accommodates different preferences, while ensuring that progress occurs and decisions are taken.

3. Good practice recommendations

Coordination is a process

Coordination is best imagined as a series of parallel and interdependent processes (data is transformed into analysis that informs decision making that delivers more effective services).

Process is important for a number of reasons. It obliges a coordinator to think in terms of inputs and outputs; and it reminds the coordinator that she designs and facilitates them. Consider an everyday 'coordination meeting': a process perspective forces the coordinator to ask:

- What do I need to make this meeting deliver its output?
- Who needs to be present?
- How do I manage the meeting to ensure that the output is achieved?
- How does the output from this meeting feed into the next (phase of the) process?

The coordinator's role is to ask questions. (Do we really need this meeting? Are the right organizations and individuals involved in this consultation? Does this evaluation need to be reconfigured to achieve its objectives? Can we apply the output of this needs assessment to decisions we must make about food assistance or WASH programming?)

As a coordinator your point of departure must always be that the sector or cluster is populated by allies, individuals who may prove critical in taking the agenda forward.

Coordination meetings

Meetings are a critical aspect of coordination, provided you plan them in order to add value.

As noted, it is important to ask 'Is this meeting really needed?' Meetings serve many purposes at different times in an emergency, from pure information sharing (mostly at the onset) to analysis and decision making. They are also costly, in time, in money, and in terms of activities foregone. Consider a meeting involving 40 participants; it lasts 2 hours; participants travel for another two hours to attend it. Four working weeks have vanished. As a coordinator, your duty is to maximise the quality of meetings, ensuring they add value. This is why cluster and sector members attend them. To prepare for effective meetings, it helps to think concretely in terms of before, during, and after the meeting.

Surprisingly, most of the coordinator's time investment actually lies up-front i.e. before a meeting. As investment in meeting stakeholders before a meeting, ensuring that all are ready and that the right individuals are present for effective decision making etc. The book 'Making Meetings Work' (Forsyth, 1996) lists a number of very practical things to remember:

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Before	During	After
1. Is the meeting really necessary?	1. Ensure that the right person is chairing. (It is not necessarily you or	1. Share decisions as agreed.

<ul style="list-style-type: none"> 2. Prepare and share the agenda in advance. 3. Ensure that participants understand the purpose of the agenda. (Are you meeting to share information or take decisions?) 4. Manage the meeting environment. (For example, rotate chairs and note-taking.) 5. Ensure that key participants understand their role beforehand, and that doubts or concerns have been settled in advance. 	<ul style="list-style-type: none"> the most senior person.) In general, pick the person who is best at chairing meetings. 2. Respect the agenda's timetable. Keep within the time allocated to each topic. 3. Manage disruptions and interruptions. 4. Ensure that all those who need or want to participate are given an opportunity to do so. 5. Work hard to enforce or develop effective ground rules for meetings. 	<ul style="list-style-type: none"> 2. Follow-up with one-on-one meetings as appropriate. 3. Facilitate consultation about the next agenda and restart the cycle. 4. Do not be afraid to postpone or cancel a meeting if it is not seen to add value.
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Decision making

Advanced Facilitation Skills (Bens, 2005) provides useful advice on the variety of decision-making tools that are available. As coordinator, your role is to suggest and identify the best decision-making tool for each issue that needs a decision. Decision making is a continuum - from majority voting to consensus building via compromise.

Decisions by majority are rarely suitable in a cluster or sector context. Compromise is often seen to be the optimum (or default) approach by coordinators but it often leaves all parties unsatisfied – including persons of concern.

The best strategy – is consensus building. When this works, it can help broaden the understanding of the problem at hand and by extension of the possible solutions. It often leads to better decisions with more ownership and better relationship building. Consensus building, however, takes longer but should be used to the maximum by the cluster or sector coordinator and in particular when the issue or ownership of the decision is important. It requires continuous investment of time from the coordinator in understanding and exploring bilateral needs as a basis for more sustainable decision-making.

Influencing

As a coordinator your point of departure must always be that the sector or cluster is populated with allies. As you have no direct authority to tell cluster or sector participants what to do, you need to apply your influencing skills to move the agenda forward.

The following model depicts influencing as a conversation that involves both self-awareness and relationships. Overall, it is based on reciprocity or exchange of things of value ('currencies').

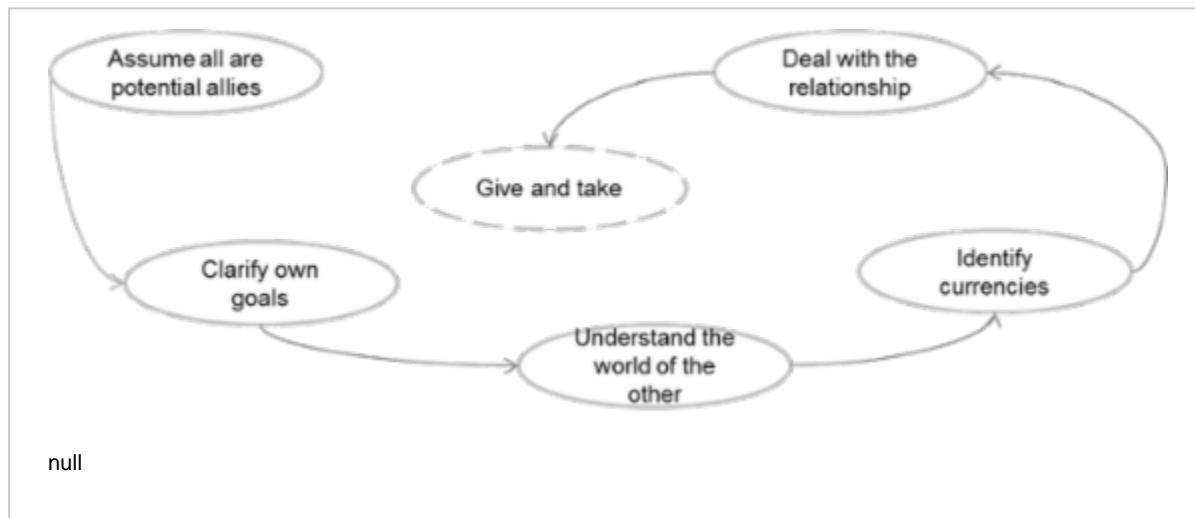
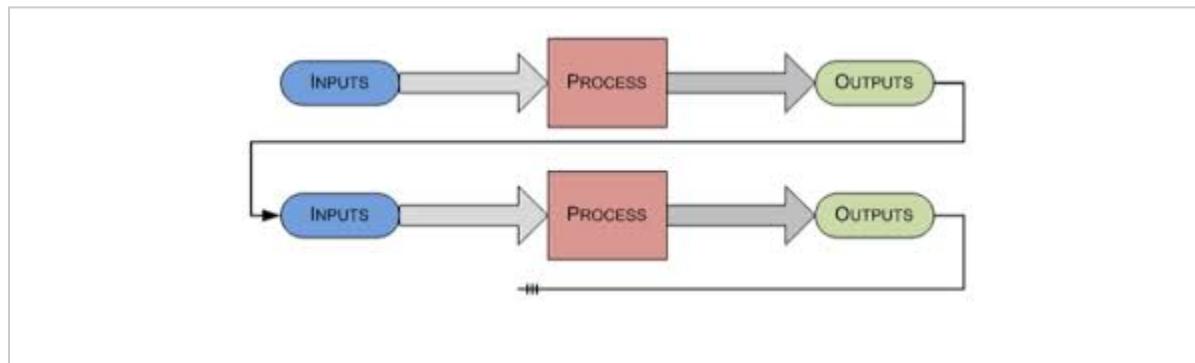
Things that are valued could include recognition, or the need to be seen to lead a process. The coordinator's key skill is to identify what is important to different participants, meet their needs wherever

possible, and encourage trading in order to advance the cluster's or sector's agenda.

Active listening is the critical skill in this process. After clarifying her own goals, the coordinator explores the interests of other participants, by asking open-ended questions and listening attentively to the answers. The important point is that this approach gives the coordinator access to numerous incentives. For example, she can:

- Assign leadership of technical working groups, task forces, or advisory bodies.
- Publicly acknowledge particular efforts, contributions or initiatives.
- Co-share national or sub-national bodies, taskforces or working groups.
- Create win-win outcomes for organizations, projects, or funding decisions.
- Involve individuals or organizations in working groups and taskforces.

When you begin to think in terms of incentives, you become aware of many leverage points that you can deploy to advance a group's collective agenda.



4. Links

Humanitarian response
UNHCR Data website

Need help?

CONTACT UNHCR Global Learning Center (GLC):

- Joel Nielsen at: Nielsenj@unhcr.org.
- Peter Kessler at: Kessler@unhcr.org.

Version and document date

Version: 2.2

Document date: 06.05.2022

Who does what where (3W)

Key points

- 3W is a practical tool of information management for coordination and gap analysis.
- Keep 3W simple at the start of an emergency; focus on coordination. Extend the matrix later to include activities and projects. Making 4W complex too early will generate highly latent results.

1. Overview

The *Who's doing what, where* (3W) tool is a valuable information management tool for coordination and activity gap analysis. In emergency situations, 3W should be kept simple; but additional Ws may be added as the situation evolves (*When? Why? for Whom?*), expanding the tool to 6W.

An information management officer may lead this process, with support and collaboration from programme, protection and sector leads, the external relations officer, and senior managers.

2. When and for what purpose

Creating, maintaining and sharing the 3W with external partners throughout an emergency promotes UNHCR's coordination and communication role in information management. Raw data from 3W can support emergency programme monitoring, and contribute to overall gap analysis by representing capacity that can be compared to needs.

Steps to be taken

Step 1. Responsibility and reporting

Ideally, at the start of an emergency, the Information manager should use the 3W template included with this entry to establish a 3W in their operations, and also oversee the dissemination of related 3W information internally and to partners. The Simplified Reporting Template (also included with this entry) can be used in situations at the start of an emergency when the level of information available is not yet sufficient to complete the 3W template, however a lesser degree of 3W information is required for coordination and reporting purposes.

It is important to set up a regular and predictable clearance and dissemination plan for the 3W, because partners need to know what they can expect and when to expect it. The Representative should be briefed regularly, and should agree to a frequent 3W dissemination schedule (at least two or three times a month, externally and internally).

Once cleared by the UNHCR Representative, the 3W may be mapped and uploaded on the UNHCR web portal. Where possible, make use of creative dissemination techniques (mass SMS, e-mail lists) and ensure that hardcopies are available at information kiosks and included in briefing kits.

Step 2. Key Information

A 3W is populated through networking (in meetings, humanitarian briefings, sectoral working groups), informal contacts, and the monitoring work of field staff. It tracks information on sector and sub-sector actors, the location of activities, funding, and whether information is public.

Whenever new members join coordination or sectoral meetings, make contact and gather information for inclusion in the 3W, a copy of which should be shared. If a UNHCR Portal is established, information should be consolidated and updated on this platform as soon as possible. You may need to support this with offline 3W matrixes (see Annexes 1 and 2).

3. How to use the template?

Criteria for inclusion in (and exclusion from) a 3W should be decided at national level, under the guidance of senior management. For example, should donors as well as implementers appear? Should planned activities appear if they have not yet begun? Should activities appear only if Government has authorized them?

Such questions should be considered explicitly when deciding who and what to track in the 3W matrix. Columns and filters can be added to the spreadsheet template, to separate different forms of

humanitarian activity (planned-started-completed, donor-implementer, officially authorized, etc.) making it possible to derive different 3W matrices for different purposes. Senior management should determine what 3W matrices appear in public domains, such as the web portal.

4. Links

UNHCR data portals / information management toolkit

Need help?

CONTACT UNHCR DPSM/FICSS in Geneva. At: HQIM@UNHCR.org

Annexes

- Simplified 3W Reporting Tool for Coordination
- 3W Excel Reporting Template

Version and document date

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Primary health care staffing standard

Key points

- The standards for healthcare staffing apply to health centres supported by UNHCR. However, national Ministry of Health guidelines take precedence.

- Health workers should have the training, skills and supervisory support they require for their level of responsibility.
- Agencies have an obligation to train and supervise staff to ensure that their knowledge is up-to-date.
- Capacity-building is a priority, especially when staff have not received regular training or new protocols have been introduced.
- As far as possible, training programmes should be standardised. Prioritize training that addresses key health needs and competence gaps identified during supervision.

1. Overview

The health workforce is composed of a wide range of health professionals, including medical doctors, nurses, midwives, clinical officers or physician assistants, laboratory technicians, pharmacists, community health workers (CHWs), etc., plus management and support staff.

Though the optimal number of different types of health workers varies from context to context, there is nevertheless a correlation between the availability of health workers and provision of health services. For essential primary health care services, the staffing levels below have been defined as the minimum required to attain and maintain primary health care services of acceptable quality.

Gender and diversity need to be considered. Imbalances in staffing should be addressed by redeploying health workers to areas that experience critical gaps in relation to health needs, or by recruiting new staff.

2. Emergency standard

Health Centres			
Medical Doctor	1 : <50,000	Clinical Officer(in-patient care)	3 per facility of 50 beds
Clinical officer(out-patient services)	1 : <10,000	Nurses (in-patient care)	4 per ward for rotation
Nurses (out-patient services)	1 : <10,000	Nurse/Midwives	5 for each Mother and Child Health clinic with maternity wards
Nutrition Supervisor	1 : < 10,000	Nutrition Auxiliary Workers	4 per stabilization centre for population < 10,000
Psychiatric	1 : < 50,000	Qualified	1 : <15,000 where there

Nurse/Clinical Officer trained in Mental Health		Laboratory Technician (diploma)	are full laboratory services
Qualified Pharmacist(diploma)	1 : > 50,000 –100,000 or for a cluster of smaller camps	Laboratory Assistant(certific ate)	1 – 2 : <15,000
Community Health Care			
Community Health Workers	1 : 1,000	Nutrition Outreach Workers	1 : 750 in refugee camps where GAM is above 10%

3. Longer-term standard

The above standards apply to both emergencies and long-term situations except that the long term standard for community health workers is:

- At least one 1 CHW should be available for every 1000 people.

4. Links

UNHCR Public Health

iRHIS

The SPHERE Project

Need help?

CONTACT UNHCR DPSM/PHS. At: HQPHN@unhcr.org

Version and document date

Version: 2.2

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Primary health care coverage standard

Key points

- Standards of primary health care coverage apply to refugee camps and to out-of-camp (including urban) situations.
- Community health programmes should be initiated in consultation with local health authorities and community representatives, and should ensure a balanced representation of women and men.
- Programmes should provide information on major health problems, health risks, the availability and location of health services, and behaviours that protect and promote good health. They should address and discourage harmful practices.

1. Overview

All refugees should have access to curative and preventive healthcare services, whether they live in refugee camps or out-of-camp (including urban) situations. UNHCR will support Ministries of Health to open and strengthen access.

Distance to health facilities should be considered when health facilities are designed and constructed. At least one health facility should be within 5 km. of refugee locations. Where this is not the case, an effort should be made to increase coverage.

2. Emergency standard

- The number of health facilities is sufficient to meet the essential health needs of all the disaster-affected population. In addition:
- At least one health care facility is available for every 10,000 people. (Basic health units are primary healthcare facilities that offer essential health services.)
- In rural dispersed settings, at least one health care facility is available for every 50,000 people.
- One district or rural hospital is available for every 250,000 people.
- More than 10 in-patient and maternity beds are available for every 10,000 people.

3. Longer-term standard

The above standards apply to emergencies and long-term situations.

4. Links

UNHCR Public Health

iRHIS

The SPHERE Project

Need help?

CONTACT DPSM/PHS. At: HQPHN@unhcr.org

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Vaccination coverage standard

Key points

- The standard applies to all operational settings, including both camp and non-camp situations.
- As you prepare a mass vaccination campaign against measles and polio, plan in parallel to restore or set up the EPI (expanded programme on immunization), in coordination with national authorities.

1. Overview

When populations are displaced, establish a system to ensure that at least 95% of new arrivals in a camp or community who are aged between 6 months and 15 years receive vaccination against measles and polio or as guided by the epidemiological and in consultation with the Ministry of Health (MoH) and WHO/UNICEF. Vitamin A should be administered under the same programme to children aged between 6 and 59 months.

2. Emergency standard

At completion of the polio and measles vaccination campaign:

- At least 95% of children aged between 0/6 months and 15 years have received polio and measles vaccinations.
- At least 95% of children aged between 6 and 59 months have received an appropriate dose of Vitamin A.

3. Longer-term standard

The above standards apply to both emergencies and long-term situations. In addition:

- Once routine immunization services (EPI) have been established, at least 90% of children aged between 0 and 12 months have received 3 doses of either (a) DPT or (b) Pentavalent vaccine (depending on which serves as a proxy indicator for full immunization coverage).

4. Links

The SPHERE Project

UNHCR Public Health

iRHIS

Need help?

CONTACT UNHCR DPSM/ PHS. At: HQPHN@unhcr.org

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Warehouse space standards

Key points

Required warehouse space is estimated on the basis of previous experience and planning, and allows for normal and maximum storage capacity. When storage approaches the maximum capacity, analyse carefully the best options for the organizations concerned.

- To estimate required warehouse space, it is also essential to calculate safety stocks and reordering points, based on need assessments and risk analysis. Sufficient stocks should be on hand to cover interruptions in delivery schedules. Two rules of thumb: safety stocks should cover one to three months of distributions; the total safety stock should not exceed 50% of the operation's annual requirement of the goods in question.
- The purpose of storage is to hold goods available for distribution to persons of concern. This is essential but care should be taken not to hold unnecessarily large stocks of items that are not required (for example, seasonal items such as heaters or blankets).
- All warehouses should maintain a Layout and Storage Plan configured on a grid, showing where different items are stored. The plan must be updated regularly, in order to make best use of the space available.
- Make sure that appropriate resources, including handling equipment, are available where the cargo is to be loaded and unloaded.

1. Overview

The size of warehouse required for an operation is determined by the maximum quantity of supplies, in tonnage and volume, that will be stored there at any one time. This quantity is determined by taking into consideration the number of persons of concern, the lead-time needed to replenish the warehouse, the type of distribution system in use, the frequency of distributions (monthly, weekly, etc.), and the nature of the relief items to be stored.

2. Specifics

- When calculating storage requirements, assume that only 70-80% of the warehouse's surface capacity is actually available for storage. The remaining 20-30% is required for ventilation, passageways, handling space, and repackaging areas.

- The maximum height of stacks depends on the type of goods and their packing. As a general rule, to facilitate handling by warehouse workers, avoid damage to goods, or the risk that stacks will topple over, stacks should not be higher than 2.5 m.
- Limit stack sizes to no more than 6 m x 6 m to prevent excessive floor load and pressure damage to packaging or goods.
- Allow at least one meter of space around and between stacks, walls, pillars, beams or other obstructions, for ventilation and maneuvering.
- Try to build stacks in a square shape to maximize storage capacity.
- Remember that different items, packages and consignments must be stored in different stacks. Each stack should contain a single item with the same Purchase Order (PO) number.

The volume of space required to store commodities can be estimated. First, calculate the volume of particular goods. The table below provides some examples:

1 metric tonne of loose items	Approx.		Occupies approximately
Grain	1 metric ton		2 m3
Medicines	1 metric ton		3 m3
Family tent (05353)	16	units	3.7 m3
Framed tent (06642)	12	units	4.2 m3
Sade-Net (07223)	92	units	4.0 m3
Winterization kit (06648)	33	units	4.8 m3
Plastic tarpaulin 4 x 5m (02617) <i>5 pieces per bale</i>	50	bales	1.4 m3
Plastic sheet 4 x 50m (03153)	23-2 9	rolls	1.7-2.2 m3
Kitchen set - type B (06933)	147	sets	2.3 m3
Heavy duty plastic bucket 14 litres(07071) <i>20 pieces per box</i>	50	boxe s	37.5 m3
Semi-collapsible Jerrycan 10 (00096) <i>50 pieces per box</i>	83	boxe s	6.2 m3
Blanket, synthetic , 1.5 x 2 m,medium thermal (05787) <i>20 pieces per bale</i>	40	bales	7.8 m3
Blanket, synthetic 1.5 x 2 m, high thermal (05786) <i>15 pieces per bale</i>	36	bales	7.0 m3

Synthetic sleeping mat (02020)	46-5	bales	8.5-9.6 m ³
25 pieces per bale	2		

If goods can be stored to a height of 2 meters, the minimum surface area they will occupy is half their volume. Increase this surface area by at least 20% to allow for access and ventilation.

To illustrate, suppose that a store needs to hold 2 months' supply of a staple cereal for 30,000 refugees, each of whom receives a daily individual cereal ration of 350 g.

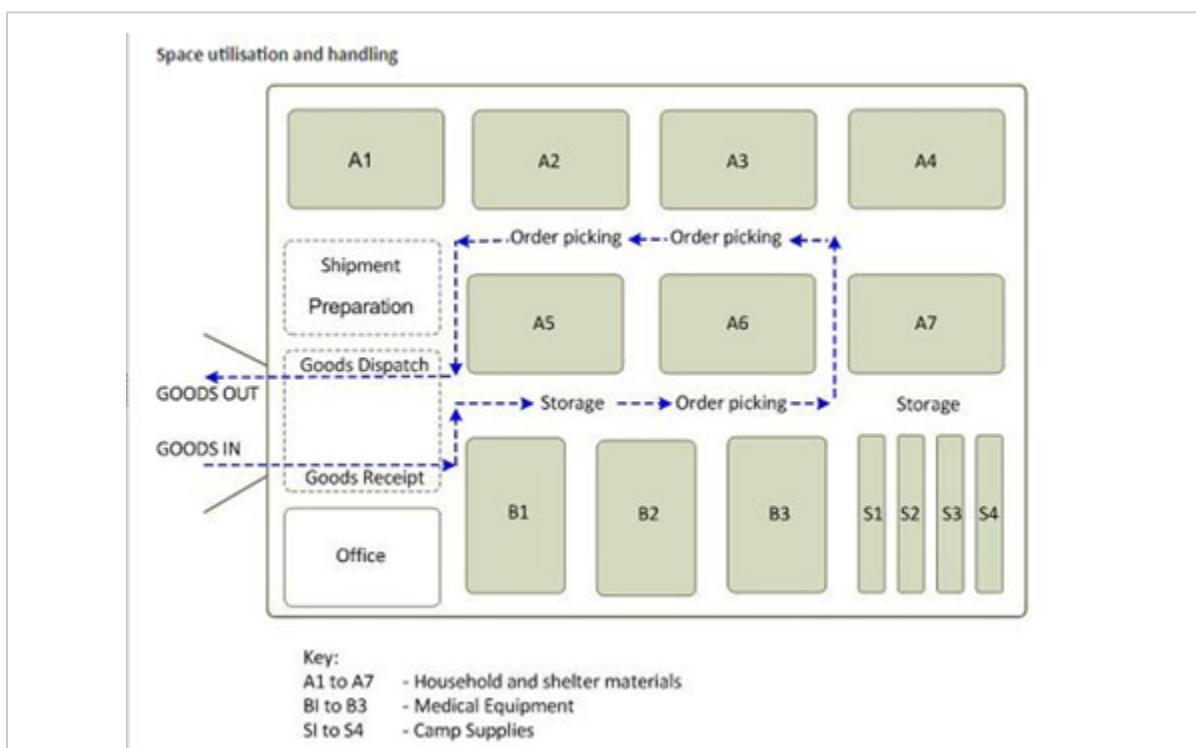
- $350 \text{ g} \times 30,000 \times 60 \text{ days} = 630 \text{ MT}$.
- 1 MT of grain occupies 2 m³.
- 630 MT occupy 1,260 m³.

1,260 m³ stored to a height of 2 m gives a surface area of 630 m². Add 20% to this area for access = 756 m² of floor space. A building some 50 m long by 15 m wide would be needed to store the amount of grain required.

Now let's suppose that a store needs to hold 20,000 medium thermal blankets to be provided to the people of concern in the next regular distribution.

- 38 bales occupy 8.2 m³.
- 684 medium thermal blankets occupy 8.2 m³.
- 20,000 medium thermal blankets occupy 240 m³.

240 m³ stored to a height of 2 m gives a surface area of 120 m². Add 20% to this area = 144 m² of floor space. A little bit bigger than half of the size of a prefabricated house (24 m long x 10 m wide) would be needed to store those blankets.



Space utilization and handling: Image 1

3. Links

UNHCR Supply Chain Management (Chapter 8)

4. Media

Part 4, Warehouse Management, UNHCR Supply Manual, Chapter 8

UNHCR intranet: CRI Catalogue 2021

Need help?

CONTACT Chief of the Warehouse Support Management at UNHCR DESS-SMS. At: hqsf03@unhcr.org

Annexes

- Volume 1 - Telecommunications, Shelter, Housing, Water Supply, Food, Sanitation and Hygiene, Materials Handling, Power Supply
- Core Relief Items Catalogue
- UNHCR, Supply Management Handbook, 2003
- Food storage manual
- Supply Assessment for Emergency Preparedness and Response

Version and document date

Version: 2.0

Document date: 06.05.2022

HIV prevention, support, treatment standards

Key points

- HIV infection prevention and the continuation of antiretroviral treatment (ART) represent essential emergency measure and directly contribute to the reduction of morbi-mortality.
- Emphasis the importance of standard precautions (frequent hand washing, wearing gloves and protective clothing, safe handling of sharp objects, disposal of waste materials, instrument processing, and cleaning up spills).
- Ensure safe blood supply and rational use to prevent the transmission of HIV and other transfusion-transmissible infections, such as hepatitis B and C and syphilis.
- Antiretrovirals should be continued for people who were enrolled in a program prior to the emergency, including women who were enrolled in PMTCT of HIV and syphilis programs.
- PEP should be provided to survivors of sexual violence and occupational exposure. An HIV test is not required (neither for the source patient or the health worker) before prescribing PEP, and no one should be forcibly tested.
- Lubricated male condoms and, where applicable, female condoms should be available in accessible and private areas in health facilities and the community and promoted from the earliest days of a humanitarian response.

1. Overview

Although a significant proportion of people affected by humanitarian emergencies are people at risk of or living with HIV, access to HIV prevention, treatment, and care is often not prioritized during emergencies. HIV transmission in humanitarian settings is complex and is dependent on the dynamic interaction of a variety of factors. This includes HIV prevalence and vulnerability of some groups within the population in the region of origin and that of the host population, the level of interaction between displaced and surrounding populations, the duration of displacement, and the location and extent of isolation of the displaced population (e.g., urban versus camp-based refugees).

The Minimum Initial Service Package (MISP) components related to HIV interventions at the onset of a humanitarian response focus on prevention of HIV transmission and reduction in morbidity and mortality due to HIV and other STIs. Once the conditions allow, scaling up should occur from the initial minimum HIV package to comprehensive HIV prevention, treatment and care services for people at risk of acquiring HIV and people living with HIV and their families.

2. Emergency standard

- Establish safe and rational use of blood transfusion.
- Ensure application of standard precautions.
- Guarantee the availability of free, lubricated male condoms and, where applicable (e.g., already used by the population), ensure provision of female condoms.
- Support the provision of antiretrovirals to continue treatment for people who were enrolled in an antiretroviral therapy program prior to the emergency, including women who were enrolled in prevention of mother-to-child transmission (PMTCT) programs.
- Provide post exposure-prophylaxis (PEP) to survivors of sexual violence as appropriate and for occupational exposure.
- Support the provision of co-trimoxazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with HIV.
- Ensure the availability in health facilities of syndromic diagnosis and treatment of STIs.

3. Longer-term standard

- Conduct needs assessment: SRH coordinators and programme managers collect or estimate relevant information regarding population characteristics, health services characteristics, national legislation and policies, and HIV epidemic characteristics.
- Expand public information campaigns: Raise community awareness about how HIV is and is not transmitted and promote the rights of people living with HIV, the benefits of knowing one's HIV status, and the availability of services for HIV prevention, testing, care, and support.
- Ensure HIV prevention: Tailor combination HIV prevention programs by including different interventions depending on local HIV geographic population vulnerabilities.
 - HIV counselling and testing
 1. Voluntary counselling and testing (VCT)
 2. Provider initiative counselling and testing
 - Prevention of mother-to-child transmission (PMTCT)
 - The use of antiretroviral (ARV) for prevention and treatment purposes
 - Care for persons living with HIV
 - Management of opportunistic infections, STIs and tuberculosis
- 1. Coordinate and make linkages: Work with other sectors and stakeholders to integrate HIV services.



4. Links

UNHCR

WHO

IAWG MISP

Need help?

CONTACT Contact the Public Health Section, Division of Programme Support and Management. At:
hqphn@unhcr.org

Annexes

- IASC, Guidelines for addressing HIV in humanitarian settings, 2010
- IAWG, Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, 2018
- UNHCR, WHO, UNAIDS, Updated policy Statement on HIV Testing and Counselling for Refugees and other persons of concern to UNHCR
- WHO, Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2016

- UNHCR, Inter-agency Guidelines for the Delivery of Antiretroviral Therapy (ART) to Migrants and Crisis-Affected Persons in Sub-Saharan Africa, 2014

Version and document date

Version: 2.3

Document date: 06.05.2022

Hygiene Standards

Key points

- During outbreaks of waterborne diseases (cholera, HepE), it may be necessary to increase the number of hygiene promoters (HP), to ensure soap is distributed regularly and used, knowledge about handwashing is increased, and household-water treatment and safe storage is demonstrated and promoted.
- In protracted or post-emergency situations, a KAP survey is recommended at least once a year. (Ideally, conduct one KAP in the dry and another in the rainy season). In emergencies, undertake a baseline survey as soon as the population stabilizes (in location and number), to collect households indicators and adjust WASH interventions and strategy.
- The standardized expanded nutrition survey (SENS) which happens in many operations includes a short WASH module, and covers the core WASH household indicators. In order to use resources efficiently and avoid survey fatigue, liaise with a public health/nutrition officer on whether a SENS is already planned.
- Monitor disease trends and outbreaks (diarrhoea, HepE, cholera) in camps and health centres. The information gathered can guide efforts to prioritize WASH interventions. Within iRHIS, a tool used both by the WASH monitoring system as well as public health programming, WASH trends and water-related disease trends can be compared.

1. Overview

Hygiene promotion is a planned, systematic approach that enables people to act in a manner that ensures that water, sanitation and hygiene facilities and services have a positive impact on health. The approach also promotes participation, accountability and monitoring, because it emphasizes the importance of listening, and employs dialogue and discussion.

Habitat hygiene, food hygiene and personal hygiene are integral elements of sanitation; and are relevant to wider health education and community concerns. It is therefore worth constantly repeating that water and sanitation activities are most effective when visible, specific and participatory hygiene programmes complement them on the ground.

Standard / indicators

The main hygiene promotion standards, defined by Sphere, focus on knowledge and behaviour.

- Hygiene promotion: People are aware of key public health risks related to water, sanitation and hygiene, and can adapt individual, household and community measures to reduce them.
- Identification, access to and use of hygiene items: Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.
- Menstrual hygiene management and incontinence: Women and girls of menstruating age, males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being.

The table below summarizes UNHCR hygiene-related indicators in emergencies and post-emergency situations:

Environmental health and hygiene campaigns implemented.

Objective	Output Objective	Indicator	Unit	Standard		C a m p	O ut of C a m p
				E m e r g e n c y	Post Emergency		

Population lives in satisfactory conditions of sanitation and hygiene.	Environmental health and hygiene campaigns implemented.	Number of persons per bath shelter/shower	# of POC	<=50	<=20 aiming for 1 bath shelter or shower per household as soon as possible)	y e s	y e s
		Number of persons per hygiene promoter.	# of POC	=<50	=<1000	y e s	n o
		% of Households with access to soap	%	>=70	=>90	y e s	y e s
		% of recipients women of reproductive age who are satisfied with menstrual hygiene management materials and facilities	%	>=70	=>90	y e s	Y e s
		Soap for personal hygiene and laundry	Grams /person/month	=>450*	=>450*	y e s	y e s
		Soap for menstrual hygiene management (in addition to soap for personal hygiene and laundry)	Grams /females of reproductive age/month	>=200	>=200	y e s	y e s

2. Emergency standard

During the initial phase of an emergency operation, at minimum the following hygiene-related standards or indicators should be reported:

- Number of persons per bath shelter/shower: No bath shelter/shower should be used by more than 50 persons during the first phase of an emergency. Only bath shelters/showers that are cleanable, guarantee privacy and are structurally safe should be counted.
- Number of persons per hygiene promoter. At least one hygiene promoter should be available for every 500 refugees. This indicator measures the potential reach of hygiene education and messaging, with respect to use, monitoring and maintenance of WASH facilities, and good hygiene practices.
- % of Households with access to soap: In an emergency situation 70% of the households should have access to soap. In an emergency situation, this indicator can be obtained by conducting a rapid WASH assessment.
- % of recipients women of reproductive age who are satisfied with menstrual hygiene management materials and facilities: In an emergency situation, 70% or more of women of reproductive age should be satisfied with menstrual hygiene management materials and facilities. In an emergency situation, this indicator can be obtained by conducting a rapid WASH assessment.
- Soap. To maintain health, dignity and well-being, at least 450 grammes of soap should be available per person per month (Sphere indicator). 250g is for personal hygiene; 200g is for laundry and other washing purposes. For women and girls of reproductive age, an additional 250g of soap must be available per month for menstrual hygiene management.

The indicator can be reported in a Refugee WASH sector situation report (sitrep) every week, or in the frequency that sitreps are produced by the emergency operation. In addition, the indicator "Number of persons per bath shelter/shower:" shall be reported once a month through the emergency form of the WASH monitoring system.

3. Longer-term standard

The following hygiene standards apply to post-emergency situations and should be monitored once a month through the monthly report card (access indicators) or once a year (household indicators) through an annual household survey also known as "WASH KAP (knowledge, attitude and practices) survey". WASH actors should aim to carry out an initial KAP baseline survey survey within the first 6 months of the emergency and at least once a year (ideally twice a year if there are distinct rainy and dry seasons). A set of tools is available to plan and conduct the survey, as well as tools for easy data analysis at: <http://wash.unhcr.org/wash-monitoring-system/wash-kap-survey-modules/>

- Number of persons per bath shelter/shower: No bath shelter/shower should be used by more than 20 persons during a protracted situation. Ideally, there should be one bath shelter/shower per household to achieve the best possible outcome in terms of user safety, security, convenience and dignity. Only bath shelters/showers that are cleanable, guarantee privacy and are structurally safe should be counted.

- Number of refugees per hygiene promoter. At least one hygiene promoter should be available for every 1000 refugees. This indicator measures the potential reach of hygiene education and messaging, with respect to use, monitoring and maintenance of WASH facilities, and good hygiene practices.
- % of Households with access to soap: In a post-emergency situation 70% of the households should have access to soap. In a post-emergency situation, this indicator can be obtained by conducting an annual household survey, also known as WASH KAP (knowledge, attitude and practices) survey.
- % of recipients women of reproductive age who are satisfied with menstrual hygiene management materials and facilities: In an emergency situation, 70% or more of women of reproductive age should be satisfied with menstrual hygiene management materials and facilities. In an emergency situation, this indicator can be obtained by conducting a rapid WASH assessment.
- Soap. To maintain health, dignity and well-being, at least 450 grammes of soap should be available per person per month (Sphere indicator). 250g is for personal hygiene; 200g is for laundry and other washing purposes. For women and girls of reproductive age, an additional 250g of soap must be available per month for menstrual hygiene management.

More information about the monitoring requirements of these indicators can be found in the UNHCR WASH manual

or on the UNHCR WASH website

Out-of-camp

The telephone-based health access utilization survey (HAUS) also includes a WASH module that can be used to understand the WASH situation in out-of-camp settings.

4. Links

UNHCR WASH Manual

UNHCR WASH indicators

UNHCR WASH monitoring system – Monthly Report Card

UNHCR WASH monitoring system – Annual household survey

Rapid Methods for Assessing Water, sanitation, and Hygiene (WASH) Services in Emergency Settings, UNHCR 2019

UNHCR Hygiene Promotion Guidelines

UNHCR WASH, Protection and Accountability

UNHCR WASH website

WHO & WEDC Hygiene Promotion in Emergencies, 2013

UNHCR, Handbook for Emergencies, 2015

Need help?

CONTACT DRS/PH Section. At: HQWASH@unhcr.org.

Annexes

- Sphere Handbook (2018)

Version and document date

Version: 1.6

Document date: 06.05.2022

Emergency water standard

Key points

- Interpret indicators with care when population size fluctuates significantly.
- The volume of water produced daily includes leakages, spillage and waste. Since 10-35% of water is normally lost to these causes, it is advisable to take spillage into account when assessing a water distribution system's performance. Seasonality also affects water availability. More water is usually available in the rainy season and less in the dry season. In addition, water needs rise with air temperature and increased physical activity. To establish an accurate average level of water availability, take readings in different seasons throughout the year.
- When selecting locations for testing water quality, prioritize water points that are furthest from and closest to the water treatment point, and locations situated at joints or branch points in the piping network.
- To assess the number of houses and their distance from water points, use either a camp layout map or GIS mapping procedures (if these exist). Plot functioning water points on a

scaled camp map to calculate the number of households within the distances recommended for emergencies or post-emergency situations.

1. Overview

Water is essential to life, health and dignity and access to it is a basic human right. All refugees should have assured access to adequate water of good quality, to sanitation facilities, and hygiene promotion practices. In emergencies a WASH response is critical, to reduce mortality and morbidity, and enhance refugees' protection, dignity and quality of life.

It is vital to monitor water indicators, to ensure that the coverage and outcomes of WASH programmes are appropriate. Programme monitoring should use the UNHCR WASH Monitoring System (WMS).

Standard / indicators

The main water supply standards below, defined by Sphere, have been endorsed by UNHCR.

- Access and water quantity. People have equitable and affordable access to sufficient quantity of safe water to meet their drinking and domestic needs.
- Water quality. Water is palatable and of sufficient quality for drinking and cooking, and for personal and domestic hygiene without causing a risk to health.

UNHCR WASH indicators in emergencies and post-emergency situations:

Objective	Output Objective	Indicator	Unit	Standard		C a m p	O u t o f C a m p
				E m e r g e n c y	P os t E m er ge nc y		
Supply of potable water increased or maintained	Refugees have safe access to water of sufficient quality and quantity	Average # litres of potable water /person/day.	l/p/d	> = 1 5	>= 20	y e s	y e s
		Average # l/p/d of potable water collected at household level.	l/p/d	> = 1 5	>= 20	y e s	y e s
		Tests with 0 faecal	%	>	>=	y	n

	coliforms/100 ml of water (at non-chlorinated water collection locations).		= 9 5	95	e s	o
	Tests showing free residual chlorine 0.2-2 mg/l and NTU<5 (at chlorinated water collection locations).	%	> = 9 5	>= 95	y e s	n o
	Number of persons per usable water tap.	Person /tap	= < 2 5 0	=< 10 0	y e s	n o
	Number of users per usable handpump/well.	Person /handpump or Person /well	= < 25 0	=< 25 0	y e s	n o
	Households collecting drinking-water from protected/treated sources	%	> = 7 0	>= 90	y e s	y e s
	Distance from dwellings to taps / water collection locations.	meters	= < 20 0 0	=< 20 0	y e s	y e s
	% Households with at least 10 litres/person potable water storage capacity	%	> = 7 0	>= 80	y e s	y e s

2. Emergency standard

UNHCR has selected 9 key indicators to monitor emergency WASH programmes. They focus on access to water and its quantity and quality, and need to be monitored during the first six months of an emergency.

Five indicators should be collected every week during emergencies:

- **Litres/person/day.** 15 litres per person per day.

- **Users per usable well / hand pump.** The litres per person per day indicator can be linked to this indicator, which declares that in emergencies no hand pump or well should be used by more than 500 persons.
- **Water quality (faecal coliforms).** This tests for the presence of faecal coliforms at non-chlorinated water collection locations. The standard requires that more than 95% of 100ml. water samples should show nil faecal coliforms (0 coliforms/100ml of water >=95%).
- **Water quality (residual chlorine).** This tests chlorinated water collection locations for the presence of free residual chlorine (FRC), as well as the clarity (turbidity) of water expressed in terms of nephelometric turbidity units (NTU). Samples should have less than 5 NTUs (NTU < 5) per litre of water, and 95% of samples should have more than 0.2 mg and less than 2 mg/l of free residual chlorine per litre of water (FRC 0.2-2 mg/l &<5NTUs; >=95%).
- **Persons per usable water tap.** In emergencies, no water tap should be used by more than 250 people.

Four indicators should be collected at least during the emergency phase, by using the rapid household survey method sand mapping.

- Households (HHs) collecting drinking water from protected/treated water sources. More than 70% of households should be collecting their drinking water from protected/treated water sources.
- Average # l/p/d of potable water collected at household level. In emergency situations, households should be collecting on average at least 15 litres of water per person per day (l/p/d). When populations fluctuate significantly, it is essential to monitor the actual use of water, and to establish how many households are able to meet the accepted international standard for minimum daily water quantity in emergencies (15 litres).
- Households with at least 10 litres/person potable water storage capacity. More than 80% of households should have storage capacity for at least 10 litres of potable water storage per person.
- Distance from dwelling to water points. In emergency situations, the maximum distance from dwellings to taps or water collection locations should be 500m. (A water collection location is a set of taps/faucets.) This indicator measures access to water.

Apply national standards to out of camp situations (such as settlements and dispersed or scattered rural and urban locations), with regard to distances to water points or unmetered water sources, and number of persons per tap. Where no national standards are in place, work towards UNHCR indicators or towards the achievement of nationally defined targets under the sustainable development goal framework.

3. Longer-term standard

The same indicators are collected in post-emergency situations, but different standards are applied.

- **Litres/person/day.** In post-emergency refugee situations, the minimum allocation of water is 20 litres per person per day. This standard covers domestic and individual needs only. If agricultural activities are planned, additional amounts of water for livestock and plants must be considered.
- Supplementary and therapeutic feeding programmes, hospitals, clinics, and schools need water in addition to the daily supply, for basic hygiene and preparing food. (In health centers, the minimum is 10 litre/outpatient/day and 40-60 litres/inpatient/day. In feeding centres the minimum is 20-30 litres/inpatient/day and 15 litres per caregiver/day. In schools, the minimum is 3 litres/pupil/day. In mosques, the minimum is 2-5 litres/person/day).
- **Users per usable well or hand pump.** No hand pump or well should be used by more than 250 persons.
- **Households (HHs) collecting drinking water from protected/treated water sources.** More than 95% of households should collect their drinking water from protected water sources (piped, protected springs, tapstands, handpumps with apron and sanitary seal).
- **Persons per usable water tap.** No water tap should be used by more than 100 persons.
- **Distance from dwelling to water points.** Dwellings should be no further than 200m from water points.
- **Households with at least 10 litres/person potable water storage capacity.** At least 85% of households should be using narrow-necked containers or covered containers with a tap.

Apply national standards to out of camp situations (settlements and dispersed or scattered rural and urban locations), with regard to distances to water points and unmetered water sources, and number of persons per tap. Where no national standards are in place, work towards UNHCR indicators or towards the achievement of nationally defined targets under the sustainable development goal framework.

4. Links

UNHCR WASH Manual (2020)

WASH Monitoring System

World Health Organization Drinking Water Guidelines, 2017

UNHCR, Handbook for Emergencies, 2015

UNHCR, Water Manual for Refugee Situations, 1992

Updated WHO/WEDC Technical Notes on WASH in Emergencies (2013)

Need help?

CONTACT HQWASH@unhcr.org

Annexes

- UNHCR indicators guidance
- Sphere Handbook (2018)

Version and document date

Version: 1.7

Document date: 06.05.2022

Emergency Sanitation Standards

Key points

- Interpret indicators with care when population size fluctuates significantly.
- When calculating sanitation-related indicators, clarify whether population figures include or exclude the host community.
- Information on reported defecation in toilets or open defecation observations can be compared with this indicator. If the number of people per toilet is high, this may indicate that the problem may lie in insufficient toilets. If there are sufficient toilets, it can indicate that people are not using them.

1. Overview

Safe excreta disposal is an essential element of any WASH programme, because it helps to reduce direct and indirect disease transmission. To improve safe access to sanitation it is necessary to meet standards of privacy and safety using sanitation structures that are locally or culturally acceptable. The 2018 Sphere manual specifies: "Household toilets are considered the ideal in terms of user safety, security, convenience and dignity and the demonstrated links between ownership and maintenance [...] communal or shared toilets can be designed and built with the aim of ensuring household toilets in the

future". Providing equal access to sanitation can be achieved through the distribution of sanitation infrastructure or cash-for-latrine programming and proper monitoring.

Programme monitoring should use the UNHCR WASH standards and indicators from the UNHCR WASH manual, and UNHCR's WASH Monitoring System (WMS).

Standard / indicators

The main excreta disposal standards, defined by Sphere, have been endorsed by UNHCR.

- Environment free from human excreta: All excreta is safely contained on-site to avoid contamination of the natural, living, learning, working and communal environments.
- Access to and use of toilets: People have adequate, appropriate and acceptable toilets to allow for rapid, safe and secure access at all times.
- Management and maintenance of excreta collection, transport, disposal and treatment: Excreta management facilities, infrastructure and systems are safely managed and maintained to ensure service provision and minimum impact on the surrounding environment.

UNHCR sanitation-related indicators in emergencies and post-emergency situations:

Objective	Output Objective	Indicator	U ni t	Standard		C a m p	O ut of C a m p
				Emergency	Post Emergency		
Population lives in satisfactory conditions of sanitation and hygiene.	Refugees have safe access to quality sanitation.	Number of persons per toilet/latrine	# of P e r s o n s	=<50	=<20 (aiming for 1 latrine /household as soon as possible)	y e s	y e s
		Households reporting defecating in a toilet.	%	>=60	>=85	y e s	y e s

	Households with a household toilet/latrine.	%	-	>=85	y e s	y e s
	Schools: Pupils per toilet/latrine .	# of P er s o n s	50 (30 girls per toilet, 60 boys per toilet – add urinals for boys)	50 (30 girls per toilet, 60 boys per toilet – add urinals for boys)	y e s	y e s
	Health centres	# of P er s o n s	20 outpatients per toilet/latrine 10 inpatients per toilet/latrine	20 outpatients per toilet/latrine 10 inpatients per toilet/latrine	y e s	y e s

2. Emergency standard

- Persons per toilet or latrine. No latrine should be used by more than 50 persons during the first phase of an emergency. The count is made per drophole. Only latrines that are cleanable, guarantee privacy and are structurally safe should be counted. Latrines that are full or do not comply with UNHCR standards should not be counted.

The indicator can be reported in a Refugee WASH sector situation report (sitrep) every week, or in the frequency that sitreps are produced by the emergency operation. In addition, the indicator shall be reported once a month through the emergency form of the WASH monitoring system.

As soon as possible after the onset of an emergency

- Households who report defecating in a toilet. At least 60% of households should report that they defecate in a toilet. The principles, definitions and recommendations with respect to this indicator apply to both emergencies and post-emergency situations. In an emergency situation, this indicator can be obtained by conducting a rapid WASH assessment.

In out of camp situations (settlements and dispersed or scattered rural and urban locations), use

UNHCR standards as a guidance for emergency response and work with local authorities towards achieving national standards and sanitation national targets derived from the Sustainable Development Goals. Advocate for the right to sanitation, which is a human right .

3. Longer-term standard

The following sanitation standards apply to post-emergency situations and should be monitored once a month through the monthly report card (access indicators) or once a year (household indicators) through an annual household survey also known as "WASH KAP (knowledge, attitude and practices) survey". WASH actors should aim to carry out an initial KAP baseline survey survey within the first 6 months of the emergency and at least once a year (ideally twice a year if there are distinct rainy and dry seasons). A set of tools is available to plan and conduct the survey, as well as tools for easy data analysis at: <http://wash.unhcr.org/wash-monitoring-system/wash-kap-survey-modules/>

More information about the monitoring requirements of these indicators can be found in the UNHCR WASH manual

or on the UNHCR WASH website

- Persons per toilet or latrine. No toilet should be used by more than 20 persons. The count is made per drophole. Only latrines that are cleanable, guarantee privacy and are structurally safe should be counted. Latrines that are full or do not comply with UNHCR Standards should not be counted. The objective should be to achieve 1 latrine per household (maximum 6 people).
- Households who defecate in a toilet. At least 85% of households should report that they defecate in a toilet. The principles, definitions and recommendations with respect to this indicator apply to both emergencies and post-emergency situations. In a post-emergency situation, this indicator can be obtained through an annual household survey.
- Households with a household toilet/ latrine. At least 85% of households should have access to household toilets/latrines.Schools and health facilities with compliant WASH structures. Schools should provide 1 toilet for every 30 girls and 1 toilet for every 60 boys. Health centres should provide 1 toilet for every 20 users in in-patient departments (IPDs) and 1 latrine each for staff, females, males, and children in out-patient departments (OPDs).

In out of camp situations (settlements and dispersed or scattered rural and urban locations), use UNHCR standards as a guidance for emergency response and work with local authorities towards achieving national standards and sanitation national targets derived from the Sustainable Development Goals. Advocate for the right to sanitation, which is a human right . The telephone-based health access utilization survey (HAUS) for out-of-camp settings also includes a WASH module that can be used to understand the WASH situation in out-of-camp settings.

4. Links

UNHCR WASH Manual

UNHCR WASH indicators

UNHCR WASH monitoring system – Monthly Report Card

Rapid Methods for Assessing Water, sanitation, and Hygiene (WASH) Services in Emergency Settings,

UNHCR 2019

UNHCR WASH website

Harvey, P: Excreta disposal in Emergencies, 2007

OHCHR: Realizing the human rights to water and sanitation: A Handbook, 2014

OHCHR: Frequently Asked Questions on the rights to water and sanitation

https://www.ohchr.org/Documents/Issues/Water/FAQWater_en.pdf

WHO & WEDC Planning for Excreta disposal in Emergencies, 2013

WHO & WEDC Technical options for excreta disposal in emergencies, 2013

UNHCR, Handbook for Emergencies, 2015

UNHCR Rights mapping tool, RiMa

UNHCR & the global WASH cluster: Cash for latrines, 2018

Need help?

CONTACT Contact DRS/PH Section. At: HQWASH@unhcr.org.

Annexes

- Sphere Handbook (2018)

Version and document date

Version: 1.7

Document date: 06.05.2022

Sexual and Reproductive Health Care Standards

Key points

- Gaps in the provision of Sexual and Reproductive Health Services (SRH) services to all members of a crisis-affected population will lead to increased morbidity and mortality.
- A Minimum Initial Service Package (MISP) for SRH needs to be ensured at the onset of an emergency and ideally within the first 48 hours, an early expansion to comprehensive care needs to be planned from the onset.
- The implementation of comprehensive SRH programming should not negatively affect the availability of MISP for SRH services; on the contrary, it should improve and expand upon them.
- SRH services must be accessible for all crisis-affected populations, including adolescents, persons with disabilities, unmarried and married women and men, the elderly, sex workers and clients, and LGBTQ individuals.
- Accurate information and counseling, including evidence-based, comprehensive sexuality education in integral part of SRH in humanitarian settings
- SRH must be integrated into public health packages and linked to other service sectors, including when strengthening SRH supply chain management.
- When planning for comprehensive SRH services, use the six WHO health system building blocks as a framework: service delivery, health workforce, health information system, supplies and medical commodities, financing, and governance and leadership.

1. Overview

Sexual and reproductive health (SRH) is an essential component of the humanitarian response. Morbidity and mortality related to SRH is a significant global public health issue and those in humanitarian settings often face heightened risks and additional barriers to SRH services. Neglecting SRH in emergencies may lead to grave consequences including preventable maternal and newborn deaths, sexual violence and subsequent trauma, unwanted pregnancies and unsafe abortions and the spread of HIV and other sexually transmitted infections (STIs).

The Minimum Initial Service Package (MISP) for SRH is a set of priority activities to be implemented from the onset of a humanitarian crisis (ideally within 48 hours). These life-saving activities form the starting point for SRH programming and should be built upon as soon as possible with comprehensive SRH services and sustained throughout protracted crises and recovery.

2. Emergency standard

- Ensure the health sector/cluster identifies an organization to lead implementation of the MISP.
- Prevent sexual violence and respond to the needs of survivors.
- Prevent the transmission of and reduce morbidity and mortality due to HIV and otherSTIs.
- Prevent excess maternal and newborn morbidity and mortality.
- Prevent unintended pregnancies.
- Plan the transition to comprehensive SRH, integrated into primary health care.

3. Longer-term standard

- Accurate information and counseling on SRH, including evidence-based, comprehensive sexuality education.
- Information, counseling, and care related to sexual function and satisfaction.
- Prevention, detection, and management of sexual and gender-based violence and coercion.
- A choice of safe and effective contraceptive methods.
- Safe and effective antenatal, childbirth, and postnatal care.
- Safe and effective abortion services and care, to the full extent of the law.
- Prevention, management, and treatment of infertility.
- Prevention, detection, and treatment of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), and of reproductive tract infections.
- Prevention, detection, and treatment of reproductive cancers.



4. Links

IAWG for Reproductive Health in Crisis Situations

MISP Distance Learning Module

MISP Calculators

UNHCR Sexual and Reproductive Health

Need help?

CONTACT Contact the Public Health Section, Division of Programme Support and Management:

hqphn@unhcr.org

Annexes

- IAWG, Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, 2018

- Women's Refugee Commission & IAWG, Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations - A Distance Learning Module, 2019
- Save the Children, UNICEF, Newborn Health in Humanitarian Settings - Field Guide, 2018
- UNHCR, Adolescent Sexual and Reproductive Health in Refugee Situations- A Practical Guide to Launching Interventions for Public Health Programmes, 2019

Version and document date

Version: 2.3

Document date: 06.05.2022

Waste management standards

Key points

- Solid waste management is a joint responsibility of field coordination (camp coordination and camp management), as well as the WASH and health sectors.
- In urban and out-of-camp settings, national systems should be employed and, where necessary, strengthened.
- Ensure that refugee communities are involved in solid waste collection at household and community level.

1. Overview

Uncontrolled accumulation of garbage is unhealthy, and promotes rodent and insect borne disease.

Because most of the garbage that persons of concern generate is organic, it is frequently not considered a problem: the issue tends to be neglected, even though the volume and weight of household and market-place garbage can be significant, and includes non-organic materials such as packaging, cans and plastics.

At the beginning of an emergency, hygiene and waste disposal are usually poor, so vermin and other pests, including rodents, proliferate rapidly.

If food is distributed to refugees in metal cans, their disposal should be given particular attention, not only for aesthetic reasons but because they pose a health hazard (injuries to children, potential breeding sites for mosquitoes, etc.). In addition, they are not biodegradable.

The medical waste generated by health centres is also a hazard (used syringes and needles, contaminated bandages, laboratory specimens, etc.). Access to medical sanitary services should be well controlled, and waste should be treated separately, without delay.

Routines should be established for the storage, collection and disposal of garbage. This is particularly important in high-density sites.

Solid waste management is a joint responsibility of field coordination (camp coordination and camp management), as well as the WASH and health sectors. In urban and out of camp settings, national systems should be employed and, where necessary, strengthened.

2. Emergency standard

- Storage. One (100 litre) container should be provided per 10 families. Metal 200 litre drums cut in half are often used. If possible, containers should have lids and drainage holes in the bottom. Containers should be placed throughout the site at a maximum distance of 15 metres from each dwelling. It is not economical or practical to use concrete bins: they are difficult to empty, encourage rodents, and disperse garbage round the area.
- Collection and transportation. Garbage should be collected regularly from containers, at least twice a week. Camps near a city may benefit from local refuse services. It is expensive to use tractors with trailers and this should be a last option, employed only in large and densely populated camps. Wheelbarrows or carts, hauled by hand or animals, are usually more appropriate.
- Frequency of collection. UNHCR field staff and their partners must ensure that domestic, market, commercial, and medical waste collection points are emptied at least twice a week and more frequently if required. This is an essential requirement, to break fly-breeding cycles and ensure waste does not fester and become a nuisance.
- Market waste. UNHCR field staff and partners must ensure that waste from market places is collected and managed in a timely, efficient, and hygienic manner. Special arrangements may be required for slaughterhouse and fish waste.
- Hazardous substances. Lead-acid batteries, used paints and oils, and broken electrical equipment can pose serious risks to public health and the environment, even in small quantities. In all settings, UNHCR field staff and their partners must make arrangements to collect such waste separately. Prioritize interventions that prevent hazardous substances from entering the domestic waste stream over management of relatively inert domestic waste.

- Medical waste. UNHCR health partners must ensure that all medical waste is collected, handled, treated and disposed of with the least possible risk to health-care staff, waste management staff, and persons of concern. All infectious waste, non-infectious waste, sharps, and hazardous waste must be managed in strict compliance with national protocols and (in their absence) global WHO protocols. Transporting waste creates additional risks and it is highly recommended that medical waste is therefore managed and disposed of on-site, using simple methods.

3. Longer-term standard

The same standards apply to emergency and long term situations.

4. Links

UNHCR, WASH Manual, 2020

WHO/WEDC Technical note no. 7: Solid waste management in emergencies (2013)

WHO: Overview of technologies for the treatment of infectious and sharp waste from healthcare facilities (2019)

WHO: Safe management of wastes from health-care activities (2014)

Sphere Project, Sphere Handbook

WHO: Management of wastes from immunisation campaign activities (2004)

MSF: Public Health Engineering in precarious situations (2010)

Need help?

CONTACT Contact DRS/Wash Unit. At: HQWASH@unhcr.org.

Annexes

- UNHCR, indicators guidance
- UNHCR Hygiene Promotion Guidelines 2017

Version and document date

Version: 1.6

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Nutrition programme performance standards

Key points

- Programmes that treat moderate and acute malnutrition must be monitored regularly.
- Use UNHCR's standard IrHIS format to monitor.

1. Overview

Acute malnutrition in refugee situations should be managed by applying the principles of community-based management of acute malnutrition (CMAM), in accordance with the relevant national treatment guidelines or WHO/UNICEF protocols. Treatment of severe acute malnutrition (SAM) should be provided by means of a Therapeutic Feeding Programme (TFP), offering inpatient and outpatient services, wherever possible in collaboration with the Ministry of Health and UNICEF. Treatment of moderate acute malnutrition (MAM) should be provided by means of a Supplementary Feeding Programme (SFP) offered to outpatients; WFP normally provides the food products required. All treatment programmes should happen in the context of robust prevention and detection activities.

It is vital to monitor treatment programmes to ensure that their outcome and coverage are satisfactory, and to be able to quickly react if problems arise. Use UNHCR's Integrated Refugee Health Information System (IrHiS) to monitor.

2. Emergency standard

The standard below applies to both emergencies and long-term situations.

Indicators for assessing the effectiveness of feeding programmes for children in refugee settings who are less than 5 years old

Indicators		SFP(Management of MAM)	TFP (Management of SAM) *
Coverage	Rural	>50%	>50%
	Urban	>70%	>70%
	Camps	>90%	>90%

Recovered	>75%	>75%
Defaulted	<15%	<15%
Died	<3%	<10%

*Therapeutic Feeding Programmes include both inpatient and outpatient facilities.

Coverage. Coverage should usually be monitored by means of a coverage survey. In emergency situations, a proxy for coverage can be estimated by calculating the proportion of eligible individuals enrolled in programmes (number of eligible individuals enrolled / number of all eligible individuals in the target population). This can be done during a Standardised Expanded Nutrition Survey (SENS).

Recovered. The proportion of beneficiaries who have reached the discharge criteria of success defined by the programme.

Defaulted. The proportion of beneficiaries who are absent for three consecutive weeks (two consecutive weighings) or depending on in-country specific protocols. Defaults may be confirmed or non-confirmed.

Death. The proportion of beneficiaries who died from any cause while registered in the programme.

3. Links

UNHCR Global Strategy for Public Health

SENS

Refugee Health Data

Sphere Handbook

Need help?

CONTACT UNHCR Public Health Section, Division of Programme Support and Management. At:
hqphn@unhcr.org

Annexes

- UNHCR and WFP, Guidelines for selective feeding. The management of malnutrition in emergencies, 2011
- Global Nutrition Cluster, Moderate Acute Malnutrition. A decision tool for emergencies, 2014

- UNHCR and WFP, Guidelines for selective feeding. The management of malnutrition in emergencies, 2011

Version and document date

Version: 1.6

Document date: 06.05.2022

Managing construction and rehabilitation projects (commercial contractors)

Key points

- Set clear project goals, and define the project's size, value, and timeline. Map out possible constraints and make explicit the technical complexity of the works involved.
- Demonstrate how the proposed activities align with UNHCR's goals and objectives in the specific emergency operation.
- Examine Government regulations and complete a stakeholder analysis.
- Examine and take into account Government policies.
- Estimate the costs and assess sources of funding.
- Evaluate climatic conditions and environmental factors.
- Assess the local market and available capacity and expertise.
- Study UNHCR's management and control procedures.
- Develop a Quality Control and Quality Assurance Plan.
- Evaluate the socio-economic context (territorial issues, demography, socio-cultural factors, economic and institutional issues).
- Complete a risk analysis and consider how risks may be mitigated.
- Develop an operation and maintenance plan for the lifetime of the project.
- Establish the project's timetable.
- Identify and consider other parameters identified by the feasibility study.

1. Overview

In emergencies that displace a large number of refugees, settlements (in or out of camps) often lack infrastructure and facilities, which can compromise refugees' quality of life and create protection risks. To resolve these problems, comprehensive construction or rehabilitation plans are established, in coordination with stakeholders, to repair and improve access to roads, drainage networks, schools, health centres, community centres and public spaces.

Successful construction and rehabilitation projects require good planning and project management, which in turn depend on knowledge of the local context, technical expertise, and sound assessment of resource requirements and risks. Failure to address such issues can lead to poor quality outcomes, cost overruns and delay. Therefore, before committing to rehabilitation and construction projects, UNHCR field operations should:

- Identify the need for the rehabilitation or construction of infrastructure.
- Demonstrate how the proposed activities align with UNHCR's goals and objectives.
- Commission a feasibility study. Assess environmental, economic, political and social impacts and deem the level of risk acceptable.
- Have access to and allocate the funds required.
- Agree that the UNHCR programme unit that supports the works will take responsibility for integrating specific tasks, including liaison with local authorities and coordination with Government, refugees, and the host community.
- Determine that the works and budget maximize return and achieve best value for money.
- Identify the parties who will be responsible for taking over the facilities, and for operating them (if required), and maintaining them.

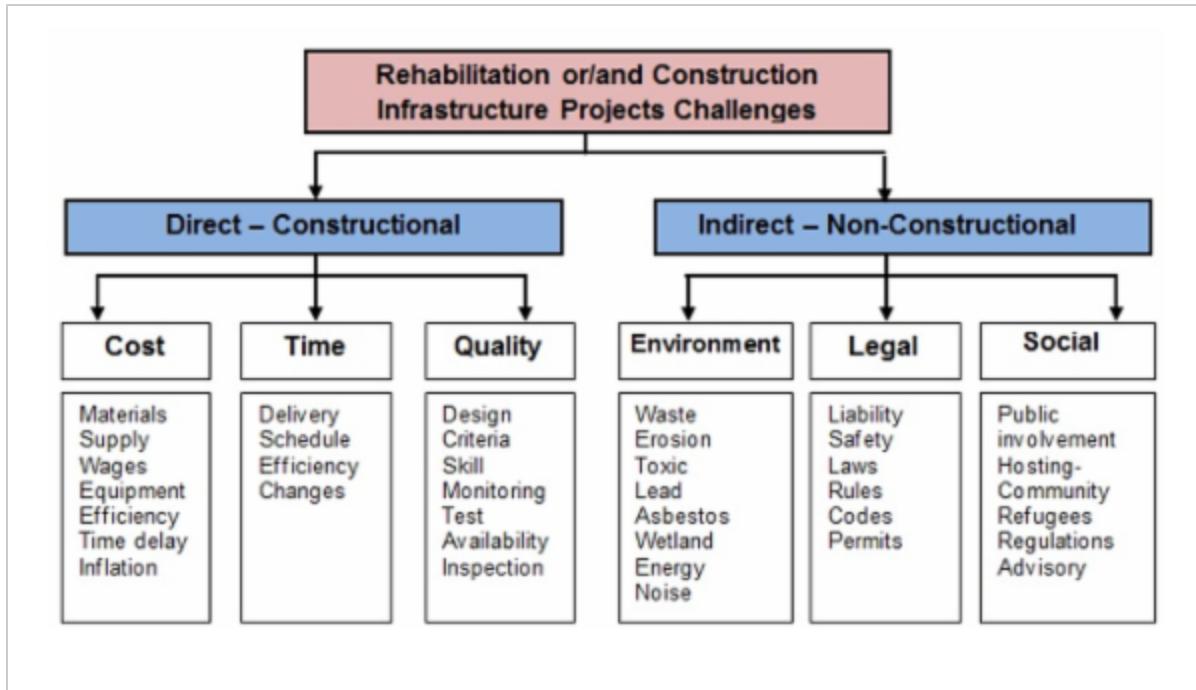
2. Underlying policies, principles and/or standards

Resource scarcity, rising energy costs, durability and sustainability, and environmentally responsible practices are all issues of great concern to UNHCR and cannot be ignored when planning and designing civil works. Sustainable development must meet human needs while preserving the natural environment for present and future generations. The keystone of sustainable design is providing buildings that are energy efficient, healthy, comfortable to occupy, low in maintenance, flexible in use, specified with environmentally responsible materials, and designed for long life.

Any rehabilitation or construction of infrastructure project must aim to develop facilities that are socially, economically and environmentally sustainable after completion, and are in accordance with UNHCR principles and international standards. This objective will be achieved by:

- Cooperating with local and national government authorities, United Nations agencies, non-governmental organizations and other partners.
- Consulting with refugees and host communities during the planning and design phases.

- Consulting environmental experts and ensuring compliance with all statutory environmental regulations applicable to the area of operation.
- Promoting environmentally sustainable construction materials.
- Ensuring that design and construction minimize maintenance requirements over the life cycle of the facility.



3. Good practice recommendations

Good practices ensure that the most common pitfalls of rehabilitation and construction works are being avoided, such as:

- Lack of comprehensive procurement planning and control mechanisms.
- Lax application of procurement processes (for tendering, selection criteria, evaluation, contract signature)
- Rushed application of procurement processes. Procurement in accordance with good practice needs time and planning. It should contain the adequate level of detail to avoid additional costs or change orders. Procurement and programme staff do not communicate clearly and sufficiently and thus lack mutual understanding of the requirements of implementation. Similarly the complexity of building works and the resources needed to implement them are not fully understood.
- The scope of the project and its technical specifications are not defined in enough detail.
- Unclear or incomplete Bills of Quantity, incorrect cost estimates and unrealistic timelines.
- Insufficient expertise in managing, supervising and monitoring rehabilitation or construction works.
- Lack of financial and time contingency. Cost and time may increase with unforeseen circumstances such as administrative delays, for example in receiving local authority authorizations, or permission to access the site.

SUMMARY APPRAISAL REPORT

1. Purpose of the Civil Works
2. Eligibility
3. Scope of Works, Drawings, BoQ, specifications and Components
4. Budget, Financing and Cost Estimate
5. Site Investigation and Technical Feasibility Study
6. Implementation
 - a) Implementation Plan and Schedule
 - b) Design and Construction Works Supervision Mechanism
 - c) Consulting Services (if applicable)
 - d) Operations and Maintenance (if necessary)
 - e) Monitoring and Quality Control
7. Procurement Methodology
8. Environment and Social Impacts
9. Risk and Mitigation Measures
10. Benefits and Long Life Cycle
11. Stakeholder Consultations and persons of concern Participation (if applicable)

To avoid delays, increased costs, and contractual breaches consider the following:

- Act only when you have completed planning. The design stage itself can be sub-divided into as many steps as necessary to resolve all design problems before construction begins.
- Consider the services of external firms or consultants with appropriate technical background to prepare complex designs. Technical expertise may exist in implementing partners or within UNHCR.
- In cases where design, scope of works (SOW) and Bill of Quantities (BoQ) come from the government. These documents should be reviewed and if needed modified, developed or completed. Aim for as much detail as possible, within time constraints, on SOW, BOQ, and specifications.
- Consult carefully with stakeholders at all stages, to avoid misunderstandings that can be costly.
- Work closely with government and local authorities and take account of their policies.
- Make sure projects meet the expectations of persons of concern, host communities, and authorities.
- The procuring goods processes shall be used for "Prefabricated Buildings" by a direct acquisition of buildings and according to the UNHCR Procurement.
- The civil works items in the Bill of Quantities can allow a variation of ±10% of actual quantities.
- The budget contingency for supervising and monitoring of civil works includes unforeseeable cost requirements typically range between 12% and 20% of the total civil works cost.
- In most cases, design services are contracted separately from construction contracts. Turnkey contracts, in which the contractor is responsible for both the design and construction, can be difficult when the performance of the contractor is unknown or when the extent of the external risks is uncertain (e.g. time required for allocation of sites, approval of drawings and specifications by the government, etc).

- Purchasing of goods for the facilities, such as generators, audio-visual equipment, IT equipment, furniture, etc should be completed separately by supply/procurement colleagues. Modular design can be considered to reduce the need for multiple designs for units of similar functionality. This can reduce cost and time during the design stage. (Modular design is an approach that subdivides a design into smaller parts (modules) that can be independently constructed and then used in different sites).
- The site condition (soil, access, boundaries, etc) is an important factor in the design and can affect cost and duration of the building, particularly for sites in remote areas. Therefore, site variances should be included in all the design elements (SOW, BoQ, cost estimation, etc) if similar civil work activities are to occur on multiple sites.
- On the other hand, when modular design is being implemented on multiple sites, an individual pricing should be included per site. This makes the site-specific variation to be included in the procurement and tender evaluation and not result in a series of variation orders.
- The key stakeholders (e.g. UNHCR, government, implementing partner, etc) shall endorse the complete set of design documents, drawings and specifications before tendering and procurement activities commence. This endorsed set of documents becomes the technical reference documentation for the civil and construction project.
- Ideally, no changes should be made to the final design documents once they have been finalized and approved. Modification of design drawings comes at high cost. Modifications once construction has started are more costly and require change orders.
- Should significant changes occur to the design documents during the development of detailed design, drawings and specifications, the detailed implementation plan should be amended to include and reflect the new requirements.
- The final design shall meet the government norms, standards and specifications, and the local building regulations where applicable. It should also take into account the local climatic conditions and the risk of natural disasters.
- A comprehensive set of drawings, SOW and BoQ increases the probability of receiving strong, detailed offers. It also help to facilitate the evaluation process, contract management, and are more likely to results in fulfilment of contract and expectations of UNHCR and other stakeholders.
- Civil works need a clear SOW so that detailed work plans can be developed. Work plans milestones can be tied to BoQ to facilitate monitoring and payment procedures.

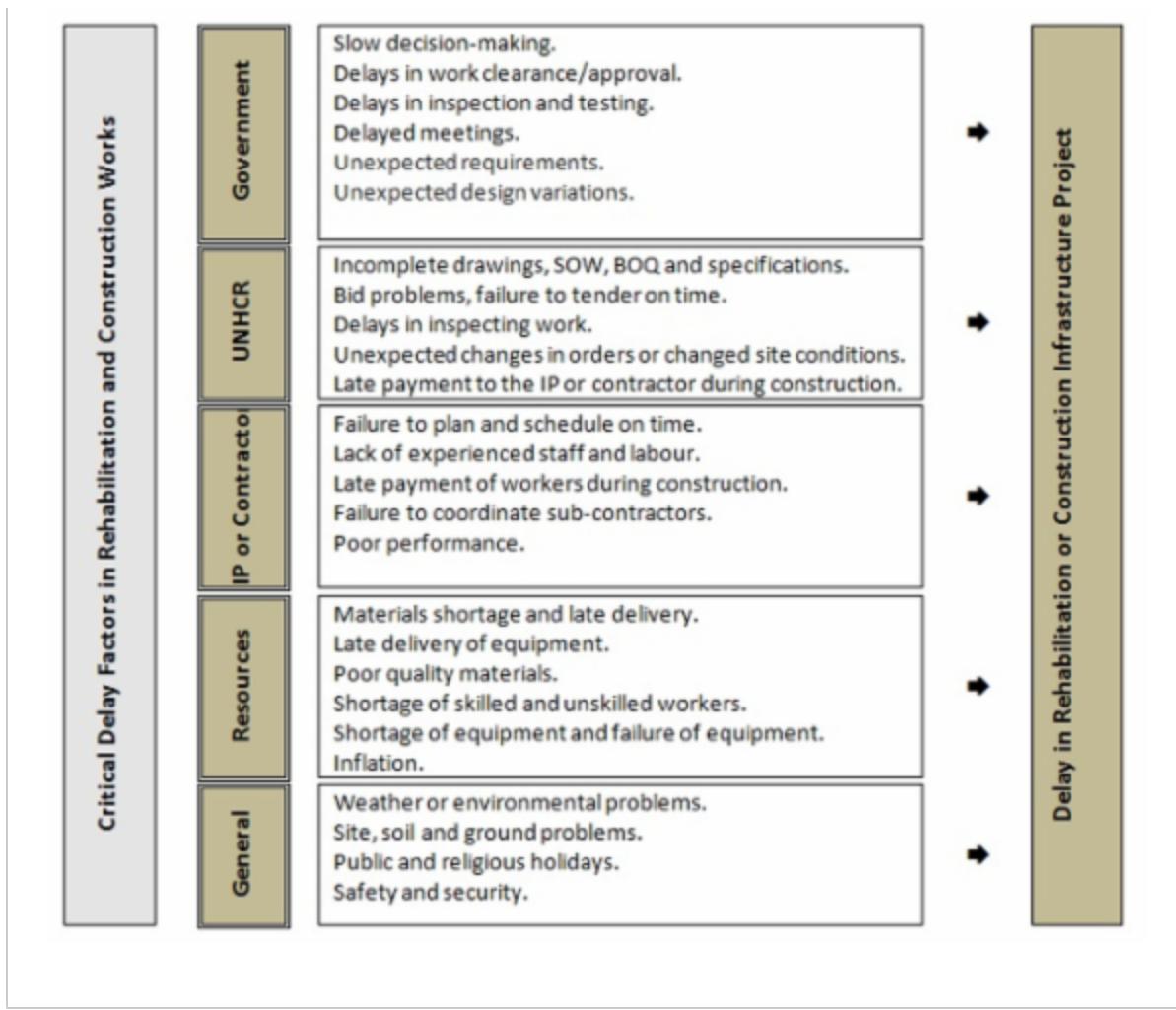
4. Considerations for practical implementation

A project to construct or rehabilitate infrastructure is successful when it meets the expectation of the country programme and other stakeholders, matches the project's scope, meets specified quality standards, is delivered on time, and follows the budget. Commercial contracts are governed by the regular procurement procedures or the exceptional procedures for procurement during emergencies, as requested by the office and approved by the Headquarters Committee on Contract. For procurement by partners funded by UNHCR, the UNHCR Policy and Procedures on Procurement by Partners with UNHCR Funds apply (UNHCR/HCP/2014/11).

Most construction projects will follow similar steps. Adjustments will be made if the scope of the project so requires. The table below outlines the common stages of construction management:

Roles and Responsibilities of Rehabilitation or/and Construction Works			
Stage	Description	Responsible	Support
1	Definition of needs	Management*	
2	Feasibility study	Operation	Engineers
3	Implementation plan	Management*	Engineers
4	Design Documents (drawing, scope of works, etc)	Engineers	Operation Management*
5	Implementation strategy and modality	Management* Procurement	Operation Engineers
6	Procurement and contracting processes	Procurement	Management* Operation Engineers
7	Physical construction activities	Engineers	Management* Operation Finance
8	Handover and contract completion	All above	
9	Maintenance	Government/Beneficiaries	
10	Lessons learned	All above	

* Management: the relevant project manager or coordinator



5. Resources and partnerships

- Local or central government authorities.
- Community and religious leaders.
- The host community.
- National and international NGOs.
- IFRC and ICRC.
- Other UN and international organizations.
- Academic institutions
- Private sector

6. Links

UNHCR, Coordination of camps and other collective settings

UNHCR, Procurement Management and Contracting Services

UNHCR/OG/2016/1 Operational Guidelines on UNHCR Technical Specialists for Public Health, Nutrition, Water, Sanitation & Hygiene (WASH) and Shelter & Settlement
UNHCR/HCP/2014/11 UNHCR Policy and Procedures on Procurement by Partners with UNHCR funds
(Implementing Partnership Management Guidance Note No. 4)

Need help?

CONTACT Shelter and Settlement Section (SSS), Division of Programme Support and Management (DPSM). At: e-mail: HQShelter@unhcr.org.

Annexes

- UNHCR, Global Strategy for Settlement and Shelter 2014-2018
- UNHCR Policy and Procedures on Procurement by Partners with UNHCR Funds
- Sphere Handbook (2018)
- UNHCR, Handbook for the Protection of Women and Girls

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MoUs and LoUs with UN agencies and NGOs

Key points

- UNHCR has MoUs with several key partners relevant to emergency operations. Consult the MoU database on the intranet. If you are familiar with the terms of agreements, it can greatly help partnership at field level.

- Emergency operations can conclude new LoUs at field level with strategic partners. Operations should however not sign new LoUs on issues that may involve the direct transfer of funds. Other types of agreement, such as a Project Partnership Agreement (PPA), are used in those cases.

1. Overview

UNHCR works in partnership with a diverse array of actors. It formalizes such partnerships by means of Memorandums of Understanding (MoU) at global or regional level, and Letters of Understanding (LoU) at field level. Their purpose is to clarify roles and promote productive relationships with other actors, support strategic partnership on global priorities, and provide a formal framework for cooperation. Partnerships maximize complementarities and make efficient use of capacities and resources, while clearly defining the roles and responsibilities of the participating entities. MOUs/LOUs should also refer to coordination mechanisms which help structure the collaboration between the partners, such as the protection working group, specific roles partners have in the cluster system, etc.

2. When and for what purpose

MoUs and LoUs cover strategic or operational collaboration in areas of converging mandates and objectives, including protection, emergency response, solutions, and advocacy. They do not address funding relationships, implementation, or stand-by arrangements, which are covered in entries Refugee Emergency Response Agreements (RERAs)

and Emergency Standby Partners

. LoUs may have financial implications (like the Joint Action Plan, which is part of the UNICEF LoU at country level), but do not govern funding relationships.

3. Summary of guidance and/or options

UNHCR has global Memoranda of Understanding with many UN agencies. Examples include: WFP (food supply and distribution); FAO (food security and self-reliance); WHO (health); UNFPA (reproductive health and SGBV); UNICEF (child protection); ILO (microfinance and skills training); and UNDP (reintegration and post-conflict recovery).

UNHCR also has global MoUs with several major NGO partners, including NRC, DRC, LWF, and Oxfam. As with UN agency MoUs, these agreements are relevant in a variety of contexts, including emergency response. In an emergency context, the most relevant UN MoU is with WFP (2011), and the most relevant LoU is with UNICEF. Neither is relevant for the cluster approach or resources designed to assist IDPs.

The MoU with WFP clarifies respective roles and responsibilities in the planning, distribution and monitoring of food assistance. It is valid in contexts where more than 5,000 refugees in need of food assistance are concentrated on one or more areas of a given country.

A model **Tripartite Agreement** has been developed for UNHCR, WFP and partners involved in food assistance. A tripartite agreement among WFP, UNHCR and a Jointly Appointed Partner must be concluded whenever in-kind food assistance to UNHCR persons of concern is envisaged in collaboration with these parties. Overall, the Model Tripartite Agreement, improves compliance with the internal policies and partnership arrangements of both organisations, including WFP Field Level Agreement and UNHCR Project Partnership Agreement.

Following the move to cash-based assistance, UNHCR and WFP signed an **MOU Addendum on cash assistance** in May 2017, and a **MOU Addendum on data sharing** in September 2018. Both addenda are extremely important wherever cash-for-food assistance is foreseen. These documents set out beneficiary targeting principles as well as detailed guidance on sharing of beneficiary data.

The LoU guidance and template for partnering with UNICEF provides a general basis for collaboration, with particular reference to WASH, health/nutrition, child protection, and education. The template includes a Joint Action Plan that provides clarity at operational level for a specific timeframe.

The MoU with WHO clarifies what technical support and normative guidance WHO will provide UNHCR and Ministries of Health to assist a host Government to extend national health services to refugees. A revised MOU with WHO will be issued shortly (December 2019).

The MoU with IOM outlines what evacuation support will be offered in emergencies to persons of concern, third country nationals, stranded migrants, and others. There are regular Joint Letters issued to all staff by the two Principals, the last one in January 2019.

4. How to implement this at field level?

Emergency operations can conclude new LoUs at field level with strategic partners. The relevant technical unit at UNHCR HQ, LAS, and/or the Partnership and Coordination Service of the Division of External Relations should always be contacted beforehand.

Operations should not sign new LoUs on issues that involve funding obligations on the part of UNHCR. Other types of agreement, such as a Project Partnership Agreement (PPA), are used in those cases.

5. Links

Partnership Section

Need help?

CONTACT

- For general MoU questions, contact the Partnership and Coordination Service. At: hqng00@unhcr.org

- For questions on implementation of the WFP, MoU, contact Chief Public Health Section. At: HQPHN@unhcr.org
- For questions on country-level LoUs with UNICEF, contact the Partnership and Coordination Service. At: hqng00@unhcr.org

Annexes

- UNHCR - WFP MoU January 2011
- Model Tripartite Agreement WFP UNHCR February 2016
- WFP MoU (2011) and summary sheet
- WFP Addendum on cash assistance (2017)
- WFP Addendum on data sharing (2018)
- UNICEF, LoU, template and guidance notes (2015)
- IOM-UNHCR Joint Letter (2019)
- UNFPA Cooperation Agreement on emergency preparedness and response (2018)
- UNHCR-WHO MoU 2020
- UNHCR-WHO Operational Guidance 2020

Version and document date

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Camp Coordination and Camp Management (CCCM) Cluster (IASC)

Key points

- Contact UNHCR's CCCM Unit at headquarter as soon as it becomes evident that activation of clusters will be discussed. This will enable the unit to provide timely guidance and support.
- Emphasise that CCCM does not promote the creation of camps. Explore and promote alternatives to camps and do not establish camps if other options are feasible.
- Analyse the country context and possible forthcoming emergency situations. Identify existing coordination mechanisms and whether they will cope. Advocate for cluster activation in the HCT if you conclude that it is appropriate to do so on the basis of your analysis. Past experience indicates that it is better to activate the CCCM cluster early, and deactivate it if necessary, than to activate too slowly. Argue for a single cluster lead, supported by an NGO co-chair or co-facilitator where appropriate.
- Where those displaced are not located in formal camps (or the creation of formal camps is not planned or desired) but numbers are rising quickly and occupation of unused public or abandoned buildings (such as schools or churches) becomes common, consult the Global CCCM Cluster.
- Coordinating a cluster is a full-time job. Ensure that a dedicated CCCM cluster coordinator is appointed, supported by an information manager and a capacity-development specialist. Sub-national cluster coordinators should also be appointed when necessary.

1. Overview

The Global CCCM Cluster was established in 2005 and is co-led by UNHCR in conflict situations and by the International Organization for Migration (IOM) in natural disaster situations. The CCCM cluster's overall goals are to coordinate and facilitate the efficient, effective and predictable delivery of protection and services at community level, ensure that the rights of IDPs and other affected populations are protected, and advocate for durable solutions.

The coordination mechanisms of the CCCM cluster, like other clusters, are mainly relevant in situations of internal displacement and natural disasters. The IASC cluster approach is not applicable to refugee situations, where responses are coordinated within the framework of the refugee coordination model (RCM), including the 2014 Joint UNHCR - OCHA Note on Mixed Situations: Coordination in Practice.

CCCM is inherently a cross-cutting sector that may be present in all types of communal displacement settings in rural or urban environments - including planned camps, spontaneous self-settled informal sites, collective centres, reception centres and transit centres. In recent years, CCCM has also worked with displaced populations living with host families and in remote communities. The CCCM cluster does not advocate for camps but rather seeks to establish and maintain dignity and standards in camps if they are created, and to develop exit strategies and durable solutions when feasible. Camps should therefore be considered temporary measures when alternatives to camps are not an option, recognising the specific needs of the displaced communities.

In CCCM responsibilities are distributed across three main roles:

Camp administration (CA). This function is carried out by the State authorities that are responsible for providing protection and assistance to displaced persons on their territories. It relates to the oversight and supervision of activities, including security. State responsibilities are not transferable. A CA is usually represented at camp level.

Camp coordination (CC). UNHCR usually assumes this role in complex, conflict-related IDP emergencies, and it includes both strategic and inter-camp operational coordination. A CC is responsible for designing strategy, setting standards, contingency planning, and information management. Its primary objective is to create the humanitarian space necessary for the effective delivery of protection and assistance. To develop exit strategies and more durable solutions, it liaises closely with local actors, including civil society organisations. The CC is functioning at inter-camp level.

Camp management (CM). An NGO partner or a national or local authority usually fills this function. Where capacity is limited, UNHCR may support a CM or take on the role itself. A CM coordinates and monitors the delivery of, and access to, services and protection to IDPs, and ensures maintenance of infrastructure. It is also responsible for community participation by setting up representative committees. These enable the displaced communities to exercise their right to participate in decision-making and to influence the design and delivery of humanitarian programmes at all stages. Prevention and response to GBV is crosscutting through all phases of camp management. CM operates at camp level.

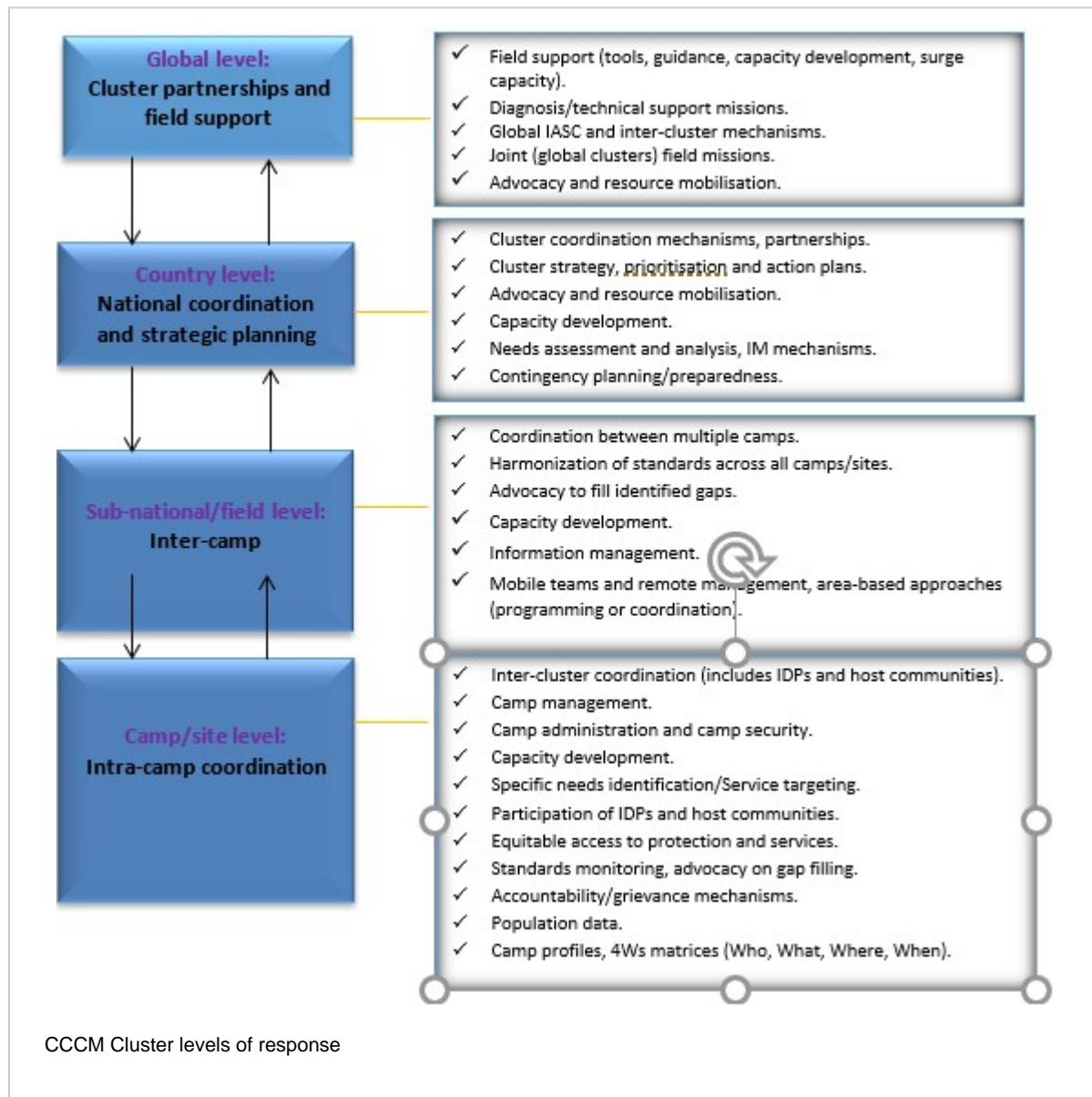
For more information on CCCM levels of response, see first image below "CCCM Cluster levels of response".

The main roles and functions of the CCCM can vary according to the institution that is responsible and the circumstances in which it operates. What matters is to cover all CCCM functions, making sure that the needs of displaced people are met and that there are no gaps or overlaps in responsibility or response. CCCM approaches and tools remain relevant to situations of displacement whether a CCCM cluster is activated or not.

Where IDPs settle scattered and in remote locations and with host communities and families, CC and CM's approach is sector-based or area-based (Area-based Approach (ABA)), with mobile teams or through remote management (see under *Camp Management Camp Coordination (CCCM) and CCCM Paper on Area-based Approaches (October, 2020)*).

When engaging outside camps it is crucial to work closely with and support existing and functional local structures in relation to information, communication, coordination and monitoring of services to the

displaced populations. For a more detailed description of community participation and roles and responsibilities in CCCM, and of approaches outside of camp, see the *Camp Management Toolkit (2015)*, the UNHCR's *Collective Centre Guidelines (2010)*, and *Urban Displacement & Outside of Camp (UDOC) Desk Review 2014*.



2. Underlying rationale / objective of the approach or system

- The CCCM cluster's roles are to ensure that humanitarian action for internally displaced persons (IDPs) is coordinated, access to services and protection during displacement is equitable, and IDPs participate meaningfully in efforts to enable them to enjoy their rights, ideally by developing their own capacities. In practice this means that the human or 'software' dimensions of the humanitarian response are fully integrated and coupled with 'hardware' programmes such as shelter, relief item distributions or WASH infrastructure. Accountability mechanisms are fundamental to achieving this goal. They give the displaced population a voice, permit them to participate meaningfully in governance, and enable them to influence decisions that concern them and the direction of

humanitarian programming. The CCCM cluster should be viewed as a mechanism for mainstreaming protection, considering its key partners work in all areas of humanitarian action and have the closest contact with the displaced community.

- The **Global CCCM Cluster** develops tools, provides field support through remote guidance and rapid response mechanisms, capacity through training and e-learning, and coordinates policy development to guide national CCCM clusters. To fulfil this task, UNHCR and IOM, which co-lead the Global CCCM Cluster, work closely together to develop common approaches for broader CCCM responses and design specific tools and methodologies to address specific subtleties that arise in natural disasters and complex emergencies. The Global CCCM Cluster also works closely with other global clusters and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). It also supports cross-cutting initiatives of the Inter-Agency Standing Committee (IASC), including its work on accountability to affected populations (AAP) and communicating with communities (CwC).
- At **national (or CC) level**, CCCM clusters develop an overarching strategy to provide a harmonized, efficient and effective humanitarian response to displaced persons and communities. Central to this is a strong information management and monitoring system that ensures similar approaches are adopted. Identifying relative gaps and duplications in service delivery and protection within specific camps and regions must be coupled with a strong advocacy role to ensure that other clusters and stakeholders provide the most efficient, equitable and logical humanitarian response across all camps and communal settings outside of camps.
- The CCCM cluster is unique in that it has an additional level of coordination and engagement – the **c
ommunal/camp (or CM) level**. This is the level of the CCCM cluster's operational engagement, and involves coordinating service provision, monitoring, governance and engagement within a single (or small grouping) of camp/communal setting. Several Camp Management specific activities also need to be accounted for and are described in depth in the Camp Management Toolkit (2015).

The structure and responsibilities of a CCCM cluster at country level

A country cluster should form a CCCM coordination team that is capable of providing effective leadership of the cluster. Ideally, it should have a minimum of three members: a cluster coordinator, an information management officer (IMO), and a capacity-development specialist. In some geographical or operational settings, additional sub-national coordination mechanisms may be required.

Cluster coordinator

A UNHCR CCCM cluster coordinator reports to UNHCR's Representative or (in sub-national clusters) Head of Office, and is responsible for providing overall cluster leadership. S/he works closely with other country-level cluster coordinators, and particularly with Protection, Shelter, and Water, Sanitation and Hygiene (WASH). For guidance and support, s/he also keeps closely in touch with UNHCR's Global CCCM Cluster coordinator and support team.

Appointing an NGO as co-chair or co-facilitator promotes inclusion, but this decision should be discussed and endorsed by cluster partners. A memorandum of understanding or terms of reference (ToR) should clarify exact roles and responsibilities of the co-facilitator, and define clear lines of accountability. UNHCR will usually take the lead role, and the co-chair or co-facilitator supports. The appointment of a co-facilitator has important implications and should be assessed in consultation with the UNHCR Global CCCM Cluster coordinator.

Information management officer

An information management officer (IMO) reports to the cluster coordinator and is responsible for identifying and satisfying data-analysis and information requirements at a range of levels. The IMO's work: supports cluster priorities, informs decision-making by the Humanitarian Coordinator (HC) or the Humanitarian Country Team (HCT), strengthens data collection and processing systems, establishes information dissemination mechanisms and facilitates information exchange between key stakeholders.

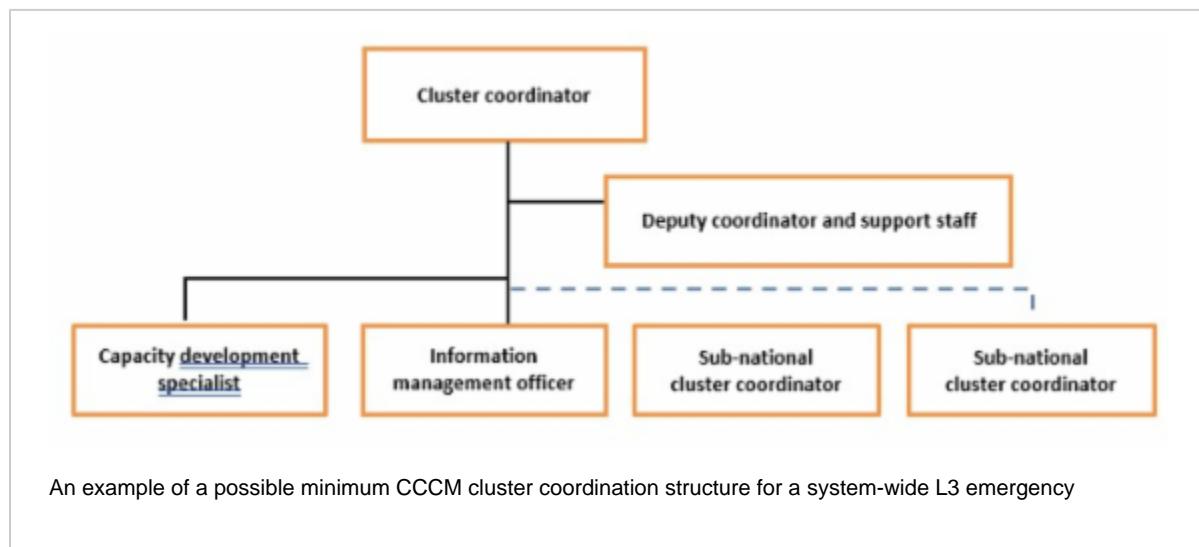
Capacity development specialist

In principle, a capacity development specialist should be deployed alongside the cluster coordinator and IMO. Experience has shown that CCCM training is required at an early stage, because many of the new personnel hired at the start of an emergency are unfamiliar with CCCM concepts.

Sub-national and field level coordination

Complex emergencies or geographically-spread responses may require additional coordination at sub-national or field level. Sub-national coordinators and resources to support sub-national coordination may be mobilised externally but also internally, through standby partner arrangements or CCCM cluster members (if they are willing and have the capacity).

See graphic 2: A minimum CCCM cluster coordination structure for a system-wide L3 emergency.



3. Policy, strategy and/or guidance

The IASC's *Reference Module for Cluster Coordination at the Country Level* explains the work of clusters, including their activation and de-activation and core functions. The paragraphs below set out specific steps that an activated (or soon to be activated) national CCCM cluster should take in the first months.

Formal activation of a CCCM cluster

Under the Transformative Agenda, IASC Principals agreed that activation of clusters must be more strategic, less automatic, and time limited. In consultation with the Humanitarian Country Teams and

cluster lead agencies, the Humanitarian/Resident Coordinator (HC/RC) should only recommend the activation of clusters when there is an identified gap in the enabling environment warranting their activation. Formal activation of clusters may be difficult in circumstances where government capacity is constrained. In such contexts, different ways of augmenting coordination and response capacity may need to be found, underpinned by the principles of the cluster approach. To ensure that clusters continue to operate for no longer than they are strictly needed, plans to deactivate and transition clusters should be prepared as soon as possible after activation. Building the capacity of local partners and government institutions should be an objective from the outset.

The criteria for cluster activation are met when:

1. Response and coordination gaps exist due to a sharp deterioration or significant change in the humanitarian situation.
2. Existing national response or coordination capacity is unable to meet needs in a manner that respects humanitarian principles, due to the scale of need, the number of actors involved, the need for a more complex multi-sectoral approach, or other constraints on the ability to respond or apply humanitarian principles.

The procedure for activating cluster(s)

1. The RC/HC and cluster lead agencies (CLAs), supported by OCHA, consult national authorities to establish what humanitarian coordination mechanisms exist, and their capacities.
2. Global CLAs are alerted by their country representatives and OCHA, prior to the UN Country Team (UNCT)/HCT meeting to discuss activation, to ensure they are represented at the meeting.
3. The RC/HC, in consultation with the UNCT/HCT, decides which clusters should be recommended for activation, informed by analysis of the situation and preparedness planning. In each case, the decision should be based on the criteria for cluster activation.
4. The RC/HC, in consultation with the UNCT/HCT, selects CLAs based on agencies' leadership accountably in IASC, their operational presence, and their ability to scale up. Ideally, the selection of CLAs mirrors global arrangements; but this is not always possible and sometimes other organizations are in a better position to lead. Under the IASC Transformative Agenda, CLAs were encouraged to consider developing a clearly defined, agreed and supported sharing of cluster leadership with NGOs wherever feasible.
5. The RC/HC writes to the Emergency Relief Coordinator (ERC), following consultation with the HCT, outlines the recommended cluster arrangements, suggests CLAs, and explains why particular clusters need to be activated. If non-cluster coordination solutions have been agreed, these are also described.
6. The ERC transmits the proposal to the IASC Principals for approval within 24 hours, and informs the RC/HC accordingly. The Principals may ask the IASC Emergency Directors Group to discuss in more detail, if necessary.
7. The ERC writes to the RC/HC to confirm that activation of the suggested clusters has been endorsed and/or to provide feedback from the IASC Principals.
8. The RC/HC inform relevant partners when decisions on clusters and lead agencies are approved.

Activating a country-level/national CCCM cluster after endorsement

- Cluster formation workshop – Invite interested actors to a workshop. Highlight what the cluster is, what it can do and how partners can contribute. Establish the capacities of stakeholders and where critical gaps need to be filled.
- Define the cluster's terms of references (ToRs) – Establish clear ToRs clarifying the role of the cluster in this specific context, scope, regulations for membership and national structure including sub-national CCCM structures. Membership of national CCCM clusters can vary considerably, but it is advisable to have a representative from all the major operational clusters (WASH, Protection etc.) to ensure cross-cutting representation.
- Define roles and responsibilities between CA, CC & CM functions – Define in writing, which actors will be responsible for which specific CCCM architecture functions. Depending on the context CM actors may need to take on CA functions, or the government will take on both CA and CM. What is essential is that it is clearly defined which specific actors are responsible for which specific activities and that a document outlining these can be referenced.
- Create a strategic advisory group (SAG) – Ideally, a SAG should have no more than six members. The group is responsible for developing the cluster's strategic direction.
- Define the scope of CCCM intervention – Will the intervention involve formal camps only or a variety of informal settlements and communal settings outside of camps? Will it involve people living with host communities and families? Establish clearly in writing what the cluster will and will not cover. Depending on the context overlap with OCHA's inter-cluster coordination mechanisms may be anticipated. The delineation of these responsibilities should be made clear in writing, and be based on actual human resources and the ability to effectively cover the defined scope.
- Outline a CCCM strategy – Initially, quickly produce a one page 'living' document that sets out what the cluster would like to do (why, by whom, how and by when). Do not aim for perfection: create something that sets the direction and then elaborate it over time.
- Continue to develop capacity and run information sessions – Given that new emergencies often entail a high degree of staff turnover and recruitment, continued CCCM information and training sessions should be conducted in the initial months to ensure smooth transitions and a sustained quality response.
- Information management products – Establish a regular and predictable dissemination of Information Management products. Initially this should include 3/4Ws (Who, What, When, Where) and basic information on population, key indicators and mapping. Eventually this should evolve into fuller camp profiles and key data on displacement trends. The onset of the emergency is a critical moment to harmonize systems among partners as this becomes increasingly challenging as the response gets more established.
- Communicate with the CCCM Unit at HQ – At least at the beginning of the emergency weekly or biweekly calls with an HQ CCCM focal point can provide remote support. Seek advice on strategy development, good practices, capacity development support, comparison with other operations and funding applications (to pooled funds, such as common humanitarian funds (CHFs) and the Central Emergency Revolving Fund (CERF).

For recent developments, consult the Global CCCM Cluster.

4. Role of partners involved

Partners	Roles
Internally displaced persons	<p>Internally displaced persons (IDPs) are important CCCM partners at operational level. The CCCM cluster should explore how to involve them at cluster level, through representatives or camp management agencies (CMA). They are a key source of information on the needs and capacities of the displaced community, and on solutions. At community level they are directly engaged in governance and grievance mechanisms and play a crucial role in identifying <i>specific</i> and individual needs and targeting assistance.</p>
Host communities	<p>Host communities play crucial roles. They grant access to fuel wood, pasture, and other community services; facilitate a smooth humanitarian response; give IDPs access to protection and rights; promote harmonious relations by participating in peace and co-existence programs; protect the environment; and participate in efforts to prevent and respond to SGBV, etc.</p>

<p>N a ti o n al a u t h o ri ti e s</p>	<p>Government offices are responsible for policies, regulations, land allocation, data and documentation, camp administration, camp security and access, and provision of protection and assistance to the IDPs. The Government also promotes peaceful relations and co-existence with host communities. Where feasible, national authorities should be encouraged and assisted to assume responsibility for camp management as well as camp administration. This will ensure ownership and continuity after UNHCR exits. The ministries of home affairs and land are most commonly a CCCM cluster's counterparts.</p>
<p>H C ,</p> <p>H C T s u p p o rt e d b y O C H A</p>	<p>The Humanitarian Coordinator and Humanitarian Country Team determine the shape and functions of inter-cluster coordination, supported by OCHA.</p>
<p>O t h e r U N a g e</p>	<p>UN agencies share information on protection and assistance needs, participate in joint needs assessments, and respond to needs/gaps in their respective areas. Cluster/sector leads, notably those responsible for shelter, protection and WASH, should be invited to participate in the CCCM cluster.</p>

n c i e s	
N a ti o n al N G O s	<p>National NGOs make a crucial contribution to CCCM responses and should be encouraged and assisted to participate in the cluster. Typical roles will be camp management and the provision of services to IDPs in camps. After clusters phase out, national NGOs ensure the continuity and sustainability of a response; they should be capacitated to fulfil these roles</p>
I n t e r n a ti o n al N G O s	<p>Like national NGOs, international NGOs (INGOs) with relevant experience should also be represented in a CCCM cluster. INGOs that typically participate in a CCCM response include (note that programs and activities are subject to change):</p> <ul style="list-style-type: none"> • ACTED. Emergency response, camp management, access to basic services, inclusive economic opportunities, infrastructure and climate action, strengthening civil society, peace, stability and justice. • CARE. Food security, maternal and child health, climate change, education, HIV and AIDS, WASH, economic development. • Catholic Relief Services (CRS). WASH, community resettlements and camp construction, agriculture, health, children, (girls') education, microfinance, road, justice and peacebuilding, partnership and capacity strengthening. • Danish Refugee Council (DRC). Camp construction, camp management, shelter and non-food items, food security, community-based protection, WASH, education, income generation, humanitarian mine action, armed violence reduction (AVR). • International Rescue Committee (IRC). Emergency response, economic recovery, governance and rights, protection of children, youth and women. • Lutheran World Federation (LWF). WASH, shelter/construction, community services (special needs, psycho-social counselling, peace building, distribution of non-food items), protection (of unaccompanied minors). • Norwegian Refugee Council (NRC). Camp management, education, information-counselling and legal assistance (ICLA), livelihood and food security, shelter and settlements, WASH, expert deployment to UN. • REACH. Emergency response, assessments, data collection, remote sensing, data analysis, publications, maps, web-maps and online dashboards. • Red R. Capacity building in camp management, recruitment for the humanitarian sector.
I	When UNHCR leads a CCCM cluster, the IOM is invited to participate in it, and vice-versa.

O M	IOM's CCCM experience and resources contribute in addition to capacity development and information management, including Data Tracking Matrix (DTM).
D o n o rs	Relevant donors interested in the work of a CCCM cluster should be involved as soon as possible and invited to strategic discussions.
M e di a	The media are important partners but should not join cluster meetings. To ensure accurate reporting and cluster visibility, specific mechanisms for working with the media should be established

5. UNHCR's role and accountabilities

Under the cluster approach, UNHCR has specific CCCM roles and accountabilities at national level associated with its responsibilities as a **cluster lead** and an **operational agency**.

UNHCR as a CCCM cluster lead

At national level, the UNHCR Representative heads the lead agency of the CCCM cluster and is accountable to the HC. The Representative has responsibility to:

- Ensure that coordination mechanisms are established and properly supported.
- Serve as first point of call for the Government and the HC.
- Discuss cluster-specific concerns at the HCT as well as challenges the cluster cannot solve.
- Act as provider of last resort.

The CCCM cluster coordinator is responsible and accountable for ensuring that the CCCM cluster performs the following six core functions:

- To support service delivery by providing a forum in which approaches can be agreed and duplication eliminated.
- To inform the strategic decision-making of the HC and HCT by coordinating needs assessments, gap analysis, and prioritization.
- To plan and develop strategy (including cluster plans, adherence to standards, funding needs).
- To advocate for identified concerns on behalf of affected populations and cluster partners.
- To monitor and report on the cluster strategy and its results, and recommend corrective action where necessary.
- To conduct contingency planning, preparedness, and capacity development where needed.

The CCCM cluster coordinator is ultimately responsible for ensuring that service provision is equitable and harmonized across communal displacement setting and that camp managers apply participatory

and community-based approaches universally.

By building trust via regular, two-way engagement at community level, camp managers enable CCCM clusters to play a unique role in strengthening accountability to affected populations (AAP). The following five commitments are part of a camp manager's everyday responsibilities:

- Leadership and governance
- Transparency
- Feedback and complaints
- Participation
- Involvement in design, monitoring and evaluation

Operationalising UNHCR's commitments

The text below is drawn from UNHCR's *Policy on UNHCR's Engagement in Situations of Internal Displacement (2019)*.

The scope of UNHCR's engagement in situations of internal displacement consists of global and country leadership, advocacy and coordination responsibilities, including those set out in arrangements agreed by the Inter-Agency Standing Committee (IASC) under the leadership of the Emergency Relief Coordinator, as well as operational involvement in line with relevant General Assembly resolutions. It will normally be aligned with UNHCR's leadership and coordination responsibilities related to protection, camp coordination and camp management and shelter, with a particular emphasis on displacement owing to conflict and violence, in line with IASC arrangements.

UNHCR will at all times strive to place protection at the centre of humanitarian action through strategic leadership of the three UNHCR-led clusters and ensuring, together with partners, an evidence-based analysis that informs inter-agency decision-making and operational delivery. UNHCR will also contribute to any inter-agency response to disaster-induced internal displacement, taking the lead on protection, whenever the three criteria of field presence, a government request and inter-agency agreement are met. The scope of UNHCR's engagement in such situations will generally be time-limited, and will be determined in consultation with the Senior Executive Team. UNHCR may also make available its protection expertise in the context of national, regional and international preparedness and response measures related to forced displacement or planned relocations arising from development projects, climate change and environmental degradation. The implementation of the Policy requires concerted organisation-wide commitment and effort to ensure the predictable exercise of leadership and coordination responsibilities in line with IASC agreements, and an operational stance that is fit for purpose at each stage of our engagement.

Notably:

- The Senior Executive Team (SET), namely the High Commissioner, Deputy High Commissioner and Assistant High Commissioners for Operations and Protection shall ensure that our IDP commitments are fully reflected in the exercise of their leadership, oversight, management and support responsibilities, including in relation to strategic planning and resource allocation;
- Regional Bureaux Directors and Representatives have a crucial accountability and responsibility for ensuring prompt and robust engagement in humanitarian crises characterized by internal displacement, from prevention through to solutions, on a 'no regrets' basis; and

- Directors of Divisions and Heads of Services are responsible for mainstreaming internal displacement in their respective areas of work and ensuring that the necessary capabilities, systems, processes and procedures are in place to resource, guide and support Regional Bureaux and country operations in preventing and responding to internal displacement, including through strategic and effective global cluster leadership, strategic communications and advocacy, and contributing to global policy development and standard setting.

Delivering a protection and solutions response

With respect to delivering protection and solutions, and disengaging, the Policy states: UNHCR will support Resident/Humanitarian Coordinators and UN/Humanitarian Country Teams to develop an overarching protection and solutions strategy, based on an evidence-based protection analysis. UN and humanitarian partners will be able to rely on UNHCR for expertise and advice on protection priorities and Representatives will participate actively in UN/Humanitarian Country Teams, to help ensure that protection is placed at the centre of the humanitarian response.

When cluster or cluster-like arrangements are established, UNHCR will assume leadership and coordination functions in line with global responsibilities. These will be supported by dedicated cluster coordination capacities, underpinned by a robust operational response – with both aspects supported by information management capacities.

In its cluster leadership capacity, UNHCR will support and steer the development and implementation of comprehensive cluster strategies while, as Provider of Last Resort, mobilizing internal and external resources and engaging a range of stakeholders to fill response gaps. UNHCR will promote protection mainstreaming, working with all clusters to design and deliver an inter-agency response that is shaped by protection considerations. Appropriate opportunities will be identified to reinforce local and national actors, including those responsible for development, to engage in and eventually lead the response to internal displacement.

In its operational capacity, UNHCR will ensure a community-based protection approach and prioritize interventions to prevent, respond to and mitigate the most urgent and immediate protection risks and needs, including protection against sexual exploitation and abuse (PSEA), sexual and gender-based violence (SGBV) and child protection. UNHCR will apply and integrate systematically to its work with IDPs its longstanding expertise in shelter, and camp and site management, including experience gained in the refugee context in transitioning from camps into inclusive settlements. UNHCR will also prioritise actions that contribute to the conditions conducive for safe, dignified and comprehensive solutions, including (where relevant) for refugees returning from countries of asylum. Special areas of focus will include community engagement, law and policy, documentation, shelter, secure land tenure, livelihoods, peaceful co-existence and conflict resolution. UNHCR will galvanise and contribute to government led efforts to address the needs of IDPs – including those who are integrating locally, returning to places of origin or settling in another part of the country, as well as the wider displacement-affected community.

In line with the 2030 Agenda and the principle of "leaving no-one behind," UNHCR will work together with partners to secure the inclusion of IDPs in national services, such as education, health, access to livelihoods and social services, including social safety nets; promote the participation of IDPs in local and national social and economic development, including through an enabling legal framework; and build effective approaches to resilience and solutions that assist IDPs, wider displacement affected communities and their governments to better manage and overcome the consequences and effects of displacement. In pursuit of solutions, UNHCR will contribute to transition strategies that link

humanitarian and development action, and activities that build and sustain peace. Results from protection monitoring and assessments, and other monitoring systems, will be systematically utilised to generate an evidence-base to inform analysis, advocacy, programme design, resource mobilisation and communications. Protection assessments and monitoring will also be used to reinforce community based protection work and to ensure that the humanitarian response takes full account of age, gender, disability and other diversity elements.

Protection and conflict analysis will also be used to ensure a "do no harm" approach to solutions. In this regard, UNHCR will initiate and participate in multi-stakeholder assessments, profiling and analysis, engaging relevant national bodies and other actors to develop a comprehensive understanding of the longer term protection and assistance needs, vulnerabilities, socio-economic conditions, capacities and aspirations of IDPs, returning refugees and wider displacement-affected communities.

Disengaging responsibly

UNHCR will disengage responsibly when local and national actors can meaningfully take over operational delivery, coordination and monitoring in relation to protection and solutions for IDPs. This will require UNHCR, from the outset of its involvement, to undertake interventions and measures aimed at enhancing national response capacity, including technical advice and support for national laws and policies on internal displacement, training and capacity development. UNHCR will work alongside others in the UN/Humanitarian Country Team to support the gradual de-activation of clusters in support of government-led coordination arrangements, including in the transition of any IDP sites to governments and/ or other agreed approaches.

6. Links

CCCM Collective Centre Guidelines, 201

CCCM Cluster Desk Review - Urban Displacement & Outside Camp (UDOC), 2014

CCCM Cluster, CCCM Paper on Area-based Approaches, 2020

IASC, Reference Module for Cluster Coordination at the Country Level, 2015

www.twitter.com/@cccmcluster

Camp Management Toolkit

Global CCCM Cluster webpage

UNHCR Policy on Internally Displaced Persons, 2019

CCCM branding and logos

Need help?

CONTACT Contact UNHCR's CCCM Unit. At: hayo@unhcr.org

Contact the Global CCCM Cluster. At: globalsupport@cccmcluster.org

Version and document date

Shelter cluster (IASC)

Key points

- Contact UNHCR's Shelter and Settlement Section in the Division of Resilience and Solutions (DRS) as soon as there is an indication that cluster activation will be discussed. This permits the section to provide guidance and support effectively.
- UNHCR should lead the shelter cluster in conflict-related emergencies. Representatives should consult UNHCR's Shelter and Settlement Section if they feel their office cannot take the lead, as a decision not to lead the shelter can have important operational and reputational consequences.
- The appointment of an NGO co-chair should be made after consulting UNHCR's Shelter and Settlement Section because the decision has important consequences.
- Coordinating a cluster is a full time job. It should not be done on top of another job. A dedicated full time Shelter Cluster Coordinator should be appointed. Other coordination positions (Information Manager, Technical Coordinator, Sub-national Cluster Coordinators) often are also required.
- UNHCR's Shelter and Settlement Section can deploy surge capacity at short notice to help establish a cluster. It can also provide support and advice from headquarters.

1. Overview

The Global Shelter Cluster was established in 2005 and it is co-led by UNHCR (conflict IDP situations) and IFRC (natural disasters) at the global level. The Shelter Cluster is an inter-agency mechanism that coordinates shelter, settlement, and shelter-related non-food items (NFIs) during a humanitarian response for internal displacement (IDP) situations. When activated at country level, it is responsible for coordinating the response to meet emergency needs (plastic sheeting, shelter kits, tents, cash, NFIs or other solutions) and longer-term needs (transitional shelter, building or reconstruction of houses, capacity building, and related matters). The shelter cluster is responsible for site planning and settlement design working in close cooperation with other clusters, in particular the CCCM cluster to

ensure that the views of the community are well represented. The shelter cluster promotes the inclusion of disaster risk reduction measures in the design and construction of shelters and settlements. Protection mainstreaming and risk analysis, particularly for housing, land and property (HLP) rights, have important implications for shelter clusters. Close coordination with the Protection Cluster is therefore very important.

At country level, a shelter cluster is activated in the same way as other clusters. In an IDP emergency situation, the Humanitarian Coordinator (HC) consults the Humanitarian Country Team (HCT) and recommends to the Emergency Relief Coordinator in New York which clusters should be activated and which organisations should lead them. The Emergency Relief Coordinator then consults the IASC Principals and Global Cluster Coordinators and activates the clusters. In principle, country level clusters should mirror those at global level, though adjustments can be made. UNHCR leads the Global Shelter Cluster for conflicts and IFRC the Global Shelter Cluster for natural disasters.

UNHCR should recommend the activation of shelter clusters when there are shelter needs and the government requires additional capacity for coordination of the shelter response. According to the *Policy on UNHCR's Engagement in Situations of Internal Displacement*, in situations of conflict UNHCR should lead the Shelter Cluster the UNHCR Shelter and Settlement Section should be contacted as soon as there is an indication that the activation of clusters will be discussed.

Please note that the cluster coordination approach is applicable in situations of internal displacement and natural disasters. In refugee situations the IASC cluster approach does not apply, and the response is coordinated within the framework of the Refugee Coordination Model (RCM), including the "*Joint UNHCR – OCHA Note on Mixed Situations: Coordination in Practice*".

2. Underlying rationale / objective of the approach or system

The objective of a shelter cluster is to meet the shelter needs of affected populations more effectively by strengthening leadership, coordination, and accountability in the humanitarian shelter sector.

At the **global** level, the Global Shelter Cluster provides field support through surge capacity and remote support, develops capacity through training and e-learning, develops tools, and coordinates policy development to guide country-level Shelter Clusters. The Global Shelter Cluster also participates in all OCHA and IASC inter-agency coordination initiatives to guarantee that shelter issues are appropriately represented and considered. UNHCR and IFRC work in close partnership to develop common approaches for shelter responses while developing more specific tools and methodologies for Natural Disasters and Conflict. The global cluster also works in close cooperation with OCHA, other global clusters and supports cross-cutting IASC initiatives.

At the **national** level, the Shelter cluster develops an overarching strategy to provide a harmonized, efficient and effective humanitarian shelter response. Central to this is a strong information management and monitoring system that ensures up-to-date information is gathered, analysed, shared to inform strategic decision-making by the Humanitarian Country Team, cluster partners and other senior decision-makers, to identify gaps in the response and to prevent duplications in coverage. Given the expensive nature and long-term impact of shelter interventions, it is essential to ensure that appropriate

approaches and technical solutions are defined based on good practices, needs, and capacities. Advocacy with donors and government is key to a shelter cluster in order to get funding for cluster partners and support for issues such as land allocation. National Shelter Clusters should provide inputs and coordinate the shelter sector sections of the Humanitarian Programme Cycle (HPC) and its outputs; the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP).

3. Policy, strategy and/or guidance

The IASC's *Reference Module for Cluster Coordination at Country Level* is the principal reference document on clusters, and describes their activation, de-activation, functions, and other features. UNHCR should recommend the activation of shelter clusters when there are shelter needs and should normally lead country-level shelter clusters in conflict situations. Contact the UNHCR Shelter and Settlement Section as soon as there is an indication that cluster activation will be discussed.

For more information on shelter cluster coordination, contact UNHCR's Shelter and Settlement Section, or consult the *Global Shelter Cluster Coordination Toolkit*

The following checklists provide guidance on specific steps to be taken within the initial months by an activated (or soon to be activated) National Shelter Cluster:

A. Preparedness/ Pre-Crisis

- Understand Shelter and the Shelter Cluster – The shelter sector is very broad covering household or shelter-related NFIs, emergency shelter, transitional and longer-term shelter, and settlement planning. The Shelter Cluster has developed tools and guidance for shelter operations.
- Familiarize your team with Shelter and the Shelter Cluster – Educate your team on the importance of Shelter as a way to achieve protection, improve health and a basis for livelihoods. Explain the important responsibility that UNHCR has as Global Shelter Cluster lead for conflict which includes being the first port of call for the activation of the cluster at country-level. Several helpful tips from the Guidance Package on UNHCR's Engagement in Situations of Internal Displacement include the following:
 - Raise awareness of humanitarian partners and Government on Shelter and the Shelter Cluster – The Shelter Cluster is often not well understood in its whole breadth by humanitarian actors. Often it is understood as just the delivery of NFIs and tents not thinking of other forms of shelter response. Shelter includes responses such as support to host families, rental support, support to emergency shelter needs through cash or material distribution, support to mid-term or transitional shelter needs with a variety of assistance methods, and support to longer-term shelter needs through housing. Settlement planning is often disregarded or its importance not understood.
 - Seek Guidance from the Shelter and Settlement Section at HQ early – Contact the Shelter and Settlement Section at the first signs of an IDP emergency to seek guidance. Seek advice on whether a member of its surge capacity is available to deploy pre-emergency.
 - Advocate for Activation and leadership by UNHCR Analyse the country context and the possible forthcoming emergency situations. Identify existing coordination mechanisms and whether they will

be able to cope. Based on this analysis, if and when appropriate for the context, advocate for cluster activation in the HCT. According to IASC guidance, cluster leadership at country-level should ideally mirror that at the global level. Conflict-related shelter clusters should be led by UNHCR as a default option. UNHCR has built an important surge capacity at global and regional levels, and has significant shelter expertise. Only in exceptional cases and after consultation with the Shelter and Settlement Section should UNHCR decline to lead this cluster at country level.

- Pre-identify Shelter Cluster Partners, particularly the Government – Start getting in contact with shelter actors present in country. Identify which of the different government bodies will be best placed to be the counterpart of the Shelter Cluster.
- Get in contact with donors - Resources and donor support will be needed early on. Donors will not only be able to provide funding, they have also very useful expertise, insights and leverage with the government and cluster partners that can be of enormous support to the cluster.

B. Formal activation of the Shelter cluster (as per IASC "reference module for cluster activation at country level")

Cluster activation means the establishment of clusters as part of an international emergency response, based on the HCT's analysis of humanitarian need and coordination capacity on the ground, in consultation with national partners. The IASC Principals agreed that the activation of clusters must be more strategic, less automatic and time limited.

The HC should only recommend the activation of clusters when there is an identified need which is not being addressed. The ideal approach is to support national mechanisms for sectoral coordination. To the extent possible, any new clusters which are established should complement existing coordination mechanisms.

Criteria for cluster activation:

- Trigger event in the form of a new large-scale emergency or sharp deterioration and/or significant change in an existing humanitarian situation leading to coordination gaps.
- Evaluation of existing national response and coordination capacity and/or national response shows inability to appropriately meet needs.
- Humanitarian needs justify a multi-sectoral approach that the existing coordination and response mechanisms can no longer adequately address.
- The size of the operational presence (the number of actors and complexity of response) requires a sector-specific coordination mechanism, if this does not already exist.

Procedure for activating one or more clusters is as follows

1. The RC / HC agrees with the HCT which clusters should be activated, based on the contingency plan and with a clear rationale for each case that takes into account national capacity and needs.
2. Global clusters are alerted in advance of the proposed HCT meeting to discuss activation so that they ensure appropriate and informed representation at country level in this discussion.
3. The RC/HC selects Cluster Lead Agencies in consultation with the HCT based on the agencies'

coordination and response capacity, as well as the location and level of its operational presence and/or ability to increase this. The selection of Cluster Lead Agency ideally mirrors the global-level arrangements, but this is not always possible, and in some cases other organisations may be better placed to take the lead. Shared leadership, including using non-governmental organizations, should be considered.

4. Upon agreement within the HCT, the RC/HC sends a letter to the Emergency Relief Coordinator (ERC) outlining the recommended cluster arrangements, suggested cluster lead agencies, and the rationale for the clusters selected for activation. If other coordination solutions outside of the cluster have been agreed, these should also be outlined in the letter.
5. The ERC transmits the proposal to IASC Principals and global cluster lead and co-lead agencies for approval within 24 hours and informs the RC/HC accordingly.
6. Once approved, the RC/HC informs relevant partners of the agreed clusters and lead agencies.

C. Once formally decided – activation of the Shelter cluster at country level

- Establish a cluster coordination team: When UNHCR takes the leadership of a shelter cluster, a dedicated Shelter Cluster Coordinator should be appointed. Information management capacity should also be in place. Other personnel, including sub-national cluster coordinators, or technical coordinators may also need to be appointed. Shelter cluster coordinators report to the Representative and should work closely with other country-level cluster coordinators, particularly of the Protection Cluster, WASH Cluster, CCCM Cluster , and Logistics Cluster. Shelter cluster coordinators should coordinate closely with the Global Shelter Cluster Coordinator and Support Team in UNHCR's Shelter and Settlement Section, who can provide guidance and support.
 - **Work with UNHCR Shelter and Settlements section to develop a terms of reference for Shelter Cluster Coordinator**
 - **Ensure appropriate staffing levels per the level of crisis for information management, technical coordination, subnational coordination, or other positions**
- Cluster formation workshop – Invite interested actors to a session highlighting what the cluster is, what it can do and what partners can bring to the table. Establish capacities among stakeholders and where critical gaps need to be filled.
- Define national Shelter cluster ToR – Establish a clear ToR clarifying the role of the cluster in this specific context, scope, regulations for membership and national structure including subnational structures. Membership of national Shelter Clusters can vary considerably, but it is advisable to have a representative from all the major operational shelter actors (WASH, Protection etc.) to ensure cross-cutting representation (Footnote with examples.
 -)
- Create a strategic advisory group (SAG) – which can take decisions on the cluster's behalf. SAGs should represent the different types of cluster partners (International NGOs, national NGOs, UN, Red Cross Red Crescent Movement) but should not have more than about ten members (Footnote with examples
 - .)
- Outline a Shelter strategy – Aim initially for a quickly produced one page document that outlines what the cluster would like to do, why, by who, how and by when. Do not aim for perfection initially but

rather create something that gives direction and elaborate details with time. Revise it soon and add more to it. It is better to start small and build on it than try to aim for a perfect strategy that takes too long to be produced. Partners make their plans very early in the emergency, the strategy will guide them. If the strategy is produced late it will not be very relevant as partners will already have their plans. (Footnote with examples
.)

- Create Technical Working Groups when needed – Ad-hoc Technical Working Groups (TWGs) may also be created: these are expert groups formed to address particular problems on behalf of the cluster. They do not need to be inclusive of all members of the cluster but rather bring the experts, those that know most about the issue being addressed by the TWG. TWGs might be asked to determine the content of NFI packages or shelter kits, for example, or to prepare information materials on fire safety in camps. Once the issue is addressed, the TWG is deactivated.
- Continue information sessions – Given that new emergencies often entail a high degree of staff turnover, continued information should be provided. A briefing kit with the key documents could be prepared for newcomers.
- Information management products – Establish a regular and predictable dissemination of Information Management Products. Initially this should include activity planning, 3/4Ws (Who does What, Where, and with Whom), and basic information on population, key indicators and mapping. The onset of an emergency is a critical moment to harmonize systems among partners as this becomes increasingly challenging as the response gets more established.
- Maintain a dialogue with the Shelter and Settlement Section at HQ – Weekly or biweekly calls with an HQ Shelter focal point allow for remote support in strategy development, funding mechanism applications (including Country Based Pool Funds, CERF strategic products such as the HNO or the HRP as well as best practice and comparison with other operations.

The structure and responsibilities of a Shelter cluster at country level

A Shelter cluster coordination team should be formed in a manner that ensures leadership of the cluster is effective. Ideally, it should have a minimum of three members: a cluster coordinator, an information management officer, and a technical coordinator. Sub-national coordination mechanisms may also be necessary in some geographical or operational settings.

Cluster coordinator

UNHCR should have a dedicated national shelter cluster coordinator, who is responsible for providing overall cluster coordination, and reports to the UNHCR's Representative. S/he works closely with other country-level cluster coordinators, particularly protection, WASH, Logistics, and CCCM. For guidance and support, s/he also keeps closely in touch with UNHCR's Global Shelter Cluster coordinator and support team.

Cluster partners are welcome to support the cluster by seconding members to the cluster team, such as information management officers, technical coordinators and sub-national cluster coordinators among others. The appointment of an NGO co-facilitator (or co-chair) has important implications and should be assessed in consultation with the UNHCR Global Shelter Cluster coordinator at HQ. In any case, if

appointed, the NGO co-facilitator should be part of the cluster organogram and report to the Cluster Coordinator.

Shelter Information Management Officer

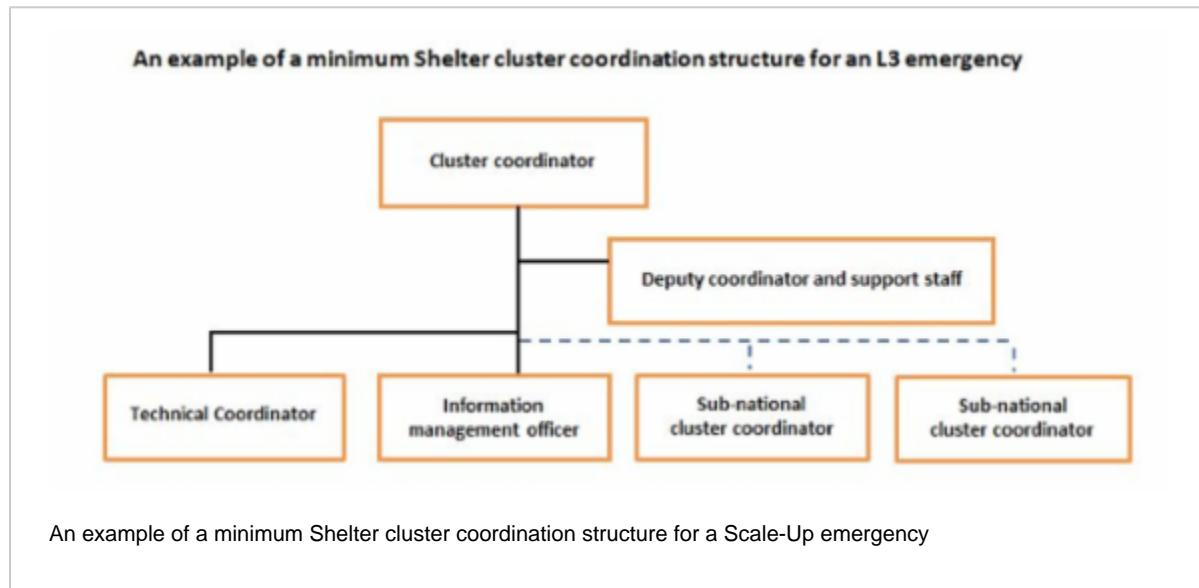
An Information Management Officer (IMO) reports to the Cluster Coordinator and is responsible for identifying and meeting data/analysis/information requirements at a range of levels: in support of cluster priorities, to inform HC/HCT decision-making, to respond to HPC requirements such as the HNO and HRP, to strengthen data collection and processing systems, to establish information dissemination mechanisms, and to facilitate information exchange between key stakeholders. This is a very time-consuming and important job which makes it very difficult for an IMO to cover more than one cluster or other UNHCR tasks except in very modest operations.

Shelter Technical Coordinator

In principle, a Technical Coordinator should be deployed alongside the Cluster Coordinator and IMO. There are many shelter technical issues which need to be decided early on in the response. The Cluster Coordinator will not have time to get into the technical details of the response but the cluster needs to provide an impartial broker that manages the different technical opinions of cluster partners. The Government will also require technical advice on shelter response from an expert in this field.

Sub-national/field level coordination mechanism

Complex emergencies or geographically spread responses may require additional coordination at sub-national or field level. Sub-national coordinators and resources to support sub-national coordination may be mobilized externally but also internally, using standby partner arrangements or Shelter cluster members (if they are willing and have the capacity).



4. Role of partners involved

Internally Displaced Persons (IDPs) and Affected Populations

IDPs and affected population provide key information - on their capacities, needs and intentions, as well as feedback on the operation. They should play an important role in the cluster. It is important to put in

place systems that allow frequent and fluid two-way communication channels with these stakeholders. This can be achieved in different ways depending on the context. Some shelter clusters, in particular at sub-national level, have one or several representatives of the IDPs and affected population participating in cluster meetings or cluster structures to strengthen their involvement in the response. In others, a focal point has been appointed for liaison with affected populations.

National Authorities

Their contribution is vital to the definition of reconstruction policies, and they are key sources of information about building regulations and codes, customs, housing, land and property rights, and many other issues. Ideally national authorities should co-lead the cluster when they have capacity. When this is not possible, a way should be found for them to participate. Typical counterparts for the shelter cluster are the Ministry of Housing and/or the Ministry of Social Welfare.

Humanitarian Coordinator, Humanitarian Country Team, OCHA

The HC and HCT determine the shape and functions of inter-cluster coordination, with OCHA's support.

National NGOs and National Red Cross/Crescent Society

Civil society institutions should be involved because they can be essential sources of information on a wide range of matters, including the context, local building practices, local materials, affected populations, and other actors. National NGOs may feel out of place in international fora: help them to participate by providing translation, ensuring they can get to meeting venues, and listening to their concerns. They should be represented on the Strategic Advisory Group.

IFRC

As the lead agency for the Global Shelter Cluster on natural disasters, in principle the IFRC should lead the shelter cluster in a natural disaster. It is usually an important shelter actor in natural disasters or mixed situations but does not often engage in conflict situations.

IOM

IOM is often interested in leading the shelter cluster at country level, usually when UNHCR or IFRC do not do so. IOM is typically an important shelter actor. It regularly provides NFIs and other shelter solutions.

ICRC

The ICRC is usually an important shelter actor. It is involved in clusters as an observer and should be invited by the cluster coordinator to share its plans and (to the extent it can) information. Regular bilateral meetings with ICRC can facilitate ICRC's coordination with other Shelter Cluster partners.

International NGOs

A balanced number of INGOs should participate in the Strategic Advisory Group. INGOs who are typically active in shelter clusters include but are not limited to ACTED, CARE, CRS, DRC, Global Communities, Habitat for Humanity, Medair, NRC, and Save the Children. The operational presence of these International NGOs vary according to country context.

National NGOs

In many conflict situations, national NGOs are often on the front lines of response due to their access.

Nevertheless, national NGOs may struggle to get access to traditional humanitarian funding and may require some reinforcement in their familiarity with international shelter standards and programming. With the agenda on localization, the Global Shelter Cluster supports country-level clusters with localisation strategies in order to better promote the involvement of national NGOs into the Shelter Cluster. National NGOs should be encouraged to participate in the cluster events and the SAG should include a balanced number of national NGOs. A good way to build their capacity may be through partnership with International NGOs.

Donors.

Donors are providing critical support to the emergency response, including shelter, and could be involved in the cluster and may be invited to the Strategic Advisory Group. ECHO, USAID/OFDA, DFID, and Germany are typically very interested in shelter; JICA, AUSAID, and DFATD (CIDA) regularly show interest as well. Shelter Clusters should set up regular meetings with donors to brief them about the shelter situation and advocate for funding to cover identified gaps or specific plans and/or responses.

Development Actors

Due to the many protracted crises in UNHCR leads the Shelter Cluster it may also be worthwhile to liaise regularly with Development donors and stakeholders, so that they can include support to the government for shelter coordination should the needs continue to be that significant and to ensure that the shelter solutions are adequate beyond the emergency phase. In addition, in certain responses, development actors have large scale shelter activities and funding. While development actors do not necessarily participate in humanitarian response, clusters should be aware of development activities and responses that may be also responding to the shelter needs identified by the shelter cluster. Ideally development activities should complement and not duplicate humanitarian shelter response.

Media.

Media representatives should not participate in cluster meetings but arrangements should be made to engage with them. Given the high visibility of shelter at the peak of large emergencies with very important media attention, it has proved good practice to appoint a media and communications adviser. Shelter is highly visible and media are often interested in this sector in certain emergencies where shelter destruction is important. Having a specialist that can attend to media requests can free up time of the cluster coordinator and allow relaying important advocacy messages. This could be a resource that could be efficiently shared among the three clusters led by UNHCR since media attention tends to cover various sectors.

National institutions.

National associations of architects, civil engineers, and other professional bodies, as well as universities and other national institutions, can make valuable contributions to shelter clusters, notably on longer-term shelter and settlement issues. Many contribute their expertise or make other contributions pro bono.

Private Sector

The private sector is still considered to be a non-traditional actor in humanitarian shelter responses. Nevertheless, the Shelter Cluster encourages Shelter Cluster Coordinators to involve them as much as possible into coordination mechanisms. The private sector has a lot of skills and capacities that can enhance the overall shelter response.

5. UNHCR's role and accountabilities

Under the Cluster Approach, UNHCR has specific Shelter roles and accountabilities at the National Level linked to dual responsibility of being both an A. cluster lead, and B. an operational agency.

A. As Shelter cluster lead

At national level, the UNHCR Representative as **head of the Shelter Cluster lead agency** is accountable to the Humanitarian Coordinator (HC) and is responsible to:

- Ensure that coordination mechanisms are established and properly supported.
- Serve as first point of call for the Government and the Humanitarian Coordinator.
- Represent at the HCT cluster-specific concerns and challenges that the cluster cannot solve.
- Act as provider of last resort.

The Shelter Cluster Coordinator is responsible and accountable for ensuring that the Shelter Cluster performs the following six core functions:

- To support service delivery by providing a forum in which approaches can be agreed and duplication eliminated.
- To inform the strategic decision-making of the Humanitarian Coordinator and Humanitarian Country Team by coordinating needs assessments, gap analysis, and prioritization.
- To plan and develop strategy (including cluster plans, adherence to standards, funding needs, HPC processes, CERF and Pool Fund processes, etc).
- To advocate for identified concerns on behalf of affected populations and cluster partners.
- To monitor and report on the cluster strategy and its results, and recommend corrective action where necessary.
- To conduct contingency planning, preparedness, and capacity building where needed.

The Shelter Cluster Coordinator is ultimately responsible to ensure that the shelter needs of affected populations are met according to agreed standards and good practices.

A Shelter Cluster Coordinator should promote community participation and accountability to affected populations (AAP). The following five commitments to AAP are essential to any shelter cluster and shelter programme:

- Leadership and governance: integrate accountability and feedback in all aspects of the work
- Transparency: share information with all stakeholders
- Feedback and complaints: a feedback and complaints system is in place
- Participation: affected populations take a lead in making decisions, with support from organizational experts.
- Design, monitoring and evaluation: accountability is integrated throughout the project cycle.

B. As an Operational Organization

As indicated in guidance on UNHCR's *Engagement in Situations of Internal Displacement*, assuming cluster leadership not only implies readiness to coordinate, but also readiness to be **operationally relevant, predictable and accountable**. The following eight principles guide UNHCR's engagement in IDP operations and highlight higher accountabilities the agency is committed to support. Shelter specific roles in strengthening each of these principles are illustrated as follows:

1. Promoting State responsibility

- Shelter interventions should complement, not supplement, existing government interventions lending expertise and building capacity as necessary. Ultimately this suggests that shelter coordination and shelter interventions need to be designed with a handover/exit in mind, especially where internal displacement is likely to remain protracted.

2. Upholding and maximizing synergies with refugee protection and right to asylum

- In situations where IDP and refugee populations are present in the same geographic area, the shelter response should find synergies with refugee operations and use similar approaches and standards where possible.

3. Promoting human rights

- Shelter interventions should empower the affected population and 'Do No Harm'. These interventions should look at the longer term effects of any solution being applied. Particularly housing land and property rights should be carefully addressed.

4. Applying a community-based approach responsive to age gender and diversity

- Ensuring community-based approaches and allowing for participation of all is an essential component of any shelter intervention. Mechanisms should be put in place to allow participation of people of different age, gender and diversity such as ensuring diversity in the staff itself, establishing for participation of groups that are less likely to participate in general meetings, organising home visits to seek the bilateral participation of those that need it.

5. Responding in partnership

- Designing a response that collaborates with other actors and other sectors such as WASH, CCCM , and protection.

6. Infusing protection principles across clusters in and interagency response

- Shelter responses should ensure protection mainstreaming, and, working together closely with the Protection Cluster, prioritizing safety and dignity, promoting access, accountability, participation and empowerment.

7. Promoting comprehensive solutions

- Shelter interventions are more meaningful when holistic interventions at a neighbourhood or settlement level are considered. All shelter interventions should have adequate access to water and

sanitation, all settlements should have drainage, health and education facilities, garbage collection and waste disposal facilities. Engagement with the WASH, Health, Education, CCCM, and Protection clusters will be important. It is also essential to include the host community and find ways to ensure that the intervention will also benefit them. Disaster risk reduction should be considered in every shelter and settlement intervention.

8. Disengaging responsibility

- Shelter interventions should be sustainable and as easy to maintain as possible. Local building practices and local materials should be prioritised so that shelters can be maintained and repaired with the existing know-how. Building capacity of local population and local builders such as masons and carpenters should also be considered.

With these principles in mind, it is essential to note, that to be effective in leading a national Shelter cluster, UNHCR needs to advocate for the necessary financial resources to carry out these specific functions.

FICHE DE RÉPONSE ABRIS DÉTAILLÉE

**RÉPUBLIQUE
DÉMOCRATIQUE
DU CONGO (SUD-EST)**

CULTURES CONSTRUCTIVES LOCALES
POUR DES HABITATS
DURABLES ET RÉSILIENTS

1^{ère} ÉDITION
JANVIER 2019

Groupe de Travail Abris RD Congo
Shelter-Cluster.org
Coordinating Humanitarian Shelter

Example of a cluster output: study on local construction techniques using local materials

6. Links

[Cluster Website](#)

[Humanitarian Response](#)

[Global Shelter Cluster Coordination Toolkit](#)

[More than Just a Roof: GSC online training on Shelter](#)

Need help?

CONTACT Contact the DRS/Shelter and Settlement Section, Global Shelter Cluster. At: HQShelter@unhcr.org and: info@sheltercluster.org

Annexes

- IASC, Reference Module for Cluster Coordination at Country Level
- Global Shelter Cluster Strategy template
- GSC Fact sheet
- Generic ToR for Cluster Coordinator
- Generic ToR for Information Manager

Version and document date

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Protection Cluster

Key points

- Try to achieve consensus with cluster members on as many issues and questions as possible, both on cluster products and initiatives and on how the cluster functions. The cluster belongs to its members: empower them to decide how it works, so they can feel responsible for it.
- Engage with cluster members. The cluster lead agency should support the work of all the cluster's members, and make sure the response always meets minimum standards. Do not try to achieve these goals alone.
- Engage with the sub-cluster lead agencies. They bring their technical expertise, knowledge and institutional capacity to the cluster.
- Engage with national authorities and international actors, both civilian and military. Advocacy is a key component of any response: it starts by establishing contacts and working relationships with all key stakeholders.
- Engage with other clusters and relevant interlocutors (such as peacekeeping missions). The protection cluster has expertise in, and is responsible for, protection activities. However, protection is not achieved by protection cluster activities alone. Engage other clusters and actors and understand the impact of their activities on the protection of affected populations. The protection cluster should facilitate analysis of protection risks for other actors and help to design appropriate responses. In particular, protection clusters should work closely with CCCM and shelter clusters, which UNHCR also leads, to make sure that activities, advocacy, and protection responses are complementary.

1. Overview

Protection clusters bring together protection partners who have the necessary expertise, resources, access and capacity. They are integral to the cluster approach adopted by the Inter-Agency Standing Committee (IASC) for non-refugee humanitarian crises.

UNHCR leads the Global Protection Cluster (GPC) and co-leads the Global Cluster for Shelter and the Global Cluster for Camp Coordination and Camp Management (CCCM). Its priorities are to ensure effective leadership, coordination, advocacy and operational delivery at country level, and to drive and influence the development of global policy on protection in humanitarian action, including protection of IDPs in particular.

2. Underlying rationale / objective of the approach or system

At sector level, protection clusters should make it possible to prevent and respond to human rights violations and meet the protection needs of affected populations in a coordinated and predictable manner. By collecting and sharing information on protection risks and needs, and applying an integrated approach to assessment, monitoring and analysis, protection clusters can identify protection priorities that should guide the development and implementation of sectoral strategies.

At inter-agency level, the protection cluster is responsible of supporting the development of overarching multi-sector protection strategies in light of the 2013 IASC Statement on the Centrality of Protection

emphasizing the protection clusters fundamental role in providing sound protection analysis, promoting protection and guiding decision-making as well as the priorities of a humanitarian response.

Equally valuable is the technical guidance and advice that they can provide the Humanitarian Country Team (HCT), for example when it mainstreams protection in programmes or implements IASC commitments on Accountability to Affected Populations (AAP).

Protection clusters (and UNHCR Representatives by virtue of their leadership role):

- Coordinate community-based protection and solution-oriented interventions and services.
- Promote the Centrality of Protection in the overall humanitarian response.
- Provide comprehensive and timely protection analysis to HCTs.
- Train and guide other clusters in mainstreaming protection and promoting AAP.
- Seek to ensure that protection drives HCT strategies, advocacy and response plans.

3. Policy, strategy and/or guidance

The IASC's *Reference Module for Cluster Coordination at Country Level* (July 2015) is the principal reference document for clusters. It describes their activation, de-activation, core functions, and other features.

Under the Transformative Agenda, IASC Principals have agreed that the activation of clusters should be more strategic, less automatic, and time limited. Accordingly, Humanitarian Coordinators (HCs) should recommend their activation only when gaps in the enabling environment warrant. The criteria for cluster activation are met when:

- Response and coordination gaps exist due to a sharp deterioration or significant change in the humanitarian situation.
- Existing national response or coordination capacity is unable to meet needs in a manner that respects humanitarian principles, due to the scale of need, the number of actors involved, the need for a more complex multi-sectoral approach, or other constraints on the ability to respond or apply humanitarian principles.

Before recommending the activation of a cluster, the HC must consult the Humanitarian Country Team (HCT) and secure its agreement (including on which clusters to activate). The HC's recommendation is then sent to the Emergency Relief Coordinator (ERC), who consults the IASC Principals and communicates their decision to the HC.

The structure of a protection cluster should be flexible, and adequate to respond to the scale and complexity of a particular crisis, and to work with sub clusters and sub-national clusters.

In accordance with the Transformative Agenda, UNHCR leads protection clusters in conflict-induced crises. Areas of Responsibility (AORs) are coordinated by the following agency focal points: Child Protection by the United Nations Children's Fund (UNICEF); Gender-Based Violence by the United Nations Population Fund (UNFPA) and UNICEF; Housing, Land and Property by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Norwegian Refugee Council (NRC); and Mine Action by the United Nations Mine Action Service (UNMAS). Final arrangements at country-level should be dictated by operational circumstances, including the presence and capacity of protection actors.

In situations of natural disaster, leadership of the protection cluster is determined by the relative in-country capacities of UNHCR, the Office of the High Commissioner for Human Rights (OHCHR), and UNICEF. These three agencies agree on leadership, under the overall leadership of the HC, after consulting each other.

The IASC included the concept of 'provider of last resort' in its cluster approach to guarantee predictability and accountability in humanitarian action. It is an essential element of UNHCR's accountability as cluster lead. UNHCR is expected to do its utmost to fill critical gaps in funding, access to populations, or security, while working with the Humanitarian Coordinator and donors to mobilize resources, meet security challenges and remove obstacles to access.

Protection clusters are increasingly co-facilitated by an NGO. This can enhance overall support and improve coordination by bringing in specific expertise and analysis and expanding the partnership network. Co-facilitation with an NGO requires a Memorandum of Understanding (MoU) that clarifies the roles and responsibilities of the NGO co-facilitator.

Under the Transformative Agenda, a cluster's core functions include:

- Needs assessment, analysis and prioritization, to inform strategic decision-making;
- Service delivery support (including elimination of gaps and duplication);
- Planning and strategy development; and
- Advocacy and fundraising.

To fulfil UNHCR's protection cluster commitments, the following posts are recommended at country level, at a minimum, under the overall direction of the Representative:

- A dedicated Protection Cluster Coordinator (PCC) (P4 or P5). He or she should be supervised by the Representative and have direct access to the Global Protection Cluster (GPC) Operations Cell for advice and guidance. (See Field Protection Cluster Coordinators Model Terms of Reference and UNHCR's internal job descriptions).
- A dedicated Protection Information Management Officer (P2 or P3), to be supervised by the PCC.

- Depending on the humanitarian response's size and scale, it may be necessary to designate a full time post (P3 or P4) to coordinate sub-national protection clusters under the supervision of the Head of Sub- or Field Office(s).
- A Protection Officer for protection cluster support (P2 or P3), to be supervised by the PCC.
- A Protection Officer (P3 or P4), to represent UNHCR as an operational partner in the protection cluster.

UNHCR's protection cluster commitments are to:

- Identify and engage partners (including government bodies) to participate in the protection cluster.
- Develop terms of reference for the protection cluster, covering its scope, criteria for participation, and structure (including sub-clusters and sub-national clusters).
- Lead preparation of a cluster strategy with cluster partners.
- Undertake advocacy on protection.
- Promote community-based engagement, including for the purpose of carrying out comprehensive assessments and analysing protection risks.
- Provide the HCT with sound protection analysis, which can guide its decision-making and help set priorities for advocacy and programming.
- Engage other clusters, both in analysing protection risks and needs and in assessing the impact of programmes on the protection of crisis-affected communities.
- Support efforts by each sector to mainstream protection in their assessments and in the design, implementation and monitoring of programmes.
- Manage protection information products, including those that report on progress and assess the overall impact of the activities of protection cluster partners.
- Mobilize resources, and coordinate and monitor the implementation of resource plans to support the activities of protection cluster partners.
- Ensure coordination of protection delivery and outreach services, such as child protection, gender-based violence (GBV), mine action, and housing, land and property (HLP), in close collaboration with sub-clusters.
- Assist sub-national protection clusters to fulfil their responsibilities (to develop strategy, collect and share information, do assessments and analysis, report, etc.).
- Promote and monitor compliance with protection policies, standards and guidelines.
- Strengthen preparedness capacity and contingency planning.
- Consider the creation of a Strategic Advisory Group, for example to develop and update the protection cluster's strategic framework, priorities and work plan.
- Monitor coordination (including through self-assessments), making improvements as necessary.
- Develop the outline of a transition plan, within three months (in sudden onset emergencies) or annually (in protracted crises).

- Maintain a dialogue with the GPC Coordinator and GPC Operations Cell to make sure that timely and effective support and guidance are available.
- Provide secretariat functions for the protection cluster.

Via the GPC Operations Cell, protection clusters can access additional support through the Protection Standby Capacity Project (ProCap) and rosters managed by the Danish Refugee Council (DRC), the International Rescue Committee (IRC Surge) and the Norwegian Refugee Council (NorCap). Support missions can be requested for short-term assistance on strategy development, capacity building, and specific programmatic or advocacy activities. Through its global network, the GPC can also provide targeted capacity building and resources, for example on IDP law and policy and on protection information management. Finally, protection clusters can access tools and guidance through the GPC web portal (see below: Policy documents, references and tools).

4. Role of partners involved

Participation in protection clusters is open to all protection actors that are ready to contribute to information collection and sharing, strategy development, prioritization, and preparation of work plans. Minimum commitments for participation in the protection cluster include:

- Commitment to humanitarian principles and the Principles of Partnership, including the Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse.
- Readiness to participate in actions that improve AAP, in line with the IASC's commitments.
- Demonstrated understanding of responsibilities associated with cluster participation, including in relation to agreed terms of reference at country level.
- Active participation in the cluster and consistent engagement in the cluster's collective work.
- Capacity and willingness to contribute to the cluster's strategic response plan and activities, including inter-cluster coordination.
- Commitment to work cooperatively with other cluster partners to ensure the best and most strategic use of available resources, including sharing information on organizational resources.
- Willingness to take on responsibilities as needed, taking account of capacity and mandates.
- Readiness to help draft and disseminate advocacy and messages targeted *inter alia* at affected communities, national authorities, donors, the HCT, cluster lead agencies, and the media.

As Protection Cluster lead agency, UNHCR needs to work to ensure the protection cluster reaches out to and engages with a diverse group of stakeholders, including:

- Crisis-affected communities in general and internally displaced people and their host communities in particular.
- National authorities.

- UN and inter-governmental agencies.
- Local and national NGOs and civil society.
- National human rights commissions.
- International NGOs.
- Peacekeeping missions.
- Donors.

For an explanation of how protection clusters engage with peacekeeping missions, see Diagnostic Tool and Guidance on the Interaction between Field Protection Clusters and UN missions .

5. UNHCR's role and accountabilities

Under the UN Humanitarian Reform and the subsequent Transformative Agenda, the Representative is responsible for ensuring that, as protection cluster lead agency, UNHCR:

- Ensures that coordination mechanisms are established and properly supported.
- Serves as first point of call for the protection cluster with regard to the Government and HC.
- Raises cluster-specific issues, concerns and challenges with the HC and HCT.
- Acts as 'provider of last resort'.

As Protection Cluster lead agency, UNHCR has undertaken to:

- Promote a timely, evidence-based and holistic approach to protection based on direct and meaningful engagement with crisis-affected communities, both to achieve accountability and to deliver well-informed analysis of protection risks and needs.
- Recommend to the HC and HCT priority actions (in the context of a system-wide strategic response) that address the most urgent and immediate protection risks and needs of crisis-affected populations in a manner that is responsive to differences of age, gender and diversity.
- Work to align and represent the views of protection actors on advocacy and operational matters, in the UN Country Team and HCT, as part of an integrated approach to protection.
- Initiate the development of an overarching strategy for protection (owned and implemented by the Resident Coordinator (RC) or HC and the UNCT or HCT) that leverages each actor's expertise and experience to maximize protection and, ultimately, find solutions.
- Outline an advocacy strategy, which supports the priorities of the protection strategy and identifies forms of action, key stakeholders, and intended impacts or anticipated changes with regard to the protection risks and needs of crisis-affected populations.
- Stay abreast of developments in global policies relevant to protection and increase understanding and appreciation of system-wide initiatives, such as the Human Rights Upfront initiative (designed to prevent or respond to major violations of human rights or international humanitarian law), that

provide platforms for country-level protection advocacy as well as regional and headquarters' support and interventions.

- Build support and strategic alliances, inside and outside the humanitarian system, to increase support for protection priorities among organizations that do not have a protection mandate, such as the World Food Programme (WFP), the Office for the Coordination of Humanitarian Affairs (OCHA), the UN Development Programme (UNDP), and the World Bank.

6. Links

Global Protection Cluster

Global Protection Cluster, Gender-Based Violence Area of Responsibility

Global Protection Cluster, Child Protection Area of Responsibility

Inter-Agency Standing Committee

IASC, Transformative Agenda Protocols

IASC Task Team

OCHA, Indicator Registry

IASC, Accountability to Affected Populations

Need help?

CONTACT Contact the Global Protection Cluster Support Cell, Division of International Protection, UNHCR HQ. At GPC@unhcr.org

Annexes

- Global Protection Cluster, Framework for the Establishment of a Protection Cluster Strategy
- Global Protection Cluster, Protection Mainstreaming Training Package 2014
- Global Protection Cluster, Guidance on the Humanitarian Programme Cycle for Protection Clusters
- IASC, Reference Module for Cluster Coordination at Country Level
- IASC, Centrality of Protection in Humanitarian Action - Statement by the Principals
- Joint UNHCR OCHA Note on Mixed Situations, Coordination in Practice
- UNHCR OG 2016 2 Operational Guidelines for UNHCR's Engagement in Situations of Internal Displacement
- Annex to UNHCR OG 2016 2 - IDP Footprint

Version and document date

Version: 2.1

Document date: 06.05.2022

Common operational datasets (CODs) and fundamental operational datasets (FODs)

Key points

- Ensure that data presented on UNHCR maps incorporate accepted common and fundamental operational datasets and established boundaries.
- Ensure data collection exercises and databases use agreed CODs and FODs at country level.
- Take the lead in using common datasets to set standards in operations; make colleagues and partners aware of their value and importance.

1. Overview

Developed and endorsed by the Inter-agency Standing Committee (IASC), and disseminated by OCHA, Common operational data sets (CODs) and fundamental operational datasets (FODs) are datasets used in humanitarian emergencies to support technical standards, improve the quality of data, and strengthen interoperability. OCHA identifies, publishes and maintains CODs and FODs for use in humanitarian emergencies.

Though not all countries are included in the COD/FOD Registry, information managers and designated focal points in UNHCR should periodically check OCHA's online registry (<http://www.humanitarianresponse.info/applications/data>) to ensure their operations are using available CODs and FODs as the baseline for all operational data and information products. All UNHCR staff should be aware of the contribution that COD/FOD datasets make to data collection, sharing data, and

reporting.

Please note: much of the text for this entry was taken directly from OCHA's, Humanitarian Response, and Data: COD FOD Registry; COD vs. FODs; available online at:
<http://www.humanitarianresponse.info/applications/data>; accessed 7 Oct 2014.

2. Purpose and relevance for emergency operations

CODs and FODs provide a foundation for coordinating the humanitarian response in an emergency, by articulating and sharing agreed baseline data, across sectors, for mapping and other information and planning purposes.

Common Operational Datasets (CODs) are the de facto standard for the humanitarian community. They represent the best-available datasets on a range of basic subjects:

- Administrative boundaries.
- Populated settlements, towns, cities.
- Transportation network (roads, ports, etc.).
- Hydrology (streams, bodies of water, etc.).
- Hypsography (elevation models, contours).
- Population statistics.
- Humanitarian profiles (caseload).

Fundamental Operational Datasets (FODs) are datasets that are specific to a particular sector or fall outside the COD categories above. FODs cover:

- Everything else: schools, flood plains, security incidents, wells, etc.

When CODs and FODs are available, UNHCR and partners use them to inform the baseline that underpins response and planning in a refugee emergency.

3. Underlying process – how does this work?

OCHA maintains the agreed datasets and coordinates their distribution and updating in emergencies. If OCHA is unable to provide this service in a specific country, Humanitarian Country Teams (HCTs) or other inter-agency coordination structures may identify another agency to undertake this role.

According to OCHA, each dataset has a designated 'sponsor' who is responsible for identifying and liaising with 'sources' or owners to analyze, collate, clean and reach agreement on a specific operational dataset. Sponsors are identified early in an emergency and then assume responsibilities in relation to their thematic dataset. OCHA maintains lists of dataset sponsors, in each country and globally, and coordinates relations between them.

Each dataset has one or more designated source or owner. These may be national authorities or agencies, a cluster, NGO, UN agency etc. The designated owner of a dataset is responsible for developing and maintaining a dataset and associated metadata.

4. UNHCR's role and accountabilities

UNHCR is the 'source' and 'sponsor' of several standard datasets which it maintains, updates and disseminates: on refugee locations, population statistics, border crossing points, and the presence and status of UNHCR offices, for example. Other datasets may be added at country level.

5. Considerations for UNHCR's engagement at country level

At country level, the information manager (IM) should track the names of locations, coordinates, CODs and FODs, and Pcodes. (Pcodes are unique geographic (geo)identification codes, represented by combinations of letters or numbers, that identify a specific location or feature on a map or in a database.) Contact your local OCHA office for area-specific Pcodes or consult the website.

Information Management Officers should: share the Excel database of Pcodes, CODs and FODs with all operational partners to ensure that they use the same units of assessment for data analysis; liaise with them on data quality issues and data standards; participate in or organize inter-agency data groups at field level; advise partners on methodological issues (where needed); and encourage prompt reporting of data, according to agreed standards.

Distribute information products, CODs and baseline data that are to be used by all partners.

6. Links

IASC, Guidelines on the Common Operational Datasets in Disaster Preparedness and Response
CODs and FODs

Need help?

CONTACT Local OCHA office or the Humanitarian Response website.
For questions on UNHCR datasets, contact UNHCR DPSM / FICCS at: mapping@unhcr.org

Annexes

- IASC Guidelines Common Operational Datasets (CODs) in Disaster Preparedness and Response
- What is a GLIDE Number. When to use them and why they are useful

Version and document date

Version: 1.7

Document date: 06.05.2022

Older persons

Key points

- Do not assume older persons are visible; actively identify them.
- Consult older persons to identify their needs and capacities as well as short comings in protection and assistance programmes.
- Consult older persons to determine the content of food and CRI packages and make sure they can accessdistribution mechanisms.

1. Overview

An older person is defined by the United Nations as a person who is over 60 years of age. However, families and communities often use other socio-cultural referents to define age, including family status (grandparents), physical appearance, or age-related health conditions. The psychological and psychosocial toll of traumatic experiences, combined with poor nutrition and exposure to disease, can cause refugees and IDPs to 'age' faster than settled populations. As a consequence, many challenges associated with old age will be apparent in refugees and IDPs who are under 60.

The needs and capacities of older persons are often overlooked in an emergency response because humanitarian actors do not register their presence or because of their weak socio-economic position. An emergency response that fully includes older persons must respond to their specific needs, dedicate resources to them, and plan and implement targeted protection initiativesin close consultation with the persons concerned, their communities, and service providers.

2. Protection objectives

- To identify older persons and assess their needs and capacities from the start of an emergency and throughout.
- To ensure that protection and assistance programmes are inclusive of older persons and that services are accessible to them on an equal footing.
- To ensure that older persons do not suffer discrimination and are able to fully participate in decisions that affect them and their communities.
- To ensure that all responses are inclusive and accessible to older persons, and consider their priorities and specific needs, by applying an age, gender, and diversity (AGD) lens.
- To ensure that appropriate systems are in place to prevent and respond to violence against older persons during an emergency and their exploitation or abuse.
- To recognize and build on the capacities, skills and resources of older persons.

3. Underlying principles and standards

- UNHCR, *Policy on age, gender and diversity*, 2018.

The policy reinforces UNHCR's commitment to ensure that people are at the centre of all that we do. It consolidates commitments to a strong AGD orientation, accountability to affected people (AAP) and to women and girls. It defines six areas of engagement and ten mandatory core actions for all UNHCR operations and headquarters

- UNHCR, *Policy on Older Refugees*, 2000.

Older women and men have the same basic needs as others, but become increasingly vulnerable as a result of ageing. Older persons face particular challenges during the phases of displacement, but should not be seen as passive, dependent recipients of assistance. They are often community leaders and transmit knowledge, culture, skills and crafts. UNHCR and partners must ensure their rights are met without discrimination.

- UNHCR, *Need to Know Guidance: Working with Older Persons in Forced Displacement*, 2013.

Provides practical guidance on how to protect the rights of older persons of concern, and prevent discrimination.

4. Protection Risks

- Older persons are often less mobile; their sight and hearing may fail; their psychosocial capacities and muscle strength may diminish; they may have chronic health problems and specific nutritional needs.
- Forcibly displaced older persons are at heightened risk of violence, including: sexual and domestic abuse; exploitation by family members; discrimination; and exclusion from access to humanitarian assistance, education, livelihoods, health care, a nationality, and other services. These risks are compounded for women, persons with disabilities, and older LGBTI persons.
- Unaccompanied older persons face particular challenges in emergency situations: to find adequate accommodation, protect their belongings, and obtain water, rations and fuel.
- In emergency refugee situations, family members may be separated or die, leaving older persons without traditional forms of family support. Older persons may also become the main caregivers for their grandchildren.
- The above risks may be heightened in non-camp settings and new displacement contexts, where the community is dispersed and community protection mechanisms may no longer function.

5. Other risks

- Any failure to protect the security of persons of concern will create heightened risks for older persons.
- The reputation of UNHCR and its partners will be put at risk if they do not fulfil their responsibility to protect all persons of concern, including older persons.

6. Key decision points

- At the beginning of an emergency, consider the needs of older persons when you design shelter and settlement options, select sites, and plan and design infrastructure. Ensure minimum standards of access, and ensure that emergency distributions take steps to address the barriers that older persons might face.
- Respond at once and adequately to the specific needs of older persons and make sure that they have access to day-to-day care.
- Ensure that older persons are identified, registered and their needs assessed.
- Ensure that services and infrastructure are physically accessible to older persons, in particular to those with limited mobility.
- Establish referral systems to ensure that older persons can access relevant service providers.
- Put in place appropriate systems to prevent and respond to violence, exploitation and abuse.
- Make sure that programmes include older persons, and that older persons are adequately informed about programmes they are entitled to access.

- Make sure that staff, partners and local and national authorities recognize the specific needs of older persons and know how to respond to them.
- Ensure older persons can participate in the protection of their families and communities.
- Particularly in non-camp settings, it is very important to establish an outreach programme, through selected partners, to identify older persons and keep them informed of matters that concern them.

7. Key steps

Support services and care arrangements

- In camps, and at local and national level, identify service providers and potential partners who have specific expertise (medical, psychological, social support) and capacity to respond immediately.
- In consultation with older persons, and service providers and partners, agree coordination mechanisms and set up clear arrangements for referring older persons to support services.
- Prioritize older persons in reunification efforts. Do not separate them from family members or support persons, or their assistive devices, adaptive aids or medication (notably during relocation or transport).
- Consult the refugee community to identify what support arrangements exist for older persons who are alone (and therefore have no support networks), care for children, or who are living in an abusive household.
- Identify male and female volunteers in the refugee or local community (community workers) who can be trained to assist older persons and their families.
- Conduct training and capacity building activities for partners and local service providers.

Identification and assessment procedures

- Assign community workers, UNHCR protection staff or community-based protection staff to (pre-)registration points or arrival areas to identify and register older persons who have: disabilities; injuries; chronic illnesses; are survivors of abuse and neglect; are unaccompanied; are the sole caregivers of children.
- Appoint male and female community workers, or request partners, to screen camps and settlements for older persons with specific needs who may not have been present at (pre)registration. (Older people often face problems in accessing registration points.) Older persons who have registered may be useful sources of information.
- Include specific questions about older persons in rapid and participatory assessments. Seek to identify their priorities and any obstacles they encounter in accessing assistance. Ask older persons which forms of assistance and which referral mechanisms they find most appropriate and accessible.
- Train registration staff, and provide guidance, on how to identify and record older persons with specific needs (who have not yet registered in ProGres).
- Enter the specific needs of older persons into ProGres.

Access to services

- Identify households with older persons who are not mobile or who cannot move easily. In consultation with them, locate them close to facilities and services when assigning plots and shelters.
- In consultation with male and female older persons, design or adapt medical centres, distribution sites, water sources, latrines, shelters and other infrastructures so that they are safe, accessible and appropriate for older persons. (They should not have barriers or tripping hazards, and should have ramp access, large doorways, hand rails on stairs, non-slippery floors, etc.).
- Ensure that older persons can access food or non-food item distributions. Monitor this issue. Take steps to facilitate their access where necessary. For example, you might create separate queues, provide transport, give out smaller parcels, or offer 'home delivery'. Work with health and nutrition partners to identify any specific dietary needs of older persons.
- Consult older persons when deciding what items should be included in distributions (for example, smaller Jerry cans) and when designing new infrastructure. Consulting at the start can avoid expensive alterations later on.

Prevention of abuse and exploitation

- Include older persons in all mechanisms that prevent and respond to sexual exploitation and abuse (PSEA) and sexual and gender-based violence (SGBV).
- Through community workers and other partners, monitor and follow-up older persons who are at higher risk of abuse or exploitation. Include referral mechanisms.
- Inform and train older persons, and community workers, on how to recognize, prevent, and report instances of violence, exploitation and abuse.

Inclusion and information sharing

- Refugee populations should receive key messages in a range of accessible formats, including by radio, word of mouth, in information booklets, and in 'easy to read' formats (text and symbols/images).
- Involve older persons and their care-givers in decision-making and programming. Include them in the design, assessment, monitoring, and evaluation of activities.

Awareness-raising and advocacy

- Inform staff and partners of the rights of older persons. Emphasize that responses need to be designed in consultation with older persons so that they are inclusive and accessible.
- Train UNHCR and partner personnel on how to integrate the priorities and the specific needs of older persons in programmes and activities.
- Advocate for the inclusion of older persons in national policies and programmes, including in national social protection systems.

Participation

- Include older persons in livelihood activities. When identifying livelihood and training opportunities, take account of their experience, interests and abilities.
- Include older persons in community-based mechanisms, such as refugee and women's committees.
- Consult with communities to understand the leadership roles of older persons, and ensure these are strengthened and not undermined.
- Identify roles for older persons in supporting programming. Include inter-generational initiatives. (For example, older people can volunteer in child and youth programmes.)

8. Key management considerations

- Resources and sufficient staff must be available to meet the specific needs of older persons.
- Assess programmes regularly to ensure they are AGD inclusive.
- Set up a monitoring mechanism for all key steps.
- To make this work sustainable, ensure that government services and other national partners are fully and continuously engaged in programmes and support for older persons.

9. Resources and partnerships

Staff

- Key sectors include protection, community-based protection, and mental health and psychosocial support.

Financial resources

- Should be sufficient to plan and implement necessary services, programmes, and interventions.

Partnerships

- UN Agencies, INGOs and national NGOs, including organizations of older persons, and government institutions, including relevant ministries. Partners will often be able to provide mental health and psychosocial support, where required.

10. Links

HelpAge International, Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice, 2000

HelpAge, Practical Guidelines on Older People

IASC, Humanitarian Action and Older Persons, An essential brief for humanitarian actors, 2008

Humanitarian Practice Network, Protecting and Assisting Older People in Emergencies, Network Paper No. 53, 2005

11. Media

Introduction to Community-Based Protection

UNHCR video about a 100 year old Syrian refugee

Video of Help Age about a project to include older persons in disaster reduction and emergency preparedness "White Brigades" in Bolivia

Need help?

CONTACT As first port of call, contact the UNHCR Deputy Representative (Protection), the UNHCR Assistant Representative (Protection), or the Senior Protection Officer or Senior Community-based Protection Officer in the country.

Alternatively, contact the UNHCR Head of Protection, or the Deputy Director (Protection), or the senior Protection Coordinator, or the senior Protection Officer, or the senior Community-based Protection Officer in the Regional Bureau.

The person you contact will liaise as required with the relevant technical unit at UNHCR DIP.

Annexes

- UNHCR, Policy on age, gender and diversity, 2018
- UNHCR, Policy on Older Refugees, 2000
- Working with Older Persons in Forced Displacement 2013
- Protection in Emergencies Toolbox. Protection Checklists

Version and document date

Version: 2.4

Document date: 06.05.2022

In case of sexual assault during employment

Key points

- If you are assaulted, you may not want to remain alone immediately afterwards. Find a trusted friend or colleague to be with you.
- If you can, get a medical check-up, take the PEP kit, and ask a doctor to collect forensic evidence.
- Contact a staff welfare officer. They are professionally bound to respect your confidentiality and can help you find the support you need.

1. Overview

UNHCR staff, in most cases female staff, may be sexually assaulted during a deployment. Make yourself aware of your own assumptions and fears because this may help you to assess risks in your environment more accurately. Self-awareness improves the *best risk assessment tool you have*: your intuitions or gut feelings. The section on 'good practice recommendations' below contains advice on how you can prepare yourself to deal with an experience of sexual violence and how you can lower the risk that it might happen to you or to colleagues.

'Sexual assault' is any type of sexual contact with a person, or behaviour, that occurs without the explicit consent of that person. It may range from a verbal threat with sexual content to a full rape.

If you are sexually assaulted, it is very important to take certain remedial actions immediately afterwards. These can also be found in 'good practice recommendations'.

In most cases, a colleague or friend is the first line of support for survivors of sexual assault. For basic information on how to support a survivor, see 'considerations for practical implementation'.

We strongly advise everyone to read *Sexual Assault - Checklist for Managers* and the WHO booklet on *Psychological First Aid*. Both can be found in 'documents and references'.

Note: the emphasis on self-awareness and intuition in the context of risk assessment is not intended to minimize the importance of security briefings, warnings and recommendations.

2. Underlying policies, principles and/or standards

While you and your team can reduce the risk of sexual assault in your environment, you cannot eliminate it altogether.

If you are assaulted, you may try to stop the assault or reduce the harm it causes. Recognize, however, that in many cases the course of events will be completely out of your control.

Men and boys may be sexually assaulted, with severe psychological and possibly physical consequences; but they face a considerably lower risk than women and girls. This entry therefore focuses on sexual assaults on women. Many of the suggestions and recommendations nevertheless apply to both sexes.

The psychological consequences of rape are insidious. We strongly recommend that every survivor should seek professional help. If you are the friend or colleague of a rape survivor, encourage him or her to ask for professional support.

3. Good practice recommendations

Be aware; pay attention to your fears and assumptions.

- When you think of sexual assault, what makes you most afraid?
- What are your assumptions about survivors of sexual assault? Do you think they differ from survivors of other forms of assault (such as armed robbery)?
- Do you notice a tendency to blame victims of sexual assault but not the victims of other kinds of assault? Can you identify other assumptions that should be challenged by reason?
- What are your views about women's honour and shame?

Talk about your fears and other concerns, including false beliefs (or myths) about victims of sexual assault, with a trusted friend or a staff welfare officer.

Take steps to lower risk

- Recognize that you or colleagues might be assaulted. This is the most important preparation.
- Talk with trusted colleagues about risks and take measures to mitigate them. Risk mitigation is most effective when it is a collective effort.
- Be aware. Take note of your intuitions and gut feelings about people and situations. If something does not feel right, it may not be right.
- Analyse your physical, social and relational surroundings and behave accordingly. Remember that most sexual assaults are perpetrated by someone known to the survivor.
- If you see colleagues struggling or behaving unusually, find time to speak with them or take them to a safe place.
- Decide in advance who you will call immediately if you are assaulted. It should be someone you trust, who can provide emotional and practical support.

- Familiarize yourself with the Post-Exposure Prophylaxis (PEP) protocols and identify the PEP custodian in your office. Information about the PEP custodian should be visibly displayed in every UNHCR office: check that it is.

If an assault occurs

No amount of preparation and risk mitigation can rule out the risk of sexual assault. It can happen to anyone, whatever their age, nationality, race, social class or position in the organization. There are no specific recommendations about how to behave during an assault. It is always situation- and person-specific. Recognize that, whatever you do, you may be unable to influence events. **Typical dilemmas**

- Should I carry a weapon? A pepper spray may save you or may increase the risk of harm.
- Should I fight or surrender? Fighting may help you or may put you at risk of serious physical harm.
- Should I allow some sexual touching or not? You may regain some control over the situation, but it may not be enough to prevent rape.
- Should I allow the rape or fight to the end? Survivors often say that their body and mind dissociate during an event in which they are completely disempowered and lack all control. ('He raped my body but not me.')
- Should I boost or minimize my standing? Will mentioning your family, social position or wealth scare off or incite your attacker?
- Should I negotiate? If so, how? Will it help me to personalize the situation and present myself as a human being, or should I close up?

Discuss these questions with trusted colleagues..

After an assault

After an assault, acknowledge to yourself that you have survived and that the assault is over. You are likely to feel some guilt in relation to what happened. Remember that this is a typical post-trauma symptom, which has no logical or ethical justification. You are not to blame.

Suggested actions

- Safety is usually the first concern. If possible, make sure that the assault is over and will not be repeated. This may involve moving to another location.
- Call a friend and ask her or him to come to you. You may not want to be on your own immediately after you have been attacked.
- Do a medical check-up, apply the PEP kit (see below), and ask a doctor to collect forensic evidence. You may need this information later.
- Contact a staff welfare officer. They will respect your confidentiality and help you to navigate next steps and obtain needed support.

- With the help of a staff welfare officer, you may decide to register a service-incurred injury. You can also set the boundaries of confidentiality and decide whether you wish to leave your duty station, and where you would like to seek therapy (from an external or a UNHCR professional, for example).
- Allow family, friends, and co-workers (those who know what has happened to you) to support you.
- Decide how you wish to follow up with the police and judiciary. A staff welfare officer can intervene with senior management and the Legal Affairs Section if you wish.

PEP kit

The Post-Exposure Prophylaxis kit is an emergency medical response that protects individuals exposed to the HIV virus. It provides preventive medicine and laboratory tests. It should be used immediately after exposure - ideally *within two hours and not later than 72 hours*. The earlier PEP treatment is initiated, the more effective it is. PEP kit procedure requires thorough medical follow-up. You can obtain information about the availability and efficacy of the kit, as well as associated risks, from UNHCR's medical service.

4. Considerations for practical implementation

If you are a friend or colleague of a survivor of sexual assault, the two most important things are to avoid judgement and show empathy. This may be easier to say than do because your beliefs and assumptions may get in the way. To be able to support your colleague and avoid burdening her with your judgements, it is therefore important to familiarize yourself with your own fears, beliefs and assumptions. Call a staff welfare officer for advice if you are unsure how to react to a survivor of sexual assault. The advice below is drawn from *Psychological first aid*.

- Provide human contact and social support. Be there for the survivor and make sure she knows you are with her.
- Listen in a way that supports and validates the survivor's feelings. Never tell her how she should or should not feel.
- Let her know that you believe what she is telling you. Her story may be somewhat incoherent. This does not invalidate or change the validity of her experience or narrative. You should believe her.
- Facilitate emotional processing. Help her talk it out but let her disclose details at her own pace. Do not be shy of asking questions but respect her answers and allow her to refuse to answer. If she is struggling to speak about her experiences, suggest that she might write them down or use another form of expression.
- Ask what she needs from you to feel safe and supported. If possible, help her to address her needs or help her find a way to do so.
- Tell her that her reactions, behaviour and feelings are understandable and foreseeable in such a situation. Any way she reacts, behaves or feels is normal: there is not a right way to react to sexual assault.
- Orient and advise. Help her to note symptoms and to take care of herself. Help her to identify and obtain follow-up resources.

- Encourage her to seek help from a staff welfare officer.
- Ensure that she has a friend or co-worker to accompany her to appointments or meetings, if this is what she desires. (This may be you or someone who fits the role better.)
- Help to protect her confidentiality and to manage rumours.
- Ensure that management takes appropriate actions.

5. Resources and partnerships

UNHCR staff counsellors are available in Amman, Bangkok, Dakar, Juba, Kinshasa, Nairobi and Geneva. They can provide personal advice and confidential counselling.

The UN has more than 100 staff and stress counsellors. Check if your duty station has one. You may also make use of external professionals, contracted by UNHCR. All Counsellors are bound by the professional code of confidentiality.

6. Links

Documentaries

Equality now

Online travel resource

Draw the line

Need help?

CONTACT UNHCR staff welfare officers:

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Annexes

- Sexual Assault - Checklist for Managers
- WHO, Psychological First Aid
- Checklist

Version and document date

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Document date: 06.05.2022

Partnership Management Processes

Key points

- Establish a multi-functional IPMC for the operation.
- Select partners (following procedures set out in UNHCR's partner selection and retention policy) in advance and keep a list of potential partners readily available. Do not request waivers from the partner selection process unless it is absolutely necessary.
- Ensure partners are registered in the Partner Portal.
- Ensure that partners are aware of and understand their obligations and responsibilities under PAs they sign.
- Consult the partner when you prepare project descriptions, work plans and instalment plans.
- Create PAs exclusively in MSRP: this is mandatory.
- Establish project monitoring arrangements jointly with the partner.
- Do not change PA articles or formats.
- Do not transfer to partners more funds than are authorized under the operating level (OL) and the signed PA.
- Do not transfer funds in cash. Transfer funds only to the partner's legitimate bank account or to an authorised cash-agency dealer.

1. Overview

This Entry discusses partnership management processes.

UNHCR implements its programmes in partnership with numerous humanitarian organizations: UN agencies, Government institutions, intergovernmental organizations, NGOs, academic bodies, voluntary entities, and other not-for-profit organizations. For UNHCR, its partnerships make an essential contribution to the delivery of protection and solutions for refugees and other persons of concern. Partnership relationships are guided by the Principles of Partnership (see <http://www.unhcr.org/5735bd464.html>).

The Entry considers a range of partnership management processes, including the selection and retention of partners, types of Partnership Agreement (PA), the management of agreements and resources, and project audit (see: Management of UNHCR Funded Partnership Agreements, UNHCR/AI/2017/16 ; Special Measures for the Management of Partnerships in Emergencies and the Video Management of Partnerships in Emergencies).

An appropriate implementation model should be chosen, based on what the partnership contributes to the project or operation (the value it adds) and therefore to refugees and other persons of concern. Various factors should be considered when determining the best implementation arrangement in a given operational context. They include:

- Obligations stemming from UNHCR's mandate and responsibilities.
- The character, composition and location of the refugee population.
- Operational requirements (scale, access, security, other factors).
- The expertise, technical skills and knowledge available in UNHCR and among partners or commercial contractors.
- The resources partners contribute.
- Value for money and cost-effectiveness.
- The presence of a UNHCR office in a country, and the availability of UNHCR staff.
- The availability and experience of prospective Partners and commercial contractors.
- UNHCR's reputation; issues of visibility in relation to the operation.
- Viability and feasibility.

Selection and retention of partners for undertaking projects

Before signing an agreement, offices must carry out a partner selection process (see Policy on Selection and Retention of Partners, IOM/052-FOM/052/2013).

During emergencies, organizations frequently wish to partner with UNHCR, and UNHCR issues 'Calls for Expression of Interest' to increase the pool of potential partners. At the same time, the capacity, experience, profile, presence, and contributions of organizations, and also the cost of projects, vary. UNHCR is required to demonstrate sound stewardship and to be transparent in its partnerships. The Policy on Selection and Retention of Partners requires all operations to select partners in an objective, transparent and consistent manner through a Multi-functional Implementing Partnership Management Committee (IPMC). IPMCs assess potential partners' capacity and identify the partners that will best fit, and achieve the best results, in a given operation.

Under special circumstances (including emergency situations), when a full selection process cannot be undertaken, a waiver may be sought from the Implementing Partnership Management Service (IPMS/DFAM). During the first six months of a declared L2 or L3 emergency, such waivers are decentralized and granted by the Representative on behalf of IMAS/DSPR. A country operation is nevertheless required to document the justification for a waiver decision and file it in e-Safe for the record.

Before a new partnership starts, partners must be registered in the UN Partner Portal . The UN Partner Portal is an interactive, web-based facility/database that holds basic information on partners and up-to-date data on the partnerships that participating UN Agencies funds. Through the Portal, both current and prospective partners can access 'Calls for Expression of Interest' and obtain guidance and information on UNHCR partnerships. During L2 and L3 emergencies, if the situation requires it, pre-registration of partners in the Portal is not required. In all cases, however, operations must conduct a rapid due diligence to ascertain the integrity and competence of new partners and registration should be done as soonest the situation permits.

Partnership Agreements

A Partnership Agreement (PA) is a legally binding document between UNHCR and the Partner(s), stipulating the terms, conditions, responsibilities, obligations and accountabilities of the parties for undertaking specific activities to provide protection and assistance to Persons of Concern. Under the Partnership Agreement, UNHCR is authorized to contributes financial and other resources for specific programmatic activities, while the Partner assumes full responsibility for the delivery of agreed results, as well as accountability to UNHCR for the effective use of resources, in accordance with the UNHCR Financial Rules. Consideration should be given to the operational and/or governance capacity strengthening needs of smaller or less experienced Partners in meeting these requirements, particularly where they have the access, trust and contacts needed at community level to achieve the desired results.

PAs should be signed in a timely manner, so that refugees and other persons of concern can receive assistance and protection promptly and effectively. UNHCR offices may sign bipartite or tripartite agreements with local, national, regional or international NGOs, not-for-profit organizations, host Governments, inter-governmental organizations, Red Cross Red Crescent movement and UN agencies.

Agreements must reflect the specific character of the partnership and the types of partner involved. The table below lists types of PA. (A detailed list can also be found in Management of UNHCR Funded Partnership Agreements, UNHCR/AI/2017/16.)

BiPartite:(Non-Governmental/Not-for-Profit Organization	Bipartite: (Government)	Tripartite (UNHCR/Partner/Host Government)	Letter of Mutual Intent (LOMI)
	Bipartite (RedCross and Red Crescent Agreement - IFRC)		Bipartite (UnitedNations Agency)
Agreement for National Fundraising Partner	Deployment Partnership Agreement		Project Property Agreements (for use or transfer of assets and property)

The Programme Unit of an operation is usually responsible for preparing PAs. Only the Representative or delegated Head of Operation has the authority to sign a PA on UNHCR's behalf. In emergency situations or when action must be taken urgently, a Letter of Mutual Intent (LOMI) may be concluded. A LOMI is a temporary mechanism that allows operations to jump-start activities by releasing stand-alone or bridging funds in a single instalment for urgent interventions while a standard agreement is negotiated. LOMIs may cover a period of up to six months; an extension beyond this may be authorized in exceptional circumstances. Every effort must be made to sign a standard PA as soon as possible. As soon as it has been signed, a standard PA supersedes and integrates a LOMI. Funds already released under a LOMI become the first payment under the PA that succeeds it. If a standard PA has not been concluded by the expiry date of a LOMI, the LOMI must be closed and reported on.

PAs that are concluded during an L2 or L3 emergency (and in urgent cases) only require the mandatory agreement of MSRP for the budget (Annex B) at signature. Other annexes (Annex B - Project Description and Annex C: Processing and Protection of Personal Data of Persons of Concern) can be finalized within one month of signature. Only the agreement amendment form (a simple three page document from MSRP) and the budget (Annex B) are required when an amendment is signed.

Management of Resources

A PA stipulates the budget required by the project. Project funds must be transferred promptly in instalments to the partner's officially-designated bank account. No cash payments are permitted. Fund transfers and all financial transactions must be made and recorded in MSRP and managed in

accordance with the terms of the PA.

Note. In exceptional circumstances, if no bank transfer can take place, approval for payment by other means may be sought from the Controller.

UNHCR needs to exercise particular due diligence when it transfers resources to a third party during emergency operations. Its monitoring, verification and audits must provide reasonable assurance that UNHCR funds are spent for the intended purpose and used to provide protection and assistance to persons of concern in the most cost-effective manner. Among other safeguards and to remain credible with donors, UNHCR should verify the integrity of and data in partners' performance and expenditure reports. Projects that UNHCR funds and implements with partners are subject to audit. Projects due for audit are identified by applying a risk-based approach. The IMAS assesses projects that are subject to audit and engages external project auditors, in consultation with UNHCR field offices and relevant bureaux and divisions. PAs require partners to provide unhindered access to audit, monitoring and inspection teams.

Emergency operations are often fluid and subject to frequent change. Monitoring of projects is therefore essential, to track and confirm their progress against agreed performance targets, adjust their direction and implementation as needed, and identify measures that will improve their impact and quality. UNHCR, its partners and other stakeholder should jointly monitor and review projects, share information and coordinate, to strengthen their collective ownership and joint responsibility for project results.

In challenging security situations, alternative approaches to monitoring may need to be explored: remote monitoring, third party monitoring, deployment of innovative technology, etc. See the Entry on Remote Management

The Administrative Instruction on Procurement by Partners under Partnership Agreements (with Implementing Partnership Management Guidance Note No. 4, Rev. 1, UNHCR/AI/2018/1) remains in force in L2 and L3 emergencies. It limits procurement by partners to circumstances in which the partner has a clearly proven advantage. Documentation must justify the partner's engagement, and partners must have pre-qualification for procurement (PQP) status. In urgent and exceptional situations, nevertheless, a partner that undertakes to apply for PQP status within six months may be engaged through a PA to undertake procurement (valued at more than USD 100,000).



2. When and for what purpose?

Implementing partnerships are a vital instrument that UNHCR deploys to protect and assist persons of concern, particularly in emergency settings. UNHCR disburses almost 35% of its annual expenditure through more than a thousand partners. Effective implementation with partners is fundamental to an emergency operation's success. PAs make it possible to:

- Identify and respond to the needs of persons of concern promptly.
- Collaborate in a principled manner with other humanitarian responders.
- Provide resources to partners, enabling them to deliver essential programmes.
- Demonstrate sound stewardship and accountability, within UNHCR and in relations with partner organizations, and to donors, populations of concern and other stakeholders.

PAs are mandatory whenever UNHCR transfers UNHCR funds to partners, including in emergency situations.



3. Associated risks

Failure to design soundly, negotiate, or effectively manage PAs creates a number of potential risks.

Operational risks

- o The emergency response will be less effective, harming the lives and well-being of refugees and persons of concern.
- o Partnerships will be ineffective and expected outcomes might not be achieved.
- o Flawed or insufficient safeguards.

Financial risks and risks to other resources

- o Resources that UNHCR has provided may not be used for their intended purposes.
- o Partners may not properly account for funds entrusted to them by UNHCR.
- o Funds may be spent inefficiently, reducing the quality or availability of the services that persons of concern receive.
- o Fraud or other misconduct may occur as a result of faulty internal control systems.

Reputational risks

- o If UNHCR does not fulfil its mandate, this will harm its reputation and credibility.
- o Persons of concern may lose trust in UNHCR's ability to protect and assist them.

4. Steps to be taken

The Checklist for Managing Partnership Agreements provides easy to follow guidance from agreement initiation to closure.

5. Resources / inputs required

- An authorized operational level budget and sufficient financial resources need to be in place before committing UNHCR to a PA.
- Responsible, competent and professional NGOs, UN agencies, Intergovernmental partners.
- Necessary procedures for project formulation.
- Appropriate interventions to address the needs of populations of concern.
- Qualified staff to foster partnerships and manage project agreements.
- Effective security and implementation arrangements.

6. Related UNHCR management system(s)

Although partners are selected and partner relationships are managed outside UNHCR's MSRP system, a record of the assessment and selection process should be kept in the project files held by field offices; relevant documents should be uploaded into e-Safe for review and audit.

Partners must be registered on the UN Partner Portal and be assigned a Partner Code to allow the creation of PAs in MSRP.

All PAs must be produced from MSRP. The PA project description and work or instalment plan are prepared as word or excel documents. PA budgets are prepared in Focus at output detail level and exported to MSRP to be printed as Annexes to the Agreement.

Scanned copies of signed PAs (including LOMIs and Annexes) should be filed in UNHCR's e-Safe.

7. Links

Administrative Instruction on Procurement by Partners under Partnership Agreements (with Implementing Partnership Management Guidance Note No. 4, Rev. 1, UNHCR/AI/2018/1)
UNHCR Policy and Procedures on UNHCR's Contribution towards Project Headquarters Support Costs (UNHCR/HCP/2014/6/Rev.1)

UNHCR Policy and Procedures on Risk-Based Project Audit Approach (UNHCR/HCP/2015/5)

Administrative Instruction on the Partner Portal (UNHCR/AI/2016/8)

Administrative Instruction on Partner Personnel (UNHCR/AI/2017/3)

Management of UNHCR Funded Partnership Agreements (UNHCR/AI/2017/16)

Special Measures for the Management of Partnerships in Emergencies

Risk based Project Performance Monitoring and Control Toolkit

Partnership Agreement templates

Support Services Implementing Partnerships

Video Management of Partnerships in Emergencies

UN Partner Portal

Need help?

CONTACT Contact IMAS at the Division of Strategic Management and Resultst (DSPR). At: epartner@unhcr.org

Version and document date

Version: 4.4

Document date: 06.05.2022

Mortality surveillance threshold

Key points

- Accurate population estimates are required to measure mortality rates. This is difficult to calculate in urban and rural settings. Other methods of mortality estimates may be applied.
- Collect and analyse data on health problems and risks in order to target the major causes of excess mortality and morbidity.
- Prioritize health services that effectively reduce excess morbidity and mortality by means that conform to UNHCR and international standards.

1. Overview

UNHCR is committed to making timely and effective public health interventions, to improving emergency response capacity, and saving lives.

The goal of public health interventions, and every emergency response, is to avoid and prevent excess

morbidity and mortality.

The two main public health risks that cause excess mortality are disease outbreaks and malnutrition.

2. Emergency standard

Where available, national mortality rates from country of origin and/or asylum should be used as baseline reference. Where no reliable data is available, the below standards apply.

Indicator	Target
Crude mortality rate (per/10,000/day)	<1
Under-five mortality rate (per/10,000/day)	<2

3. Links

UNHCR Public Health

iRHIS

The SPHERE Project

Need help?

CONTACT UNHCR DPSM/ PHS. At: HQPHN@unhcr.org

Annexes

- UNHCR, TWINE and TWINE Basic Indicator Report
- The Sphere Handbook

Version and document date

Version: 2.1

Document date: 06.05.2022

Acute malnutrition threshold

Key points

- GAM assessments can be found in nutrition survey reports, notably the Standardised Expanded Nutrition Survey (SENS), and other representative nutrition assessments.
- GAM indicates acute malnutrition based on weight-for-height and/or oedema.
- GAM thresholds must not be used or applied to MUAC assessments.
- Appropriate software must be used to calculate GAM survey results: the standard software ENA for SMART, or the hybrid software Epi Info/ENA. These deliver accurate estimates of prevalence and confidence intervals.

1. Overview

Global Acute Malnutrition (GAM) is a measure of acute malnutrition in refugee children aged between 6 and 59 months. GAM provides information on the percentage of all children in this age range in a refugee population who are classified with low weight-for-height and/or oedema. It is obtained by combining the number of children in this age range who have moderate acute malnutrition and severe acute malnutrition. GAM is also often referred to as wasting.

GAM indicates short term (recent) nutritional history in children aged between 6 and 59 months. The measure is important because acute malnutrition increases the risk of illness and death, and children of this age are particularly vulnerable to it. GAM is also considered an indicator of the overall food and nutrition situation of the general population.

GAM is not to be confused with another measurement of acute malnutrition, mid-upper arm circumference (MUAC). MUAC is a rapid screening tool that is commonly used to select individuals for nutrition programmes and nutrition surveillance. Its measurements do not provide a formal threshold of the severity of a situation at population level. MUAC measurements should not be considered as a *proxy* for GAM either, because acute malnutrition based on MUAC cannot be directly converted into acute malnutrition based on weight-for-height.

2. Emergency standard

Emergency standard

Classification of the severity of global acute malnutrition (GAM) in refugee settings[1]

Prevalence thresholds GAM/ Wasting (%)	Label
< 2.5	Very Low
2.5 - < 5	Low
5 - < 10	Medium
10 - < 15	High
< 15	Very High

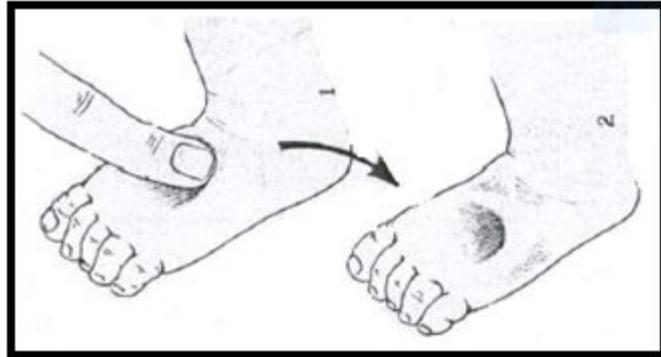
The UNHCR standard is < 10% global acute malnutrition (GAM) or wasting in a refugee population, meaning that when GAM is less than 10% in a given population the severity of the situation is considered to be of low or medium public health concern. When GAM is 10% or more, the severity of the situation is considered to be of high public health concern **and** immediate actions must be taken (see table above). This standard applies to both shorter and longer-term situations.

GAM results must clearly explain how children have been selected for inclusion in GAM surveys, how the measurements were taken, and how the data were analysed. The selection procedure should generate a sample that represents the child population as a whole, or otherwise should state clearly the extent to which the poll is representative (for example, representative of one camp, of refugee children in transit centres, etc.). Only children aged between 6 and 59 months may be included. Measurements of weight, height, age and oedema must be taken using internationally recognized methods. Analysis of the results should use specialized software, such as ENA for SMART or Epi Info/ENA.

The term 'global acute malnutrition' must never be used in the context of MUAC assessments (see the overview above).

[1]

de Onis M, Borghi E, Arimond M, et al. Prevalence thresholds for wasting, overweight and stunting in children under 5 years. Public Health Nutrition. 2019 Jan;22(1):175-179. DOI: 10.1017/S1368980018002434.



Picture of oedema assessment

3. Links

UNHCR Global Strategy for Public Health

UNHCR SENS

Need help?

CONTACT UNHCR Public Health Section, Division of Programme Support and Management. At:
hqphn@unhcr.org.

Annexes

- Guidelines for selective feeding. The management of malnutrition in emergencies
- Moderate Acute Malnutrition. A decision tool for emergencies
- Picture of Measurement of height and weight for children

Version and document date

Version: 1.9

Document date: 06.05.2022

Infant and young child feeding threshold

Key points

- Infant and young child feeding (IYCF) should be assessed by regular nutrition surveys following SENS guidelines.
- Key IYCF information should be gathered at reception centres or other entry points.

1. Overview

Infant and young child feeding indicators are employed to monitor the feeding practices of infants and young children aged between 0 and 23 months. Protection and promotion of appropriate infant and young child feeding (IYCF) in emergencies helps to save the lives of the most vulnerable infants and young children, and plays a key role in preventing malnutrition and micronutrient deficiencies.

If adequate feeding and caring practices for infants and young children aged less than 24 months are not protected, promoted and supported, and if infant-mother pairs who are having difficulty breastfeeding are not identified and supported, infants and young children may be fed inadequately, increasing the risk of malnutrition and death. Non-breastfed infants younger than 6 months must be identified and given support quickly. Key elements of adequate IYCF practices are:

- Timely initiation of breastfeeding.
- Exclusive breastfeeding for six months.
- Continued breastfeeding to 24 months and beyond.
- Introduction to safe, adequate and appropriate complementary foods at 6 months.

UNHCR recommends use of seven standardised IYCF indicators, through Standardised Expanded Nutrition Surveys (SENS). In emergency situations, the two most essential are 'timely initiation of breastfeeding' and 'exclusive breastfeeding under 6 months'.

2. Emergency standard

The standard below is applied to both emergencies and longer-term situations.

Key infant and young child feeding indicator thresholds in refugee settings

Indicator	Unit	Emerge ncy standar d	Post-emer gency standard
Timely initiation of breastfeeding	Proportion of children between 0 and 23 months who were put to breast within one hour of birth.	70%*	80%*
Exclusive breastfeeding under 6 months	Proportion of infants between 0 and 5 months who received only breastmilk during the previous day.	70%*	70%*

*Because no standard threshold exists for these indicators, thresholds are based on technical consultations and a review of current refugee populations. They may be adjusted as more evidence is gathered.

3. Links

UNHCR, Global Strategy for Public Health
 UNHCR, SENS

Need help?

CONTACT UNHCR Public Health Section, Division of Programme Support and Management. At:
 hqphn@unhcr.org.

Annexes

- UNHCR's policy related to the acceptance, distribution and use of milk products in refugee settings
- UNHCR, IYCF screening questionnaire

Version and document date

Version: 1.7

Document date: 06.05.2022

Primary health care utilisation threshold

Key points

- The above standards apply to refugee camps and to out of camp (including urban) situations.
- 'Population' includes all individuals who visit health facilities, whether they are refugees or nationals.
- When analysing use rates, consider whether you can aggregate health facility use by sex, age and (where relevant) origin, ethnic affiliation, and disability.

1. Overview

The threshold is a measure of health service use, calculated in terms of the average number of primary health care visits per year as a proportion of the population.

If the rate is lower than expected, it may indicate that the population does not have adequate access to health services. If the rate is high, it may suggest that the population is 'overusing' health services. This may be due to the presence of a specific public health problem or because the population has been underestimated.

2. Emergency standard

Emergency standard

- Health facility utilisation rate: 1–4 new consultations per person/per year.
- The number of consultations per trained clinician per day is less than 50.

3. Longer-term standard

- The above standards apply to emergencies and long-term situations.

4. Links

UNHCR Public Health
iRHIS
The SPHERE Project

Need help?

CONTACT Contact:

- Your public health officer (if your operation has one).
- Your regional technical experts (public health, nutrition, WASH).
- Contact UNHCR DPSM/ PHS. At: HQPHN@unhcr.org.

Version and document date

Version: 2.4

Document date: 06.05.2022

Disease surveillance thresholds

Key points

- The above standards apply to refugee camps and to out-of-camp (including urban) situations.
- Prepare an outbreak preparedness and response plan. Ensure that sampling materials and transport media are available onsite for the infectious agents most likely to cause a sudden outbreak.
- Train healthcare staff and community health workers to detect and report potential outbreaks. Provide refugees and host populations with simple information on the symptoms of epidemic-prone diseases; inform them where they can go for help.

- A disease outbreak occurs when the number of cases of disease exceeds what would normally be expected in a given community, geographical area, or season.
- An epidemic occurs when an infectious disease spreads rapidly to many people.

1. Overview

A disease's potential to cause an outbreak determines whether it should be under surveillance. An 'alert threshold' (or 'epidemic threshold') indicates the level of incidence above which a disease requires an urgent response. Each disease has a specific threshold that depends on its infectiousness, other determinants of transmission, and the degree to which it is locally endemic.

Disease control measures must be specifically developed to halt transmission of the disease agent that causes the outbreak. Often, knowledge of the agent is already available to guide the design of appropriate control measures. In general, response activities include: controlling the source or preventing exposure (for example, by improving water outlets to prevent cholera); interrupting transmission or preventing infection (by mass vaccination to prevent measles, or use of LLINs to prevent malaria); or modifying host defences (by prompt diagnosis and treatment, or chemoprophylaxis).

2. Emergency standard

- Diseases for which a single case may indicate an outbreak: cholera, measles, acute flaccid paralysis/polio, yellow fever, viral haemorrhagic fevers.
- Malaria: 1.5 times the baseline over the previous 3 weeks.
- Watery diarrhoea: 1.5 times the baseline over the previous 3 weeks.
- Bloody diarrhoea: 5 cases.
- Meningitis: 5 cases or 1.5 times the baseline over the previous 3 weeks.

3. Longer-term standard

The above standards apply to emergencies and long-term situations.

4. Links

UNHCR Public Health

iRHIS

The SPHERE Project

Need help?

Version and document date

Version: 2.2

Document date: 06.05.2022

Requesting emergency deployments (personnel)

Key points

- The four main mechanisms for emergency deployments include: the permanent standby teams of UNHCR DESS-Emergency Services (ES); the senior corporate emergency roster (SCER); the emergency response team (ERT) roster; and personnel rosters managed by emergency standby partners.
- To request an emergency deployment, contact ES and the regional bureau. In L2 and L3 emergencies, one or more ES standby teams are automatically deployed within 72 hours.
- Emergency deployment requests from the internal standby rosters and from standby partners must be endorsed by the Representative, and must include request forms and TORs. DESS proposes candidates to the Representative and activates deployment unless substantiated objections are received within 24 hours.
- Staff on the ERT or SCER rosters are mobilized within 72 hours. The mobilization time for staff on the rosters of standby partners is between 72 hours and 2 weeks.
- The DSA and travel costs of internal emergency staff are covered by the requesting operation.
- When contemplating requesting the an emergency deployment, immediately consider also the required support, such as office space and equipment, accommodation, etc. Plan in a timely manner for possible extension of employees or mid/longer term staffing needs.

1. Overview

UNHCR has put arrangements in place to deploy emergency staff when sudden surges in demand occur during emergency situations. These mechanisms enable emergency operations to manage when their staff resources are insufficient. Four main rosters are available:

- A. The permanent standby teams of the Emergency Services of the Division of Emergency, Security and Supply (DESS).
 - B. The senior corporate emergency roster (SCER).
 - C. Emergency response team (ERT) roster.
 - D. Functional Rosters (HR, Supply, Registration, Admin/Finance), that are managed jointly by the Divisions and DESS.
 - E. Personnel rosters managed by emergency standby partners
- .

This Entry describes the circumstances in which these mechanisms may be activated, the services they offer, and how emergency operations can request deployees.

2. When and for what purpose?

When a UNHCR office has insufficient human resources to respond to an emergency DESS/ES can deploy additional personnel at short notice to strengthen UNHCR emergency operations and respond to the needs of refugees, IDPs or other persons of concern.

3. Associated risks

- **Delays in deployment.** Deployees may arrive late for a number of reasons: visa delays, security concerns, other difficulties of access, slow decisions on terms of reference (TORs), budget codes or other administrative matters.
- **Depleted rosters.** If emergencies occur consecutively or simultaneously, standby resources may be exhausted or candidates with the right profile may not be available.
- **Tensions in teams.** When deployees join teams at short notice, or new teams are formed, they may take time to settle-in. To enable new teams to perform well, both the requesting operation and deployees need to show openness and flexibility. Managers play a key role in integration; preparation of clear and realistic terms of reference for all deployees, before they start, can also prevent many problems from occurring.
- **Challenging working conditions.** New emergencies pose challenges that naturally affect the performance and well-being of emergency teams: the pressure to act; chaos and uncertainty; insufficient resources (laptops, communication equipment, vehicles, etc.); sub-standard or improvised accommodation and offices. Many of these difficulties can be addressed by good planning and management and administration, but all involved need to be flexible and show good will.

4. Steps to be taken

1. Request emergency employees

To initiate an emergency deployment, an operation submits a request to the Partnership and Deployments Unit, Emergency Services (ES). Requests must be accompanied by the documentation required (see below), and must be endorsed by the Representative and copied to the bureau.

2. Review by Emergency Services

ES will review the request and decide whether to deploy staff from UNHCR's internal emergency standby rosters or request standby partners to nominate a candidate from their rosters.

3. Technical assessment

Technical experts who form part of the ERT roster are assessed before being placed on the roster with the respective technical units. ES also closely coordinates with other Divisions on the deployment of 'technical experts' by Standby Partners.

4. Nomination of candidate

Having reviewed the TORs, ES identifies the best equipped candidate and consults the bureau and Representative on its choice.

5. Mobilization and travel arrangements

If the deployment is from the internal emergency standby rosters, (ERT or SCER), ES mobilizes the employee and informs his or her supervisor. The requesting office provides the budget code for payment of travel and daily subsistence allowances (DSA). ES provides the releasing office with a travel authorisation, to prepare the PT8, and to arrange travel and payment of DSA.

If the deployment is external (from a standby partner), ES liaises between the requesting operation and the standby partner. It ensures that the operation and the partner receive all the relevant documentation. The partner ensures that the employee is fully informed.

6. Travel to the mission

In all cases, ES ensures that the requesting operation is kept informed of a employee's arrival. The operation is responsible for airport pick-up and accommodation.

7. Mission extension

In all cases, the requesting operation contacts the ES if it wishes to extend a employee's mission. ES liaises with the parties concerned to secure approval of an extension and make any necessary release arrangements.

8. Performance evaluation

Country offices are expected to ensure that an evaluation of the performance of the employee is recorded formally, either in a separate mission E-pad or, with the agreement of the staff member's regular supervisor, through inclusion in the annual E-pad. For employees from Standby Partners, a standard evaluation form must be completed.

9. End of mission report

The employee must submit an end of mission report to the country office, with a copy to DESS/ES.

The four main deployment options are summarized below.

A. Permanent standby teams of UNHCR DESS – Emergency Services

When any level of emergency is declared, the *Policy on Emergency Response Activation, Leadership and Accountabilities* is activated. ES is mobilized to provide technical advice and support and (in the case of an L2 or L3 emergency) automatically deploys one or more ES standby teams, led by a Principal or Senior Emergency Coordinator. ES Standby Teams will be deployed under standard ToRs, adapted as necessary to the operational environment. Deployment of an ES standby team is not automatic in L1 emergencies and depends on the additional capacity required.

Mobilization. Within 72 hours.

Period. Up to 2 months.

Extension. Depending on the requirements, one month (up to 3 months overall)

Costs. The receiving operation covers the costs of DSA and travel.

Activation. Director DESS in consultation with regional bureau.

B. Senior corporate emergency roster (SCER)

The SCER is a pool of approximately 20 UNHCR staff at the P5 level and above, who are on standby for deployment to senior roles within L2 and L3 emergencies or to be deployed as snr. cluster coordinators within the framework of the inter-agency rapid response mechanism (IARRM) for IASC system-wide scale-up emergencies.

Mobilization. Within 72 hours.

Period. Two months.

Extension. Exceptionally, missions may be extended to a third month

Costs. The receiving operation covers the costs of DSA and travel.

Activation. Deployment is triggered by Director DESS, regional bureau and/or AHC-O.

C. Roster of UNHCR's internal Emergency Response Team (ERT)

The emergency response team (ERT) is a pool of UNHCR personnel who are on standby for emergency deployment. Roster members are drawn from duty stations in the field and sections at Headquarters. The ERT roster includes staff from GS6 to P4 level and covers almost all profiles, except certain technical specialists.

Mobilization. Within 72 hours.

Period. 3 months.

Costs. The receiving operation covers the costs of DSA and travel. The receiving operation also covers the deployee's salary for the third month.

Activation. Following a request by the emergency operation, in consultation with the regional bureau and after clearance by ES. Bureau, Divisions, ES may also propose deployment of specific profiles.

D. Functional rosters (in HR, Supply, Registration, and Admin/Finance)

The functional rosters is a pool of UNHCR personnel, who have either undergone training or

obtained a certification in a specific function, and who are on standby for emergency deployment. Roster members are drawn from duty stations in the field and sections at Headquarters. These rosters which are managed jointly by ES and Divisions, include staff from GS6 to P4 level, and cover the HR, Supply, Registration, and Admin/Finance profiles.

Mobilization. Varies from 72h to 2 weeks.

Period. Varies from 2 months maximum, to 2 months with a possible extension of 1 month.

Costs. The receiving operation covers the costs of DSA and travel. The receiving operation also covers the employee's salary for the third month if applicable.

Activation. Following a request by the emergency operation, in consultation with the regional bureau and after clearance by ES and Bureau, ES consults with Division and may propose deployment of specific profiles on these functional rosters

E. Personnel rosters managed by emergency standby partners

To strengthen its response capacity, UNHCR can call on external expertise to supplement its internal resources. Through its agreements with emergency standby partners, DESS has developed an extensive external deployment capacity. For more information, see Entry on 'Emergency Standby Partners'

' and UNHCR's *Guide to UNHCR's Emergency Standby Partners*

Mobilization. From 72 hours to 2 weeks.

Period. Usually a minimum of three months with the possibility of extension.

Extension. Most partners will request UNHCR to share the cost or fully fund longer deployments under a "reimbursable loan agreement" (RLA).

Costs. In principle, standby partners cover costs for 3 to 6 months (international travel, salary, accommodation, insurance including medical evacuation). UNHCR covers regional and internal travel, and transport costs to designated rest and recreation locations. No DSA or lump sums should be paid unless otherwise agreed.

Activation. Following a request by the emergency operation, in consultation with the regional bureau, clearance by ES (in coordination with Divisions as called for), and acceptance by the concerned standby partner.

Requests by a country office for any of the above deployments must be accompanied by the following documentation:

- Terms of Reference. Standard or generic terms of reference (TOR) may be used for certain functions but these should be adapted for the specific operational context and the expectations adjusted to the time / period of deployment.
- The Operation fact sheet.
- An official request form (internal or external). This can be provided in email format if preferred, and should contain the following information:
 - Mission location.
 - Security level/situation.

- Visa requirements.
- Mission length.
- Language requirements.
- Description of working conditions (availability of laptops and communication equipment, vehicles, internet access, etc.).
- Description of living conditions (accommodation, electricity, food, water, etc.).
- The budget code for travel and DSA: UNHCR internal Staff (ABOD), or International United Nations Volunteer (Project).

5. Links

Agreements with Emergency Standby Partners

Need help?

CONTACT UNHCR Emergency Services (ES, DESS), Emergency Partnership and Deployments Unit
at: HQECMDPL@unhcr.org

- Ms. Isabelle Emmanuelli, Emergency Deployment Associate. At: emmanuel@unhcr.org

Annexes

- The Guide to UNHCR's Emergency Standby Partners
- - Request Form – Support from Standby Partners 2018
- Performance Evaluation Form for Standby Staff 2018
- SOPs Emergency rosters and Deployments
- SOPs ERT

Version and document date

Version: 4.0

Document date: 06.05.2022

Policy on Emergency Preparedness and Response

Key points

- Country operations should monitor risks regularly and should promptly alert headquarters to any situation that potentially requires an emergency response.
- Declaration of a Level 1 emergency triggers active preparation for a likely humanitarian emergency before it occurs.
- Activation of a UNHCR emergency triggers: emergency procedures and accountabilities; automatic and simplified access to UNHCR's human, financial and material emergency resources; accelerated partnership arrangements; and the establishment of specific refugee coordination and decision-making mechanisms at headquarters and at country and regional level.
- From the outset of an emergency, foster the inclusion of persons of concern and engage with all relevant stakeholders, including government and non-government development actors, financial institutions, the private sector, civil society, and local organizations. Seek to build with them an inclusive, comprehensive and well-prepared emergency response, which mobilizes resources, includes capacity building activities, and interconnects and cooperates with national social, economic and community safety nets, projects and development plans.
- A UNHCR emergency declaration is internal. It is distinct from an IASC system-wide scale-up, which the Emergency Relief Coordinator (ERC) activates in response to a sudden onset or rapidly deteriorating humanitarian situation in a given country.
- The expiration of an emergency declaration does not necessarily imply that the crisis it relates to has come to an end. It indicates rather that the situation has been stabilized and that it is no longer necessary to mobilize exceptional capacities and emergency procedures and systems. Should the situation worsen, an emergency may be declared again at a later stage.

1. Overview

In 2017, UNHCR introduced a new policy on emergency preparedness and response that replaced UNHCR's 2015 Policy on Emergency Response Activation, Leadership and Accountabilities(the 2015 Policy). It provides the framework for UNHCR's engagement in emergency preparedness and response, in line with *UNHCR's Strategic Directions 2017-2021*.

Drawing on a comprehensive review of the 2015 Policy, the UNHCR's experience of recent global displacements and the changes in the operational environment and global development, the 2017 policy introduced a number of improvements. In particular, it reinforces the focus on preparedness; strengthens field orientation; sharpens provisions on leadership and accountability; improves and simplifies access to human, financial and material resources; and enhances partnership and inclusivity.

The 2017 Policy was revised in 2019 to align with the Inter-Agency (IASC) emergency-related protocols, ensure consistency with recently updated guidance on emergency preparedness and response and reflect on the approach and spirit of the Global Compact on Refugees.

To save life, provide protection, deliver assistance, and promote solutions for persons of concern, the policy seeks to design and deliver emergency operations as comprehensively as possible by fully engaging UNHCR's institutional capacities and strengthening its procedures, thereby enabling UNHCR to act with urgency, speed, and agility during emergencies.

Specifically, the policy sets out UNHCR's internal emergency preparedness and response mechanisms, including the criteria that determine their activation and deactivation and level, and describes the effects of activation on:

- Access to resources and simplified procedures.
- Internal leadership arrangements.
- Processes for reviewing and reinforcing operational capacity.
- Headquarters coordination and decision-making arrangements.
- Accountability.
- Partnerships with relevant stakeholders, including government and non-government development actors, financial institutions, the private sector, and civil society organizations.

In addition, it lists key principles that should guide emergency preparedness and response activities. UNHCR staff and partners should:

- Adopt a 'whole-of-UNHCR' approach and affirm the pivotal role of country operations.
- Place people at the centre.
- Respect the overriding duty to 'Do no harm' and act on a 'No regrets' basis.
- Accept State responsibility and humanitarian complementarity.
- Diversify partnerships.
- Find solutions and link them to development.
- Prioritize the duty of care.
- Innovate.

The policy applies to all UNHCR staff and affiliate personnel in the field and at headquarters who are engaged in leading, managing, delivering, overseeing or supporting any aspect of emergency preparedness and response. Compliance with the policy is mandatory.

2. When and for what purpose

UNHCR defines a humanitarian emergency as any situation in which the life, rights or well-being of refugees and other persons of concern to UNHCR will be threatened unless immediate and appropriate action is taken; and which demands an extraordinary response and exceptional measures because current UNHCR capacities at country and regional level are insufficient.

UNHCR declares an emergency to ensure that, together with its partners and interlocutors, it provides an appropriate level of attention and support when it prepares for and responds to potential, unfolding or escalating emergencies.

The policy sets out actions that should be taken before emergencies occur to sharpen UNHCR's preparedness. These actions include risk analysis, preliminary planning, training, and resource mobilization.

Based on the existing capacity of the country operation(s) and Regional Bureau(x) concerned, the policy defines three levels of emergency which take into account the emergency's expected magnitude, complexity and consequences. The aim is to ensure that UNHCR can assume its leadership responsibilities and deliver an effective and accountable response. Based on these criteria, UNHCR applies the following definitions:

Emergency Level 1: proactive preparedness. Level 1 is activated when a country operation must prepare actively for a likely humanitarian emergency but faces such significant gaps in resources, staffing or expertise that it is unable to plan or implement preparedness actions for a high risk emergency scenario. Activation triggers support by the Regional Bureau, the Division of Emergency, Security and Supply (DESS) and other divisions. Support may include preparedness missions and initiatives to raise human, financial and material resources.

Emergency Level 2: stepped-up Bureau support. Level 2 is activated when an operation requires additional support and resources, mainly from the relevant Regional Bureau, in order to respond in a timely and effective manner.

Emergency Level 3: whole-of-UNHCR response. A level 3 emergency is activated in exceptionally serious situations where the scale, pace, complexity or consequences of the crisis exceed the existing response capacities of both the relevant country operation(s) and relevant Regional Bureau(x), and require a corporate, whole-of-UNHCR response.

3. Summary of guidance and/or options

Pre-emergency phase: preparedness

All UNHCR Representatives and country operations will:

- Annually complete a risk analysis and take minimum preparedness actions (MPAs) in accordance with the guidance set out in UNHCR's Preparedness Package for Refugee Emergencies (PPRE).
- Place the country operation on the high alert list for emergency preparedness (HALEP) whenever an emergency is assessed to be 'at high risk' or is 'escalated'.
- In addition, they will:
 - Designate a senior-level Preparedness Focal Point who shall be responsible for self-assessment and other preparedness reporting in accordance with the advanced preparedness actions (APAs) set out in the PPRE.
 - Develop and implement a preparedness action plan (PAP), including (where appropriate) a scenario-based contingency plan, in collaboration with government counterparts and other partners. Contribute to the development of a regional refugee response plan or other resource mobilization instrument.
 - Integrate security conditions in planning as early as possible, consistent with the organization's duty of care.
 - Align all activities with the approaches promoted by the GCR, including (but not limited to) its support for partnerships.
 - Where risks are associated with a non-refugee situation, participate in inter-agency processes led by the UN Resident Coordinator (RC) or Humanitarian Coordinator (HC), and lead relevant cluster preparedness initiatives, applying the emergency response preparedness (ERP) approach set out by the Inter-Agency Standing Committee (IASC).

Procedure for activating an emergency; determining the duration of emergency levels

To activate a Level 1 emergency (proactive preparedness), the DESS and Bureau Directors provide analysis and recommend activation to the Assistant High Commissioner for Operations (AHC-O), who confirms their recommendation and informs all members of the Senior Management Committee. An Emergency Level 1 activation automatically expires after six months.

To activate a Level 2 emergency (stepped-up Bureau support), the AHC-O recommends activation to the High Commissioner (HC), after consulting DESS and the relevant Bureau(x). The High Commissioner declares the activation of a Level 2 emergency via a UNHCR broadcast message.

To activate a Level 3 emergency (whole-of-UNHCR response), the AHC-O recommends activation to the High Commissioner, after consulting the DESS and Bureau(x). The High Commissioner declares a Level 3 emergency via an all staff email; in refugee situations, the High Commissioner also notifies the United Nations Emergency Relief Coordinator (ERC) and the IASC Principals. The level of a sudden-onset emergency is determined within 72 hours of the initial event, as verified by the concerned Bureau(x).

UNHCR Level 2 and Level 3 emergency declarations remain in force for a maximum of six months, after which they expire automatically. In exceptional circumstances, after consulting the Senior Level Working Group (SLWG), the AHC-O may recommend to the High Commissioner a three month extension of the activation. The maximum duration of a Level 2 or Level 3 emergency declaration is therefore nine months. Any recommendation to extend must be made before the initial six month declaration expires.

The expiration of an emergency declaration does not necessarily imply that the emergency itself has ended. Rather, it indicates that advanced preparedness actions are in place or that the operational response has been stabilized and is being delivered sustainably through regular processes and procedures, and that as a result it is no longer necessary to mobilize exceptional capacities or apply emergency procedures and systems. If the situation subsequently worsens, a new emergency declaration may be made.

Activation of an Inter-Agency Standing Committee (IASC) system-wide scale-up is declared by the Emergency Relief Coordinator. System-wide mobilization occurs when it is necessary to respond to a sudden onset or rapidly deteriorating humanitarian situation in a given country, including at

subnational level, but capacity to lead, coordinate and deliver humanitarian assistance does not match the scale, complexity and urgency of the crisis. In such emergencies, UNHCR normally:

- Leads the Protection, Shelter, and Camp coordination and camp management (CCCM) clusters when displacement is conflict-related.
- Determines its interventions and cluster leadership on a case by case basis when displacement is due to a natural disaster.

UNHCR fulfils its commitments as an IASC member in accordance with the IASC Protocol. Where it deems fit, it will initiate or maintain a UNHCR emergency declaration at the same time as an IASC system-wide scale-up activation. A Joint Note

prepared and agreed by UNHCR and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) determines the coordination arrangements in 'mixed' IDP/refugee situations.

IASC scale-up activation automatically expires after a maximum period of six months. The IASC Emergency Directors Group (EDG) meets towards the end of the activation period to review the situation.

In exceptional circumstances and before the scale-up activation expires, the EDG may recommend to the ERC that scale-up activation should be extended for an additional three months (to a total maximum duration of nine months). Exceptional circumstances might include a further deterioration of the situation, based on an Operational Peer Review (OPR) recommendation.

Note. For more information, see the Entry on Inter-Agency Standing Committee (IASC) System-wide Scale-Up Activation

Consequences of an emergency declaration

Leadership

In Level 3 emergencies, the High Commissioner confirms the existing leadership arrangements or makes new arrangements. Where a Representative's profile and experience are not evidently suited to the new situation, the High Commissioner can request the Representative to step aside. The Representative may also request such a course of action. Where the Representative steps aside, a staff member who has the required seniority, experience and aptitudes is deployed to assume interim or permanent leadership of the operation.

Country-level coordination of refugee emergencies

In refugee emergencies, the Representative immediately:

- Forms a multi-functional emergency team in the Country Office, Sub-Office or across the operation (as appropriate) to support management of the emergency operation on the ground.
- Puts in place the arrangements that are set out in the Refugee Coordination Model (RCM), while fostering a multi-stakeholder approach and inclusive engagement with partners as set out in the GCR.
- Ensures that all key functional and response areas are adequately and effectively coordinated by staff of UNHCR or partners who have an appropriate profile, experience and authority.

Regional refugee coordination

In Level 3 refugee emergencies that cover more than one country, the HC may designate a Regional Refugee Coordination function. This responsibility is normally allocated to a senior staff member in the relevant Regional Bureau. The person appointed provides overall internal and external coordination and oversight of emergency preparedness and the response operation. The accountabilities, responsibilities, authority and reporting lines of the function are set out in terms of reference (TORs) that are drafted either by the Director of the relevant Regional Bureau, or by the High Commissioner if the emergency situation affects more than one Regional Bureau.

Coordination

In Level 1 emergencies, the Regional Bureau determines coordination arrangements.

In Level 2 and Level 3 emergencies, the following arrangements are established to support the country operation and enable it to mount and deliver an effective response:

- The AHC-O convenes a Senior Level Working Group (SLWG). This is composed of the Directors of the relevant Regional Bureau(x) and Divisions, notably the Division of Emergency, Security and Supply (DESS), the Division of International Protection (DIP), the Division of Programme Support and Management (DPSM), the Division of Human Resources (DHR), the Division of External Relations (DER) and the Division of Information Systems and Telecommunications (DIST). The SLWG meets within two weeks to review the operation's performance and confirm that coordination, leadership, and operational delivery arrangements are effective. It continues to monitor the overall effectiveness of the operation, including its strategy, inter-agency relations, management, operational performance, and external relations, and meets as required to achieve this purpose.

- An Emergency Cell (EC) is chaired by the Director or Deputy Director of the relevant Regional Bureau, with technical support from DESS. The EC coordinates support for the country operation(s), troubleshoots, and generally ensures that all the requirements and issues associated with an effective response are addressed rapidly and effectively. Membership of the EC is confined to a small number of senior staff who have authority to take decisions on behalf of the relevant Bureau(x), DESS, DIP, DPSM, DHR, DER and DIST. The country operations are represented by their respective Bureau(x) and maintain technical contact with the divisions as required.
- The EC may establish specialist or subject-specific cells. These focus on issues and challenges, and track the progress of required actions in specific functional areas. The main areas include: human resources, supply, protection, programme, public information, resource mobilization, security, and administration and finance.

Automatic mobilization of resources

On declaration of a Level 2 or Level 3 refugee or IDP emergency, emergency procedures, guidelines and tools become applicable and central and regional emergency resources (human, financial and material) are made available to the operation(s) concerned.

Human resources

Accelerated recruitment of local staff, including temporary and affiliate staff, is a priority.

Other human resources can be deployed by Emergency Services (ES) and DHRM through the Senior Corporate Emergency Roster (SCER), functional rosters, the Emergency Response Team (ERT) roster, or standby partnership arrangements. Staff may also be sought from affiliate workforces, technical divisions, among former ERT members, and through other short and longer deployment arrangements. In Level 3 emergencies, multi-functional ES response teams, led by a Principal or Senior Emergency Coordinator, will be deployed automatically, in addition to technical staff specialized in life-saving and other key sectors.

Emergency deployment should transition to more stable staffing arrangements as soon as possible, using temporary assignments or appointments and Fast Track assignments. Vacancies for Fast Track assignments should normally be announced within 8 weeks.

Financial resources

Contingency plans, regional refugee response plans and humanitarian response plans should set out resource requirements and associated supplementary budgets and mobilization strategies. These strategies should appropriately reflect and integrate the participation of partners. In declared Level 2 or Level 3 emergencies, the authority to draw on UNHCR's operational reserve to meet emergency needs, and increase the Operational Level (OL), is delegated to (a) the relevant Regional Bureau director for requests up to a maximum of USD 5 million, and (b) the AHC-O for requests up to USD 10 million. Such emergency appropriations and associated OL increases can only be used for the online project system (OPS) and administrative budget and obligation documents (ABOD) in country operations. Initial allocations should be released within 24 hours to cover immediate response needs, including critical security requirements.

Material resources

On request, DESS will promptly release material resources that an emergency response considers critical. The Global Stock Management provides core relief items (CRIs) for up to 600,000 persons of concern, as well as vehicles and security equipment for operations, and other materials as needed. Where conditions allow, cash-based interventions and local procurement should be preferred to international procurement.

Partnerships

Project partnership agreements

To facilitate partnership engagement, special conditions apply to partnership agreements during the first 6 months of Level 2 and Level 3 emergencies.

- Partner selection is decentralized to country operations. The Representative can waive the mandatory implementing partner selection process without seeking the approval of the Implementing Partnership Management Service / Division of Financial and Administrative Management (IPMS/DFAM).
- When selecting partners, the threshold for small scale projects is USD 100,000, the number of objectives or outputs under one agreement is not limited, and prior registration of partners on the Partner Portal is not necessary. A simplified Letter of Mutual Intent (LOMI) can be issued for up to 6 months. Exceptionally an extension may be authorized by the country operation for a short period, but no later than 31 December of the current budget year.

Strategic partnership engagement

Where large movements of refugees occur, the GCR approach is to be applied in collaboration with Governments, UN agencies, NGO partners, development, business and financial institutions, and local stakeholders. Collaboration should cover, *inter alia*: the admission, reception and registration of new arrivals; support for immediate and on-going needs; assistance to local and national institutions and communities that receive refugees; solution initiatives; and relations with national social, economic and community safety nets.

Joint senior level missions, real-time reviews, and evaluations

- The Director or Deputy Director of DESS, accompanied by the Director or Deputy Director (or equivalent) of the concerned Regional Bureau, and the Regional Refugee Coordinator if applicable, should undertake a Joint Senior Level Mission (JSLM) within two weeks of the declaration of a UNHCR Level 3 or Level 2 emergency. Its purpose should be to review the overall response, including the operation's protection and operational strategy, and provide operational guidance. On completing the mission, the team initially provides an oral briefing, followed by a written report to the AHC-O within one week, summarising its findings and recommendations. The AHC-O reviews the recommendations and takes action accordingly. He or she may escalate to the High Commissioner actions that require his or her decision.
- The relevant Regional Bureau and DESS undertake a joint real-time review of each UNHCR Level 3 refugee emergency situation three months after it starts. Reviews take the form of a joint mission or workshop. The review invites key stakeholders to take stock of the timeliness, appropriateness and

effectiveness of UNHCR's operational response, monitors its application, and recommends adjustments and course corrections that may be necessary. In consultation with the SLWG, DESS may undertake a similar exercise in Level 2 emergencies.

- Within 18 months (or earlier if so decided by the High Commissioner), the Evaluation Service commissions and oversees an evaluation of each UNHCR Level 3 emergency operation. Evaluations of Level 1 or Level 2 emergencies may also be commissioned in accordance with UNHCR's policy on Evaluations.

NOTE. Under the protocol that regulates activation of IASC humanitarian system-wide scale-ups, an operational peer review (OPR) must take place within 5 months of activation, and an inter-agency humanitarian evaluation must take place within 9-12 months. For details, see the Entry on Inter-Agency Standing Committee (IASC) system-wide scale-up activation

Accountability

UNHCR is accountable to persons of concern for all aspects of its emergency preparedness and response, in accordance with its institutional, policy and strategic documents, including *UNHCR's Strategic Directions 2017-2021*

, and the IASC's Accountability to Affected Populations (AAP) Operational Framework . The High Commissioner, members of the Senior Executive Team (SET), the Assistant High Commissioner for Operations, Division Directors, Bureau Directors, Regional Representatives and Country Representatives are accountable for fulfilling specific responsibilities during the pre-emergency and emergency response phases of an operation. For a summary of their accountabilities, please see the attached table.

4. How to implement this at field level?

To identify potential high risk scenarios, country operations should regularly monitor the likelihood of refugee emergencies and participate in inter-agency risk-monitoring processes. The Representative is responsible for alerting headquarters promptly if any situation potentially requires an emergency response, based on an analysis of the country situation and application of the criteria set out in the Entries on Preparedness package for refugee emergencies (PPRE) and High alert list for emergency preparedness (HALEP)

Representatives and senior staff need to familiarize themselves with the Representative's accountabilities during both the pre-emergency and response phases in order to understand what actions they, the country office, and relevant regional bureau should take.

To implement the policy effectively, country operations need to engage with host governments at all levels, and with partners and other stakeholders, in accordance with the refugee coordination model and the Inter-Agency Standing Committee's transformative agenda

. They should adopt and implement a multi-stakeholder approach that engages inclusively with partners,

in accordance with the GCR.

In principle, an emergency declaration is in force for a maximum of six months, after which it expires automatically. In exceptional circumstances, after consulting the SLWG, the AHC-O may recommend to the High Commissioner a three month extension. The Representative's analysis of the situation makes a crucial contribution both to activation of an emergency and to any extension.

For technical guidance, UNHCR staff and partners at Headquarters and in the field should refer to the [UNHCR Emergency Handbook](#).

The Handbook will continue to issue and update emergency tool kits (with checklists, tools and practical guidance) on key areas, including human resources, resource allocation, programming, protection, resource mobilization, supply, and administration and finance.

Need help?

CONTACT Emergency Services in the Division of Emergencies, Security and Supply (DESS). At: hqemhand@unhcr.org.

Annexes

- Policy on Emergency Preparedness and Response - UNHCR HCP 2017 Rev.1
- Summary - Table of Accountabilities 2019

Version and document date

Version: 4.7

Document date: 06.05.2022

Aircraft and surface transport capacity

1. Overview

The capacity provided in this tool will assist to determine the loadability of cargo on different modes of transport to plan logistic operations. The tool focuses on the aircrafts, trucks, trailers, containers and railway containers that are widely used.

2. Specification

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3. How to use this Calculation?

- Select from the dropdown lists the type of transportation (cargo aircraft, container, etc.) and type of carrier. The tool displays the related capacity (passenger seat or carrier payload) and dimensions (door/cargo dimensions)

Version and document date

Version: 3.7

Document date: 06.05.2022

Humanitarian programme cycle (IASC)

Key points

- Engage fully in HPC processes.
- Familiarize yourself with, and follow, HPC procedures and guidance
- Fulfill cluster obligations and commit financial and human resources to support cluster roles and responsibilities. Request support from HQ if there are gaps.
- The HPC does not apply in refugee emergencies, which are covered by the UNHCR Refugee Coordination Model (RCM). In "mixed situations", contact the Partnership and Coordination Service in the Division of External Relation (DER), to determine the best coordination and delivery arrangements.

1. Overview

The humanitarian programme cycle (HPC) is an operational framework developed by the Inter-Agency Standing Committee (IASC) in the context of the Transformative Agenda. It sets out the sequence of actions that should be taken to prepare for, plan, manage, deliver and monitor collective humanitarian responses. It applies directly to inter-agency responses in situations involving internally displaced persons (IDPs) and in emergencies linked to natural disasters, including system-wide scale-up activation

. The IASC has prepared a HPC reference module

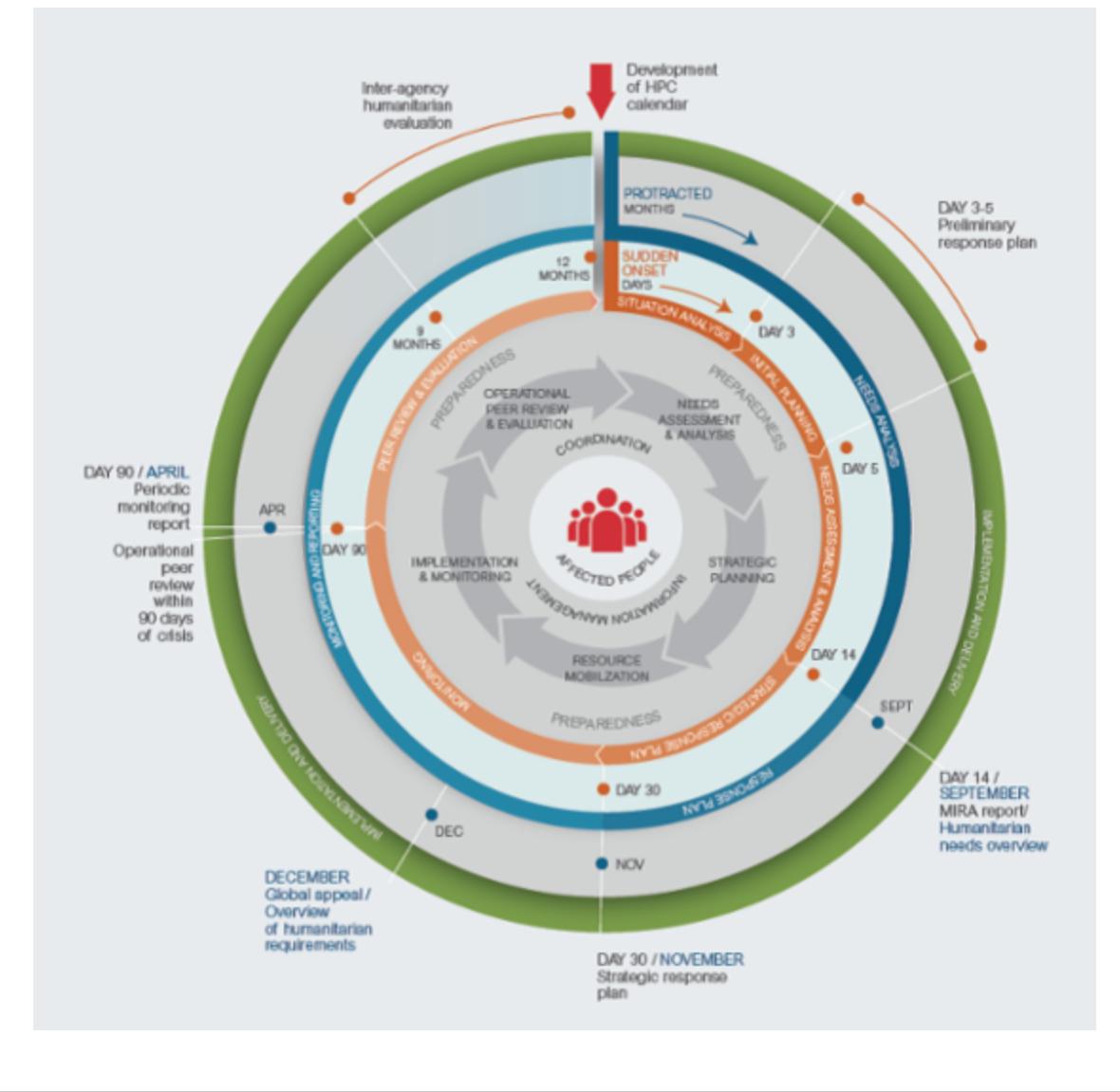
The HPC has five elements, coordinated in a seamless manner: each step builds logically on the previous step and leads to the next. Its successful implementation depends on emergency

preparedness, effective coordination between national and local authorities and humanitarian actors, and information management.

The process for implementing the HPC is a new way of working that builds on what humanitarian organizations have learned. It focuses on taking better decisions and improving outcomes at field level, rather than preparing well-designed 'appeal' documents for donors and headquarters. This requires a shift from past practice. The model is driven by collectively owned, evidence-based plans, direction by humanitarian country teams (HCTs) led by a humanitarian coordinator (HC), and accountability for results. Its process and tools focus on humanitarian actors working at national and subnational level in the field, not on external audiences.

Note. The HPC does not apply in refugee emergencies, which are covered by the UNHCR refugee coordination model (RCM)

, a framework for coordinating and delivering protection and relief services for refugees and host communities. UNHCR leads the entire cycle during a refugee response, including inter-agency contingency planning, needs assessment, information management, response, and resource mobilization. In mixed situations (where operations to assist IDPs and refugees occur side by side), the UNHCR's and OCHA's *Joint Note on Mixed Situations; Coordination in Practice* describes the respective roles and responsibilities of the UNHCR representative and the HC, ensuring that coordination is streamlined, complementary and mutually reinforcing.



2. Purpose and relevance for emergency operations

The HPC is a component of the IASC Transformative Agenda (TA). It operationalizes the accountability pillar of the TA by introducing a model of action with which all humanitarian actors cooperate to achieve collective results. The HPC defines the standard for inter-agency joint programming in humanitarian emergency situations.

Underlying principles

Protection. Protection of human rights and of people affected and at risk should inform the HPC and all operational activities. In practical terms, this means that agencies should identify who is at risk at the outset of a crisis, and determine how they are at risk and why, taking underlying vulnerabilities into account. The model requires agencies to analyse and prioritize protection needs; adopt a rights-based and participatory approach to collective action; and respond promptly to human rights violations ('rights up front'). See IASC, Statement on the 'Centrality of Protection' and IASC, Policy on Protection in Humanitarian Action

(2016).

Accountability to affected people. The HPC requires humanitarian actors to listen to, communicate with, and involve affected populations throughout an emergency. They are expected to establish a direct, responsible and respectful relationship with affected communities and ensure that, during planning, implementation and monitoring, affected communities participate in and provide feedback on decisions and activities that affect them. Complaint mechanisms should be established. Where their needs cannot be met or planned for, affected communities should be informed; and they should regularly receive programme updates. Good communication between humanitarian workers and affected communities improves trust and dialogue and strengthens agencies' understanding of needs and concerns, thereby improving the quality of the response. See Revised IASC, *Commitments on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (AAP/PSEA) 2017*

Note. *IASC Preliminary Guidance Note on Protection and Accountability to Affected Populations in the Humanitarian Programme Cycle*

sets out actions to be undertaken throughout the HPC to fulfil commitments on accountability to affected populations (AAP) and ensure that protection is central to humanitarian response. The guidance note is intended to accompany the IASC's HPC Reference Module (2015) and the tools and guidance on protection mainstreaming developed by the Global Protection Cluster (GPC). Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. Accountability is one of the four key elements of protection mainstreaming, alongside participation and empowerment, meaningful access and providing safety and dignity and avoiding causing harm. Priorities and desired protection outcomes should be identified, pursued and achieved collectively across sectors/clusters and with communities through meaningful participation. Meaningful participation reinforces a rights-based approach, empowers communities, recognizes differences in age, gender and diversity, guarantees transparent responses to community feedback, and leverages the complementary roles, expertise and mandates of humanitarian actors.

Cross-cutting issues: inclusion and data disaggregation. Affected people are not a homogeneous group and humanitarian organizations acknowledge differences of experience and need due to sex, gender, ethnicity, disability, age, and other social markers of exclusion. These differences should inform the implementation of a response. Cross-cutting issues such as gender, age, disability, and HIV/AIDS should be recognized and mainstreamed. Gender equality is of particular importance; data disaggregated by sex and age should be collected in support of gender analysis, and the design, implementation, monitoring and evaluation of humanitarian programmes must take into account the implications for women and men, as well as other dimensions of diversity that can lead to exclusion. See IASC Reference Group on Gender and Humanitarian Action, *Gender Handbook on Humanitarian Action*

(IASC, 2018). Similarly, Disaggregated data on disability should be collected on the same grounds, to support inclusion of persons with disabilities in every aspect of the humanitarian programme cycle. See IASC, *Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action* (2019)

Environment. Humanitarian action must take the environment into account. Environmental issues underlie and contribute to humanitarian crises, and humanitarian action can damage the environment, harming affected people and host communities. Reducing the environmental footprint of humanitarian interventions can ease the transition into sustainable recovery and help to strengthen the resilience of affected communities.

Exit and early recovery. Plans for recovery should start when a crisis begins. A response should address recovery needs that arise during the humanitarian phase using humanitarian mechanisms that align with development principles. This approach enables affected populations to use the benefits of humanitarian action to create development opportunities, strengthens their resilience, and establishes a sustainable pathway to recovery. For humanitarian organizations, it provides a pathway to durable solutions and an exit strategy. On both grounds, programmes that promote sustainable long-term solutions, including greater system and community resilience, should be integrated in the HPC and explicitly identified in humanitarian strategies and planning.

Under the HPC, all partners:

- Support the national authorities, who have the primary responsibility to assist and protect populations affected by disaster.
- Promote the participation of affected populations.
- Operate under the leadership of the HC (or Resident Coordinator, if an HC has not been appointed).
- Accept the direction of the HCT (or UN Country Team if an HCT has not been created).
- Support inter-cluster or sector coordination and cooperate with clusters or sectors (when they are activated).
- Welcome and include a broad range of actors, including at sub-national level.

3. Underlying process – how does this work?

Pre-emergency

The HPC recommends that agencies should take a broad range of actions to promote emergency response preparedness (ERP). These make it possible to respond more quickly, more appropriately and more efficiently when a disaster strikes; and to take decisions on the basis of more reliable information. The HC is responsible for leading the ERP process, for creating an effective and coherent HCT (or similar in-country mechanism), and for coordinating with national structures and plans. The HC is expected to work closely with the HCT, clusters/sectors, national authorities, and NGOs.

HPC in sudden-onset emergencies - system-wide scale-up protocols

In November 2018, IASC introduced new protocols for humanitarian system-wide scale-up . These strengthened the coordination of emergency responses and replaced arrangements for 'humanitarian system-wide emergency activation' (L3) which had been in place since 2012.

The IASC Principals have agreed that, when major sudden-onset crises occur, or a humanitarian situation deteriorates significantly as a result of natural and human-induced hazards or conflict, justifying

system-wide mobilization, IASC will declare a humanitarian system-wide scale-up activation (henceforth referred to as ‘scale-up activation’). This exceptional measure will last for a time-bound period of up to six months in circumstances where the gravity of the humanitarian situation justifies the mobilization of system-wide capacities and resources, beyond standard levels, to respond to critical humanitarian needs on the ground. A single three-month extension may be considered, but only in exceptional situations.

Specifically, the declaration of an IASC scale-up activation is justified when it is necessary to respond to a sudden onset and/or rapidly deteriorating humanitarian situation in a given country, including at subnational level, and when the local or regional capacity to lead, coordinate and deliver humanitarian assistance does not match the scale, complexity and urgency of the crisis.

The procedure activates a range of mechanisms and tools. These ensure that (a) the humanitarian system delivers effective support to national authorities that complements existing capacities, and monitors its own performance; (b) the humanitarian system puts in place adequate capacities and tools for empowered leadership and coordination; and (c) IASC member organisations and global cluster lead agencies install systems and mobilize resources that are sufficient to enable them to comply with their mandates.

Within 48 hours: Activation of a humanitarian system-wide scale-up.

Within 72 hours: The HC is designated and relevant clusters are activated.

Within 5 days: A flash appeal is launched.

By day 30: A flash appeal is issued; a humanitarian response plan (HRP) is prepared.

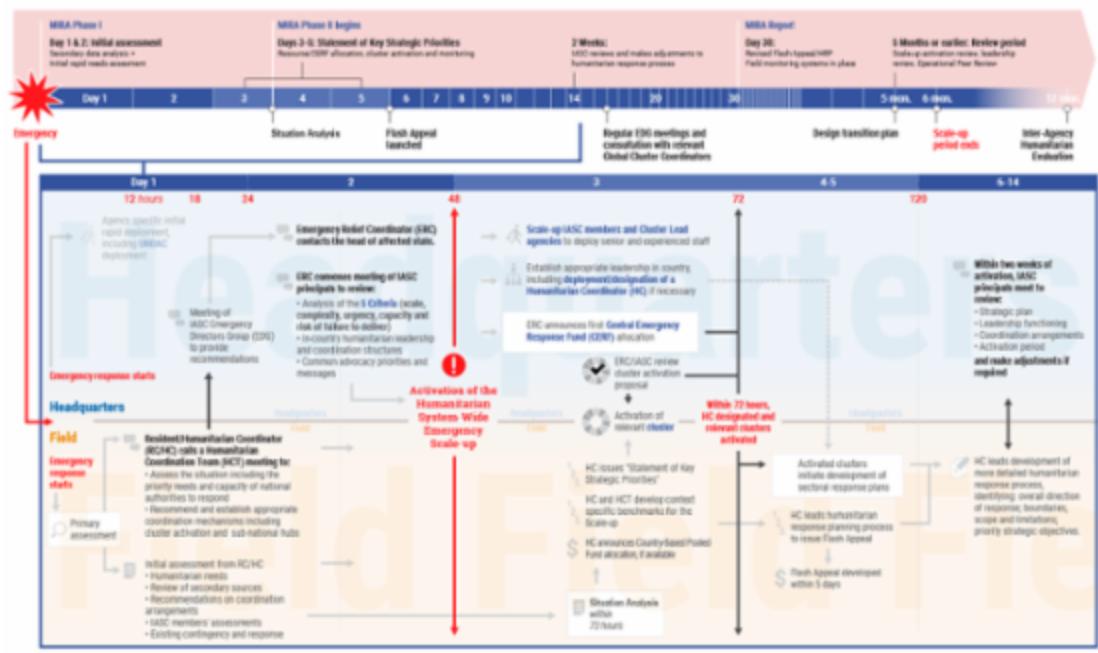
5 months: Review period.

6 months: The system-wide scale-up ends (subject to a single extension of 3 months).

12 months: An inter-agency humanitarian evaluation is commissioned.

Scale-up Activation Timeline

IASC Inter-Agency Standing Committee



Scale-up Activation Timeline

4. UNHCR's role and accountabilities

UNHCR performs a number of roles during the HPC.

As an IASC Principal, the High Commissioner takes part in decisions to declare a system-wide scale-up emergency response and is consulted on the activation of clusters.

As a member of the national HCTs, the UNHCR representative is closely involved in developing the overall strategic objectives of the emergency operation, and recommending which clusters should be activated.

At country-level, UNHCR is frequently the cluster lead for protection, shelter/non-food items (NFI), and camp coordination and camp management (CCCM), and in that capacity shapes cluster-level strategies and preparation of the HRP.

As an agency, UNHCR plays a key role in delivering services (according to the level of its engagement) and supporting agreed cluster-level strategies.

When UNHCR leads a refugee operation in a country in which an HRP is developed, it prepares the refugee chapter in the HRP, based on active and inclusive consultation with partners involved in the refugee response. See the Entry on Humanitarian Response Plan and Flash Appeals (IASC)

5. Considerations for UNHCR's engagement at country level

When and how to engage in the HPC. UNHCR will fulfil its obligations with regard to clusters that it leads globally. When clusters are activated at national level, UNHCR will involve itself in all aspects of the HPC. In refugee emergencies, UNHCR will apply the Refugee Coordination Model (RCM) for coordination and planning. See Note above. In "mixed situations", UNHCR will apply the RCM and the arrangements agreed in UNHCR's and OCHA's *Joint Note on Mixed Situations: Coordination in Practice*. See Note above.

Applying the HPC in non-refugee situations

Preparedness. Actively participate in shaping emergency response planning and related activities, for example by preparing risk profiles, establishing, early warning procedures, completing minimum preparedness actions, and drafting standard operating procedures (SOPs). Keep the Regional Bureau and the Division of Emergency, Security and Supply (DESS) informed of all initiatives and progress.

Assessment. Ensure that key staff members, especially cluster-related staff, are aware of inter-agency processes such as the multi-sector/cluster initial rapid assessment (MIRA). Provide personnel for inter-agency assessments.

Flash appeals (FA) and the HRP. Actively contribute to developing the HRPs and FAs. Participate in the inter-agency assessment team, and help to complete the planning process. Ensure that protection underpins every cluster plan and the HRP. Provide necessary support to coordinator(s) of clusters relevant to UNHCR and help develop cluster specific response planning.

Resource mobilization. Individual cluster plans determine the allocations of pooled funds, such as the Central Emergency Response Fund (CERF) and Country-based pooled funds (CBPF).
. Ensure that the actions prioritized by clusters that UNHCR leads are included in all available pooled funds.

Information management. Ensure that UNHCR cluster coordinators are supported by one or more information management officers, and that these feed information into OCHA's information management system
(the humanitarian dashboard
).

6. Links

Updated Refugee Coordination Guidance Note, April 2019

Memo on UNHCR's Engagement in the 2020 HRP (DER)

IASC, Policy on Protection in Humanitarian Action

IASC, Protection and Accountability to Affected Populations in the Humanitarian Programme Cycle (Preliminary Guidance Note)

Humanitarian Programme Cycle

Protocol 1: Humanitarian System-Wide Scale-Up Activation: Definition and Procedures, 2018

Protocol 2. 'Empowered Leadership' in a Humanitarian System-Wide Scale-Up Activation, 2018

www.sheltercluster.org

<http://www.globalcccmcluster.org/>.

<http://www.globalprotectioncluster.org/>.

Need help?

CONTACT

- The Partnership and Coordination Service in UNHCR's Division for External Relations
- [\[/url\]\[url=http://www.globalprotectioncluster.org/general/contact-us/\]The global protection cluster.](http://www.globalprotectioncluster.org/general/contact-us/)
- The camp coordination and camp management cluster.
- The shelter cluster, via the DPSM, Shelter and Settlement Section, Global Shelter Cluster. At: HQShelter@unhcr.org.
- The Division for Emergency Security and Supply (DESS). At: hqemhand@unhcr.org

Annexes

- Refugee Coordination Model
- UNHCR-OCHA, Joint Note on Coordination in Mixed Situations
- IASC Humanitarian Programme Cycle Module July 2015

Version and document date

Version: 2.7

Document date: 06.05.2022

Inter-agency UNHCR-led refugee response plans

Key points

- Involve Government from the start of an emergency, in the Contact Group and in preparing the RRP;
- Be flexible, transparent and inclusive; involve participating agencies and key stakeholders;
- Make arrangements that enable all actors to communicate clearly and transparently;
- Make sure that RRPs take account of the requirements of all agencies involved in the response;
- Ensure that agencies' requirements are realistic, match agencies' presence and capacities in the country, and can be implemented before the RRP's term ends;
- Avoid duplication or overlaps in budgeting. When agencies issue their own appeals, take account of requirements that might be included in the budgets of UNHCR or other UN agencies;
- Consult the UNHCR Emergency Information Management Toolkit when you prepare an RRP. It contains useful tools for communication and information management;
- Draft RRPs in language that is agency-neutral;
- Do not change planning scenarios, planning figures or priorities unilaterally;
- Do not focus on agency-specific planning.

1. Overview

Refugee Response Plans (RRPs) are UNHCR-led, comprehensive inter-agency plans for responding to refugee emergencies. An RRP contributes to the application of the Refugee Coordination Model ensuring accountable, inclusive, predictable and transparent coordination in responding to large-scale or complex refugee situations. It provides the vehicle through which UNHCR together with a broad range of key actors, including representatives of the host Government (where possible), members of the UN/Humanitarian Country Team, other international organizations, civil society, development and financial institutions and the private sector, seeks to foster joint humanitarian and development programming initiatives in the country of asylum. See **Refugee Coordination Model**

The RRP articulates the protection and solution priorities and describes the needs of refugees, impacted host communities, and other persons of concern, states how and by whom these needs will be addressed, and defines the financial requirements of all the partners involved. It builds on national preparedness measures and prior contingency plans. See **Preparedness Package for Refugee Emergencies**

for inter-agency contingency planning in a refugee situation.

The development of an RRP is coordinated and led by the UNHCR Refugee Coordinator, who is often the UNHCR Representative in medium-sized emergencies and a senior staff member in the Regional Bureau concerned in larger ones, with the aim of ensuring an overarching vision and the coherent engagement of all actors in pursuit of protection and solutions.

An RRP is based on protection and assistance assessment findings. The **needs assessment for refugee emergencies (NARE)**

is designed to assist UNHCR operations with the guidance and tools required to undertake an initial multi-sectoral needs assessment when there has been a significant sudden, forced displacement of populations across borders. In addition, RRP partners should step up cooperation by exchanging information, carrying out joint assessments and analysis in line with the 'new way of working' to jointly understand the challenges on the ground and better identify actions and sectors for intervention. Assessments should consult refugee and host communities about their needs, capacities and possible solutions.

2. When and for what purpose

An RRP is prepared in situations where the scale of a refugee crisis requires a formal coordinated inter-agency response plan. The RRP sets out a detailed strategy and implementation plan that provides a framework for all the partners involved. The planning process should be inclusive, building on each key actor's comparative advantage to produce a complementary combination of interventions in multiple contexts to respond to various types of refugee crises from the onset of emergencies to more protracted situations.

Given that the host Government is the primary duty-bearer in any refugee situation, the RRP supports Government leadership and coordination, through mobilisation of international support and funding, while it seeks to broaden the scope of partnerships to mobilise additional resources and increase visibility for the needs of refugees and their host communities.

The RRP serves as the base from which to implement and advocate for refugee situations. The inclusiveness of UNHCR's RRP approach brings agencies together: they share their analysis of protection risks and the needs of refugees and host communities, and jointly elaborate a strategy to address them. In addition to deciding who is responsible for what, and financial requirements, the RRP is also a fundraising tool for agencies involved in the response.

An RRP does not cover UNHCR's involvement in IDP and natural disaster response situations. A separate planning process exists for these situations which is led by the Humanitarian Coordinator, supported by OCHA, and with the active involvement of Cluster Coordinators. UNHCR takes an active

part in this planning process as a member of the Humanitarian Country Team (HCT), and as a cluster lead. If a **Humanitarian Response Plan (HRP)** is already in place when a refugee influx occurs, a high-level summary of the RRP for a newly emerged refugee situation along with any on-going refugee response(s), and presentation of related resource requirements are included in the HRP as a separate refugee chapter.

In response to the many challenges inherent in identifying and protecting refugees within broader movements of persons, an RRP could also be developed for mixed refugee-migrant displacement situations. In such cases the **Refugee and Migrant Response Plan (RMRP)**, which is typically co-led by UNHCR and IOM, seeks to ensure humanitarian, protection and integration interventions to address the needs of refugees, asylum-seekers and migrants, as well as to support host communities in response to mixed population flows.

The RRP plays a key role in:

- Providing partners in the refugee response with a platform and tools to properly coordinate an inter-agency response, as well as to engage new partners;
- Raising the profile of refugee assistance among the various inter-agency plans, as well as enhancing refugee inclusion in national and local development plans and policies;
- Mobilizing resources for partners, which are operationally engaged, by providing donors with a jointly agreed plan;
- Providing the host Government with an overview of who-is-doing-what in support of the refugees, ensuring an overarching vision and coherent engagement in pursuit of protection and solutions.

3. Summary of guidance and/or options

In line with **UNHCR's Policy on Emergency Preparedness and Response**, country operations shall from the start of an emergency elaborate resource requirements and mobilization strategies together with partners and ensure that these are reflected in Refugee Response Plans.

The duration of an RRP depends on the nature of the emergency situation. However, ideally it should be aligned with the calendar year, particularly UNHCR's "financial biennium", which is the period from 1 January of one year to 31 December of the following year.

Within the framework of the RRP partners have to work together to develop and implement responses in the immediate, medium and long-term to assist and empower refugees, as well as to support host communities and the host Government. The inter-agency activities included in an RRP, should aim to provide protection and multi-sectoral assistance, and to increase the focus on building the self-reliance and resilience of refugees. Advocacy for the inclusion of refugees in national developments plans and labour markets shall also be included.

Depending on the context of the displacement situation, as well as the capacity of host communities to support the impact of massive numbers of refugees, the RRP should focus on reinforcing and

supporting national structures wherever conditions permit.

The response plan should be pillared on broadening partnerships and operationalizing the **Global Compact on Refugees (GRF)**

, underpinned by the **Comprehensive Refugee Response Framework (CRRF)** and incorporating the humanitarian-development and peace nexus into the response.

An RRP includes:

- A situation analysis, including contextual information and maps;
- Planning figures;
- An overview of the needs and vulnerabilities of the refugees, host communities and other persons of concern as relevant;
- Protection and solutions priorities;
- Strategic objectives and main priorities;
- Key sector specific responses by involved partners, and their responsibilities;
- Indicators with baselines and targets for each planned result;
- Inter-agency budget;
- Coordination arrangements.

Where refugees from a country flee to more than one country of asylum, a Regional RRP is prepared. This sets out a regional strategy that incorporates the country-level inter-agency response plans of all refugee-receiving countries affected by a particular refugee situation. A Country RRP is prepared to reflect the needs of an entire refugee population in a country of asylum. The Country RRP includes the inter-agency response delivered by partners in the country.

See **UNHCR / DER Guidance Note on 2020-2021 Refugee Response Plans**, aimed at ensuring consistency in the preparations of RRP and promoting best practice.

Regional RRP

Where refugees from a country flee to more than one country of asylum, a Regional RRP is developed. This presents the inter-agency response plans of all refugee receiving countries in separate sections, together with a regional overview. Coordination of a regional RRP is led by the Regional Refugee Coordinator, or the Regional Bureau Director's Office of the relevant bureau. UNHCR offices in coordination and consultation with relevant partners, should work with the Regional Bureau or Regional Refugee Coordinator and agree:

- A timeline for preparing the RRP;
- Planning figures and a planning scenario, in close consultation with the operation in the country of origin;
- Protection and solutions priorities and strategic objectives;

- A plan or chapter for each country that receives refugees;
- Working group and sector arrangements;
- Inter-agency financial requirements, broken down by country of asylum and sector;
- Regional coordination arrangements.

Regional RRP should not include UNHCR's response to IDP situations in a country of origin. While it is vital to coordinate with operations in countries of origin on likely scenarios, possible outflow patterns and numbers, and causes of refugee outflows, Regional RRP only cover the response to the needs of refugees, host communities and other persons of concern in countries of asylum.

While an RRP is developed in close collaboration and consultation with relevant government counterparts in countries of asylum, it should not include financial requirements of host governments.

Country RRP

While Regional RRP continue to be essential for the coordination of refugee crises with regional implications, when possible, operations are encouraged to develop Country Refugee Response Plans (Country RRP), consisting of a multi-year inter-agency plan covering all refugee populations in a country.

The development of a Country RRP is coordinated by UNHCR, under the leadership of the UNHCR Representative, including the plans of all multilateral organizations for humanitarian assistance and beyond it could pave the way for the development of comprehensive plans for refugees led by the host Government.

The Country RRP, follows the structure of the Regional RRP and supports interventions from humanitarian assistance to medium and long-term responses, focused on resilience and solutions. In this regard, the Country RRP includes activities based on a two-year inter-agency budget (in line with UNHCR's and partners' biennium), while the protection strategy covers a three to five-year period.

4. How to implement this at field level?

When developing an RRP, the following steps are recommended.

Step 1: Convene a core strategy group and set up coordination structures for the planning process

Under the leadership of the UNHCR Representative or Refugee Coordinator a core strategy group should be convened to help establish priorities and strategic objectives of the RRP.

This group should be composed of representatives of agencies involved in the response (including UN agencies, as well as international and national NGOs), and the head of the Refugee Protection Working Group. As appropriate, the host government should also participate.

Coordination arrangements for Sector Working Groups should be reviewed and confirmed as early as

possible in an emergency (ideally before the planning process starts) and should be informed by contingency plans and preparedness actions. Sector co-coordinators should be drawn from UN agencies, NGOs and, where applicable, Government.

If not already in place, it is particularly important to establish a UNHCR-led Refugee Protection Working Group that represents a wide range of agencies, to ensure that all sectors integrate cross-cutting protection priorities and align their plans accordingly.

Step 2: Develop planning assumptions and broad strategic objectives

Under the leadership of the UNHCR Representative or Refugee Coordinator supported by the Head of the Refugee Protection Working Group, the core strategy group undertakes a joint analysis of the situation and develops the overall planning assumptions that should guide the response. They also jointly review the protection and solution priorities and establish the corresponding strategic objectives to guide the response.

Step 3: Development of sector level response

The UNHCR Representative or Refugee Coordinator convenes the sector co-coordinating agencies and the head of the Refugee Protection Working Group to provide high-level guidance for sector-level planning, based on the protection and solution priorities and strategic objectives set by the core strategy group to ensure a collective response that meets the needs of refugees and leverages the capacity of all actors. Taking account of the protection priorities, the overall strategy, and working with partners in their sectors, sector co-coordinators determine sector-specific objectives and key activities (based on sector-level assessments) and identify gaps and priority needs.

Sector plans should provide:

- A situation analysis for the sector;
- Overall planning figures for targeted populations (broken down by region or location where relevant, and disaggregated as a minimum by gender and age);
- An overview of needs and vulnerabilities;
- List of key geographic locations in which partners should develop interventions;
- Key assumptions that affect the work of the sector (such as government policies, refugee specific needs and protection related risks, security issues, etc.);
- Financial requirements, with a break down by partner and sector, in each country of asylum.

Step 4: Consolidate and Review the plan

When sector-level plans are complete, the Representative or Refugee Coordinator convenes the sector co-coordinating agencies and the head of the Refugee Protection Working Group to review the plans and identify areas of overlap or duplication. The UNHCR Representative or Refugee Coordinator should then confirm overall needs, priorities and requirements with the core strategy group, as well as partners involved in the response and the concerned Regional Bureau.

Step 5: Launch the plan

Once the response plan has been validated and agreed by all the partners involved, including at their

Headquarters or Regional Director level, the UNHCR Representative or Refugee Coordinator organizes the formal launch of the RRP, in coordination with the host Government, partners and relevant stakeholders.

Step 6: Monitor the plan

A monitoring framework should be set during the development phase of the RRP with clear responsibilities as to who should monitor, what and when. Data on progress should be collected from partners and regular progress reports on key indicators and RRP objectives should be coordinated and published. For **Country RRPs**, operations are responsible for putting in place a monitoring system. For **Regional RRPs**, the Regional Bureau/ Refugee Coordinator's Office is responsible for coordinating the monitoring and reporting. Mechanisms and tools are necessary to allow country operations to monitor the collective results and report on the collective achievements on a regular basis. Establishing an information management system early on is critical.

Information Management: In an early stage in the RRP planning process, UNHCR will reinforce its country data and information management capacity. Data portals are created to facilitate coordination and information sharing among stakeholders engaged in the response. An on-line inter-agency RRP portal (operational data-portals: <http://www.data.unhcr.org/>)

) should be established with the support of UNHCR HQ. In addition, UNHCR has an information management role and field operations should produce external Inter-Agency Operational Updates to report on the progress achieved by all agencies in the Country and Regional RRPs, as well as UNHCR-specific updates.

Step 7: Fund tracking

- As the lead coordinating agency, UNHCR is responsible for tracking funding received by all agencies for the RRPs and sharing Inter-Agency Funding Updates. The Refugee Response Financial Tracking (RRFT) was developed by UNHCR and rolled out in 2019 as a "One stop shop" platform compiling all financial data related to refugee programmes. Data available includes funding received by agencies involved in refugee response. It includes funding and budgets for refugee-related appeals and plans such as Country and Regional Refugee Response Plans (RRPs). See **UNHCR, Guide to the Refugee Funding Tracker**.

- **Timeframe and action plan**

Depending on the emergency of the situation, a new RRP should be finalized within a timeframe of not more than 20 working days. Given the importance of inter-agency consultations and understanding the complexity of the challenges facing partners involved, including organizing appropriate needs assessments, this timeframe may be extended further to ensure a higher quality response plan especially in more protracted situations where revisions of annual plans are concerned.

Action Plan: what and by whom

- Following a decision to develop an RRP, the UNHCR Representative or Refugee Coordinator and the Regional Bureau agree draft timelines and the period the RRP will cover.
-
- UNHCR agrees a detailed timeline with the Government and participating actors in the host country and establishes a coordination mechanism for preparing an RRP.
 - The UNHCR Representative or Refugee Coordinator forms a small core strategy group composed of senior representatives of key agencies involved in the response and convenes a strategy meeting.
 - This group prepares a situation analysis, develops the planning scenario and assumptions, reviews the protection and solutions priorities and establishes the strategic objectives. These are communicated to sector co-coordinators and other actors involved.
 - Based on established criteria and in consultation with key agencies the UNHCR Representative or Refugee Coordinator identifies sector co-coordinating agencies.
-
- Prepare a draft RRP. It should also include the financial requirements of agencies participating in the response by sector. The RRP is based on available evidence and a needs analysis.
 - Circulate a consolidated draft for review to the core strategy group and all agencies participating in the response as well as to Government counterparts.
-
- The UNHCR Representative or Refugee Coordinator conclude the process of feedback from core strategy group, partners and Government counterparts and provide a consolidated RRP draft to UNHCR HQ and to the Regional Bureau for review.
 - Thereafter, the UNHCR Representative or Refugee Coordinator shares the draft with the HQs of participating agencies for information and further feedback. At that stage, a validation meeting could be organized among all the partners involved.
-
- The UNHCR Representative or Refugee Coordinator, in cooperation with UNHCR HQ, reviews and integrates the comments of other agencies and prepares the final document for launch. Upon approval by the UNHCR HQ and the Regional Bureau Director, the RRP is finalized.
 - The UNHCR Representative or Refugee Coordinator, in cooperation with UNHCR HQ, launches the RRP and presents it where possible with the host Government, partners, as well as donors and other stakeholders.
-
- UNHCR coordinates the collection of data from partners and offices and regularly publishes progress updates.

5. Links

UNHCR, Guidance Note on 2020-2021 RRP (access with password)
UNHCR, Templates for Regional RRP Narrative and Budget, and Country RRP Narrative and Budget (access with password)
RRPs on the online refugee data portals

Need help?

CONTACT Contact the UNHCR DER/DRRM, Humanitarian Financing and Field Support Unit: Rachel Manning:manning@unhcr.org
and Stylianos Kostas: kostas@unhcr.org

Annexes

- UNHCR, Guide to the Refugee Funding Tracker

Version and document date

Version: 3.7

Document date: 06.05.2022

UNHCR operations plan in emergencies

Key points

- The UNHCR office should appoint a broadly composed multi-functional planning team of UNHCR staff at the start of an emergency, to draft UNHCR's initial Plan and amend it as the situation evolves.

- Keep the results chain simple. Focus on key results the operation expects to achieve. Remember that each indicator must have a monitoring plan and a data collection mechanism. Prefer strong data and few indicators (quality rather than quantity).
- Initially, operations are advised to draft the Plan 'off-line', before recording and proceeding to detailed budgeting.
- Internal UNHCR planning requirements should not drive the external planning process, which needs to take a broader, inclusive approach. Do not underestimate the importance of inter-agency planning.
- Pay attention to the timelines of internal and external processes that are relevant to the management of an emergency operation (such as inter-agency planning documents, internal requests for additional resources, UNHCR and inter-agency appeals). Try to achieve logical sequencing.
- The Plan should be a living document that is updated after major developments or decisions.
- Whenever an Operating level or Operation Plan increases, or project partnership agreements are signed or revised, update the indicator targets (for both impact and performance). Periodically review the results chain and associated budgets to ensure they remain consistent: this will help you track and report achievements. All elements of the results chain, and narratives with respect to objectives, should be completed and recorded in Focus by the end of the calendar year.
- Operations are advised to develop a basic results chain to inform the logframes of project partnership agreements and their budgets. If it becomes necessary to create new objectives, outputs, or indicators, they should be recorded in Focus because these are essential elements of the Plan.
- Review and update the Budget Control Plan (BCP) form for your operation, so that staff have access to Plan entry and submission(s).

1. Overview

This entry describes the internal UNHCR procedures that UNHCR offices must follow when planning an emergency response. UNHCR internal plans provide the basis for HQ decisions on urgent allocations of resources and other form of support in emergencies. They enable UNHCR to track and report on progress achieved, and to be accountable for resources it receives.

UNHCR is committed to an inclusive and participatory approach to planning. For refugee emergencies, see the refugee coordination model and refugee response plans; for IDP emergencies, see the Transformative Agenda, the cluster approach and strategic response plans (SRPs) and preliminary response plans (PRPs). This entry focuses on UNHCR's internal procedures; other humanitarian agencies engaged with UNHCR in emergency situations apply their own agency-specific internal rules and procedures.

Several important processes triggered in an emergency situation have planning dimensions that should be reflected in UNHCR operations plans ('the Plan'). It is essential to link these processes as a Plan evolves; they should not be seen as separate.

Essential elements of a Plan

- Planning figures and assumptions.
- Needs and priorities.
- Key emergency response strategies, intended results, and activities.
- Resource requirements.

These elements need to be integrated in a given context and timeframe, and agreed by stakeholders.

Note

- Offices should base the development of UNHCR operations plans on contingency plans and preparedness activities whenever these are available, in order to save time.
- Plans should always be aligned with UNHCR's budget structure and results framework and recorded in UNHCR's planning and budgeting tool (Focus).
- UNHCR staff should not allow UNHCR's internal planning requirements to drive the external planning process, which requires a broader and more inclusive approach.

2. When and for what purpose

An emergency is a situation in which the lives, rights and well-being of refugees and other persons of concern are or will be threatened unless immediate and appropriate action is taken on a scale that UNHCR's existing capacity at country and regional level cannot provide. To address an emergency, therefore, UNHCR needs a Plan, supported by resources, that will deliver an adequate and timely response to the emergency needs identified, establish a framework for tracking and reporting on progress, and thereby make UNHCR accountable for additional resources that it receives.

- In an emergency, the first objective is to secure the resources and capacities required to set up and start to deliver a response.

The UNHCR office needs to present a concise emergency request that provides enough detail to permit UNHCR HQ to mobilize the resources required. The Entry on UNHCR's financial resource allocation for emergencies contains templates and timelines. At this early stage, the office should define the minimum elements of the Plan (its structure, a pillar, a population planning group, a goal, main objectives, and principal initial activities).

An initial request should be communicated as soon as possible, if necessary before inter-agency plans have been developed with partners. This does not imply that UNHCR pre-empts the final Plan, which will emerge from an inter-agency planning process, informed by rapid needs assessments. The purpose of an initial request is to enable UNHCR to start urgent life-saving interventions.

- Inter-agency planning processes should be inclusive and participatory; UNHCR Plans should reflect that approach. The initial internal Plan may be amended once inter-agency plans are agreed, aligning UNHCR with the role it assumes in those plans.

At the start of an emergency, initial needs are often met by means of a short-term appropriation from the Operational Reserve (OR), which meets the immediate additional requirements of an operation.

The authority to transfer appropriations from the Emergency Reserve and increase the OL accordingly to mount an initial emergency response in countries included in a newly declared Level 1, 2 and 3 emergencies is delegated to:

- a. Directors of Bureaux for requests of up to \$5 million per such country;
- b. AHC-O for requests of up to \$10 million per such country. Such emergency appropriations and associated OL increases can only be used for OPS and ABOD in country operations. Initial allocations should be released within 24 hours. They should cover immediate response needs, including the need to comply with Minimum Operating Security Standards (MOSS) or other critical security requirements. When the assessed needs of an operation rise above USD 10 million in one financial year, a Supplementary Budget is created. The UNHCR office, in cooperation with the relevant bureau, prepares a detailed Plan with costs, which must be approved by the Resource Planning and Management Board (RPMB). UNHCR then issues a Supplementary Appeal in accordance with its internal financial rules. For more information, see UNHCR supplementary funding appeals.

- UNHCR supplementary appeals for an emergency set out the main elements of the Plan (agreed planning figures and assumptions, key strategies and activities, the budget).

UNHCR shares the appeal with donors and partners in order to raise required funding. The above steps and processes include important planning elements that must be drafted, submitted and recorded in accordance with UNHCR procedure. By linking its planning processes, and continuously reviewing its planning documents, UNHCR is able to produce well-designed and coherent plans that can be communicated to internal and external audiences, implemented rapidly, and reported on in terms that are measurable, enabling it to demonstrate achievements and progress.

3. Summary of guidance and/or options

Summary of guidance and/or options

UNHCR's approach to planning focuses on the protection and assistance needs of populations of concern, and uses the UNHCR Results Framework. This identifies a hierarchy of goals, rights groups, objectives, and outputs, as well as indicators to measure achievements against objectives and outputs. Budgeting is done against outputs.

(a) Plan development and key steps

- **Define the pillar.** UNHCR identifies four budget pillars, corresponding to the status of persons of concern. Refugees and asylum-seekers fall under pillar 1, internally displaced persons under pillar 4. For other situations, see the chart below.

- **Select or create a population planning group (PPG).** This should represent a specific planning, budgeting and reporting category.
- **Select a corresponding goal.**

Planning for a PPG begins with selecting the goal for a new or existing PPG. As a rule, operations should select an emergency response goal. However, this may not be required in all emergency situations; consider the specific context of the country or region.

Other considerations:

- Normally an existing Population Planning Group (PPG) should be used, combined with a new emergency goal. In order to avoid unnecessary complexity in the operations plan narrative and to facilitate the integration of activities into regular programming post-emergency, a new PPG should only be created if there is an influx of refugees from a different country of origin not covered by an existing PPG or into a new area that will require a distinct response plan post-emergency. If the emergency involves a new population group, create a new PPG. Complete a 'Chartfield creation request form' and submit it to DSPR/ARBAS, DSPR/IMAS/Focus and the bureau.
- If a new office needs to be established, with an assigned or new cost centre for separate budgeting and expense tracking, create a new cost centre. Complete a 'Chartfield creation request form' and submit it to the bureau; on approval, the bureau should forward it to DSPR/ARBAS.
- If there are new sites (e.g. camps), and it is desirable to plan, budget and monitor programmes at site level, create new site(s). Complete a 'Chartfield creation request form' and submit it to DSPR/ARBAS, DSPR/IMAS/Focus and the bureau.

(b) Results chain for a new situation

When the Plan's basic structure has been determined, and chartfields created and recorded as necessary (for new PPGs, cost centres, or sites), develop a results chain. Results chains for emergency operations should be kept simple, focusing on the key results the operation expects to achieve in the emergency phase with only a limited number of objectives, outputs and indicators. This will simplify budgeting (including requests for additional resources), partnership agreements, monitoring and reporting. There is always the opportunity to add later new objectives, outputs and indicators post-emergency. The selection of indicators, the establishment of baselines and targets and the inclusion of narrative in the operations plan is not mandatory immediately. However, it is recommended to include them as early as possible in line with the Resource Planning and Management Board (RPMB) submissions.

- Select the relevant rights groups (thematic groups of objectives). With few exceptions, any rights group can fall under any goal.
- Select objectives and outputs from the pre-defined menu.
- Add or select impact indicator(s) for each selected objective; set a baseline; set targets (both prioritized and comprehensive).
- Add or select performance indicator(s) for each selected output; set targets (both prioritized and comprehensive).

What is a baseline?

Baseline: shows the situation for an impact indicator at the beginning of a planning period (when an emergency has occurred) and is used to measure progress over time.

What is a comprehensive target?

Comprehensive Targets (OP Targets): for Impact Indicators and Performance Indicators display the level of planned achievement for a comprehensive plan and if the entire OP budget for an objective or output is made available for the planned implementation period.

What is a prioritized target?

Prioritized or Operating Level Targets (OL Targets): for Impact Indicators and Performance Indicators display the level of prioritised planned achievement and with the OL level budget.

The operation selects impact and performance indicators from a pre-defined menu. Each output and objective must have at least one indicator, and may have several.

The operation then sets baselines for impact indicators, and targets for both impact and performance indicators. Comprehensive or overall targets (that assume full funding) and prioritized targets (if funding is incomplete) must be set separately. Every objective should be accompanied by a narrative that presents each deliverable and how it will be implemented. Both comprehensive and prioritized targets must be consistent with objectives, and outputs must be consistent with associated targets and budgets.

Operations are encouraged to choose a limited number of indicators, bearing in mind that each requires clear measurement criteria, a monitoring plan, and data collection mechanisms. If an indicator cannot be measured, it should not be selected.

(c) Developing budgets

Operations are encouraged to make use of the UNHCR Emergency Response Budgeting Template to assist in developing credible budgets. The overview below addresses comprehensive and prioritized budgets:

- Comprehensive budgets = Operations Plan (OP).
- Prioritized budgets = Operating level (OL).

Comprehensive (needs-based) budget requirements for operational elements are calculated and entered for each selected output, using relevant chartfields.

The comprehensive budget of an Operations Plan sums the resources that will be required to implement all the interventions necessary to meet the new needs of persons of concern that are due to an emergency situation. Because needs almost always exceed the resources available, UNHCR also prioritizes its interventions, based on the Operating level.

Each Operations Plan (OP) is broken down into two elements: activities and budgets in the operating level (OL); and activities and budgets above operating level (AOL). OL + AOL = OP.

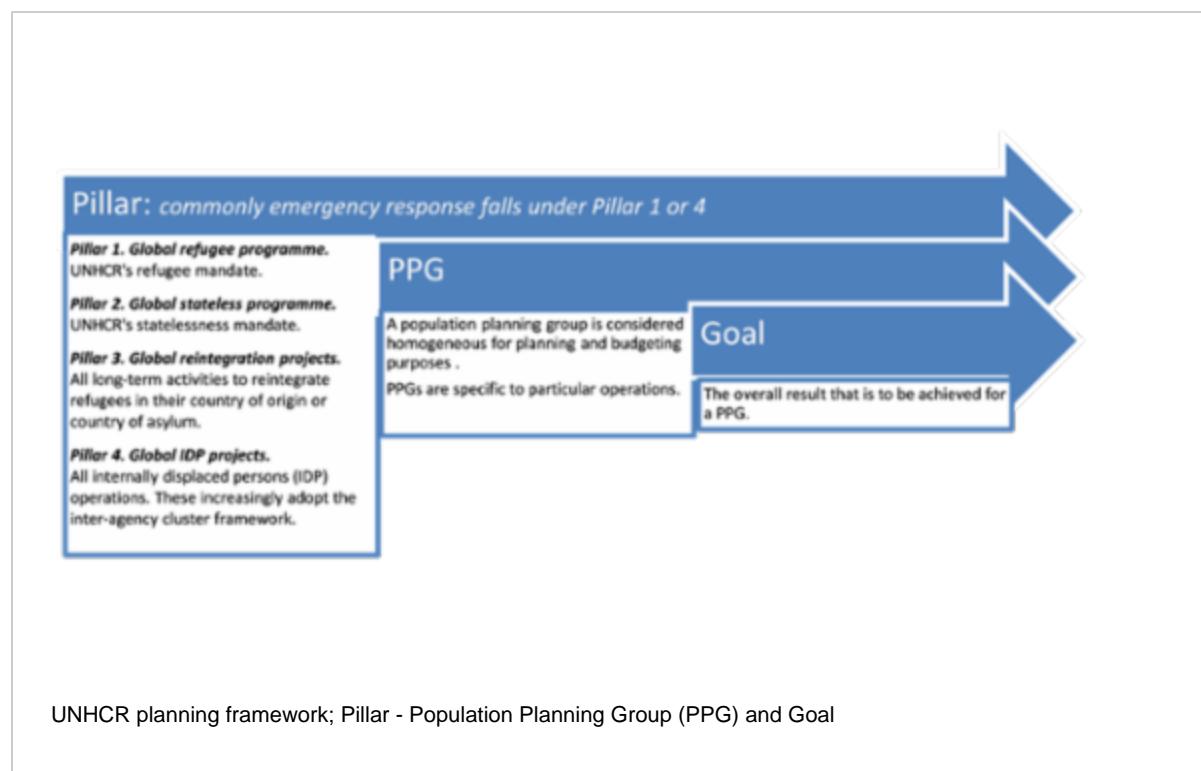
To prioritize, staff must place each objective and output in one of three categories, triggering the assignment of a corresponding budget. An objective and output is

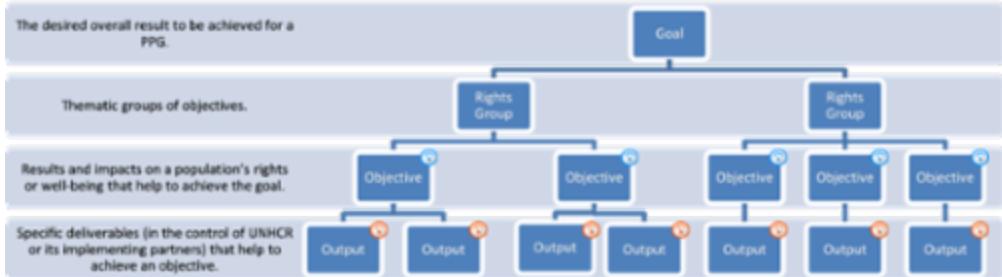
- **Not prioritized** if it is fully above the OL. Implementation is a low priority. OL = 0.
- **Partially prioritized** if it falls partly in the OL. Implementation is a medium priority. OP>OL.
- **Prioritized** if it falls fully in the OL. Implementation is a high priority. OP = OL.

Because emergency situations are volatile, both comprehensive and prioritized Operations Plans need frequent revision. They should be seen as documents in evolution, responsive to the needs of populations of concern, inter-agency planning, available information, and decisions on resource allocation.

(d) Post-emergency phase

UNHCR's emergency interventions should eventually be integrated in longer term planning exercises or phased out. Such decisions (including their timing and process) should be made by the UNHCR office in consultation with the relevant bureau. The bureau should confirm decisions on phasing out or integration in regular operations management cycle, after consulting other divisions, no later than in January for the next planning year.





UNHCR results chain

The screenshot shows a slide from the PM2 Module 3c - Developing the Operations Plan. The slide title is "PM2 Module 3c - Developing the Operations Plan". The content discusses the prioritization exercise generating two components of the Operations plan: one within the Operating level and one Above the operating level. A diagram illustrates this with three circles: 'OL' (Operating Level), 'AOL' (Above Operating Level), and 'OP Budget'. Below the diagram, a transcript lists numbered points related to the budgeting process. The UNHCR logo is visible in the top right corner.

UNHCR budget: Operating Level (OL) and Above Operating Level (AOL)

4. How to implement this at field level?

(a) Initial stage

At the start of an emergency, the first priority is to obtain essential resources and other forms of support from UNHCR HQ. The UNHCR office submits a request for initial allocation of additional budgetary resources.

This request describes essential elements of the Plan, and identifies the resources required. For a new emergency response, the essential elements are:

- The Plan's structure (pillar, PPG, goal).
- Main activities, grouped in terms of initial objectives, with budgets at the level of outputs.

On approval by UNHCR HQ, this basic planning information should be entered in Focus and submitted.

(b) Integration of inter-agency planning

The basic Plan is elaborated and adjusted as more information becomes available about the needs of persons of concern, the role UNHCR will assume in the emergency response, and through the inter-agency planning process. The UNHCR office adjusts the internal Plan to make it consistent with the outcome of the inter-agency planning process.

When the requirements for a programme in a given year exceed USD 10 million, the Resource Planning and Management Board (RPMB) must establish a Supplementary Programme with an additional operations plan and Operating Level.

Further requests to increase requirements must be accompanied by a memorandum justifying each request, and Appendix 1A or Appendix 1AA describing expected results.

(c) Internal Plan records

When response delivery and implementation are under way, the UNHCR office must update the Plan in *Focus*, to establish accountability and enable it to report on achievements. The Plan should be amended to include:

- Selected objectives and final narratives at the level of objectives.
- Selected and specified outputs.
- Targets and baselines for impact indicators.
- Targets for performance indicators, to measure the performance of both UNHCR and partner agencies.

There is no set term by which an operation should have recorded all elements of the Plan, because by definition an emergency response cannot be programmed until it occurs. Operations are strongly encouraged to record the internal Plan in UNHCR's internal systems and records (*Focus*, MSRP, Project Partnership Agreements) before the end of the calendar year in which an emergency occurs.

(d) Post-emergency

In the final stage of an operations plan in emergencies, UNHCR manages disengagement, phase-out or integration in the longer term planning. This is determined by the needs of persons of concern, and involves planning, implementation and reporting. Decisions are taken in consultation with the relevant bureau.

5. Links

UNHCR indicator guidance

UNHCR, Focus practical guidelines for planning

Need help?

CONTACT The Division of Strategic Planning and Results, Integrated Programme Service at:
hqdpmps@unhcr.org

Annexes

- Sample request to budget committee for new additional requirements
- UNHCR, checklist for setting up emergency programmes in Focus
- UNHCR, Financial Resource Request Form
- UNHCR, frequently used objectives (refugee and IDP operations) in emergencies
- UNHCR Results Framework
- UNHCR, chartfield creation form
- Emergency Response Budgeting Template Rev 2020
- UNHCR, Budget Control Plan (BCP) form

Version and document date

Version: 4.1

Document date: 06.05.2022

Transformative agenda (IASC)

Key points

- In both sudden and slow-onset L3 emergencies, the TA's overarching objectives and principles should be given the same attention and priority.
- In refugee situations, UNHCR is mandated to lead and coordinate international action (sector coordination, as established in the refugee coordination model, precludes the establishment of clusters).
- When L3 emergencies are declared, UNHCR is expected to commit staff, resources and expertise to its cluster leadership responsibilities.
- In complex emergencies affecting IDPs, UNHCR should be fully engaged in the Humanitarian Country Team (HCT) at Representative level to ensure that the situation of IDPs is fully taken into account in operational planning and implementation.
- In complex emergencies affecting refugees, UNHCR should share information on its operations and conduct these in the spirit of the TA, as laid down in the refugee coordination model.

1. Overview

In light of the growing recognition of the weaknesses in the multilateral humanitarian response, the Inter-Agency Standing Committee (IASC) Principals decided to review the approach to humanitarian response and made adjustments, building on the lessons learned from the Haiti and Pakistan disasters of 2010 and 2011. In December 2011, the Principals agreed on a set of actions, known as the 'Transformative Agenda' (TA), focusing on three areas: leadership; coordination; and accountability.

It commits humanitarian agencies to a reform process designed to improve the effectiveness of humanitarian responses by making them more predictable, accountable and responsible, and by promoting partnership. The TA aims to improve the quality of leadership and strategic planning, and further strengthen the coordination between IASC actors, who include UN agencies, international and national NGOs.

The TA created a set of procedures for a collective response to humanitarian crises. Central to the TA is the declaration of a 'Level 3' (L3) emergency, which is a major sudden-onset humanitarian crisis, triggered by natural disaster or conflict that requires a system-wide mobilization and response, as determined collectively by the IASC Principals under the leadership of the Emergency Relief Coordinator (ERC). Level 3 emergencies have set activation and deactivation mechanisms (see entry Humanitarian system-wide Level 3 emergency declaration policy). For Level 3 emergencies, additional protocols such as the Humanitarian System-Wide Emergency Activation: definition and procedures; Inter-Agency Rapid Response Mechanism and Empowered Leadership are also applicable.

The TA recognizes the unique mandate of the High Commissioner; a footnote included in its protocols states the following: 'Noting that in emergencies which involve refugees, the UNHCR representative has the mandate to prepare for, lead and coordinate the refugee response'.

2. Purpose and relevance for emergency operations

The Transformative Agenda represents a renewed commitment by humanitarian actors to work together in an accountable manner to achieve collective results. The TA's main aim is to strengthen and streamline humanitarian responses; for emergencies especially those declared L3 ones. For determining an L3, five criteria have been agreed: scale, urgency, complexity, national capacity, and reputational risk.

The implementation of the humanitarian response to an L3 emergency is guided by the set of protocols referenced below.

Humanitarian system-wide emergency activation (specific for Level 3)

This document sets out the activation procedures for an IASC system-wide L3 emergency declaration, applying the five criteria set out above. Following an initial analysis led by OCHA and based on a recommendation from the Emergency Director's Group, the ERC consults with IASC Principals and determines whether or not an L3 declaration is warranted. The IASC Principals meeting generally also examines the most appropriate leadership model; the composition of the Inter Agency Rapid Response Mechanism (IARRM) to be deployed; the initial period for which the declaration will be in place; common advocacy priorities and messages; and other context-specific arrangements.

An L3 declaration triggers a number of measures, including the following, if not already in place:

- Establishment of an HCT (with the current RC hatted as HC on an interim basis pending a decision on the most appropriate leadership model);
- Deployment within 72 hours of a Senior/Emergency Humanitarian Coordinator for up to 3 months;
- Deployment of an IARRM core team on a 'no regrets' basis;
- Immediate implementation of the Multi-sector Initial Rapid Assessment (MIRA), particularly the Preliminary Scenario Definition;
- Elaboration of a strategic statement within 5 days (laying out priorities and a common strategic approach);
- Immediate initial CERF allocation of US\$10-20 million
- Activation of the 'empowered leadership' model

Concept paper on 'Empowered leadership' (specific for L3 only)

This paper focuses on the 'empowered leadership' of the Humanitarian Coordinator during the initial 3-month period following the declaration of a system-wide L3 emergency. It also acknowledges that the HC can only be effective as leader if the other leaders within the Humanitarian Country Team (HCT) are also empowered to meet their responsibilities. As 'empowered leader', the HC takes decisions on behalf of the HCT when there is no consensus and a delay in decision-making could have a serious effect on the welfare of people for whom the humanitarian operation exists.

Responding to L3 emergencies: what 'empowered leadership' looks like in practice

This protocol describes empowered leadership in practice. It includes a summary of what needs to be done in the first 10 days of an L3 emergency.

This module summarizes the main elements of cluster coordination. (Note: clusters are not established for refugee emergencies.) It is designed to ensure that cluster coordination is geared towards ensuring effective operational delivery and humanitarian outcomes. New tools for measuring cluster performance and the impact of their work are currently being finalized.

The humanitarian programme cycle (HPC)

The HPC is designed to highlight and streamline core processes of the humanitarian response and improve the coordination on which the accomplishment of objectives depends. It has six key elements: (1) preparedness, (2) needs assessment and analysis; (3) strategic response planning; (4) resource mobilization; (5) implementation and monitoring; and (6) operational review and evaluation. An additional continuous dimension of the HPC is emergency response preparedness (illustrated below).

The sequencing and timelines of sudden onset emergencies differ from those of protracted emergencies; however, the HPC's overall objectives and principles (effectiveness, accountability, evidence-based planning, inclusivity, inter-agency collaboration and field ownership) are the same. In sudden-onset crises, decisions need to be taken quickly based on limited or incomplete information, because of the need to act; the HPC timelines in emergencies is therefore accelerated. In protracted crises, humanitarian actors have more time to consult at national and subnational levels and more time to assess need.

Accountability to Affected Populations

In 2012, the IASC Principals endorsed 5 commitments on accountability to affected populations (AAP) and collectively agreed to apply these principles in their organisations, and to promote them in clusters and with partners. An IASC Task team on AAP and prevention of sexual exploitation and abuse (PSEA) was established to provide technical guidance, tools and other resources. This is currently co-chaired by UNHCR, and enhancing our accountability to affected populations in emergencies is a corporate priority for UNHCR. An operational framework guides agencies in how to be more accountable to those they serve.

Inter-agency rapid response mechanism (IARRM) concept note (specific only for Level 3)

The IARRM articulates the commitment of IASC agencies to maintain a roster of senior, experienced and trained L3 capable staff on standby for immediate deployment, to support the HCT in defining and implementing a humanitarian response. It describes the activation process and its various functions in a system-wide L3 emergency.

Common framework for preparedness

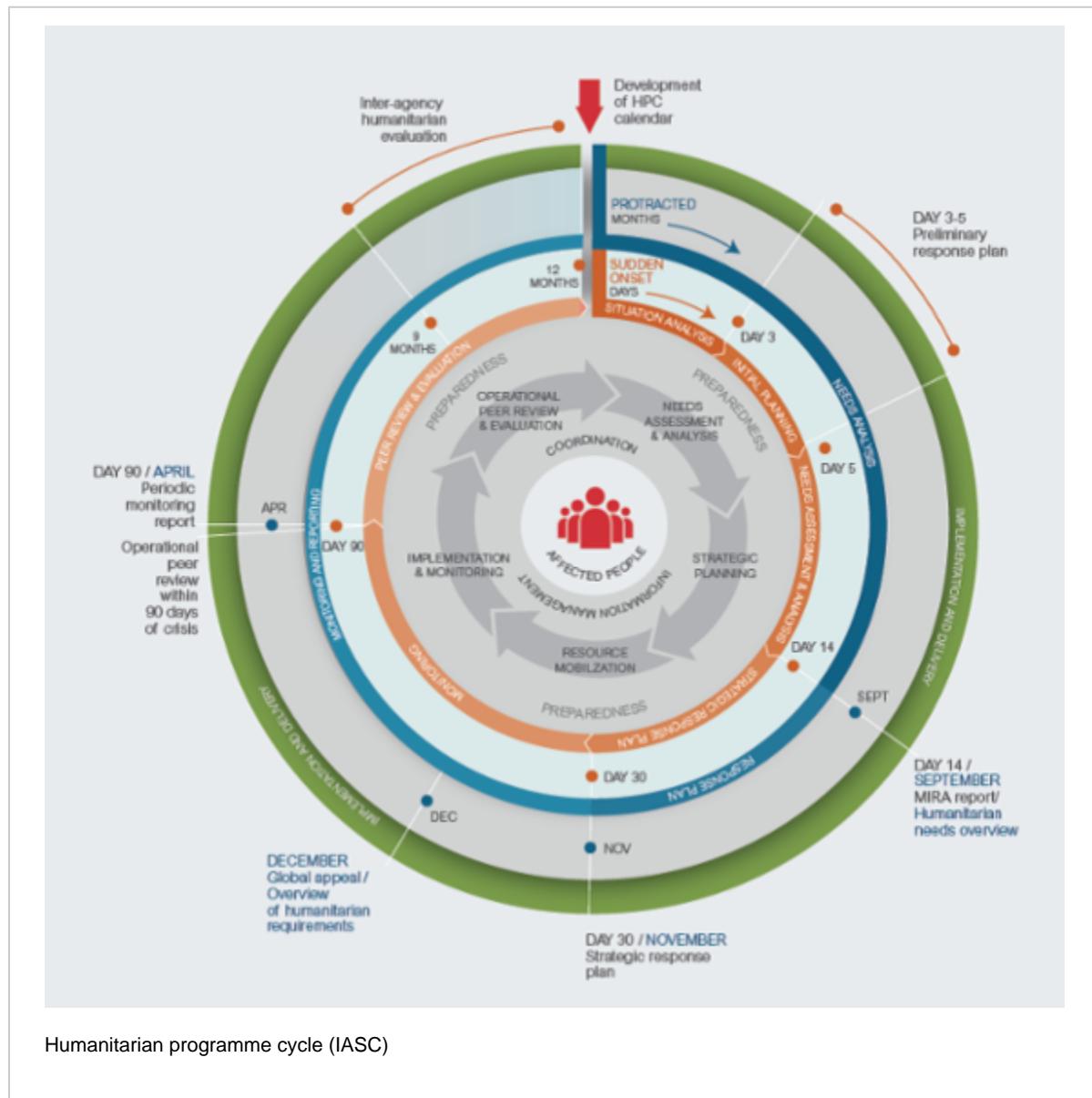
The Common Framework for Preparedness supports the development of preparedness capacity in a systematic manner at country level. It enables humanitarian actors to collectively assess capacity, evaluate risks, and plan and train for foreseeable emergencies in advance.

IASC Principals statement on the Centrality of Protection

In October 2013, the IASC Principals agreed that 'protection in humanitarian action' was a strategic priority for the period 2014-2016. The decision was motivated in part by the findings and recommendations of the Secretary General's Internal Review Panel on United Nations Actions in Sri Lanka (IRP Report), and the subsequent adoption by the UN of the Rights Up Front Action Plan. This declares that the UN has an overriding obligation to protect people in accordance with human rights, wherever they may be, and must prevent and respond to violations of international human rights and

humanitarian law.

Following this decision, the IASC Principals endorsed in December 2013 a statement on Centrality of Protection in Humanitarian Action. The statement affirms the commitment to ensuring the centrality of protection in humanitarian action and the role of the HC, HCT and Clusters to implement this commitment in all aspects of humanitarian action. Protection lies at the heart of humanitarian action, and must be central to preparedness, immediate and life-saving activities, and throughout the humanitarian response and beyond.



3. Underlying process – how does this work?

Following the declaration of an L3 emergency by the Emergency Relief Coordinator (ERC), the IARRM is activated: UNHCR must be prepared to deploy staff with the required level and profile to ensure it can deliver on its cluster coordination commitments.

Note. Leadership at the start of crises may vary according to circumstances, but ideally responsibility will quickly be assumed by a humanitarian country team (HCT), which differs from a UN country team (UNCT) in its terms of reference and membership. It is usually composed of UN humanitarian agencies and NGOs; Red Cross and Red Crescent Movement attend as observers. For HCT ToRs see: <http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-common-default&sb=77>

4. UNHCR's role and accountabilities

In IDP and complex emergencies, where a HC has been appointed and an HCT established, the High Commissioner has committed that UNHCR will engage fully at Representative level in the HCT and will play a meaningful role in planning, priority-setting and coordination of the response. The High Commissioner has also undertaken to ensure that UNHCR's leadership and coordination capacity will be adequate to discharge its cluster lead responsibilities, and contribute to the inter-agency response.

5. Links

Inter-Agency Standing Committee

IASC Transformative Agenda

The IASC's Transformative Agenda and Implications for UNHCR

Need help?

CONTACT Julian Herrera, IACS, DER. At: herreraj@unhcr.org.

Stefanie Krause, DESS. At: krauses@unhcr.org.

Annexes

- IASC, Concept Paper on Empowered Leadership, March 2014 (revised)
- IASC, Humanitarian System-Wide Emergency Activation. Definition and procedures
- IASC, Responding to Level 3 Emergencies. What 'Empowered Leadership' looks like in practice
- IASC, Reference Module for Cluster Coordination at the Country Level
- IASC, Accountability to Affected Populations Operational Framework
- IASC, Inter-Agency Rapid Response Mechanism (IARRM), Concept Note
- IASC, Common Framework for Preparedness
- IASC Principles, Statement on the Centrality of Protection
- IASC, The Humanitarian Programme Cycle, Reference Module Version 1.0

Version and document date

Version: 2.1

Document date: 06.05.2022

Child protection

Key points

- Link identification, screening and prioritisation of children at risk to registration processes, so that children who are most in need are identified quickly and efficiently.
- Set up a simple, easy to manage Best Interests Procedure procedures early on, and ensure that they link to referral mechanisms for assistance and support. Consider linking these procedures to registration.
- Make sure that child protection programmes engage actively with the community, to identify excluded children who may be in need of assistance.
- Involve adolescents and young people in the design and delivery of child protection services.
- Design child protection services to be as decentralised as possible. This approach should be taken to community activities at neighbourhood level, centre-based programmes, and activities that link with services in other sectors such as education, nutrition and health.
- Consider developing protection activities in urban contexts, using sport and recreation or child friendly spaces as entry points, for example.

1. Overview

UNHCR acts to protect children (persons who are under 18 years of age) by responding to their specific needs and the risks they face. It protects, and campaigns, against all forms of discrimination; prevents and responds to abuse, neglect, violence and exploitation; ensures immediate access to appropriate services; and provides durable solutions in the child's best interest. Situations of forced displacement and emergency have devastating effects on children's lives, and boys and girls are uniquely vulnerable

due to their age and social status.

The international humanitarian system recognizes child protection is a life-saving priority. Child protection prevention and response mechanisms responses must be established from the start of an emergency, or children's lives and well-being will be put at risk. The most important outcomes of child protection are to prevent violence, abuse and exploitation, and to ensure displaced children access to protection services, by establishing or supporting national and community-level child protection systems.

2. Protection objectives

Priority objectives during the first phase of an emergency:

- To ensure that girls and boys are safe where they live, learn and play.
- To strengthen the capacity of children to participate in their own protection.
- To give girls and boys child-friendly access to asylum, refugee and other legal procedures, and to essential documents.
- To ensure that girls and boys with specific needs receive targeted support.

3. Underlying principles and standards

- The UN Convention on the Rights of the Child.

Core principles include: the child's survival and development, best interests of the child, non-discrimination, children's participation.

- Sphere, Minimum Standards for Child Protection in Humanitarian Action, and its core principles and standards for child protection work (see the diagram below).
- Rights-based approaches, including age, gender, and diversity mainstreaming (AGD).

UNHCR seeks to empower individuals and communities to exercise their rights, rather than solely viewing them as 'beneficiaries' of assistance. It works to ensure that women, men, girls and boys of all ages and diverse backgrounds enjoy their rights on an equal basis and are able to participate fully in decisions that affect their lives.

- Full integration of child protection.

UNHCR engages with partner organizations across all functions to ensure that child protection is integrated in all programming as part of the humanitarian response.

- The InterAgency Guiding Principles on Unaccompanied and Separated Children

These principles provide definitions and key standards and principles for preventing and responding to family separation, and on working with unaccompanied and separated children.

MINIMUM STANDARDS FOR CHILD PROTECTION IN HUMANITARIAN ACTION

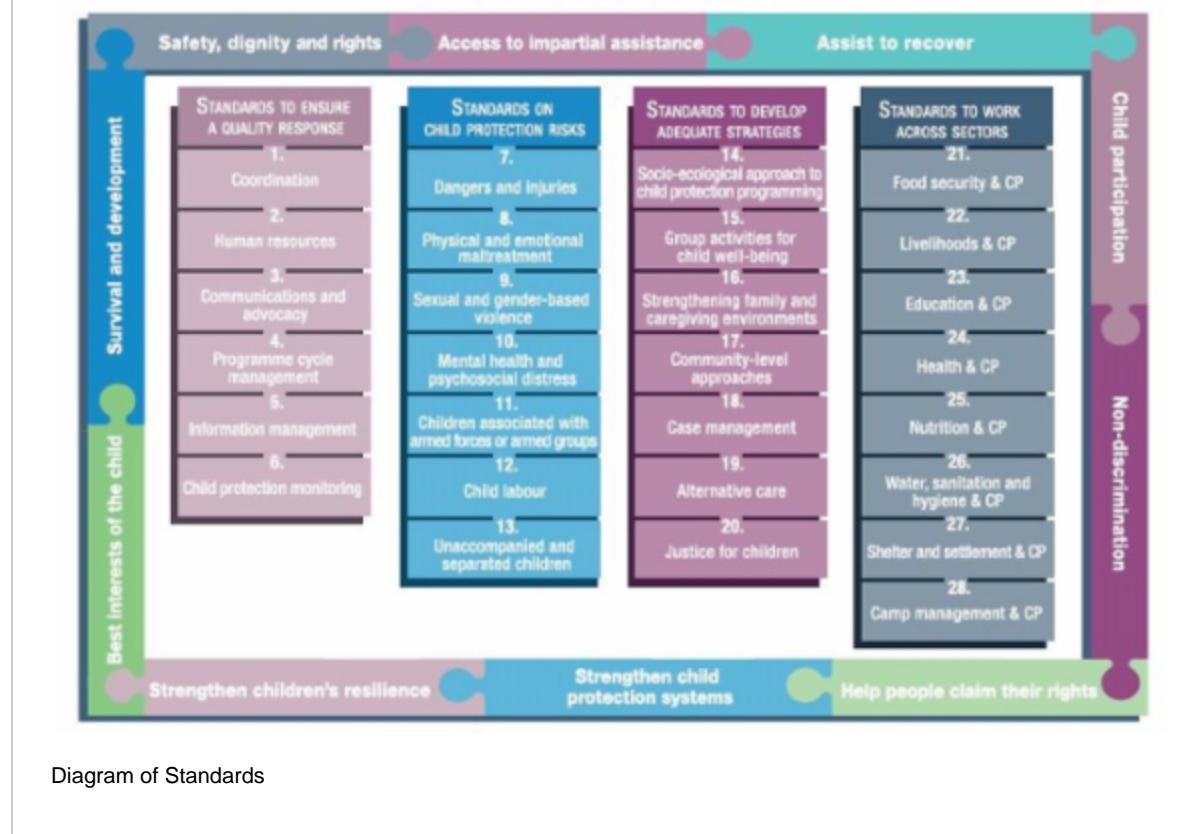


Diagram of Standards

4. Protection Risks

- Lack of access to asylum procedures or procedures that are child-friendly. If asylum processes are not child sensitive, children may not be able to exercise their right to seek asylum, or may be put in a position where they are easily exploited by adults.
- Separation from parents and caregivers. Children can become separated from their parents and caregivers before or during flight or while in displacement. They can be sent away, abandoned, or encouraged to live alone (because, for example, their carers believe they will receive more support). UASC are often particularly at risk of violence, exploitation, abuse or neglect.
- Sexual violence and sexual exploitation. Displaced children are particularly at risk of sexual violence and exploitation. A high proportion of survivors of sexual violence are girls, but boys are also affected.
- Mental disorders and psychosocial distress. In contexts of forced displacement, children are exposed to traumatic events as well as high levels of daily stress. Without adequate support, many are likely to develop health issues.
- Children associated with armed forces and armed groups. Refugee and displaced children, especially adolescents who are not in school, may be recruited by armed forces and armed groups. Such children are often exposed to extreme violence and may be abused, exploited, injured or killed.

- Trafficking, smuggling, sale and illegal adoption, inappropriate adoption. Displaced children may be targeted for trafficking, smuggling, sale and illegal adoption. UASC are particularly at risk.
- Physical violence and harmful practices. In displacement, children are at increased risk of domestic violence, abuse and corporal punishment, because their families are under acute strain and community protection mechanisms are disrupted. In their efforts to cope, families may adopt harmful practices, and children may adopt negative coping mechanisms, including substance abuse.
- Child labour. When families lose their income and assets, children are more likely to become involved in the worst forms of child labour (WFCL), such as forced or bonded labour. Children may be used in armed conflicts, trafficked for exploitative work or sexual exploitation, engaged in illicit work, or forced to do work that is likely to harm their health, safety or morals.
- Dangers and injuries. Children living in insecure or unsafe conditions are at greater risk of injury and disability. When they are in, or travel through, conflict zones, for example, they risk injury from unexploded ordnance and landmines.
- Detention. Particularly in the context of political conflicts, children who participate in political activities (or are perceived to have participated in them) are commonly detained. Children seeking asylum may also be detained. Especially when they are held in facilities alongside adults, children in detention are at risk of psychological, physical and sexual abuse and other harms to their development.

5. Other risks

- Reputational risks. Should UNHCR fail to protect children adequately, this will harm its credibility and moral authority.
- Should UNHCR staff or the staff of partner organizations exploit or abuse children, it will also jeopardise the organisation's credibility with communities, governments and the media, and harm its ability to operate. (See the Entry on prevention of sexual exploitation and abuse : PSEA).

6. Key decision points

It is vital that protection of children is prioritised. These should determine programme design, alongside factors such as the number of children at risk, and assistance and protection services that are already operational. It is important to continuously monitor and analyse the nature and scale of risks to children, the capacity of populations of concern and the child protection system to address those risks.

7. Key steps

Analyse child protection needs and capacities and plan the response

- Assess child protection needs and risks and prioritise them in terms of severity and scale. Base initial assessments on pre-crisis and secondary data, and that risks for children are prevalent even if there is no data to substantiate this.

- Consider what further information is needed. This can be collected by including child protection questions and issues in initial rapid needs assessments (within 1 – 3 weeks), or specifically assessing child protection concerns (within 4-6 weeks, ongoing as required).
- Assess the capacity of the child protection system, of UNHCR, partners, and other key actors. Look for ways to connect with and build on existing capacity.
- Monitor and report on child protection issues and violations. There is a specific obligation to monitor and report on grave violations against children in countries where the Monitoring and Reporting Mechanism (MRM) operates under Security Council Resolution 1612.
- Identify gaps in UNHCR capacity and the need for dedicated child protection staff. Review the percentage of children in the population and the severity of the child protection risks. Consider asking UNHCR HQ to deploy additional child protection personnel and provide expert guidance.
- Establish or strengthen coordination mechanisms for child protection. To start with, focus on technical and strategic guidance, identifying gaps, and ensuring that services are not duplicated.
- Develop a capacity building strategy for volunteers, partners, Government and different categories of UNHCR staff. UNICEF is often able to support capacity building technically. Consider coaching, mentoring, self-learning, and other methods in addition to training, and tie training to performance outcomes.

2. Establish mechanisms to identify, prioritise, assess and refer children at risk

At registration

- Include clear guidelines and screening questions in Level 1 and 2 registration procedures that will identify vulnerable children.
- Assign child protection staff to registration points and establish a child protection desk.
- Establish referral pathways and criteria for prioritizing identified children at risk. Prioritization should be based on an evaluation of exposure to risk, and referral pathways should be part of the operation's best interests procedure for children at risk.
- As soon as possible, train registration and other key staff to identify and refer children at risk, and in how to communicate with children.
- Ensure registration environment and process are child-friendly, including providing communication material and information that are accessible to children of different ages and abilities.

At camp / site / city level

- Set up a functioning best interests procedure (BIP) and ensure that enough UNHCR and partner staff are available for implementation.
- Agree on prioritisation criteria, referral pathways, and BIP Standard Operating Procedures (i.e. SOPs for case management) of children at risk.
- As part of the BIP, establish clear roles, responsibilities and mechanisms to ensure that Best Interest Assessments (BIAs) are systematically conducted for UASC and other children at risk.

- Information recorded in relation to cases of individual children at risk should be stored securely and confidentially using the Child Protection Module in proGres V4 wherever this is in use. The Child Protection Information Management System or other systems may be used by some partners, in which case UNHCR will need to find ways to share information appropriately.
- Ensure that asylum and assistance procedures are child-friendly, for example by consulting children on UNHCR and partner procedures and integrating their feedback, and providing information to children in a format that they can understand.
- Coordinate with health centres to ensure that birth notifications are issued for new-borns and that steps are taken register births properly through civil registration authorities.

3. Prevent, and respond to, separation of children from parents and caregivers

- Put in place measures to prevent separation during arrival, relocation and evacuations. (Ensure families are kept together, do not transfer children alone without screening first, etc.)
- Ensure that assistance procedures do not encourage deliberate separation (for example by targeting UASC, or encouraging families to split in order to receive additional assistance).
- Ensure that mechanisms are in place to identify, refer, document, trace and reunify children. Coordinate with ICRC and national Red Cross/Crescent Societies.
- Support or establish tracing activities (community-based tracing mechanisms, listening posts, children's desks, phone calls, progress searches, etc.), as necessary.
- Ensure that Best Interests Procedure is in place for all children who require tracing and reunification. (See the Entry on Best Interests Procedures
.)

4. Ensure adequate alternative care services

- Seek to understand traditional care strategies for UASC (including potential protection risks linked to these). Assess the capacity of the community to absorb children that need care, and the complementary support that is potentially required. Complementary support be based on the family's vulnerability rather than the fact that the family is caring for UASC, so as to prevent deliberate separation in the hope of assistance.
- Conduct BIA for all children are considered for, or who are in, alternative care. If numbers are high, prioritize younger children and unaccompanied children.
- Identify a range of alternative care options for children in different situations. Prioritize younger children for family-based care, and keep siblings together. Options are likely to include foster care, and supported/supervised independent living for older children or child-headed households, for whom family-based care has been explored and proven to be unfeasible. Residential care arrangements in family-like settings may be considered if the community's foster-care capacity is overwhelmed. Institutional care should be a last resort and for the shortest possible time.
- Mobilize community leaders and community-based organizations (such as foster parents' associations) to support alternative care.

5. Provide psychosocial support for children, parents and caregivers

- Provide parents and caregivers with information on child psychosocial distress, and on how they can support their children to recover, as well as access services.
- Establish regular structured recreational activities, led by community volunteers, and coordinate these with education activities. This may include child friendly spaces, ensuring that age and gender-sensitive activities are developed and implemented for teenagers.
- Ensure that psychosocial support activities link to and support safe emergency education of good quality.
- Work with other sectors to ensure that they consider the protection and wellbeing of children. Assist them to make their services child-friendly and accessible.

6. Prevent and respond to sexual violence and exploitation

- Ensure that measures to prevent sexual violence and sexual exploitation include children (for example, by identifying risk factors specific to children).
- Ensure that response and referral mechanisms are adapted to the needs of children and link to Best Interests Procedure (including, but not limited to, alternative care, BIP) where necessary.
- Provide information on access to services and child protection. Make information child-friendly. Access to information helps to prevent sexual exploitation.
- Put in place immediate safety and security measures. These include policing and emergency lighting at displacement sites, and screening procedures at points of entry to and departure from affected areas, to prevent abductions, trafficking and violence, and accommodating child-headed households close to vetted community households.

7. Strengthen community-based child protection mechanisms and national child protection system

- Identify community-based mechanisms, traditions and practices that contribute to the protection of children. Identify, training and mobilise resource people who can identify and refer protection risks and children at risk.
- Promote community-led initiatives to strengthen the protective environment (awareness-raising, referrals, follow-up of children at risk, etc.).
- Map the structure, capacity and procedures of the national child protection system, degree to which children of concern to UNHCR have access to these, and support needs.
- Work with national authorities and UNICEF at the national level and the field to strengthen capacity, quality and responsiveness of the national system, and advocate to ensure children of concern have non-dissimilatory access.

8. Prevent recruitment and support the release and reintegration of children associated with armed forces and armed groups (CAAFAG)

- Ensure screening and identification procedures are in place for CAAFAG and that procedures for ex-combatants are child-sensitive.
- Do not detain children unless absolutely necessary. If detention is unavoidable, detain children separately, and avoid separating siblings.
- As a prevention and response strategy in all contexts, ensure that children have access to psychosocial, educational, livelihood and recreational activities that are not stigmatizing.

8. Key management considerations

- Legal and policy framework. Do you need to advocate in support of strengthening and/or implementing policies? Do any legal barriers prevent children from accessing the protection system or protective measures?
- Knowledge and data. Is information available on children at risk? Is it disaggregated by sex and age? Is child protection reflected in situation reports? Is the planned response evidence-based? Are adequate information management systems for child protection budgeted and in place? Are child protection programmes systematically monitored? How are the programmes monitored? Has a monitoring and evaluation framework for child protection programmes been developed? Is it integrated with other programmes?
- Coordination. Are mechanisms in place to coordinate child protection responses? Do they consider child protection effectively? Are a child protection strategy and plan of action in place? Have partners been consulted in their development? Are there gaps or duplications in the response? Are child protection, SGBV, and education programmes linked? Are child protection concerns mainstreamed in other sectors?
- Human and financial capacity. Is the budget for child protection adequate and linked to the protection of children of concern? Is child protection adequately reflected in appeals and strategic plans? Are more dedicated UNHCR child protection staff needed? Have managers trained on child protection? Emergency partners, including Government agencies, may require UNHCR leadership to help them to develop sustainable programmes while funding is available.
- Prevention and response. Have preventive child protection programmes been established promptly and effectively? Are they appropriate and adequate? Do they build on existing systems and capacities? Do SGBV and education programmes consider the needs of child survivors? Is the child protection programme focusing narrowly on UASC at the cost of other protection issues or other children at risk? Are specific programmes for adolescents in place?
- Advocacy and awareness. What is the advocacy strategy? Are child protection issues that require advocacy regularly raised at management meetings and meetings with key partners?

9. Resources and partnerships

Staff

- At the start of an emergency, it is recommended that UNHCR should deploy specialist expertise in child protection (at P3 level) to help assess risks, set up systems, and build capacity. Additional specialist national and international staff should be hired or deployed as required (taking account of the number of children in need, the capacity and availability of child protection partners, and the risks to children). Information on staffing norms (in particular the number of staff per child for case management and activities involving children) may be found in Child Protection Minimum Standards and associated resources.

Partnerships

- Key partners for child protection usually include relevant Government department(s), UNICEF, the UN Mission (where present), international NGOs, national NGOs, and local and community-based organizations.

Financial requirements

- Ensure that the budgets for programming, technical support and supervision, and ongoing capacity building are sufficient. Recognise that case management requires sufficient staffing and allocate resources accordingly (see UNHCR BIP Guidelines). Child protection budgets should include staff, infrastructure, equipment, material assistance, and capacity building. Child protection budgets should include staff, infrastructure, equipment, material assistance, and capacity building.

Materials

- Kits are normally required for case management, tracing, and child friendly spaces. (UNICEF is often able to provide the latter.) Tents may be required in the short term.

CRC guiding principles



7

 Action for the rights of children
ARC resource pack

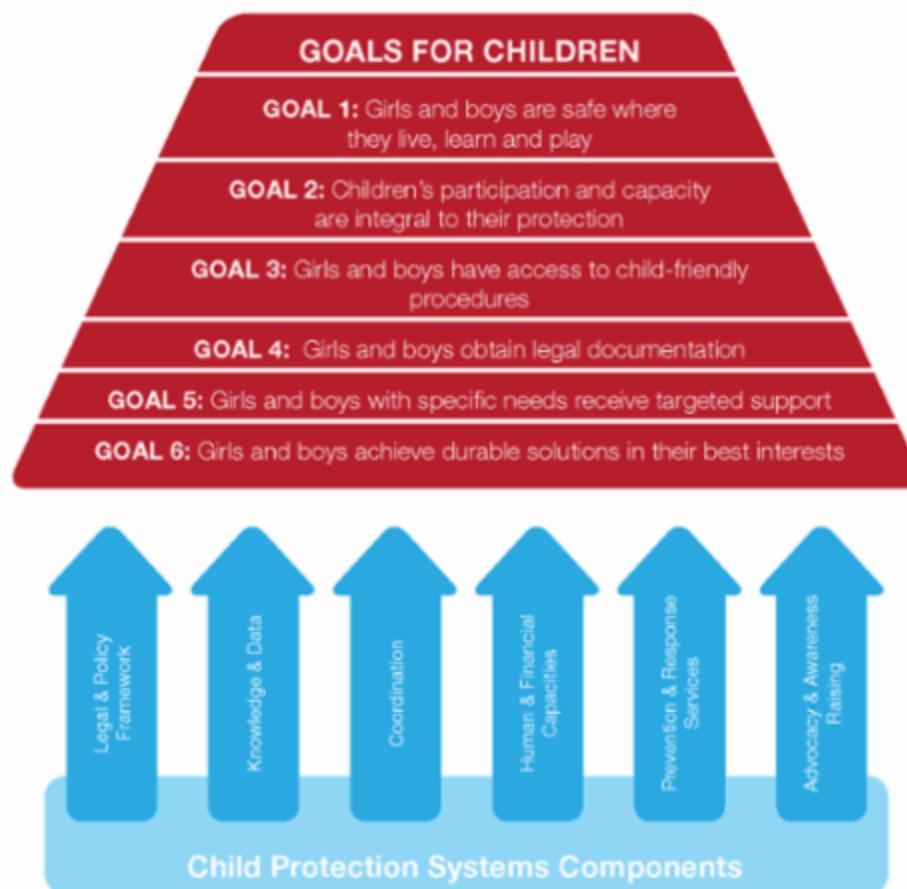


The BIA and the BID are two key tools for the implementation of BIP. Other tools can be used at different stages of BIP as seen in the table below. Note that examples of these tools can be found in the SOPs Toolkit.

Step*	Tools
Identification and Intake	Prioritisation criteria; Identification form; Screening tool; Consent form.
Best Interests Assessment	Best Interests Assessment example forms: Rapid BIA form (Annex 6); Comprehensive BIA form (Annex 7).
Case Planning	Case plan form.
Implementation	Referral form
Follow-up and review	Follow-up form
Case Closure	Closure form; child feedback form.
BID (can be initiated at any step)	BID report form (Annex 8); BID review form (Annex 9)

- * Note that the steps in BIP are the same as those outlined in the Interagency Case Management Guidelines.
- * Note that all steps can be documented in proGres Version 4.

CRC Principles



10. Links

Save the Children Resource Centre

Unaccompanied and Separated Children Handbook and Toolkit

UNCHR Child Protection Issue Briefs on specific areas of child protection

Refworld Children and Youth page

Alliance for Child Protection in Humanitarian Action

UNHCR, Engagement in Situations of Internal Displacement, Provisional Guidance, 2016

Alliance for Child Protection in Humanitarian Action

Need help?

CONTACT As a first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; or the UNHCR Snr. Regional Protection Officer (SGBV/Child or Community-based). The Child Protection and Youth Unit in DIP can also be contacted for technical support.

Annexes

- UNHCR, Child Protection Framework, 2012
- UNHCR, Executive Committee Conclusion on Children at Risk, no. 107, 2007
- UNHCR, Guidelines on Assessing and Determining the Best Interests of the Child, 2018
- UNHCR, Field Manual for the Implementation of the Guidelines on Determining the Best Interests of the Child, 2011
- UNHCR, Heightened Risk Identification Tool and Guide, version 2, 2010
- UNHCR, Handbook for the Protection of Women and Girls, January 2008
- Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action, 2019
- Guiding Principles on Unaccompanied and Separated Children, 2004
- CPWG, Alternative Care in Emergencies Toolkit, 2013
- IRC and UNICEF, Caring for Child Survivors of Sexual Abuse

Version and document date

Version: 2.3

Document date: 06.05.2022

Shelter solutions

Key points

- Shelter cannot be looked at in isolation; any response must consider the settlement or the context in which the households are sheltered.
- Preferred shelter solutions must be designed and engineered on the basis of context-specific structural and performance requirements.
- A shelter strategy should provide emergency shelter solutions initially (immediately after displacement) and more durable solutions over time.
- When displacement is protracted, a variety of shelter options should be considered.
- In short shelter design criteria should address hazard risks and safety, timeliness and construction speed, lifespan, size and shape, privacy, security and cultural appropriateness, ventilation and thermal comfort; environmental, considerations, cost, standards and building codes.
- Promote local construction.
- Transfer technology where required, to improve best practice and manage hazards. Seek technical support in areas of seismic risk and with strong winds.
- Involve host communities and persons of concern from an early stage.
- Favour shelter strategies that enhance integration and benefit the local economy.
- The development of an appropriate shelter response is a process and not simply the delivery of a product in this order of ideas it is important to bear this in mind to ensure social aspects and needs becomes also design drivers.

1. Overview

Refugees and others of concern to UNHCR have the right to adequate shelter - to protection from the elements, to a space in which they can live and store belongings, and to privacy, comfort and emotional security. A shelter is a habitable covered living space that provides a secure and healthy living environment with privacy and dignity in order to benefit from protection from the elements, space to live and store belongings as well as privacy, comfort and emotional support. Shelter programmes generally involve a mix of sheltering solutions such as kits, plastic sheeting, tents, and cash assistance. Shelter is likely to be one of the most important determinates of general living conditions and is often one of the significant items of non-recurring expenditure. While the basic need for shelter is similar in most emergencies, such considerations as the kind of shelter needed, what materials and design to use, who constructs them and how long must they last will differ significantly in each situation. Where persons of concern are located will also impact the response; dense urban areas have specific characteristics and therefore the shelter solutions may differ from rural areas. Emergency shelter needs are best met by using the same materials or shelter as would be normally used by the refugees or the local population. Shelter responses should be adapted to take account of the local context and climate, cultural practices and habits, local skills, and available construction materials.

Seldom does one shelter solution fit all the needs of displaced populations. It is best practice to provide, to the extent possible a palette of options which may include cash assistance, rental support, construction materials, transitional shelter, shelter kits, plastic sheeting, tents, etc.

The table below summarizes the various settlement options with their most commonly associated shelter solutions:

Settlement	Most frequently used Shelter Solutions
Planned and managed camps	<ul style="list-style-type: none">• Tents• Shelter kit• Plastic sheeting• Transitional/Temporary shelters• Local construction materials
Hosting villages	<u>Shared accommodation or shared property</u> <ul style="list-style-type: none">• Plastic sheeting• Shelter kit• Local construction (one room)• Cash assistance
Dispersed self-settlement without legalstatus	<ul style="list-style-type: none">• Tents

	<ul style="list-style-type: none"> • Plastic sheeting • Shelter kit • Cash assistance
Short-term land, house, apartment, or room tenant	<u>Individual or shared accommodation</u> <ul style="list-style-type: none"> • Cash assistance • Plastic sheeting • Shelter kit • Local construction
Collective centres, non-functional public building, transits centres	<u>One room accommodation</u> <ul style="list-style-type: none"> • Plastic sheeting • Shelter kit • Local construction (adaptation)

2. Protection objectives

- To provide a secure and healthy living environment with privacy and dignity to persons of concern.
- To protect persons of concern from a range of risks, including eviction, exploitation and abuse, overcrowding, poor access to services, and unhygienic living conditions.
- To support self-reliance, allowing persons of concern to live constructive and dignified lives.
- To recognize, and encourage other actors to recognize, that every person, including every refugee, is entitled to move freely, in accordance with human rights and refugee law.
- To assist refugees to meet their essential needs and enjoy their economic and social rights with dignity, contributing to the country that hosts them and finding long term solutions for themselves.
- To ensure that all persons of concern enjoy their rights on equal footing and are able to participate in decisions that affect their lives. (AGD approach)
- To ensure that settlement and related policies and decisions are driven primarily by the best interests of refugees.

3. Underlying principles and standards

- Shelter assistance should prioritize groups with specific needs, including women (in particular female-headed households), children, older people, and persons with disabilities. Criteria have been developed to help identify those most in need of assistance.
- Displaced populations should be empowered to build their own shelters with the necessary organizational and material support and to participate in all phases of the shelter programme.

- Shelter solutions should be cost effective, use local materials to the extent possible, and adequately reflect cultural preferences and traditional lifestyle of persons of concern.
- Shelter solutions should have the least possible impact on the natural environment. Careful consideration should be given to the sourcing of local materials to prevent environmental damage. Shelters should provide covered living space that is sufficient to allow a household to carry out essential household and livelihood activities (including space to cook, sleep, and store belongings)
- Designs should take into account: climate, topography, hazards and environmental risks, national and international minimum standards, livelihoods, and the local availability of resources, including materials, skills and infrastructure.

To ensure "a life in dignity", SPHERE Standards and UNHCR Global Strategy for Settlement and Shelter 2014-2018 provide practical advice on how best to design a different types of shelters and uphold the rights of displaced persons.

At the beginning of an emergency, the aim should be to provide sufficient material to the refugees to allow them to construct their own shelter while meeting at least the minimum standards for floor space as follows

- Minimum 3.5m² covered living space per person in tropical or warm climates, excluding cooking facilities or kitchen. (it is assumed that cooking will take place outside. Minimum height of 2m at the highest point
- Minimum 4.5m² to 5.5m² covered living space per person in cold climates including kitchen and bathing facilities, as more time will be spent inside the shelter (cooking, eating, and livelihoods). 2m ceilings to reduce the heated space

The design of shelter should, if possible, provide for modification by its occupants to suit their individual needs.

4. Protection Risks

The right to adequate housing was first recognized with Article 25 (1) of the Universal Declaration of Human Rights. The principle: 'Everyone has the right to adequate housing' is applicable in all stages of the displacement cycle prior to, during and after displacement, and is relevant to all people of concern, including women, girls, men, and boys. Adequacy of housing includes security of tenure, availability of services, materials, facilities and infrastructure, affordability, habitability, accessibility, location, and cultural adequacy.

- Displaced unaccompanied children, particularly child-headed households, are particularly exposed to protection risks due to a lack of appropriate shelter, including trafficking and various forms of violence, abuse or exploitation.

- Persons can be at greater risk of harassment, assault or exploitation if they live in shelters without proper walls, partitioning or the possibility to lock the shelter doors.
- Unaccompanied older persons might have difficulties constructing their own shelters or might need to share shelter with others. Unless they receive targeted support, they can find themselves in a precarious and undignified situation of dependency. Older persons heading households and/or caring for children have specific needs requiring targeted support.
- Persons with disabilities also need to receive specific attention, and shelter must be adjusted to their specific needs.
- During conflict, ethnic or religious minority groups might be unwelcomed among the host population or within the displaced population itself and, consequently, may experience difficulty finding shelter.

5. Other risks

- Shelter solutions should take into consideration hazards in the area such as earthquakes, floods, landslides and other. In dispersed settlement and spontaneous camps persons of concern may find accommodation in high risk areas and informal settlements which are hazard prone.
- Conflict may arise with the host community if the presence of refugees increases strain in local services and makes access to resources such as water more difficult.

6. Key decision points

Shelter solutions must provide protection from the elements, privacy, emotional security and a space to live and store belongings in a dignified manner. They should be culturally and socially appropriate and familiar. Suitable local materials are best, if available, and shelters must be able to cope with changes of season. Whenever possible, persons of concern should build their own shelters, with appropriate technical, organisational and material support. This helps to ensure that dwellings meet their users' particular needs, generates a sense of ownership and self-reliance, and reduces costs and construction time.

Individual family shelter should always be preferred to communal accommodation as it provides the necessary privacy, psychological comfort, and emotional safety. It also provides safety and security for people and possessions and helps to preserve or rebuild family unity.

Emergency shelter needs are best met by using materials and designs that persons of concern or the local population would normally use. Emergency shelter materials should not be imported unless adequate local materials cannot be obtained quickly or in an environmentally responsible manner. The simplest structures, and labour-intensive building methods, are preferable.

The UNHCR family tent may be considered, for example, when local materials are either not available at all or are only seasonally available. The UNHCR family tents are also used to save life during the onset emergencies with high volume displacement and when local construction cannot meet immediate shelter needs. The life-span of an erected canvas tent depends on the length of storage before

deployment, as well as the climate and the care given by its occupants. Where tents are used for long duration, provisions for repair materials should be considered. In general, tents are difficult to heat as walls and roof provide limited insulation and can be an expensive item if not in stock (airlifting cost). However, UNHCR has developed a winterization kits for the family tent for cold climate.

The design of shelters should, if possible, provide for modification by its occupants to suit their individual needs. In cold climates, for example, it is very likely that persons may remain inside their shelter throughout the day, thus more space will be required. Where there are daily extremes of temperatures, lack of adequate shelter and clothing can have a major adverse effect on protection and well-being of refugees, including health and nutritional status. It is likely that any operation will require a combination of approaches to meet the needs of the displaced population. Deciding which options to provide will be a key determinant in the quality of life persons of concern are able to achieve during their displacement. The following table provide some guidance on the advantages and disadvantages of several types of shelter solutions.

Shelter Solution	Pros	Cons
Family tents	Traditional relief tent; lightweight; proven design; good headroom; can be winterised; large production capacities	Canvas rots; inflexible; draughty; may be unstable in high winds or heavy snow, difficult to heat. Where tents are used for long duration, provisions for repair materials should be considered.
Plastic sheeting	Most important shelter component in many relief operations; UV-resistant; heavy duty; lightweight, flexible; large production capacities	Collecting wood for shelters' support frames or stick skeletons can considerably harm the environment if collected from surrounding forests. It is therefore important to always supply frame material which is sufficient to support plastic.
Materials and tools for construction (shelter kits)	Suitable local materials are best, if available, and must be suitable for variance in the seasons, culturally and socially appropriate and familiar	Required time and training
Prefabricated shelter and containers	Permanent or semi-permanent structures; easy to maintain; long lasting; valuable reusable materials	High unit cost; long shipping time; long production time; transport challenges; assembly challenges; inflexibility; disregard cultural and social norms; difficult to cool.

Rental subsidies	Greater sense of independence; greater integration in a community; influx of income to host community	Difficult to monitor that shelter meets standards; competitive market may result in exploitation and abuse; inflation and speculation may occur; upgrades or repairs may be needed
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7. Key steps

- An initial rapid shelter and settlement assessment should be carried out within the first three days of an emergency, to identify needs and resources. Commission a multi-sectoral teams to make sure that all issues are taken into account. Use the findings to design and organize more in depth needs assessments as needed.
- Based on the assessment prioritize life saving activities and priorities, and anticipate medium and long term shelter needs.
- Identify the range of shelter solutions that are preferred by, and that can be made available to persons of concern.
- Develop a shelter and settlement strategy.
- Assess supply and logistical requirements and constraints; put in place arrangements to address them.
- Monitor the impact and effectiveness of programmes over time.

8. Key management considerations

- Integrate settlement strategies and potential layouts in preparedness planning processes.
- Ensure shelter programmes have sectors strategies.
- Ensure systematic deployment of senior settlement and shelter experts at the onset of emergencies.
- If access is limited, gather essential information from local authorities, NGOs and local civil society organisations, or secondary sources and technology.
- Develop information strategies to increase the community's involvement in and ownership of shelter planning and maintenance.
- As you develop a shelter response plan, consult and involve local and national authorities, and persons of concern.
- To reduce the risk of conflicts over land, collaborate closely from the start with local authorities' technical departments, and inform yourself of local rules and regulations on land tenure, public works and housing.
- Establish and apply quality assurance measures. These may include training in best practices to build capacity.

- Identify natural hazards (such as flooding, landslides, strong winds). If there are seismic risks, seek specialized technical advice even for the design of a simple shelter.
- Coordinate and liaise with complementary sectors, including water and sanitation and livelihoods, to ensure solutions are integrated.

9. Resources and partnerships

- Persons of concern.
- Local or central government authorities
- Community and religious leaders
- Host community
- National and international NGOs
- IFRC and ICRC
- Other UN and international organizations
- National (particularly local language) and international news media

10. Links

UNHCR Intranet: Shelter and Settlement
 UNHCR Handbook for the Protection of Women and Girls
 Global Strategy for Settlement and Shelter 2014-2018
 Handbook for the Protection of Internally Displaced Persons
 Shelter Centre on-line library
 World Bank, Global Facility for Disaster Reduction and Recovery

Need help?

CONTACT Shelter and Settlement Section (SSS) – Division of Programme Support and Management
 (DPSM) HQShelter@unhcr.org

Annexes

- UNHCR Global Strategy for Settlement and Shelter 2014-2018.pdf
- UNHCR Handbook for the Protection of Women and Girls.pdf
- Global Protection Cluster, Handbook for the Protection of Internally Displaced Persons, 2010.pdf
- Shelter Design Catalogue January 2016

- Family Tent
- New Self Standing Tent
- Refugee Housing Unit Fact Sheet
- Shelter Strategy Standard Format
- Shelter and Settlement Preparedness and Response Checklist
- Sphere Handbook (2018)

Version and document date

Version: 2.4

Document date: 06.05.2022

Preparedness Package for IDP Emergencies (PPIE)

Key points

- The PPIE does not replace the IASC ERP approach, which remains the main reference for overall preparedness at inter-agency level.
- The PPIE considers both dimensions of UNHCR's engagement in IDP emergency situations: as cluster lead agency and as an operational agency, and cluster partner.
- The preparedness cycle comprises of: risk analysis; implementation of minimum preparedness actions (MPAs) and advanced preparedness actions (APAs); including a scenario-based contingency plan when appropriate.
- The checklist of minimum preparedness actions (MPAs) and advanced preparedness actions (APAs) is in a separate excel document, it is organised according to the different functional areas in UNHCR country operations, it is not prescriptive, and it considers situations where clusters have and have not been activated.

1. Overview

The importance of preparedness is widely recognized within the humanitarian system. When humanitarian actors take steps to prepare for imminent humanitarian crises, they mitigate their impact and reduce human suffering and loss.

The *Preparedness Package for IDP Emergencies* (PPIE) describes how UNHCR mainstreams preparedness in its emergency response strategies and programming. The PPIE examines the management of risk, focusing specifically on emergency situations characterized by internal displacement. It reaffirms existing standards; and it suggests practical measures that staff can take to enable UNHCR to respond promptly and operate effectively in IDP emergencies, fulfilling its obligations as an operational agency and its responsibility, under Inter-Agency Standing Committee (IASC) arrangements, to lead the clusters on protection, on shelter and on camp coordination and camp management (CCCM).

2. When and for what purpose

The need for the tool has been highlighted in *UNHCR 2017 Operational Review of UNHCR's Engagement in Situation of Internal Displacement*

, which recommended UNHCR to "adapt its agency-specific tools for preparedness planning for IDP situations, aligning them with the preparedness Package for Refugee Response (PRRE) and the IASC Emergency Response Preparedness Approach".

The PPIE provides specific guidance on how to prepare for situations of internal displacement. The tool is primarily designed for use by country operations.

3. Summary of guidance and/or options

The PPIE considers both dimensions of UNHCR's engagement in IDP emergency situations.

- As cluster lead agency in the areas of protection, shelter, and CCCM, UNHCR accepts responsibilities under IASC arrangements to achieve coordination, participation, and effective preparedness actions.
- As an operational agency, and cluster partner, UNHCR contributes to the humanitarian response by means of its operational planning and interventions, prioritizing areas of expertise in which UNHCR exercises cluster leadership.

The PPIE draws on concepts and approaches to preparedness that are already familiar from the Preparedness package for refugee emergencies. It contains:

- The main reference document. This tool is primarily relevant to UNHCR management staff in country operations who are responsible for taking decisions and providing guidance on emergency preparedness and response. It summarizes key concepts and actions that are relevant both at agency level and in inter-agency contexts.
- Associated checklists for Minimum Preparedness Actions (MPAs) and Advanced Preparedness Actions (APAs). This separate excel document is organised according to the different functional

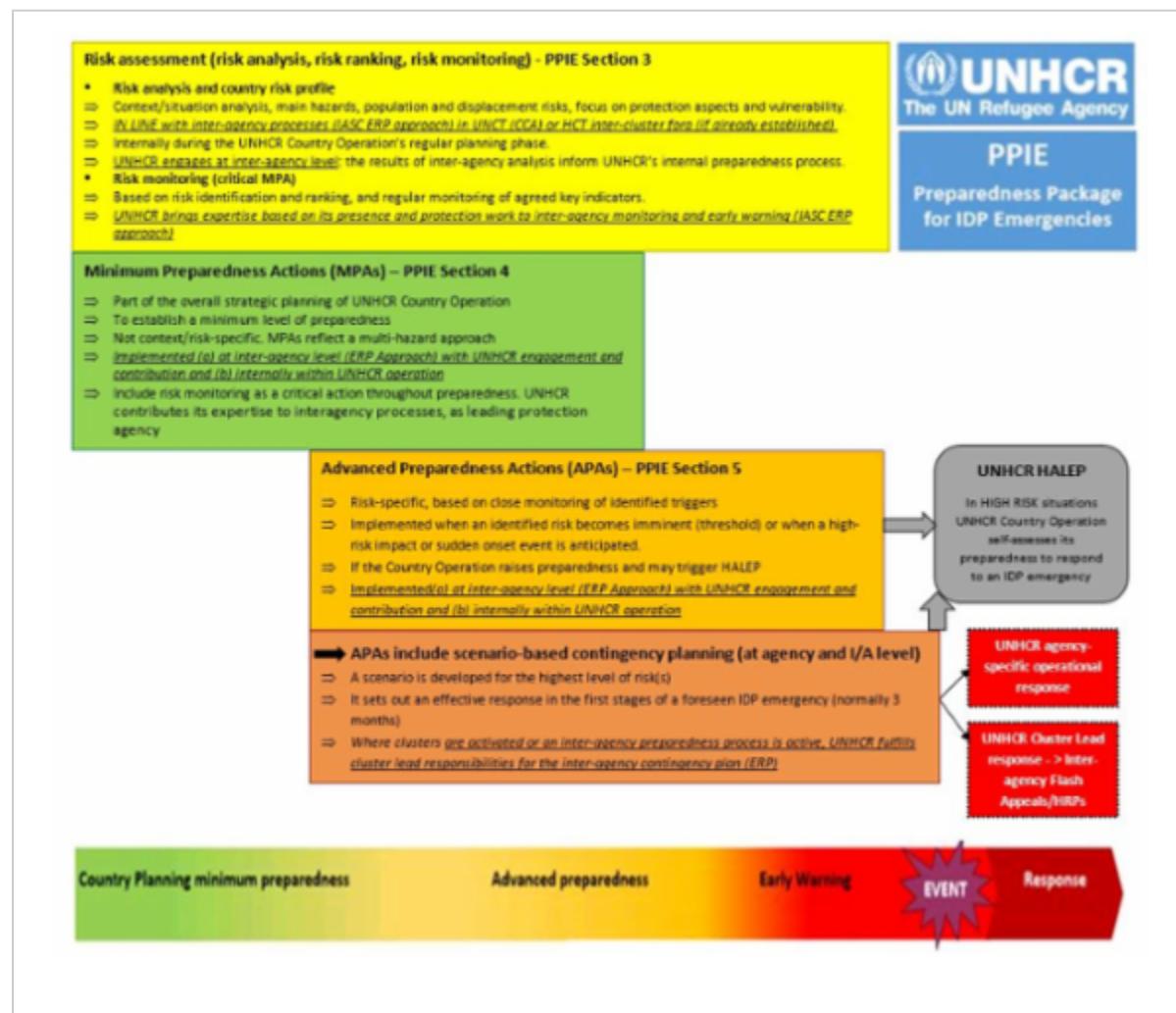
areas in UNHCR country operations, lists suggested preparedness actions, and embeds web links to key reference sources and documents. The checklists are not prescriptive; the aim is to help the preparedness focal points, who are members of their Country Operation's Multi-Functional team, to reflect on preparedness levels, increase their information and knowledge of key concepts, and obtain references that will assist them to facilitate preparedness processes.

- An annotated template for scenario-based contingency planning. This template is designed to support technical processes and harmonize approaches across UNHCR's IDP operations.

4. How to implement this at field level?

The PPIE is a practical guide that sets standards on how to:

- 1. Perform risk analysis**
- 2. Implement Minimum Preparedness Actions (MPAs)**
- 3. Implement Advanced Preparedness Actions (APAs), including a scenario-based contingency plan when appropriate.**



5. Links

Preparedness Package for Refugee Emergencies

High Alert List for Emergency Preparedness

UNHCR Policy on Emergency Preparedness and Response

Policy on UNHCR's Engagement in Situations of Internal Displacement

IASC Emergency Response Preparedness Approach

Need help?

CONTACT UNHCR HQ, Division for Emergency Security and Supply (DESS), at:
hqemhand@unhcr.org

Annexes

- PPIE Toolkit - Scenario-based Contingency Plan Template
- TEMPLATE Preparedness Action Plan for IDP emergency EN (2021)
- Preparedness Package for IDP Emergencies (2021 version)

Version and document date

Version: 2.0

Document date: 06.05.2022

Commodity distribution (NFIs, food)

Key points

- Assess the needs of those who are affected and identify and assess their coping mechanisms.
- Based on sourcing plan to identify which commodities can be purchased locally and which need to be procured abroad.
- Ensure that persons of concern receive sufficient guidance and information about what items will be distributed, when and how, and their purpose and use.
- Do not plan a distribution without coordinating with other actors that are involved in similar commodity distributions.
- Do not make distributions at the last minute; planning them requires time.
- Do not conduct a distribution if the security of staff and persons of concern has not been assessed.

1. Overview

In an emergency situation, families often flee with little more than the clothes they are wearing and consequently find themselves displaced without any personal belongings. In addition to food, they urgently need certain non-food items to survive, including items for shelter (tents, plastic sheeting, blankets, sleeping mats), cooking (stoves, pots, fuel), and health and sanitation (buckets, soap, jerry cans, sanitary cloths, mosquito nets).

In emergencies, various actors may distribute non-food items (NFIs), making it difficult to organize distribution in a manner that is fair and ensures that all needs are met. This Entry describes how to set up, organize and implement the distribution of NFIs and food items.

2. Protection objectives

- To provide commodities necessary for life to displaced populations in a coordinated, fair and organized manner, while strengthening their coping mechanisms, and taking account of their specific needs, cultural values, the environment, and physical context

3. Underlying principles and standards

Sphere Standards:

- a. The affected population has sufficient individual, general household, and shelter support items to ensure their health, dignity, safety and well-being.
- b. It has sufficient clothing, blankets and bedding to ensure their personal comfort, dignity, health and well-being.
- c. It has access to culturally appropriate items for preparing and storing food, and for cooking, eating and drinking.
- d. It has access to a safe, fuel-efficient stove and an accessible supply of fuel or domestic energy, or to communal cooking facilities. Each household also has access to appropriate means of providing

sustainable artificial lighting to ensure personal safety.

e. When responsible for the construction or maintenance of shelter or debris removal, it has access to the necessary tools, fixings and complementary training.

Other standards:

- All refugees (male and female, children, older persons) are consulted and participate in the design of distribution systems.
- No assumptions are imposed with respect to the family size, structure, or needs of refugees.
- Persons who are at risk or who have special needs are prioritized and monitored.
- All refugees benefit equally and fairly from commodity distribution according to their needs.
- Refugees receive detailed information about the content of distributions, and when and how distributions are made.
- Women participate on equal terms in distributions and their management.
- Distributions of commodities are coordinated with the wider humanitarian community.
- The security of both refugees and humanitarian workers who run distributions are assessed and taken into account.
- At the start of crises, distributions take place quickly, to save lives and prevent distress.
- Commodities are distributed in a manner that promotes self-reliance, livelihoods and durable solutions.

4. Protection Risks

Commodity distributions may cause, or be associated with, several risks.

- Insufficient quantities of non-food items (NFIs) or food commodities may be available to cover all refugees' needs at a given point in time.
- NFIs may not be used or may be misused.
- Distributions may undermine rather than reinforce coping mechanisms.
- Distributions may increase tensions between refugees and host communities.
- Inappropriate selection and distribution of commodities may cause health problems.
- Distribution centres may be located in areas that are insecure or have natural hazards.

5. Other risks

- If the population is highly mobile, it may be hard to provide full coverage and avoid duplication.
- Because commodity distribution involves all sectors, it is difficult to coordinate.
- Items may be sold commercially.

- Distributions can be delayed, if logistical, administrative and security problems are not clearly and promptly identified.

6. Key steps

1. Establish a coordination mechanism

When establishing a coordination mechanism, consider whether you are dealing with

- A refugee crisis.
- An IDP crisis.
- A mixed situation.

For additional guidance, please see the Entries on coordination.

2. Situation analysis

To understand the context and contribute to preparedness and operational planning, distribution focal point(s) should participate in situation analyses and should notably collaborate with registration and protection colleagues and with the information manager to:

- Establish baseline population figures and specific needs by location.
- Collect 3W information (Who's doing What, Where?).
- Set up an information/database tracking system.
- Track NFIs and food items in MSRP (receipt and issuance by warehouse location).
- Complete a secondary data (desk) review. This should consider past experience, information on local culture, studies of the crisis (origins, context, nature), and data on displacement. The review should identify information gaps and priorities.

Situational analyses should also include information on:

- The capacity of local Government and NGOs to provide and distribute non-food items (NFI).
- Women's cultural practices with respect to hygiene and sanitary needs.
- Cooking practices; sources of fuel.
- Specific clothing or NFI that are traditionally used by the population or that will be required because of impending seasonal weather changes.
- NFI coping mechanisms within the refugee community.
- Situation-specific issues that may affect NFI planning or distribution.

3. Select commodities

Needs assessment

As commodities are used across all sectors, needs assessments should be joint and multi-sectoral.

- Identify immediate life-saving NFI/food distribution activities and priorities, including for persons with specific needs.
- Identify potential future problems related to NFIs and food items. Do projections and make contingency plans.
- Identify refugees who are self-supporting (who can meet their NFI needs from their own resources).

Some items may be distributed without conducting a needs assessment, based only on a review of secondary data. Some goods may also be distributed while an assessment is being finalized.

Market survey

- Conduct a market survey (to determine the availability of local materials, and the potential to develop alternative NFI solutions).

Joint commodity selection and planning with partners

- When selecting commodities for distribution, ensure an age, gender and diversity approach is used to establish the needs.
- Assess the quality of each item and the quantities required.
- Determine which commodities can be purchased locally and which need to be procured abroad.
- Decide on priority items and agree a timetable for their distribution and replenishment.
- Identify and develop a common information campaign to inform persons of concern.

4. Preparations before distribution

Registration.

Ideally, compile a registration list of all targeted households. It should indicate the ration card / token (depending on system, see also emergency registration) number, family's size, name of the head of household, the number of members who are male and female, their age (0-5, 5-11, 12-17, 18-59 and above 60), and their specific needs.

If registration has not been carried out, identify community leaders and invite them to act as focal points during registration. Do a random check of the lists they prepare to ensure the information is accurate and that age, gender and diversity are considered.

If registration is not feasible, work with community leaders to identify individuals who should be

prioritized for distributions, as well as individuals and families who have not yet been assisted.

Record keeping.

During distribution, record who has been assisted and what they have received. One practical technique is to punch refugees' ration cards (if these have been issued). Where these are available, new technologies (mobile devices, bar coded vouchers) can also be used. Regardless of methodology, make sure that all the organizations involved in distribution use similar and compatible recording methods.

Distribution system options

	1. Distribution to large groups through representatives	2. Distribution to families or small groups, through the heads of groups of families	3. Distribution to individual heads of families
<i>Method of distribution</i>	Commodities are given in bulk to a representative of a large group of targeted population.	All the commodities for a group of families are given to a representative of the group or to representatives or heads of each household. Groups are relatively small (no more than 20 families).	Commodities are given to each family head.
<i>Situation for which the method is appropriate</i>	During the very early phase of an emergency, when registration has not been conducted and mass influxes involve large populations, or when insecurity limits access.	When the situation is stable and a list of the targeted population is available.	When the situation is stable and registration has been conducted.
<i>Strengths</i>	<ul style="list-style-type: none"> • Quick and easy in the early phase of an emergency. • Low cost. • No registration data is needed. 	<ul style="list-style-type: none"> • Lower risk of abuse compared to the first method. • Increases community participation. • Logistically easier for the distributing agencies 	<ul style="list-style-type: none"> • More control over the number of refugees assisted. • Easier to monitor.

		<ul style="list-style-type: none"> • Easier to ensure equitable distribution. • Some groups at risk may be identified. • Direct contact with heads of households. 	
<i>Weaknesses</i>	<ul style="list-style-type: none"> • Risk of abuse if social structures are broken or inequitable. • Focuses responsibility on leaders, and age, gender and diversity aspects may not receive attention. 	<ul style="list-style-type: none"> • A list of beneficiaries is needed. • Tension can occur between group members and their traditional leaders. • Lack of individual contact with all households. 	<ul style="list-style-type: none"> • Expensive and resource intensive. • Little participation by targeted population.
<i>Prerequisites for successful use</i>	<ul style="list-style-type: none"> • Good understanding of the social and cultural dynamics. • Spot checks and monitoring to ensure that distribution is equitable. • A strong information system. 	<ul style="list-style-type: none"> • Heads of groups must be chosen by refugees. • Spot checks and monitoring to ensure that distribution is equitable. • A strong information system. 	<ul style="list-style-type: none"> • Registration and entitlement cards.

<ul style="list-style-type: none"> • An effective complaint mechanism. 	<ul style="list-style-type: none"> • Effective complaint mechanism(s). 	<ul style="list-style-type: none"> • Effective complaint mechanism(s).
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Selecting distribution centres

A range of factors will determine the location and number of distribution centres. They include the number of refugees and the number at each site, their locations and the distance between each location, and the availability and location of resources (warehousing and means of transport).

Ideally, one distribution site should handle no more than 20,000 persons. In non-camp settings, the site should not be more than 4 hours' walk (10 km) of where refugees live. In camp settings, recipients should not wait for longer than 4 hours to receive assistance.

Distribution centres must be identified and planned, and a distribution flow designed. A centre should have one entry, a waiting area, a reception area, a distribution area, and an exit.

If it is not possible to locate the centre within walking distance, arrangements should be made to transport refugees to and from the centre.

Ensure that distribution centres have enough latrines and water sources, for the distribution team as well as refugees.

To minimize disruption of distributions, do not locate centres in crowded places, such as markets, hospitals, or schools.

Planning, frequency and scheduling

A distribution plan needs to consider refugees' interests, security and logistical constraints, the form and frequency of distributions, the number of individuals who will receive distributions, and the resources available.

If stocks are sufficient, consider distributing to all refugees at once over the course of a day. This minimizes the cost and effort for the distributing agency. It is also a more convenient arrangement for refugees in urban areas or in rural dispersed settings who have far to travel.

Delays or shortfalls in procurement should nevertheless not delay the start of distribution. You can adopt a phased approach, which meets the most urgent needs and prioritizes groups at high risk. A second round of distributions can then follow.

A distribution schedule must be designed carefully. It should include a clear schedule of working hours and set a realistic distribution target (in terms of the number of people served per day). The schedule

should be shared with logistic focal points (warehouses and transport) to ensure that commodities can be prepared and delivered as planned.

Information campaigns

Information campaigns are vital: it is crucial to inform refugees before distribution about what will be distributed, how and when, to whom.

Make use of a range of channels, including community leaders and an information board; be imaginative, take account of the context, and aim to reach 100% of those who require assistance.

During an information campaign, you will need to indicate clearly:

- Distribution is free of charge.
- How refugees can report any abuses by the staff who manage distributions.
- Who will receive the commodities that are to be distributed, and selection criteria (if relevant).
- What items refugees are entitled to receive (quality and quantity).
- When distributions will occur (date and time).
- The location of distribution centres and the areas (populations) that each will cover.
- How distributions will be organized and how those who receive distributions should behave.
- The purpose and use of the items distributed (to avoid misuse or undesired effects).
- When future distributions are planned, and their frequency, so that refugees can plan ahead.

5. Distribution

Arrive at the distribution centre early enough to organize its layout and the staff. Begin with crowd control, and provide information to refugees who have already gathered at the site.

Crowd control is a key element in any distribution. Do not start a distribution until crowd control measures are in place. Ensure that monitoring arrangements are in place.

When beneficiary lists are available	When no lists are available
<ul style="list-style-type: none">• Refugees listed to receive distributions, and those with specific needs, are called into the reception area.• In the reception area, they are verified against the distribution list or	<ul style="list-style-type: none">• Distribution without lists is not recommended, but may be considered in the early phases of an emergency, or if registration is not available, for immediate emergency relief assistance.• If locations of targeted population are known, giving recipients a token before distribution will reduce the risk of duplication.

<p>(if appropriate) theirration card number.</p> <ul style="list-style-type: none"> After verification,they enter the distribution area. They receive theitems to which they are entitled and sign for them. (Signature, thumbimpression, mobile or biometric record, voucher or barcoded card). Ideally, they alsoreceive a receipt; if ration or entitlement cards have been issued, this canbe punched. Households orindividuals who cannot be verified against the list should be directed to thelitigation desk for a decision and counselling. Do not take decisions in thereception area because it can delay or obstruct distribution. 	<ul style="list-style-type: none"> If exact locations are unknown or the population isdispersed, rely on the community structure to reach people. Sound scheduling and effective information campaigns are essential,to make centres accessible and control crowds at distribution centres. Consider using many distribution sites and restrictingdistributions at each site to 1 or 2 days; use of invisible ink can help to avoidrecycling. Consider handing out tokens and collecting information onhouseholds (name of head of household and family size). This can (i) be thebasis for household and individual registration and create a list foraccountability purposes; (ii) establish a list for follow-up distributions;and (iii) strengthen accountability to donors.
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6. After distribution

- Monitor to ensure that the items distributed are used for the purposes intended. You can monitor by means of random visits to households, interviews with key informants, and focus group discussions.
- Identify any items whose purpose and use needs to be explained in more detail. Consider whether such items are necessary and whether it is appropriate to distribute them.
- Monitor items that are being sold commercially or in exchange for other items: resale may indicate unmet needs or that other unidentified needs have a high priority.
- Share a distribution report with members of the coordinating mechanism, to ensure that distribution arrangements are consistent.

7. Key management considerations

- Commodity distribution is likely to involve a variety of organizations in several sectors. A coordination structure should be established, and the organizations involved should meet regularly. Updates on coverage, gaps and needs should be shared regularly. The frequency of meetings will depend on the situation: participants are likely to meet often at the start of an emergency and less often as the situation normalizes.

- Coordination forums may be decentralized. Where it will increase effectiveness, national coordination bodies should delegate coordination to local focal points. Suitable focal points may be found among the partners involved in commodity distributions.
- Distribution reports should be shared with members of the coordinating mechanism, to ensure that distribution arrangements are consistent.
- The roles and responsibilities of the different partners involved in commodity distribution should be defined clearly. The content and frequency of reports, and reporting standards, should also be defined and agreed.
- For food distribution more specifically, a tripartite agreement between UNHCR, WFP and distribution partners will need to be formalized at country level. The respective roles and responsibilities of UNHCR and WFP in relation to food aid are set out in a global Memorandum of Understanding (MoU) between both agencies.
- Monitoring and spot checks should take place after all commodity distributions to ensure that distribution is efficient and equitable.
- Managers should adopt an AGD approach. The role of women in commodity distribution should be acknowledged, and women beneficiaries should participate meaningfully in the management. All refugees should enjoy equal and representative participation, in a manner that reflects the population's economic, cultural and social diversity.
- In most emergencies, UNHCR will be addressing conflict-induced displacement: it is important to protect the security of both staff and refugees in accordance with UN security standards.

8. Resources and partnerships

In most UNHCR operations, a programme officer, supported by a logistics officer, organizes distribution of commodities.

Target populations are a key resource. Community leaders should be involved (provided they are available and accepted by different groups in the refugee community). It is important to ensure that women are represented adequately.

Key roles for commodity distribution include:

- One team coordinator for each site, who has responsibility for overall coordination of distributions at the site, and who reports to the programme officer on a daily basis.
- One distributor for each kit or commodity item that is distributed.
- Enough staff to unload materials received from the warehouse.
- Enough trained staff to provide crowd control and prevent fraud. This role may be performed by local authorities.
- Where possible, include staff with a protection profile to identify and monitor the distribution process, paying particular (but not exclusive) attention to refugees with specific needs.

- Invite volunteers from the community to help carry the commodities of those who have specific needs (children, those with disabilities, the old, infirm, sick, injured, etc.).
- Staff at litigation desks need to be trained to assist targeted population who have questions regarding their entitlements, or who have specific needs. It is important to address queries and concerns as they arise and to do so fairly, both to avoid discrimination and disruption to distributions. Install a complaints box at the distribution centre, so that refugees can report instances of fraud.

In the interests of effectiveness and safety, prepare a checklist that sets out the equipment required for each role. It should be verified at the start of each day. Equipment might include, for example: paper, pen, whistle, microphone, puncher, ink, radio, etc.

9. Links

UNHCR, Guidance on contributions of medicines, medical supplies and food items
 UNHCR's policy related to the acceptance, distribution and use of milk products in refugee settings.
 UNHCR 2006

UNHCR-WFP Joint Assessment Mission (JAM) guidelines and technical guidance sheets
 UNHCR-WFP Global Memorandum of Understanding 2011

SPHERE Humanitarian Charter and Minimum Standards in Humanitarian Response
 UNHCR Public Health Strategy 2014-2018

NutVal

UNHCR, Emergency Information Management Toolkit, Minimum Sectoral Data, Core Relief Items

Annexes

- Camp Management Toolkit, Chapter 13, Food Distribution and Non-Food Items
- IASC, Gender handbook
- MSF, Non Food Items Distribution, Version 1.0, 2009
- WFP, Emergency field operations pocketbook

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Camp coordination and camp management (CCCM)

Key points

- Make clear to partners (including national authorities and other stakeholders) that the CCCM sector does not necessarily advocate for the creation of camps. Its aim is to support displaced populations in communal settings and to realize their rights by coordinating the delivery of services and protection while seeking solutions.
- Take the following steps before an emergency occurs to ensure that the CCCM response is efficient and effective:
 - Request and provide CCCM training and capacity development for all relevant stakeholders.
 - Review whether it is appropriate to activate the CCCM Cluster.
 - Ensure that CCCM roles and responsibilities are clearly defined, agreed, understood, and widely disseminated.
 - Make provision for the financial resources that partners will need to perform their camp management and camp administration responsibilities.
- Adopt a participatory approach and an age, gender and diversity lens (including persons living with disabilities and marginalised and stigmatised groups), from the start. Promote the resilience and self-sufficiency of all displaced persons, and take steps to avoid dependency.
- Make sure that CCCM operations have dedicated IM support.
- Continuously monitor cross-cutting issues (gender, the environment, equitable community participation, protection) to ensure these issues are addressed.
- Prepare a long-term strategy as early as possible. It should include plans for camp closure, solutions, and exit/handover.

1. Overview

As illustrated by 'the camp management house', (see image below) camp management coordinates assistance and protection in all kinds of communal displacement settings, meeting the needs and protecting the rights of those who are displaced. Camp management activities and approaches are based on national and international laws and standards and the involvement of the displaced people.

'Camp coordination and camp management' (CCCM) is the name given to standardised coordination mechanisms that refugee operations apply through the Refugee Coordination Model and IDP operations apply through the CCCM Cluster. CCCM mechanisms ensure that services are delivered efficiently and that displaced people are protected in all types of communal displacement settings in rural or urban environments; whether they live in planned camps, spontaneous self-settled informal sites, collective

centres, reception centres or transit centres. In recent years, CCCM has also worked with displaced populations living with host families and in remote communities.

Some national authorities dislike the term 'camp', which is sometimes replaced by 'site' or 'settlement'. 'Collective centers' are defined as pre-existing buildings and structures used by displaced populations in the event of a conflict or natural disaster.

In common with the wider humanitarian community, UNHCR does not promote the creation of camps. Recognizing that displaced people have specific needs, UNHCR considers camps to be temporary solutions of last resort. CCCM supports other sectors in seeking durable solutions while trying in the interim to efficiently and effectively uphold standards and the rights and dignity of displaced populations.

The standard CCCM model foresees three coordination roles plus a community governance structure that represents those who have been displaced. Each role has specific responsibilities. To avoid confusion and gaps, it is vital to agree and clearly distinguish the responsibilities of particular actors. The three main roles are:

Camp Administration (CA). This role refers to the functions carried out by State authorities responsible for providing protection and assistance to displaced persons on their territories. It relates to the oversight and supervision of activities, including security. State responsibilities are non-transferable. The CA is usually represented at camp level.

Camp Coordination (CC). UNHCR usually assumes this role in refugee emergencies and complex, conflict-related IDP emergencies, and it includes both strategic and operational coordination. A CC is responsible for designing strategy, setting standards, contingency planning, and information management. Its primary objective is to create the humanitarian space necessary for the effective delivery of protection and assistance to displaced people. To develop exit strategies and more durable solutions, it liaises closely with local actors, including civil society organisations. The CC is functioning at inter-camp level.

Camp Management (CM). An NGO partner or a national or local authority usually fills this function. Where capacity is limited, UNHCR may support a CM or take on the role itself. A CM coordinates and monitors the delivery of, and access to, services and protection to displaced people, and ensures maintenance of infrastructure. It is also responsible for community participation by setting up representative committees. These enable the displaced communities to exercise their right to participate in decision-making and to influence the design and delivery of humanitarian programmes at all stages. Prevention and response to GBV is crosscutting through all phases of camp management. CM operates at camp level.

The main roles and functions of the CCCM can vary according to the institution that is responsible and the circumstances in which it operates. What matters is to cover all CCCM functions, making sure that the needs of displaced people are met and that there are no gaps or overlaps in responsibility or response. When engaging outside camps it is crucial to work closely with and support existing and functional local structures in relation to information, communication, coordination and monitoring of services to the displaced populations. For a more detailed description of community participation and roles and responsibilities in CCCM, and of approaches outside of camp, see *the Camp Management Toolkit (2015)*, *the UNHCR's Collective Centre Guidelines (2010)*, and *Urban Displacement & Outside of*



2. Protection objectives

CCCM supports the following protection objectives:

- **To promote a rights-based approach.** Coordinated interventions should enable displaced persons to realise their rights.
- **To establish a community-based approach.** Community governance structures and participatory mechanisms should ensure that women, men, boys and girls of all ages and diversities, including LGBTI individuals, persons living with disabilities, persons living with HIV/AIDS, and persons from different ethnic and religious groups, can contribute to their own protection.
- **To promote non-discrimination.** CCCM promotes full and equal respect for the rights of all persons, recognising that individuals may have particular needs and face particular inequalities and risks.

In an emergency, the CCCM ultimately makes rapid steps towards realising the right of all displaced individuals and communities to participate in society and enjoy life with dignity.

3. Underlying principles and standards

CCCM practices should:

- **Be cross-sectoral.** CCCM is inherently cross-sectoral. It should work in close partnership with other actors and organisations.
- **Observe humanitarian principles.** The principles of humanity, neutrality, impartiality and independence must guide all interventions.
- **Do no harm.** All CCCM interventions should be monitored and evaluated to ensure that they do not cause harm to displaced populations or host communities.
- **Be accountable to affected populations (AAP).** In all its activities, a camp management agency must demonstrate accountability in its activities to displaced persons and communities, as well as to other stakeholders or communities, including service providers, the camp administration, donors and security providers.
- **Respect principles of partnership.** A results-based approach that promotes equality, transparency, responsibility and complementarity is essential, both to sustain trust and ensure that humanitarian partnerships serve the needs of displaced persons effectively.
- **Seek durable solutions.** From the start, interventions and assistance should be linked to strategies to achieve early recovery and durable solutions.

The following key standards need to be observed and monitored during emergency interventions:

- **Sector specific standards** (for shelter, education, WASH, distribution, etc.), as set out in UNHCR's Digital Emergency Handbook.
- **Sphere standards** set out in The Sphere Project, Humanitarian Charter and Minimum Standards in Humanitarian Response. These standards have been collectively agreed by the broader humanitarian community, and include indicators that quantify the minimum standards required to enjoy the right to life with dignity.
- The **Minimum Standards for Camp Management**, 2021 Edition.
- **Minimum standards for child protection**, set out in the Child Protection Working Group's Minimum Standards for Child Protection in Humanitarian Action (2012).

More specific checklists and guidelines:

- IOM, NRC, UNHCR, Camp Management Toolkit (2015).
- Global CCCM Cluster, Collective Centre Guidelines (2010).
- Global CCCM Cluster, Desk Review - Urban Displacement & Outside of Camps (2014).
- Camp Coordination and Management Gender Checklist, in IASC, Gender Handbook for Humanitarian Action (2019).
- IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019).

- Global CCCM Cluster, Camp Closure Guidelines (2014).
- Livestock Emergency Guidelines and Standards, LEGS Handbook (2014).

4. Protection Risks

Displaced people face numerous protection risks. Further, specific groups and individuals are often at additional risk because they have been traumatised or because their social structures and coping mechanisms have been damaged. Below is an incomplete list of the protection risks that displaced populations commonly face:

- **Attacks on civilians by parties to a conflict.** This risk is particularly pronounced when displaced communities are located close to borders or are believed to harbour parties to a conflict.
- **Presence of armed elements.** Arms may be hidden in shelters and other locations. Armed groups may exploit displaced persons, use their living areas, or recruit children.
- **Unsafe buildings.** As a result of earthquakes, flooding or shelling, buildings may become dangerous to inhabit. Their layout or overcrowding may create risks to health or facilitate abuse (poor ventilation, fire risks, unlighted cellars, etc.).
- **Topography.** The topography of a camp or communal setting, and its surrounding area, may deter social interaction, pose risks to health, or facilitate abuse and violence.
- **Conflicts with host community.** This is a common problem when displaced persons consume shared resources, are perceived to enjoy a better standard of living, or do not participate in community dialogues. Environmental degradation and poor waste disposal practices may also cause tension.
- **Sexual and gender-based violence (SGBV).** The incidence of sexual and domestic violence is often aggravated by overcrowding, the presence of alcohol or narcotics, lack of economic opportunities, or poor access to basic resources, such as cooking fuel.
- **Abuse, neglect and exploitation of children** is common after family separation and where social support mechanisms, including school, have broken down.
- **Crime.** Theft, violence and other forms of crime and social disturbance are likely to increase where law enforcement is inadequate and judicial remedies are unavailable or ineffective.
- **Inability to register births and deaths.** Displaced persons may be unable to obtain birth and death certificates if the local authority requests fees to deliver them or is located far from their living areas.
- **Unrepresentative participation.** Unless affirmative action measures are put in place, 'winner takes all' elections may prevent minorities, marginalised and stigmatised groups from expressing their views. In some settings, domestic or childcare responsibilities may prevent women from standing for election or committee positions, despite being entitled to do so.
- **Crowding and high density occupation** deprive people of privacy and can undermine social cohesion and generate communal tension. Age, gender (including LGBTI) and diversity (including persons living with disabilities) should be taken into account when identifying persons who may be particularly affected.

- **Discrimination in access to basic provisions and services.** Persons of concern, especially persons with specific needs and disabilities, and marginalised and stigmatised groups, may be excluded from access to water, food, shelter, community participation or health services.
- **Eviction from buildings and sites.** Displaced persons are always at risk of eviction. Causes include security concerns, changes of use, sale or disposal of property, etc.

5. Other risks

- **Seasonal variations and other natural hazards** generate a range of risks. Latrines and shelters may be damaged or flooded if fluctuations in rainfall were calculated inaccurately when a camp was constructed. Spontaneous sites may lack a camp management coordinating body to highlight and address issues that threaten its viability.
- **Fire** is a serious risk in crowded and spontaneous sites, but also in planned camps where construction is not well-regulated and firebreaks are not maintained.
- **Erosion and environmental degradation.** Deforestation and poorly-maintained drainage and waste disposal systems can cause serious environmental degradation, harm health, create safety risks, or spark conflict with host communities.
- **Variable access to services.** Differences in the services available can attract people to areas where many displaced people already live. This can cause tensions with humanitarian actors.

For more information on the protection risks of displaced persons and communities, and how camp managers can prevent, minimize and respond to them, see *Camp Management Toolkit* (2015) and *Collective Centre Guidelines* (2010).

6. Key decision points

Where displaced populations are not located in formal camps (or the creation of formal camps is not planned or desired) but numbers are rising quickly and occupation of unused public or abandoned buildings (such as schools or churches) becomes common, CCCM staff should consult the **CCCM Unit** at headquarters (and in IDP situations also the **Global CCCM Cluster**). They should also consult when many people are being accommodated by host families, because any steady decline in resilience, depletion of resources or reduction in access to basic services is likely to lead to the creation of informal settlements. Even if sites are considered unviable and lack services, displaced populations may refuse to leave them because they have safety or other concerns. In such circumstances and until a better alternative can be found, the CCCM should at the least set up communications, provide information, monitor basic conditions, and share its information with other sectors.

Should the CCCM Cluster be activated? In IDP contexts, it is important to decide unambiguously whether to activate the CCCM cluster. Past experience indicates that it is better to activate the CCCM cluster early, even if it is subsequently deactivated. For more information on cluster activation, see *IASC Reference Module for Cluster Coordination at the Country Level* (2015) and the Entry on 'Camp Coordination and Camp Management (CCCM) Cluster'.

The contingency plan should clearly state who will take specific responsibilities in relation to camp management and coordination in camps, sites and centres, and should identify a trigger or threshold that will activate these roles. It should also indicate the actions that will be taken if the situation changes suddenly, as a result of natural hazards (fire, flood, etc.), new population movements, evictions from sites or collective centres, forced or abrupt closure of camps, etc.

Deviations from standard roles and responsibilities. Deviations with respect to camp administration, coordination and management should be clearly documented, because they can become a source of contention. Ensure that staff and partners understand CCCM roles and responsibilities.

7. Key steps

1. **At the start of a new emergency, address three key questions:** What value can the CCCM add to efforts to protect and assist the population that has been displaced? Will the CCCM operate in traditional camps only, and/or in sites and collective centres, and/or work with displaced people living with host families? Will the CCCM adopt a sector-based or an area-based approach? Refugees and internally displaced persons settle in a wide variety of ways. They reside in camps, sites and settlements, are dispersed in urban and rural areas, occupy collective centres, and live with host families. CCCM should coordinate its work with the wider humanitarian community and evaluate where its activities, tools and methodologies can be applied to increase the access of displaced people to information, protection and services. To this end, CCCM may practice '**area-based approaches**': In area-based *programming*, CCCM activities are implemented in an area and target all the persons and displacement sites in that area as if it were one large camp. The teams focus on multi-sectoral needs and localisation; support existing coordination and governance structures. Area-based *coordination* is an operational alternative to clusters (or other sector-based coordination structures) and is most appropriate at sub-national level. For all other sectors/clusters, area-based coordination is something that would be led by the agency/actor (UN or NGO or local government) – except it's in fact a function that camp management agencies are already doing by coordinating all sectorial interventions in a given area/camp. For more on area-based approaches, see CCCM Cluster, IOM and UNHCR, *CCCM Paper on Area-based Approaches – Position Paper* (October 2020).
2. **Contribute to site assessment and identification and to planning. When it is decided to establish a camp or use buildings,** camp managers who have experience of long-term camp care and site maintenance should be involved in the identification, assessment and planning of sites and buildings. Their design, layout and structure should address protection concerns. It is vital to liaise with displaced communities in order to understand their concerns and preferences.
3. **Opt for mobile teams and/or remote management.** An increasing number of informal settlements and spontaneous sites are located in areas that are remote or used to be off-limits. Long distances or security threats can raise logistical and security concerns for humanitarian agencies. Permanent and direct management can also be difficult to deliver on such sites. Regardless of whether it adopts an area-based approach or manages activities in a single site, CCCM must decide whether to work through mobile teams that visit sites regularly (without having a permanent presence) and/or manage them remotely through partner organizations.

- 4. Coordinate and monitor service provision and protection.** Identify the basic and individual needs of the population that has been displaced. Consider gaps and duplications in service provision and protection. Take steps to prevent and respond to SGBV. To achieve minimum standards, encourage partners and sectors to make appropriate changes in practice.
- 5. Set local standards.** The aim is to achieve Sphere and UNHCR standards, as well as the draft Minimum Standards in Camp Management. If resources and capacity are constrained, CCCM may need initially to set interim targets. Standardise such targets as soon as possible, to provide predictability and limit possible sources of conflict.
- 6. Establish governance and participatory structures.** As soon as possible create a body to represent the displaced population and liaise with humanitarian actors. To do so, review existing participatory structures, support those that are most relevant, and set up new ones to fill gaps. Representation should reflect age, gender and diversity. Include youth, women, elders, LGBTI individuals, and persons living with disabilities, persons who have different ethnic backgrounds, socioeconomic status, and religion. Include representatives from host communities and local authorities where appropriate. For more information on how to assess, support and establish participatory structures, see *Camp Management Toolkit* (2015).
- 7. Protect through presence.** The presence of CM in camps, sites and centres helps to protect displaced persons. Regular interaction, informal dialogues, and noting and following up of issues may improve displaced persons' general feeling of safety and can reveal challenges and concerns that more formal mechanisms may not identify.
- 8. Information management.** With information management (IM) colleagues, develop a centralized IM system. Disseminate IM products regularly. In the initial stages of an emergency, you can communicate information much more coherently if messages are harmonized, across camps and centres, outside camps, and to all partners.
- 9. Set up feedback and complaint mechanisms.** Establish predictable two-way communication systems with displaced populations and the broader humanitarian community. This will also improve accountability to those who are displaced.
- 10. Monitor cross-cutting issues.** Monitor gender equity, environmental impacts, and other cross-cutting issues, such as community participation, the need to increase resilience and self-reliance, in all programmes and services. Ensure cross-cutting issues are taken into account.
- 11. Develop CCCM capacity.** At the start of a new emergency, humanitarian partners, government officials and persons of concern may have a limited understanding of CCCM roles, responsibilities, activities, tools and methodologies. It is therefore essential to provide capacity development during the preparedness phase or at the start of an emergency. CCCM training creates opportunities for dialogue and can help to establish and codify roles and responsibilities, common goals, strategies and action plans.
- 12. Develop a comprehensive strategy.** CM, CC and CA should be involved in the development of an overall strategy as well as specific strategies for individual camps, sites or centres. Strategies should

identify key strategic objectives; operational activities; alternative sources of accommodation (following the return of private and public buildings such as schools and offices to their normal purposes); advocacy for durable solutions; and provisional proposals for camp closure, an exit strategy and timely handover of CCCM activities. In refugee contexts, strategies should explain how they will contribute to specific components of the UNHCR-led refugee response strategy. In IDP operations, strategies should set out a specific CCCM cluster strategy and response plans that align with the country's strategic response plan.

8. Key management considerations

If emergency responses are to be effective and efficient, CCCM mechanisms need to be planned, established and budgeted as early as possible. Where the country operation lacks expertise, seek assistance from the CCCM Unit/DRS (Division of resilience and Solution) at headquarter. Help can be provided through a **rapid response mechanism and/or capacity development**. This is particularly important when activation of a CCCM Cluster is considered in the context of an IDP crisis. CCCM roles and responsibilities need to be discussed and clearly set out in writing, especially when they deviate from the standard CCCM framework. As early as possible, identify and train NGOs and national authorities that are potential camp management partners, ideally during contingency planning.

9. Resources and partnerships

- **Staff.** The need for CCCM staff will vary considerably, according to the context, the complexity and scale of the emergency, and resources. It is essential to agree and appoint clearly identified focal points for each specific CCCM function, and to define their responsibilities. On CC/inter-camp level, one individual should be responsible for overall camp coordination, supported by a deputy, a CCCM capacity development officer, an information management (IM) officer, and national field officers. In IDP contexts, particularly in Level 3 (L3) emergencies, a full-time CCCM cluster coordinator should be appointed, supported by a full-time technical officer and full-time IM officer. All staff should be familiar with CCCM concepts and methodologies, or should participate in a CCCM training as soon as possible.
- **Partners.** Successful CCCM operations require capable and knowledgeable partners and government counterparts. Ideally they should be trained and prepared before an emergency occurs. UNHCR may agree to fund camp management partners. Camp management is often most effective when paired with other dimensions of service delivery (distribution, shelter, etc.).
- **Material resources.** Offices, meeting rooms, furnishings and supplies, vehicles, and communication equipment are the basic material requirements of camp management. Warehouse space, a tool bank, maintenance supplies, and firefighting equipment are also required. IT equipment (including computers, printers and internet capacity) are necessary to support partners and national authorities.
- **Financial resources.** Adequate financial resources are essential. The following elements should be taken into consideration:
 - UNHCR staff for inter-camp coordination. As noted above.
 - Camp management implementing partners. In some cases, staff or resources may be needed to assist national authorities to fulfil their camp administration functions.

- Care and maintenance. This includes minor repairs, environmental protection, garbage disposal, firefighting, tool banks, and other aspects of emergency care and maintenance. These resources may be components of the camp budget or dispersed centrally; but flexibility should be built in to deal with unforeseen challenges.
- Camp committees. Camp committees may receive financial support (under the supervision of camp managers) to enable them to identify, design and implement small-scale sectoral projects for persons of concern and host communities.
- Camp, site and centre closure. Resources should be earmarked for closure and rehabilitation, so that sites and buildings can be returned to their original state.

10. Links

CCCM Cluster Website

The Sphere Handbook 2018

Camp Management Toolkit

CCCM Cluster Case Studies, 2014 - 2019

CCCM

Collective Centre Guidelines, 2010

CCCM Paper on Area-Based Approaches

CCCM Cluster, Minimum Standards For Camp Management, 2021 Edition

UDOC Desk Review - Urban Displacement & Outside Camps, 2014

IASC, Gender Handbook for Humanitarian Action (2017)

IASC, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015

IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action, 2019

Livestock Emergency Guidelines and Standards (LEGS) Handbook, 2014

Need help?

CONTACT Contact UNHCR's CCCM Unit, at: hayo@unhcr.org.

Contact the Global CCCM cluster, at: globalsupport@cccmcluster.org.

Version and document date

Version: 2.3

Document date: 06.05.2022

Evaluations of emergency operations

Key points

- Typically, longer running operations are evaluated. Evaluations do not normally occur in the first months of an emergency operation (this is when real time reviews are held).
- The Evaluation Service commissions, oversees and completes an evaluation of each UNHCR Level 3 emergency operation, within 18 months after its declaration.
- Evaluations of L1 or L2 emergencies may also be commissioned by the Evaluation Service at the High Commissioner's request.
- For humanitarian system-wide L3 emergencies, an Inter-Agency Humanitarian Evaluation (IAHE) is typically conducted some 9 to 12 months after a system-wide scale-up activation is declared.
- Evaluations seek to improve the design, performance, and results of projects and operations.
- They are an essential tool for finding out why programmes succeed or fail, and to document insights, lessons and experiences that can be acknowledged and incorporated in future planning and decision-making.
- Evaluation reports are in the public domain.

1. Overview

This Entry indicates when evaluations of emergency operations are conducted and provides general guidance and information on evaluations.

UNHCR applies the definition adopted by the [United Nations Evaluation Group \(UNEG\)](#) in its [*2016 Norms and Standards for Evaluation*](#).

...an assessment, conducted as systematically and impartially as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance. It analyses the level of achievement of both expected and unexpected results by examining the results chain, processes, contextual factors and causality using appropriate criteria such as relevance, effectiveness, efficiency, impact and sustainability.

More generally, evaluations should provide answers to the following key questions:

- Are we doing the right thing?
- Are we doing the right thing on a scale that will make a difference in the lives of persons of concern?

- How well have our interventions been and how do we know this?
- What results have been achieved?
- Are there better ways to achieve those results?
- To what extent can a given result be attributed to a specific intervention?

An evaluation that answers the questions above in a credible and timely manner, informed by evidence, and which focuses on use of the results, can positively influence planning, design, budgeting, implementation and reporting. Evaluations contribute to evidence-informed programming, policy-making and organizational effectiveness, and strengthen results-based management in UNHCR.

UNHCR evaluations occur at two levels:

Centralised evaluations are commissioned and managed by the Evaluation Service (ES). They primarily focus (a) on policies, strategies, programmes and themes of corporate significance at *global, strategic and institutional level*, and (b) on Level 3 emergency operations.

Decentralised evaluations are commissioned and managed by Divisions, Regional Bureaux or regional and country offices. They primarily focus on activities, themes, sectors, operational areas, programmes and projects at *regional or country level*.

Distinct but complementary

Evaluation is distinct from, but complements, other oversight functions, such as audit and inspection, which focus more on risk management, control and governance objectives, compliance with UNHCR policies and regulations, and risks.

Monitoring and evaluation are often linked. However, evaluation also differs from (continuous) monitoring and other forms of assessments.

Evaluations are expected to generate credible evidence that is sufficient to answer questions about implementation and process, and also questions about the relevance and coherence of interventions, their adaptation to context, cause-and-effect concerns, and their contribution to results.

2. When and for what purpose

When

The Policy on Emergency preparedness and Response (UNHCR HCP 2017-1) stipulates that within 18 months (or earlier if so decided by the High Commissioner), the Evaluation Service commissions, oversees and completes an evaluation of each UNHCR Level 3 emergency operation. Evaluations of Level 1 or Level 2 emergencies may also be commissioned in accordance with UNHCR's policy on Evaluations.

Note: The relevant Bureau(x) and DESS conduct a real-time review of each Level 2 and Level 3

emergency operation after three months, by means of a joint mission or workshop. Reviews involve the key stakeholders and assess the timeliness, appropriateness and effectiveness of UNHCR's operational response. They recommend adjustments and course corrections that may be required. They also monitor the application of UNHCR's policy on emergency preparedness and response.

For humanitarian system-wide L3 emergencies, an Inter-Agency Humanitarian Evaluation (IAHE) is typically conducted some 9 to 12 months after a system-wide L3 emergency is declared. The Emergency Relief Coordinator (ERC) initiates IAHEs on behalf of the IASC, as advised by the Emergency Directors Group (EDG). The Evaluation Service often contributes and participates in the management of IAHEs.

Regional Bureaux or Regional and Country Offices may also decide to initiate and commission a decentralized evaluation of L1 or L2 level emergency responses. In such cases, they should inform the Evaluation Service, who will provide expertise, support and advice, and review draft reports for quality assurance purposes.

For what purpose

The overall purposes of an evaluation are to support organizational accountability and learning and contribute to the continual improvement of UNHCR's performance in addressing the protection, assistance and solutions needs of refugees, stateless persons and other persons of concern.

In practical terms, evaluations objectively assess results and generate insights into how operations, policies and programmes are performing.

3. Summary of guidance and/or options

UNHCR's evaluation policy has four overarching principles. These guide best practice in planning, design and delivery and, taken together, provide a comprehensive framework for UNHCR evaluations.

Independence. Independence underpins the legitimacy of evaluation work by reducing the potential for conflicts of interest that might arise if managers and policy-makers were solely responsible for evaluating their interventions. The principle covers both behavioural and organisational independence.

Impartiality. Independence requires impartiality, which in turn depends on the professional integrity of evaluation managers and evaluation teams, as well as the absence of undue influence that might create bias.

Credibility. Evaluations must be credible if intended users are to act with confidence on their results, and take steps to incorporate the learning they generate in policy, advocacy, programming, decision-making, and implementation processes.

Utility. Whenever an evaluation is initiated, there should be a clear, specific, and well-communicated intention to apply its analysis, findings, conclusions and recommendations. This is essential if

evaluations are to inform decision-making processes and contribute to operational and programmatic accountability, learning and improvement.

Management of an evaluation

The Evaluation Service commissions and manages centralized evaluations, and offers quality assurance, expertise and support to decentralized evaluations.

Preparation

An evaluation manager is appointed. For centralized evaluations the manager is an evaluation officer of the Evaluation Service. In decentralized evaluations, the manager is a staff member of the UNHCR entity that commissions the evaluation; the Evaluation Service provides support and advice as required.

The evaluation manager has important responsibilities throughout the different phases of an evaluation process, and is the key interlocutor for the evaluation team.

UNHCR's approach to evaluation normally includes the phases described below:

Phase 1 - Preparation and terms of reference

This phase focuses on the evaluation's initial and preparatory steps, namely clarifying its scope, defining its purpose and objectives, and agreeing the key questions that will be asked. This information is used to develop terms of reference (ToR), which are published to seek expressions of interest from individual consultants or firms. Bids from potential consultants or firms are reviewed and the evaluation team is selected.

Phase 2 - Inception

Phase 2 focuses on finalizing contract details, analysing background materials, and preparing and executing inception visits (where applicable). The team also lays the groundwork for data collection and drafts and finalizes its inception report.

The inception report is essentially a tool that enables the evaluation team and UNHCR to agree on how the evaluation should proceed.

Phase 3 - Data collection and early analysis (including field mission)

The evaluation team gathers data from multiple sources, and uses different methods and approaches to assemble and analyse evidence relevant to the evaluation questions. Field missions take place during this phase.

Phase 4 - Drafting the report

The team analyses its data and prepares, reviews and revises a draft evaluation report. This phase ends when the team completes its main deliverable, that is to say when the final report is approved. In the case of centralized evaluations the report is approved by the Head of the Evaluation Service, and in the case of decentralized evaluations by the senior manager who commissioned the evaluation.

Phase 5 - Dissemination and management response

The evaluation report is sent to key stakeholders. Management drafts a response. The management response summarizes stakeholders' responses to the evaluation's findings and recommendations, and includes planned follow-up actions. Both the evaluation report and the management response are published online.

4. How to implement this at field level?

When a centralized evaluation of an emergency operation is planned, the Evaluation Service informs the Representative(s) and liaises closely with the regional bureau concerned.

Evaluations require the support of both Representative(s) and the country office(s) concerned. They are requested to:

- Inform all relevant parties in advance (UNHCR colleagues, UN and NGO partners, government, donors), introduce the evaluation team, and explain that staff and partners may be approached for interview.
- Allocate a focal point on substance, as well as for logistical and administrative support.
- Make available to the evaluation team documents that capture key developments, decisions and results relating to the emergency operation.
- Assist the evaluation team to set up interviews with key stakeholders. Interviews should include persons of concern and should adopt an age, gender and diversity (AGD) approach.

Representative(s) and country office(s) may also be requested to provide logistical support (subject to operational constraints).

5. Links

Norms and Standard Evaluations (2016)

UNEG, Code of Conduct for evaluation in the UN system

UNEG, UN Ethical Guidelines for evaluations

UNEG Website

ALNAP

UNHCR Age, Gender and Diversity Policy: Working with people and communities for equality and protection 2011

Need help?

CONTACT Evaluation Service at Headquarters:hqevaser@unhcr.org

Annexes

- UNHCR, Policy on Evaluation HCP 2016 2
- UNEG, Norms and Standards for Evaluation 2016
- IASC, Inter-Agency Humanitarian Evaluations of Large Scale System-Wide Emergencies (IAHEs) Guidelines of 30 April 2014

Version and document date

Version: 3.2

Document date: 06.05.2022

Nutrition needs assessment

Key points

- Do an initial rapid nutrition assessment as soon as possible. If possible, it should be coordinated and supervised by an experienced nutritionist.
- Ensure linkages between the rapid health and nutrition assessment. Ideally the findings are presented in the same report describing the health and nutrition status of the new arrival refugee population.
- The assessment should include secondary data on the nutrition situation, measure acute malnutrition, and assess key infant feeding practices.
- MUAC and oedema are the indicators of choice to measure acute malnutrition in the initial phases of an emergency.
- Screen breastfeeding in children younger than 6 months. This is important to identify specific additional needs.
- Where under-nutrition is a concern, continue to screen new arrivals and hold regular mass MUAC screenings in camps and the community.
- Health, nutrition and WASH are interlinked. Ensure these sectors coordinate closely at all levels.

- Initial assessments should be multi-sectoral in character and the teams should include expertise in public health, nutrition, WASH and shelter / site planning.

1. Overview

In emergencies, food and nutrition security are often severely threatened and urgent action is required to ensure that all members of the community have access to adequate food. Those who are malnourished require nutritional rehabilitation. The extent of malnutrition has important implications for an emergency response. It influences decisions on the content and transfer mechanism of food assistance (in-kind or cash based interventions) and the requirements of selective feeding programmes.

Ideally following the multi-sectoral needs assessment for refugee emergencies (NARE), a more detailed initial rapid assessment of the nutrition status of refugees should be conducted as soon as possible. The nutrition assessment is normally part of the health needs assessment. It should collect secondary data on and related to nutrition, assess acute malnutrition, and screening of key infant feeding practices. Assessments should be carried out by sectoral technical experts with appropriate qualifications and relevant experience.

A more comprehensive nutrition survey should be undertaken as soon as feasible and no later than 3-6 months after an emergency starts. This assessment should evaluate the nutrition status of the population as a whole and should follow UNHCR's Standardised Expanded Nutrition Survey (SENS) guidelines.

2. Underlying policies, principles and/or standards

Sphere, *Food security and nutrition assessment standard 1.2: Nutrition assessment*. Nutrition assessment. Nutrition assessments use accepted methods to identify the type, degree and extent of undernutrition, those most at risk and the appropriate response.

Where people are at increased risk of undernutrition, assessments are conducted using internationally accepted methods to understand the type, degree and extent of undernutrition and identify those most affected, those most at risk and the appropriate response.

UNHCR, *Global Strategy for Public Health 2014-2018: Food security and nutrition objective 3*. This requires an emergency response to provide up-to-date information on, and analysis of, food security and nutrition, enabling programming to be both appropriate and based on need.

3. Good practice recommendations

An initial rapid nutrition assessment should be carried out at the start of an emergency, to establish the nutrition status of refugees and confirm the existence or threat of a nutrition emergency. It should estimate the number of people affected, quantify immediate needs, the availability of local resources,

and the need for external resources. The initial rapid assessment will then guide the need for a more in-depth assessment to determine medium to longer term needs and approaches.

The assessment should be coordinated and supervised by an experienced nutritionist or public health officer. It should collect secondary data on and related to nutrition, measure acute malnutrition, and screen key infant feeding practices.

Objectives of an initial rapid nutrition assessment

- To provide information on the nutrition situation in the country of origin and country of asylum (secondary data).
- To measure the prevalence of acute malnutrition in children aged between 6 and 59 months, based on mid-upper arm circumference (MUAC) and bilateral oedema (primary data collection).
- To assess key infant feeding practices, specifically breastfeeding of infants younger than 6 months (primary data collection).
- To identify cultural habits among the refugee population that might affect their food preferences and intake, for example whether the population is vegetarian or pastoralist with high meat and/or milk intake (secondary data, key informants).
- To identify characteristics of the refugee population that might influence the effectiveness of coping strategies or early interventions, such as animal husbandry or farming skills (secondary data, key informants).
- To identify specific vulnerabilities, for example that women eat last (secondary data, key informants), older people etc.
- To assess national and local capacity to lead or support the response (key informants, observation).

A situational analysis will help to establish whether the nutrition situation is deteriorating or stable, whether groups in the community have specific needs, and whether community members have specific skills or resources that can help prevent deterioration of the situation. Situational analyses should review the state of nutrition before the emergency, as well as eating habits and livelihood practices.

Where nutrition is a concern, it is usual to assess the prevalence of acute malnutrition in children aged between 6 and 59 months. Acute malnutrition reflects more recent changes in dietary intake and infection and provides an indication of the nutritional status of the whole population. Acute malnutrition among children aged between 6 and 59 months is assessed on the basis of weight-for-height or weight-for-length (WFH) indices, MUAC, and signs of bilateral oedema.

It is important to identify infants younger than 6 months who are not being breastfed. If an infant is not being breastfed or is having breastfeeding difficulties, the mother or caregiver and the child should be referred immediately to a health centre for further assessment and support.

Methodology

Relevant secondary data is often available and can be complemented by interviewing key informants. Key sources of secondary data include:

- Statistical offices in the country of origin or country of asylum.
- UNHCR's databases and reports.
- Other UN agencies, notably UNICEF and WFP.
- NGOs that work in the area of origin or area of asylum.
- Key informants working in the refugee affected areas.
- Key informants from among the refugees, with an age, gender and diversity lens.

During the assessment, information should be collected from as many different gender, diversity and age balanced sources as possible. The information should be triangulated.

Primary data collection should be undertaken in places where nutrition situation is a concern. Acute malnutrition and infant feeding practices can be assessed by nutrition and health workers in reception centres or other first points of contact with the population.

In a rapid nutrition assessment, the indicators of choice to measure acute malnutrition are MUAC and oedema. MUAC is quick to perform and effectively predicts risk of death in children aged 6 to 59 months. Based on a single measurement, it requires no heavy equipment, is used with the same cut-off for both boys and girls, and can be undertaken by low-skilled staff given training and supervisory support.

Instructions for MUAC and oedema screening:

- All children aged between 6 and 59 months should be screened for MUAC malnutrition and bilateral oedema at the reception centre during registration or at other first points of contact.
- To assess MUAC, measure the circumference of the left upper arm at the mid-point between the elbow and shoulder, to the nearest millimetre, using a standard MUAC tape.

MUAC measurement	Malnutrition status
<125mm (yellow and red)	Moderate and severe
115mm and <125 mm (yellow)	Moderate
<115mm (red)	Severe

- To assess bilateral oedema, apply gentle thumb pressure to the tops of both feet of the child for a period of three seconds and observe the presence or absence of an indent.
- A child with bilateral oedema is always classified as having severe acute malnutrition.

Instructions for infant screening:

- Every refugee family that has an infant younger than 6 months should be screened at a reception centre during registration or at another first point of contact.

- Based on a short questionnaire on feeding practices, screening should establish whether the child is being breastfed, whether the mother is present, and (where applicable) what foods the infant receives instead of breastmilk.
- Every infant younger than six months who is not being breastfed or has breastfeeding difficulties should be referred to a health centre for further assessment and support.

Infants younger than six months may be at risk of acute malnutrition if breastfeeding has been disrupted (for example, because the child is separated from its mother, or the mother has died, or the child is only partly breastfed). Among infants younger than 6 months, acute malnutrition is assessed using visible signs of wasting and bilateral oedema. Social criteria (an absent mother, inadequate breastfeeding) can indicate a heightened nutritional risk.

Presentation of results

The findings of an initial rapid nutrition assessment should be reported using the MUAC screening report template. Take care when presenting MUAC results. Make clear the nature of the sample, because this determines how representative it is. (Were all children measured, for example, or only those likely to be undernourished?) Make sure that MUAC results are not conflated with the prevalence of GAM (which can only be measured in terms of weight-for-height and oedema). MUAC does not provide a formal threshold for assessing the state of nutrition in the whole population. However, rapid nutrition assessments can show where immediate interventions are needed.

4. Considerations for practical implementation

- The findings of an initial rapid nutrition assessment should guide the level and type of nutrition support (for acute malnutrition, infant feeding, etc.) that are offered in transit centres and /or where refugees will settle.
- MUAC results will often show lower levels of under-nutrition than weight-for-height.
- An initial rapid nutrition assessment is a preliminary estimate. It should be followed by a more comprehensive nutrition survey as soon as the situation allows, and no later than 3-6 months after an emergency starts. The comprehensive survey should assess the nutrition status of the population as a whole and should always follow the UNHCR's Standardised Expanded Nutrition Survey (SENS) Guidelines.
- Rapid nutrition assessments should be continual: all arriving children should be screened for acute malnutrition and breastfeeding support. Screening activities should also continue after the first MUAC screening report has been produced. In the same manner, the comprehensive nutrition survey may be followed by simpler weekly reports on the prevalence of MUAC malnutrition.
- In situations where under-nutrition is a concern, screening for acute malnutrition on arrival should be coupled with regular mass MUAC screenings in refugee camps or communities, to monitor nutrition levels.

5. Resources and partnerships

Initial assessments should involve several agencies and partners and are multisectoral. It is important that UNHCR leads this process in refugee emergencies.

Staff

- A trained UNHCR public health officer.
- An experienced nutritionist from UNHCR and / or a partner organisation.
- Community outreach workers to work in camps and the community; nutrition/health assistants to staff reception centres and contact points.

Partners

- The key technical partners are: Ministry of Health, international and/or national NGO partners (international and national)(implementing, operational, potential and already on ground), UN agencies WHO, UNICEF (for child and maternal health, vaccination, and linkages to nutrition and WASH), UNFPA (reproductive health), and WFP (links to nutrition and food security)..

Material

- Standard MUAC tapes.
- Infant screening questionnaire.

Arm circumference "insertion" tape

0. cm



1. Locate tip of shoulder



2. Tip of shoulder
3. Tip of elbow



4. Place tape at tip of shoulder
5. Pull tape past tip of bent elbow



6. Mark midpoint



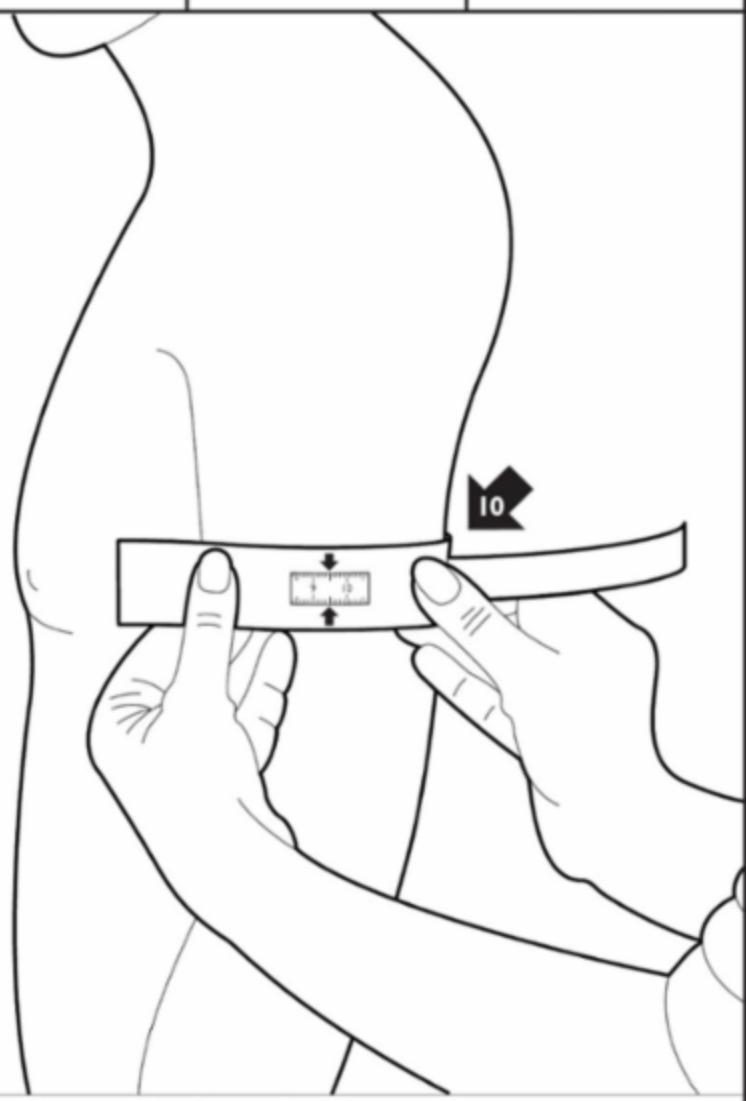
7. Correct tape tension



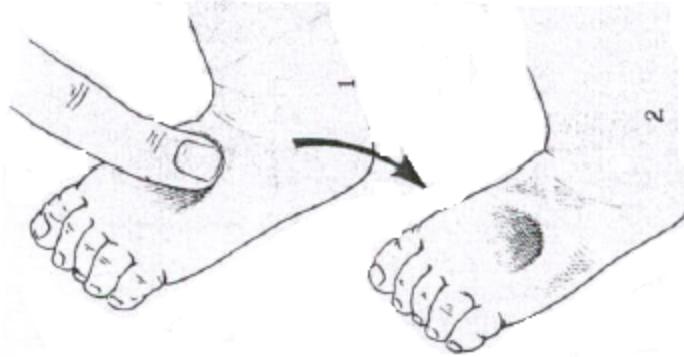
8. Tape too tight



9. Tape too loose



10. Correct tape position for arm circumference



Pictures of MEAC measurement and oedema assessment (from top to bottom)

6. Links

A standardised tool for conducting nutrition surveys in refugee populations
The Sphere Project
Refugee Health Data
Training package for nutrition

Needs Assessment for Refugee Emergencies (NARE)

Need help?

CONTACT UNHCR Public Health Section, Division of Programme Support and Management (DPSM).
At hqphn@unhcr.org

Annexes

- Infant Screening Questionnaire
- MUAC Report Template
- Draft_Needs Assessment for Refugee Emergencies (Checklist)

Version and document date

Version: 2.3

Document date: 06.05.2022

Needs assessment for refugee emergencies (NARE)

Key points

- The NARE is an easily customized initial multi-sectoral needs assessment designed for refugee emergencies.
- A needs assessment team decides what data collection methodologies should be used and which topics should be addressed. NARE users are not obliged to complete the entire assessment set out in the NARE checklist; they can pick and choose methods and themes depending on their circumstances (resources available, time, the purpose of the assessment, the types of interventions that are planned).
- Data collection questions in the NARE checklist may be customized to take account of the local situation. You can change or omit suggested questions, or add new questions.

1. Overview

As the lead coordinator in refugee emergencies, UNHCR is responsible for assembling a multi-sectoral needs-based response to sudden large forced displacements across borders. The NARE is designed to assist UNHCR operations with the guidance and tools required to undertake an initial multi-sectoral needs assessment when there has been a significant sudden, forced displacement of populations across borders. It can also be used when new groups of refugees move into an existing operational area, or to strengthen refugee operations in which adequate needs assessments have not been made.

The key objectives of an emergency needs assessment are:

- To ensure that humanitarian aid is based on need.
- To ensure that humanitarian aid promotes and does not undermine safe local coping mechanisms.
- To identify and understand the unique and respective needs of different populations.
- To make sure that decisions on humanitarian aid are based on facts.

Under its mandate, UNHCR coordinates and leads all aspects of humanitarian responses to refugee emergencies, including coordinated needs assessments.

2. Purpose and relevance for emergency operations

The NARE applies several methodologies to produce a rapid cross-sectoral analysis that provides a relatively complete description of needs in a refugee emergency.

3. Underlying process – how does this work?

A NARE analyses pre-crisis and post-crisis secondary data and suggests what information should be gathered during primary data collection, through visits, observations, interviews, and focus group discussions. It occurs at one point in time and is not a continuous monitoring system.

4. UNHCR's role and accountabilities

In an emergency, the UNHCR Representative in a country is responsible for leading and coordinating an overall refugee needs assessment, through sectoral coordination. In an appropriate inter-agency forum, the Representative should request operational partners to nominate staff to join a needs assessment team (see below). A needs assessment coordinator should be identified in UNHCR to contact sector or organizational focal points and follow up. Sectoral leads and emergency coordinators need to decide what information the operational strategy should receive from a needs assessment. An information management officer helps with assessment methodology, design, data collection, analysis and coordination. UNHCR should ensure that the assessment is coordinated with other data collection activities.

The following principles of NARE should be taken into account in all refugee emergency situations:

- A secondary data review should always take place, to determine what information is already available.
- Initial needs assessments should be multi-sectoral and coordinated across sectors. (Detailed sector-specific needs assessments can follow the initial multi-sectoral assessment.)
- Different types of information are best gathered by different data collection techniques, such as facility visits, observations, interviews with key informants and community/focus group discussions.
- Assessments should always be coordinated to ensure data collection activities produce comparable data, are not redundant and generate a shared vision of the needs and situation.

For the initial needs assessment in a new refugee emergency, UNHCR should lead a 'joint' multi-sectoral needs assessment that involves a range of sectors and humanitarian actors. Joint assessments help establish a common understanding of the situation and make good use of available resources. At the same time, all assessment activities should be harmonized, to ensure comparability of the data and the most efficient use of resources.

5. Considerations for UNHCR's engagement at country level

Needs assessments are often situation dependent and many factors may influence their design. They include the level of humanitarian access, whether population movements are stable or dynamic, the amount of time and resources available for the assessment, and the types of interventions that the assessment should inform.

Emergency Needs Assessment Process:

Below are listed the basic steps for designing and conducting an emergency needs assessment. Note that, while they are broadly in order, many steps will run in parallel.

- Identify inter-agency stakeholders and determine coordination arrangements.
- Identify the NARE's purpose, and the kinds of decisions that require needs assessment information. Detail the information needs in a data analysis plan.
- Conduct a secondary data review, compile an assessment registry, a 3W (who, what, when), and identify remaining information gaps.
- Decide if primary data collection is required. If yes, design a methodology for primary data collection, including how communities will be sampled. Calculate the time and resources that will be required (including equipment, translators, data collectors, and data entry personnel).
- Design and test data collection forms. Translate if required.
- Train the data collection team(s).
- Undertake primary data collection.
- Collate, clean and analyse the information produced.
- Undertake joint analysis to identify key findings, priorities and recommendations.
- Disseminate data and information products.
- Begin monitoring.

The general principles described in this entry apply to any type of emergency needs assessment. However, carrying out a needs assessment in urban areas can present particular challenges, because it is difficult to demarcate the geographic areas and populations that need to be surveyed. Remarks relevant to urban assessments can be found throughout this Entry.

Step 1. Who to involve

In the first phase of a refugee emergency, a wide range of humanitarian agencies, NGOs, government counterparts and possibly donors may be involved in the initial assessment planning process. Actors responsible for overseeing and providing assistance in the first phase of a response should be included within the assessment process. It is critical to involve WFP and other relevant partners when the population to be assessed is larger than 5,000 persons.

In urban contexts, identifying key refugee stakeholders is likely to require additional effort. Urban refugees are often mobile and tend to cluster in the poorest areas of the city, or to disperse across many locations; as a result, they are difficult to identify. Refugee focal points can help the team to identify

where refugees live, estimate the population and its demography, locate new points of influx, vulnerable groups, infrastructure and security issues, and identify coping mechanisms. Needs too may change rapidly in an urban context. Ask for help from the protection or community-based protection officer to compile the contact addresses of refugee focal points.

The Assessment Team and Refugee Information Management Working Group (RIM WG)

An assessment team is a temporary working group of stakeholders who manage a needs assessment. Members of this team include operational leads who decide what information is required for decision-making, interpret the results of the assessment, and design interventions based on those results; and an information manager, who designs the assessment, selects the sites that will be assessed, compiles the data, and produces final information products. The duties of the assessment team are to:

- Agree on a time frame, a methodology for data collection, a process for cleaning and analysing the results, and how the results will be shared and disseminated.
- Identify an emergency referral system to deal with urgent interventions that need to be made that are uncovered during the assessment process.
- Agree on minimum life-saving sectoral data.
- Finalize the assessment method and design.
- Select sites.
- Coordinate resources, training and logistics.

The assessment team will need to identify what resources will be required. If resources are limited, this may affect the assessment's design. The resources spent on a needs assessment should never exceed 10% of the value of interventions that will be made as a result; ideally, the cost of an assessment should be much lower.

The information manager may be tasked to: compile an assessment registry and do a 3W (Who, what, when - see below); put together and coordinate needs assessment methodologies; make sure that data sets are compatible; and facilitate data sharing in the context of the Refugee Information Management Work Group (RIM WG). The RIM WG is a forum for coordinating multiple assessments, sharing and tracking available data, and keeping the assessment registry up-to-date. Needs assessment coordination functions should be included in the RIM WG terms of reference: see 'Policy documents, references and tools' below.

Step 2. What to assess

Identify clear and precise **objectives and a focus** for the needs assessment. Based on the NARE checklist, detail the information needs. The NARE checklist is a multi-sectoral needs assessment list which can be used to develop a country-specific assessment adapted to the local situation. NARE users are not obliged to complete the checklist but can pick and choose information needs depending on the resources available, time, the purpose of the assessment, and the types of interventions that are to be made. List the information needs in order of importance, based on their operational importance and the resources required to collect the data. List the information needs, accompanying indicators and possible information sources in a data analysis plan. (You can see an example of a data analysis template at: <https://www.dropbox.com/s/xuhhd346j0rx5kj/Data%20Analysis%20Plan%20-%20Template.xlsx?dl=0>

.)

Expected outcomes

At the start of a needs assessment process, ask several questions. What are the underlying causes of risk and vulnerability? Have these causes changed and, if so, how? How widespread is the problem (throughout the country or countries, or in specific areas)? How are host communities coping? Which geographical area is most affected, and which affected groups are the most at risk? How do we expect the situation to develop in the next three months? A crucial first step is to agree what operational information will be most relevant to intervention and programme planners.

Note. Do not start a needs assessment process by designing a data-collection form. Begin by identifying the questions that need to be answered, not the ones that will be asked. If you start with the form, your assessment is much less likely to yield actionable information.

Step 3. Secondary data review

The secondary data review provides valuable information. Led by protection officers and information managers, it should consider a range of issues, including:

- Conditions before the crisis (and whether they aggravated the impact of the crisis).
- Underlying vulnerabilities. Which groups were already at risk before the crisis?
- Threats (epidemics, climate, etc.).
- Current conditions (what is already known about the scope and scale of the crisis and the humanitarian consequences)?
- Lessons that can be learned from past crises or refugee operations in the same area.

Secondary data are any information that originates from outside the needs assessment, such as data from the Government, monitoring data, etc. It includes data that are owned by UNHCR, such as registration or ProGres data. Primary data are any kind of time-bound information that is collected by completing an assessment form during an emergency needs assessment. In addition to information from humanitarian partners already *in situ*, secondary data may be collected from or found through ReliefWeb, Alertnet, ACAPS, OCHA, HumanitarianResponse.info, media, blogs, crowd-sourcing, coordination meeting minutes, census data, etc.

Compiling an assessment registry

To help understand the overall situational context, the information manager should ensure that an 'assessment registry' is compiled. (You can see an assessment registry template at https://www.dropbox.com/s/6wr85tmvwo4vn6l/1.4%20Assessment%20Registry_Template_v2.xlsx?dl=0.) This lists the coverage of current and planned assessments and helps the assessment team to decide where to focus subsequent assessment activities. Country operations that have the UNHCR web portal may be able to register needs assessments in an online 'needs assessment registry' rather than use the Excel template.

Compiling a 3W

To obtain an overview of needs, it is important to understand and map existing services, by type and location, and the capacities of the Government and operational partners, in a detailed 3W (Who, what,

when?). As part of the secondary data review, a protection and programme officer should work with the information manager to compile or expand a 3W for the operation. This can be done through a traditional 3W spreadsheet, which may be used to establish a profile of each administrative unit, highlight service coverage (or its absence), and signal areas that should be included or prioritized in the needs assessment.

An urban or rural dispersed needs assessment will need to break the area into smaller geographic units, by agreement with local or national authorities and other partners, after discussion in the RIM WG and other coordination forums. To avoid confusion, units should be based on existing formal or informal boundaries (i.e., municipal administrative units or local neighbourhoods), at least to the extent possible; where no sub-divisions exist, a new system will need to be created.

The division into smaller units should be completed by the information manager and the protection and programme officer and cross-checked with focal points in the community. Once agreed, the names of districts and neighbourhoods should be shared widely with Government and operational partners and used when reports are written and services coordinated.

For additional information on compiling a 3W, see the Entry on the emergency information management strategy

. To compile a 3W city map and set up a geo-referenced database, see the section on mapping in the *Emergency Information Management Toolkit* (Section 15, Annex 5, at <http://data.unhcr.org/imtoolkit/chapters/view/mapping/lang:eng>).

Situational analysis

The output of a secondary data review, including the assessment registry and 3W, should be a short report that lists secondary data sources and major findings. The analysis should identify information gaps in the secondary data that a primary data collection should fill.

Step 4: Primary data collection?

Although a needs assessment should always be undertaken when there is a refugee emergency, in some situations primary data should not be collected. Do not collect primary data:

- When collecting data will put collectors or interviewees in danger.
- When the results of an assessment will be incorrect or biased (for example, because interviewees are too afraid to tell the truth or external factors will distort data collection).
- When a population feels over-assessed and may be hostile to additional needs assessments.
- When programmatic decisions have already been made, and the assessment results will have no operational relevance.

In the above situations, it may be appropriate to assess needs by means of a secondary data review only (without collecting primary data).

Emergency referral system

Before collecting primary data, protection staff should arrange an emergency referrals system for the assessment team, by sector, with focal points identified. When field data collection teams come across

life-saving issues or cases requiring urgent intervention (a collective centre in need of a water, sanitation and hygiene (WASH) intervention, an individual who needs urgent protection), they should know how to refer them to appropriate service providers. To this end, teams should carry with them UNHCR's *Referral /for Assistance*. In this manner, the emergency referral process and needs assessment fieldwork can be kept separate, and urgent action reports will not be mixed with assessment information for data entry. The emergency referral system needs to be operational when the field assessment occurs.

Needs assessment logistics and equipment

When planning an assessment, it is essential to cover the logistical requirements of the teams that will collect data. Core equipment includes appropriate vehicles, first aid kits, computers, radio or satellite phones, GPS devices, cell phones and chargers with appropriate SIM cards and credit, flashlights, spare batteries for all equipment, physical maps, and stationery (notebooks, pens, pencils and pencil sharpeners). They will also need community interview guides with recording sheets, key informant guides, and any materials required for participatory data collection techniques (flip chart sheets, felt-tipped pens, seasonal calendars, etc.). Ensure that teams carry adequate food and water, particularly if supplies are difficult to obtain in the areas they visit.

Assessment method and survey design

The unit of measurement for an emergency needs assessment should be the community rather than the household or individual. This saves time and reduces the volume of primary data that need to be gathered. Techniques of data collection at community level include direct observation, key informant interviews, and focus group discussions.

The recommended unit of measurement for an urban needs assessment is a neighbourhood or district. In addition to the above techniques, an urban needs assessment might gather information using crowd-sourcing technology or refugee call-in lines (either at the start or later on).

Participatory and AGD approaches

Assessments must also be designed and conducted using participatory approaches that allow populations of concern to voice their opinions about their own needs rather than humanitarian personnel simply deciding for them.

Needs assessments must also adopt an age, gender and diversity (AGD) approach, because the emergency will affect sub-groups in different ways. Field data collection teams need to be gender-balanced and to have had training in participatory approaches and conducting survey questionnaires before they collect primary data.

AGD and participatory approaches may be included in needs assessments in several ways:

- Hold separate focus group discussions for men, women, boys, girls, and groups from different social strata. It may be helpful to conduct these focus group discussions simultaneously so that, for example, men do not influence the women's discussion.
- For closed questionnaires or structured interviews, select key informants from different sections of society.
- When selecting villages or camps to be assessed, map the locations to reflect the diversity of their residents.

- Include questions and themes that are likely to be relevant to marginalized or less vocal segments of communities.
- Collaborate with specialized NGOs who work with hard-to-reach groups (such as older persons, persons with disabilities, children) to obtain information on their specific needs.
- Speak with self-governing associations (of youth, women, etc.) to identify specific needs.
- Use participatory techniques that enable community members themselves to rank problems and prioritize solutions.
- Triangulate the data you gather from different social classes and groups to throw light on how differently they experience the humanitarian situation, and their different needs.

Community participation helps to build on a community's capacities. It also reduces the risk that needs assessments, and the humanitarian interventions to which they give rise, will undermine local coping mechanisms, neglect the needs of marginalized social groups, or waste resources on aid that is not required.

Data collection teams must explicitly request permission from interviewees to use the information they provide (informed consent). Personal information can never be disclosed or transferred for purposes other than those for which it was originally collected and for which consent was explicitly given.

Site selection

Although desirable, it may not be possible to select statistically representative sites in the first weeks of an emergency. For emergency needs assessments, diversity-driven purposive sampling is the preferred sampling method. Purposive sampling aims to sample as many types of site as possible. The team first defines which selection criteria should be considered (in light of the assessment's objectives), and then visits sites that reflect these. Purposive sampling is recommended for rapid assessments because it ensures that the assessment captures the experiences and needs of different groups, and various experiences of impact. An alternative approach is representative sampling, where the population is divided into sub-populations (strata) and random samples are taken in each stratum. Representative sampling requires more time than purposive sampling.

For an emergency needs assessment, sites should be chosen to fill gaps in knowledge (about the severity of impact, geographical factors, the profile of the refugee community, etc.) that were identified during the secondary data review. Consider geography and protection issues but attempt to select sites that reflect the diversity of the situation. You might therefore need to include urban sites and rural camps, sites in mountains and sites in valleys, sites that are dominated by different ethnic or social groups, etc.

For urban assessments, focal points within the refugee community may be able to help identify where refugees in the city are to be found, including hidden or vulnerable sub-groups. Locations should still be chosen to highlight differences - in an emergency's impact on various localities, for example, or in host communities' ability to cope. The core aim remains to provide as comprehensive a picture as possible.

Reducing bias

When collecting and analysing data, a key concern is to reduce bias. 'Bias' is the systematic skewing of

data that are collected. A 'biased sample', for example, is a sample of the population that does not accurately represent its composition. A 'biased estimator' is one that systematically over- or under-estimates what is being measured. Bias may occur because only a small number of people in some groups were interviewed, the response rate of certain groups was particularly low, or the team could not gain access to certain areas or people.

Bias can arise for many reasons: the community, Government sources, data collectors, interpreters (if used), key informants, ethnic groups, and both sexes can be responsible for it. The greatest limitation of any key informant interview is that it provides a subjective perspective. Individual responses provide important information, but each will have an individual and a cultural bias that needs to be considered when analysing the information. At all stages of the assessment process, consider whether interviewer bias or informant bias may skew the results, and adjust training and assessment methodologies accordingly.

Certain precautions can help to reduce the bias of any assessment.

- Remember that communities are not homogeneous. Information should always be gathered from different interest groups, including marginalized persons.
- Define the characteristics of those who are consulted. Note those most affected by the crisis, internally displaced persons, minority ethnic groups, women, etc. Record this information when collecting data.
- Record also groups that are absent, whose views the discussion or interviews fail to catch.
- Make sure that affected people are consulted directly and that as many groups as possible are heard (women, children, older persons, persons with disabilities, ethnic and religious minorities, etc.).
- Pay particular attention to the poorest and most socially excluded people, because they are likely to be most affected by a crisis, will have specific needs, and may not speak up easily.
- Jointly analyse results with people from different backgrounds (see below).

Step 5: Designing tools

Data collection questions in the NARE may be further customized, suggested questions may be changed or omitted, and new questions inserted. In addition to sectoral elements, the 'all sectors' column includes points on population data management, and security and logistics which should be considered.

Primary data-collection forms must be tested before starting a full needs assessment in the field. Testing may be done with local colleagues: what matters is to be sure that the questions are clear and that answers can be analysed. Design of the questionnaire in the appropriate language is the preferred option. Translation is costly, time-consuming and, if done inappropriately, can greatly reduce data quality and accuracy. Plan and budget for translation at an early stage. **Agreement on minimum life-saving sectoral data**

Needs assessment questions should focus on gathering the core emergency life-saving data that are required for the first phase of an emergency response. All questions should relate directly to operational information that has been prioritized by the assessment team.

When prioritizing assessment questions, consider using a Prioritization Graph (template attached) to

facilitate a group discussion of questions to include in the assessment. Prioritize data elements that have life-saving importance and are easy to collect.

Examples of life-saving sectoral data that might be included in the emergency needs assessment can also be found in the minimum and sectoral data sets in the protection, health information system (HIS), WASH, nutrition, mortality, shelter, core relief items (CRI), environment, and livelihood sections of the *Emergency Information Management Toolkit*. (At: <http://data.unhcr.org/imtoolkit/>.)

Step 6: Field team training

Needs assessment field team members should be trained in the following:

- Completing the needs assessment data-collection forms.
- Reporting problems.
- Key informant selection.
- Observation techniques.
- Facilitating focus group discussions (if needed).
- Managing community expectations.
- Data confidentiality principles.
- Basic principles of the UNHCR Code of Conduct.

Step 7: Data cleaned, jointly analysed and agreed

Members of the assessment team should agree on a process for cleaning, analysing and interpreting assessment data before data collection starts in the field. Use mobile data collection systems where possible. If paper-based forms are used, field team members should clean and enter data into a spreadsheet at the end of each day. Where possible, data should be broken down into standard UNHCR sex and age groups and other factors of diversity.

Analysis should be done as much as possible jointly with the team involved and other subject and geographic experts. Pooling existing expertise ensures that the analysis is likely to be more comprehensive, robust and accurate. Analysis by staff from different backgrounds can help to mitigate biases, while joint analytical processes can go a long way to create a common understanding of the situation and buy-in for the results.

The team will also need to agree on a communication strategy. In some situations, two versions of the assessment report may need to be produced (one for internal and one for external audiences).

The results of an emergency needs assessment need to be set against any existing contingency plans. The information gathered should also be evaluated, for validity and relevance, the reliability of source(s), and the degree to which it corroborates other information. Any evidence or suspicion of fraud, including falsely reported needs (to attract or deny aid to a place or group) must be reported to senior management.

Unless there are protection concerns, assessment results should be shared at the level of analysis (in

most cases, the community). They should be presented in a form that can be easily understood and re-used by others; wherever possible, data should be disaggregated. Emergency priorities, protection concerns and the NARE influence registration planning and provide the foundation of emergency operations' planning.

The information manager should ensure that links between the assessment and monitoring needs are taken into consideration by the RIM WG and operational leads. For example, if the needs assessment shows there are severe problems in a particular sector or in one community, this information can be used to trigger monitoring of those problems. The assessment team should themselves verify the accuracy of the report and acknowledge any weaknesses of documentation or method in the final results.

In addition to the assessment report, the NARE contributes to camp profiles, updates, and funding appeals, as well as other information products. A 'refugee dashboard' (a one- or two-page visualization of key needs) may be produced to show the results.

6. Links

Information Management strategy and tools, including a 3W, Assessment Registry, etc.
Emergency Needs Assessments

Additional details and tools on standard UNHCR age and sex groups

Minimum sectoral data covering protection, HIS, WASH, nutrition, mortality, shelter, CRI, environment and livelihood

UNHCR Needs Assessment Toolbox

Need help?

CONTACT UNHCR DPSM / FICSS. At: HQIM@UNHCR.org

Annexes

- UNHCR, NARE Full Version
- Prioritization Graph
- Minimum Sectoral Data Tracking Tool
- UNHCR, Focus Group Discussion. Quick Instructions, (Draft)
- 3W reporting template
- NARE pocket version (draft)

- Sample ToRs - refugee information management working group
- UNHCR Needs Assessment Handbook

Version and document date

Version: 1.7

Document date: 06.05.2022

Health needs assessment

Key points

- Disease outbreaks and malnutrition are the major public health concerns in emergencies. They are the main causes of high mortality that relate to public health.
- Ensure linkages between the rapid health and nutrition assessment. Ideally the findings are presented in the same report describing the health and nutrition status of the new arrival refugee population.
- The identification of health risks and disease surveillance are absolute priorities
- Health, nutrition and WASH are interlinked. Ensure these sectors coordinate closely at all levels.
- Initial assessments should be multi-sectoral in character and the teams should include expertise in public health, nutrition, WASH and shelter / site planning.

1. Overview

Emergency public health interventions must be evidence-based, needs-based and context-specific. Ideally following the multi-sectoral needs assessment for refugee emergencies (NARE), a more detailed initial health and nutrition assessment is conducted. This examines refugees' most immediate health problems and needs; reviews public health risks (disease outbreaks, malnutrition); and maps the

resources that are available and the resources that are needed to deliver effective assistance. The Health Assessment should be carried out by public health technical experts with appropriate qualifications and relevant experience.

2. Underlying policies, principles and/or standards

The priority needs of the disaster-affected population are identified through a systematic assessment of the context, risks to life with dignity and the capacity of the affected people and relevant authorities to respond. UNHCR, *Global Strategy for Public Health, 2014-2018*.

3. Good practice recommendations

An assessment of health and nutritional status of the refugees is an essential first step to providing health services and should take place in the first days of an emergency. Factors that affect the health and nutrition status of refugees must be identified and a surveillance and reporting system established.

The aim of an initial health assessment is to define the level of an emergency, identify basic problems and needs, and establish priorities. The assessment should be coordinated and supervised by an experienced Public Health Officer. This expertise can be made available quickly and can be requested through the Public Health Section at DPSM in HQ.

Initial Rapid Assessment

Objective

Obtain an overview of the situation (define the level of emergency).

Identify immediate needs and gaps.

Establish priority actions.

Public Health priorities

Identify major causes of mortality & morbidity.

Map availability of, and access to, basic and emergency health care.

Map the resources that are available and the resources required.

Assess the level of risk of outbreaks of possible diseases.

Methodology

An initial health assessment needs to collect information on health and nutrition status, risks, resources and performance. Data is derived from different sources, require specific tools and methodologies and is expanded over time.

	Health status and risks	Health resources and service availability	Health system performance

Information needed	The current health status of the affected populations: mortality, morbidity, health risks (potential outbreaks), nutrition.	Initial focus on existing facilities and services of national health authorities, other national and non-state actors, and international partners.	Access, coverage, utilisation, quality and effectiveness of the services currently available.
Tools	NARE, Early Warning and Response System (EWARS), UNHCR health information system (HIS).	UNHCR Rapid Health and Nutrition assessment, Health Resources Availability Mapping System (HeRAMS), 3W.	Health Information System (HIS).
Data sources	<ul style="list-style-type: none"> • Direct observations during initial assessment. • Secondary data from pre-emergency sources. • Primary data collected at provider level. • Surveys. 	<ul style="list-style-type: none"> • Direct observations during initial assessment. • Secondary data from national authorities. • Direct observation/ assessment. • Coordination mechanism/ information management. 	<ul style="list-style-type: none"> • Direct observations during initial assessment • Data collection and direct observations/ assessments. • Surveys.

Adapted from IASC, *Health Cluster Guide*, 2009.

Not all the information needed can be obtained by an initial rapid sectoral assessment. Adopt a phased approach that starts by collecting key indicators and advances to a comprehensive assessment with complex sampling methodologies.

Presentation of results

The findings of the initial assessment should be factored into the development of the response plan.

Monitoring and surveillance

A health information system (HIS) should be put in place from the start of an emergency. The integrated refugee health information system (iRHIS) is designed especially for this purpose. It is widely accepted by partners and governments.

The objectives of any health information system are to:

- Rapidly detect and respond to health problems and epidemics.
- Monitor trends in health status and continually address health-care priorities.
- Evaluate the effectiveness of interventions and service coverage.
- Ensure that resources are correctly targeted to the areas and groups in greatest need.

- Evaluate the quality of health interventions.

In the first stages of an emergency, it is essential to collect health information on:

- Demography.
- Mortality (crude and under-five).
- Morbidity.
- Health care utilisation.
- Reproductive health
- Nutritional status.
- Water and sanitation.

4. Considerations for practical implementation

The initial health assessment must be done by technical experts with experience in emergencies and refugee/displaced public health programming. If possible, they should also have local knowledge. Appropriate expertise can be made available quickly and should be requested through the network of national, regional or Headquarters experts.

5. Resources and partnerships

Initial assessments should involve several agencies and partners and are multisectoral. It is important that UNHCR leads this process in refugee emergencies.

Staff

An experienced UNHCR Public Health Officer

Partners

The key technical partners are: Ministry of Health, NGO partners (international and national), UN agencies WHO, UNICEF (for child and maternal health, vaccination, and linkages to nutrition and WASH), UNFPA (reproductive health), and WFP (links to nutrition and food security).

6. Links

UNHCR Public Health

iRHIS

The SPHERE Project

Need help?

CONTACT DPSM/PH at: HQPHN@unhcr.org.

Annexes

- The Sphere Project, Handbook, Health Assessment Checklist, pp 338-340
- IASC, Health Cluster Guide, 2009
- Twine, Basic Indicator Reports

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Version: 1.8

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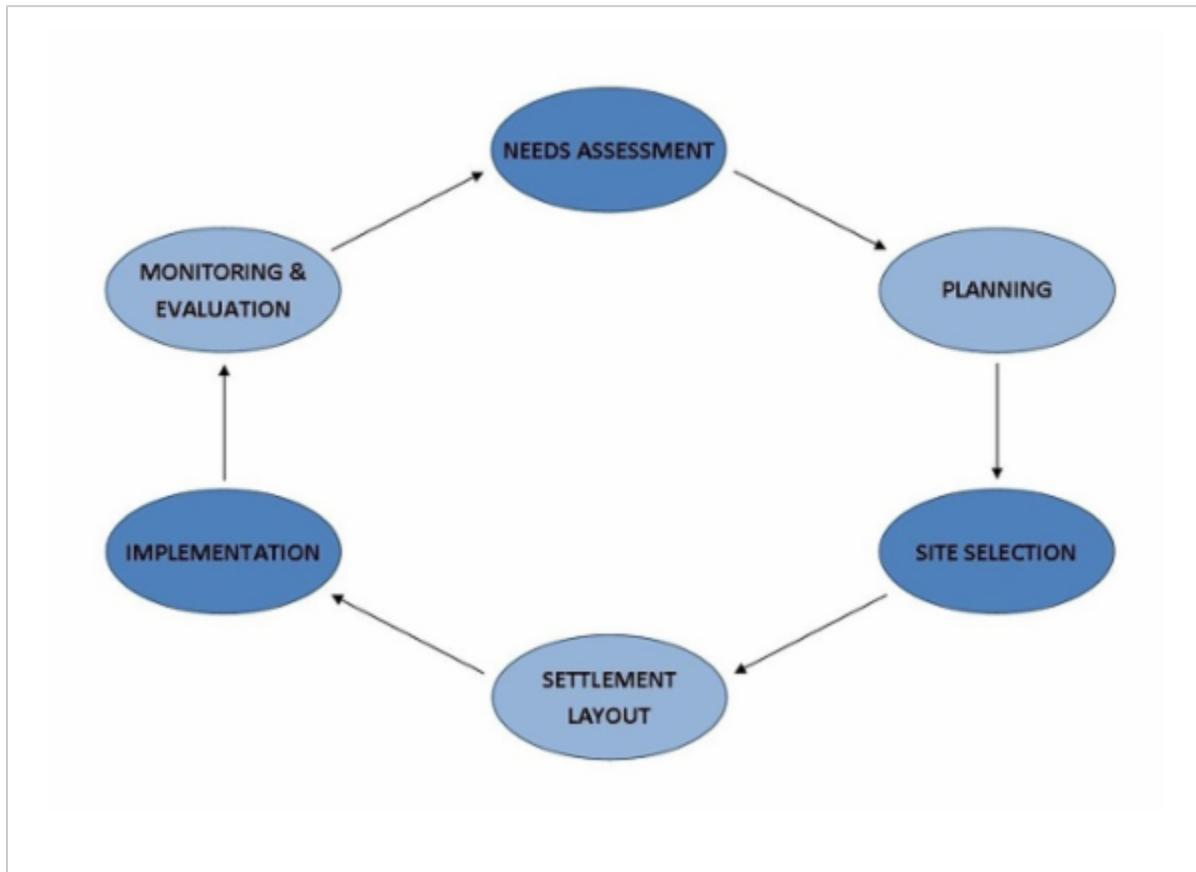
Shelter needs assessment

Key points

- • Conduct an initial rapid shelter and settlement assessment within the first three days from the onset of an emergency, whenever possible within a coordinated multi-sectoral assessment.
 - If possible the initial rapid shelter and settlement assessment should be coordinated and supervised by an experienced sectoral expert and jointly undertaken with shelter and settlement actors already present in the area and should involve local stakeholders.
- Conduct an initial rapid shelter and settlement assessment within the first three days from the onset of an emergency, whenever possible within a coordinated multi-sectoral assessment.
- If possible the initial rapid shelter and settlement assessment should be coordinated and supervised by an experienced sectoral expert and jointly undertaken with shelter and settlement actors already present in the area and should involve local stakeholders.

1. Overview

Whenever a mass displacement occurs be it in an urban or rural context, the first step is always to understand the needs of the population. An initial shelter and settlement assessment provides crucial information which will invariably inform the type of settlement most suited to a given context, the capacity, layout and services needed within a settlement, along with providing essential elements to consider when planning and designing shelters following the peak of the emergency. Whenever a mass displacement occurs be it in an urban or rural context, the first step is always to understand the needs of the population. An initial shelter and settlement assessment provides crucial information which will invariably inform the type of settlement most suited to a given context, the capacity, layout and services needed within a settlement, along with providing essential elements to consider when planning and designing shelters following the peak of the emergency.



2. Underlying policies, principles and/or standards

UNHCR (2014) Global Strategy for Settlement and Shelter (2014-18)

The Sphere Project (2018) Humanitarian Charter and Minimum Standards in Humanitarian Response

Inter-Agency Standing Committee (IASC) (2015) *Multi-Cluster/Sector Initial Rapid Assessment (MIRA)*

UNHCR (2018) Age, Gender and Diversity Policy

UNHCR (2014) Global Strategy for Settlement and Shelter (2014-18)

The Sphere Project (2018) Humanitarian Charter and Minimum Standards in Humanitarian Response

Inter-Agency Standing Committee (IASC) (2015) *Multi-Cluster/Sector Initial Rapid Assessment (MIRA)*

UNHCR (2018) Age, Gender and Diversity Policy

3. Good practice recommendations

An initial rapid shelter and settlement assessment should be carried out within the first three days of an emergency, to identify needs and resources. To plan and implement an effective response, it is vital to coordinate assessments across a range of sectors (Protection, WASH, Camp Management, Health, Nutrition, and Education). The Needs Assessments for Refugee Emergencies (NARE) checklist, a highly customisable initial multi-sectoral needs assessment is often used and contains a specific section with relevant questions to inform settlement development and shelter response.

The scale and complexity of an emergency and the available staff and resources will influence the amount and quality of information that can and should be collected during shelter and settlement needs assessments. The information collected will in turn inform how best to prioritize lifesaving needs which should be addressed immediately, versus medium term needs. The assessment should be coordinated and supervised by an experienced Shelter Officer or Site Planner.

The overall Emergency Needs Assessment should provide sufficient information to identify the immediate life-saving shelter and settlement activities and priorities, anticipate the potential future problems related to shelter and settlement, including projections and contingency planning, and identify 'self-supported' refugees - those with adequate shelter provided from their own resources, and the strategies they are using to cope.

In situations where new arrivals are staying between camp and out of camp, self-settled or in host families, or when an influx of new arrivals may be placing pressure on local communities, the emergency needs assessment should also identify and mitigate potential shelter and settlement-related tension(s) between new arrivals and the host community and identify the type and level of support required for families in a host community.

Recommended methodology

To understand the dynamics of a crisis and the contextual implications for shelter and settlement, it is essential to gather a broad set of relevant information which will inform the sector specific assessment and response. This exercise requires a pre-crisis and post-crisis secondary data analysis to determine what information is already available as well as primary data collection. Information can come from other sectors and/or organisations. Any missing information should be included in the primary data collection.

Secondary data analysis: Review of secondary data relevant for shelter and settlements should provide critical background information and analysis, such as:

- Climate and cultural practice information that impacts settlement planning, shelter and Core Relief Item (CRI) selection.
- Building practices of refugees in country of origin (e.g. building types, sizes, construction materials, physical architecture, etc.).
- Review of previous market surveys (availability and prices of construction materials and household items pre-crisis).
- Housing, land and property ownership practices and laws in the country of asylum (e.g. renting, leasing, ownership, compulsory acquisition)
- Identify which national government departments are responsible for shelter, settlement planning and public infrastructure facilities
- Determine local Government and NGO response capacity for shelter and settlement
- Identify national building standards
- If the government has allocated potential sites to host refugees, check if geological information is available for the sites in the event of a planned settlement and structural safety in the event of public building rehabilitation

Secondary data review post-influx should specifically provide:

- Existing infrastructure and services surrounding the area where the refugees are located which will influence settlement development and planning
- Traditional shelter types of both displaced population and host community (avoid disparity between refugee and host community living conditions)
- Availability of shelter materials (e.g. natural resources, nearby stockpiles, regional suppliers, etc.)
- Identification of persons with specific needs requiring shelter (re)construction assistance or specific shelter options (disability and access)
- Options to ensure safety of shelter (e.g. types of materials, "fences" around family plots, availability of locks)
- Availability of land and facilities for camps / settlements / collective centres

Primary data collection: The level of detail and questions asked during primary data collection will largely depend on information gaps identified during the secondary data review. Data collection can be carried out using the following methodologies:

- Community Observation
- Community Key Informants
- Focus Group Discussions
- Household Key Informant

- Infrastructure/Facilities Visits

The information collected during the initial rapid needs assessment should influence the development of a comprehensive shelter and settlement strategy which will structure and phase the sectoral response to address the needs of the persons of concern, and which will evolve over time to adapt to changing needs. Assessors should gather sufficient information in order to effectively guide the following actions:

- Identify most suitable settlement option or combination of options according to the context (host family support, collective centres, planned settlements, rental accommodation, sharing with family or relatives)
- Enable persons of concern to access and live in dignity in secure settlements that improve their social, economic and environmental quality of life as a community
- Ensure the involvement of persons of concern throughout the planning, design and implementation phases of shelter and settlement responses
- Provide appropriate emergency shelter and CRIs as needed
- Ensure minimum space of covered shelter area (3.5m² per person) is respected
- Adapt shelter to protect persons of concern from extreme weather conditions
- Ensure access to basic services
- Plan for and identify longer term or transitional shelter solutions

The following are examples of key information to be gathered through secondary and primary data collection and analysis:

Demography	How many people are affected? Who are they? What are their nationalities? Do they come from urban or rural enclaves? What ethnic groups do they belong to? How many men, women, boys and girls are there? What is the age breakdown? What percentage of boys and girls (under 18) are unaccompanied? What religions do they practise? What skills do they have? What specific needs can be identified? What is their physical condition (dehydration/malnutrition)? What diseases are present?
Movement	Where are the persons of concern coming from (general trends)? Where are they now(approximate locations)? Where are they going (general trends)? What is the rate of arrival (number per day)? Is the rate of arrival likely to increase or decrease?
	What resources do the displaced population have? Do they have sufficient clothing? Do they need blankets?

Resources	<p>Do they need shelter materials?</p> <p>Do they possess domestic household items and supplies?</p> <p>Do they have livestock? If so, what animals do they have?</p> <p>What other possessions do they have?</p>
Physical Security	<p>Assess the protection needs of arrivals and the social support they require.</p> <p>What problems have they experienced on their flight route (presence of armed groups, water or food, crossing the frontier, border officials, etc.)?</p> <p>Does the whole group face an external physical threat? From whom?</p> <p>Is military protection required?</p> <p>Is factional conflict taking place? Which groups are involved?</p> <p>Is counselling required?</p> <p>Is there a problem of religious intolerance? Which groups are involved?</p>

A secondary data review should always be done in order to determine what information already exists. The critical background information collection and analysis for shelter and settlement should include:

- Climate and cultural practice information that impacts settlement planning, shelter and CRI selection
- Building practices of refugees in country of origin (e.g. building types, sizes, construction materials, physical architecture, etc.)
- Review of previous market surveys (availability and prices of construction materials and household items before the emergency)
- Clarify housing, land and property ownership trends and laws in the country of asylum (e.g. renting, leasing, ownership, compulsory acquisition)
- Determine which national government departments are responsible for shelter, settlement planning and public infrastructure facilities
- Establish local Government and NGO response capacity for shelter and settlement
- Identify national building standards
- If the government has allocated potential sites to host refugees, check if geological information is available for the sites in the event of a planned settlement and structural safety in the event of public building rehabilitation

Information for a post-influx secondary data review should specifically look at:

Note that information can come from other sectors and/or organisations. Any missing information should be included in the primary data collection

- Existing infrastructure and services surrounding the area where the refugees are located which will influence settlement development and planning
- Identify the traditional shelter types of both displaced population and host community (avoid disparity between refugee and host community living conditions)
- Availability of shelter materials (e.g. natural resources, nearby stockpiles, regional suppliers, etc.)

- Identification of persons with specific needs requiring shelter (re)construction assistance or specific shelter (disability and access)
- Options to ensure safety of shelter (e.g. types of materials, "fences" around family plots, availability of locks)
- Availability of land and facilities for camps / settlements / collective centres

Primary data collection can be carried out using the following methodologies:

- Community Observation
- Community Key Informants
- Focus Group Discussions
- Household Key Informant
- Infrastructure/Facilities Visits

The level of detail and questions asked for primary data collection will largely be influenced by information gaps identified during the secondary data review. Nevertheless assessors should gather sufficient information in order to address the following over-arching actions:

- Identify most suitable settlement option or combination of options according to the context (host family support, collective centres, planned settlements, rental accommodation, sharing with family or relatives)
- Enable population of concern to access and live in dignity in secure settlements that improve their social, economic and environmental quality of life as a community
- Promote beneficiary consultation throughout the planning, design and implementation phases of shelter and settlement responses
- Provide lifesaving emergency shelter and CRIs
- Ensure minimum space of covered shelter area (3.5m² per person) is respected
- Adapt shelter to protect population of concern from extreme weather conditions
- Ensure access to basic services
- Plan for and identify longer term or transitional shelter solutions

The information collected during the initial rapid needs assessment should largely influence the development of a comprehensive shelter and settlement strategy which will structure and phase the sectoral response to address the needs of the population of concern which will evolve in time. An initial rapid shelter and settlement assessment should be carried out within the first three days of an emergency, to identify needs and resources. To plan and implement an effective response, it is vital to coordinate assessments across a range of sectors (Protection, WASH, Camp Management, Health, Nutrition, and Education). The Needs Assessments for Refugee Emergencies (NARE) checklist, a highly customisable initial multi-sectoral needs assessment is often used and contains a specific section with relevant questions to inform settlement development and shelter response.

The scale and complexity of an emergency and the available staff and resources will influence the amount and quality of information that can and should be collected during shelter and settlement needs assessments. The information collected will in turn inform how best to prioritize lifesaving needs which should be addressed immediately, versus medium term needs. The assessment should be coordinated and supervised by an experienced Shelter Officer or Site Planner.

The overall Emergency Needs Assessment should provide sufficient information to identify the immediate life-saving shelter and settlement activities and priorities, anticipate the potential future problems related to shelter and settlement, including projections and contingency planning, and identify 'self-supported' refugees - those with adequate shelter provided from their own resources, and the strategies they are using to cope.

In situations where new arrivals are staying between camp and out of camp, self-settled or in host families, or when an influx of new arrivals may be placing pressure on local communities, the emergency needs assessment should also identify and mitigate potential shelter and settlement-related tension(s) between new arrivals and the host community and identify the type and level of support required for families in a host community.

Recommended methodology

To understand the dynamics of a crisis and the contextual implications for shelter and settlement, it is essential to gather a broad set of relevant information which will inform the sector specific assessment and response. This exercise requires a pre-crisis and post-crisis secondary data analysis to determine what information is already available as well as primary data collection. Information can come from other sectors and/or organisations. Any missing information should be included in the primary data collection.

Secondary data analysis: Review of secondary data relevant for shelter and settlements should provide critical background information and analysis, such as:

- Climate and cultural practice information that impacts settlement planning, shelter and Core Relief Item (CRI) selection.
- Building practices of refugees in country of origin (e.g. building types, sizes, construction materials, physical architecture, etc.).
- Review of previous market surveys (availability and prices of construction materials and household items pre-crisis).
- Housing, land and property ownership practices and laws in the country of asylum (e.g. renting, leasing, ownership, compulsory acquisition)
- Identify which national government departments are responsible for shelter, settlement planning and public infrastructure facilities
- Determine local Government and NGO response capacity for shelter and settlement
- Identify national building standards

- If the government has allocated potential sites to host refugees, check if geological information is available for the sites in the event of a planned settlement and structural safety in the event of public building rehabilitation

Secondary data review post-influx should specifically provide:

- Existing infrastructure and services surrounding the area where the refugees are located which will influence settlement development and planning
- Traditional shelter types of both displaced population and host community (avoid disparity between refugee and host community living conditions)
- Availability of shelter materials (e.g. natural resources, nearby stockpiles, regional suppliers, etc.)
- Identification of persons with specific needs requiring shelter (re)construction assistance or specific shelter options (disability and access)
- Options to ensure safety of shelter (e.g. types of materials, "fences" around family plots, availability of locks)
- Availability of land and facilities for camps / settlements / collective centres

Primary data collection: The level of detail and questions asked during primary data collection will largely depend on information gaps identified during the secondary data review. Data collection can be carried out using the following methodologies:

- Community Observation
- Community Key Informants
- Focus Group Discussions
- Household Key Informant
- Infrastructure/Facilities Visits

The information collected during the initial rapid needs assessment should influence the development of a comprehensive shelter and settlement strategy which will structure and phase the sectoral response to address the needs of the persons of concern, and which will evolve over time to adapt to changing needs. Assessors should gather sufficient information in order to effectively guide the following actions:

- Identify most suitable settlement option or combination of options according to the context (host family support, collective centres, planned settlements, rental accommodation, sharing with family or relatives)
- Enable persons of concern to access and live in dignity in secure settlements that improve their social, economic and environmental quality of life as a community
- Ensure the involvement of persons of concern throughout the planning, design and implementation phases of shelter and settlement responses
- Provide appropriate emergency shelter and CRIs as needed
- Ensure minimum space of covered shelter area (3.5m² per person) is respected

- Adapt shelter to protect persons of concern from extreme weather conditions
- Ensure access to basic services
- Plan for and identify longer term or transitional shelter solutions

The following are examples of key information to be gathered through secondary and primary data collection and analysis:

Demography	How many people are affected? Who are they? What are their nationalities? Do they come from urban or rural enclaves? What ethnic groups do they belong to? How many men, women, boys and girls are there? What is the age breakdown? What percentage of boys and girls (under 18) are unaccompanied? What religions do they practise? What skills do they have? What specific needs can be identified? What is their physical condition (dehydration/malnutrition)? What diseases are present?
Movement	Where are the persons of concern coming from (general trends)? Where are they now(approximate locations)? Where are they going (general trends)? What is the rate of arrival (number per day)? Is the rate of arrival likely to increase or decrease?
Resources	What resources do the displaced population have? Do they have sufficient clothing? Do they need blankets? Do they need shelter materials? Do they possess domestic household items and supplies? Do they have livestock? If so, what animals do they have? What other possessions do they have?
Physical Security	Assess the protection needs of arrivals and the social support they require. What problems have they experienced on their flight route (presence of armed groups, water or food, crossing the frontier, border officials, etc.)? Does the whole group face an external physical threat? From whom? Is military protection required? Is factional conflict taking place? Which groups are involved? Is counselling required? Is there a problem of religious intolerance? Which groups are involved?

A secondary data review should always be done in order to determine what information already exists. The critical background information collection and analysis for shelter and settlement should include:

- Climate and cultural practice information that impacts settlement planning, shelter and CRI selection
- Building practices of refugees in country of origin (e.g. building types, sizes, construction materials, physical architecture, etc.)
- Review of previous market surveys (availability and prices of construction materials and household items before the emergency)
- Clarify housing, land and property ownership trends and laws in the country of asylum (e.g. renting, leasing, ownership, compulsory acquisition)
- Determine which national government departments are responsible for shelter, settlement planning and public infrastructure facilities
- Establish local Government and NGO response capacity for shelter and settlement
- Identify national building standards
- If the government has allocated potential sites to host refugees, check if geological information is available for the sites in the event of a planned settlement and structural safety in the event of public building rehabilitation

Information for a post-influx secondary data review should specifically look at:

Note that information can come from other sectors and/or organisations. Any missing information should be included in the primary data collection

- Existing infrastructure and services surrounding the area where the refugees are located which will influence settlement development and planning
- Identify the traditional shelter types of both displaced population and host community (avoid disparity between refugee and host community living conditions)
- Availability of shelter materials (e.g. natural resources, nearby stockpiles, regional suppliers, etc.)
- Identification of persons with specific needs requiring shelter (re)construction assistance or specific shelter (disability and access)
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- Ensure minimum space of covered shelter area (3.5m² per person) is respected
- Adapt shelter to protect population of concern from extreme weather conditions
- Ensure access to basic services
- Plan for and identify longer term or transitional shelter solutions

The information collected during the initial rapid needs assessment should largely influence the development of a comprehensive shelter and settlement strategy which will structure and phase the sectoral response to address the needs of the population of concern which will evolve in time.

4. Considerations for practical implementation

The findings of an initial rapid shelter and settlement assessment should guide the level and type of intervention in any given response, and all information collected during the initial needs assessments should be shared with other relevant sectors (Protection, WASH, Food Security, Nutrition, Public Health, Environment) to ensure a coordinated response.

An initial rapid shelter and settlement assessment provides a general picture of the shelter situation detailed enough to determine what shelter and settlement problems exist, how serious they are, and what assistance strategy is appropriate. Changing needs should be reviewed periodically and subsequent actions reflected in the sectoral strategy. As the situation stabilises, the following assessments should be considered:

- **Shelter Condition Assessment.** These assessments describe the assistance that will be required to transform emergency shelters (most often tents or emergency shelter kits) into transitional shelters when the situation stabilises.
- **Shelter Evaluations.** These assess the impact of completed projects on population needs, in order to measure a shelter strategy's relevance and success, and modify it as required.

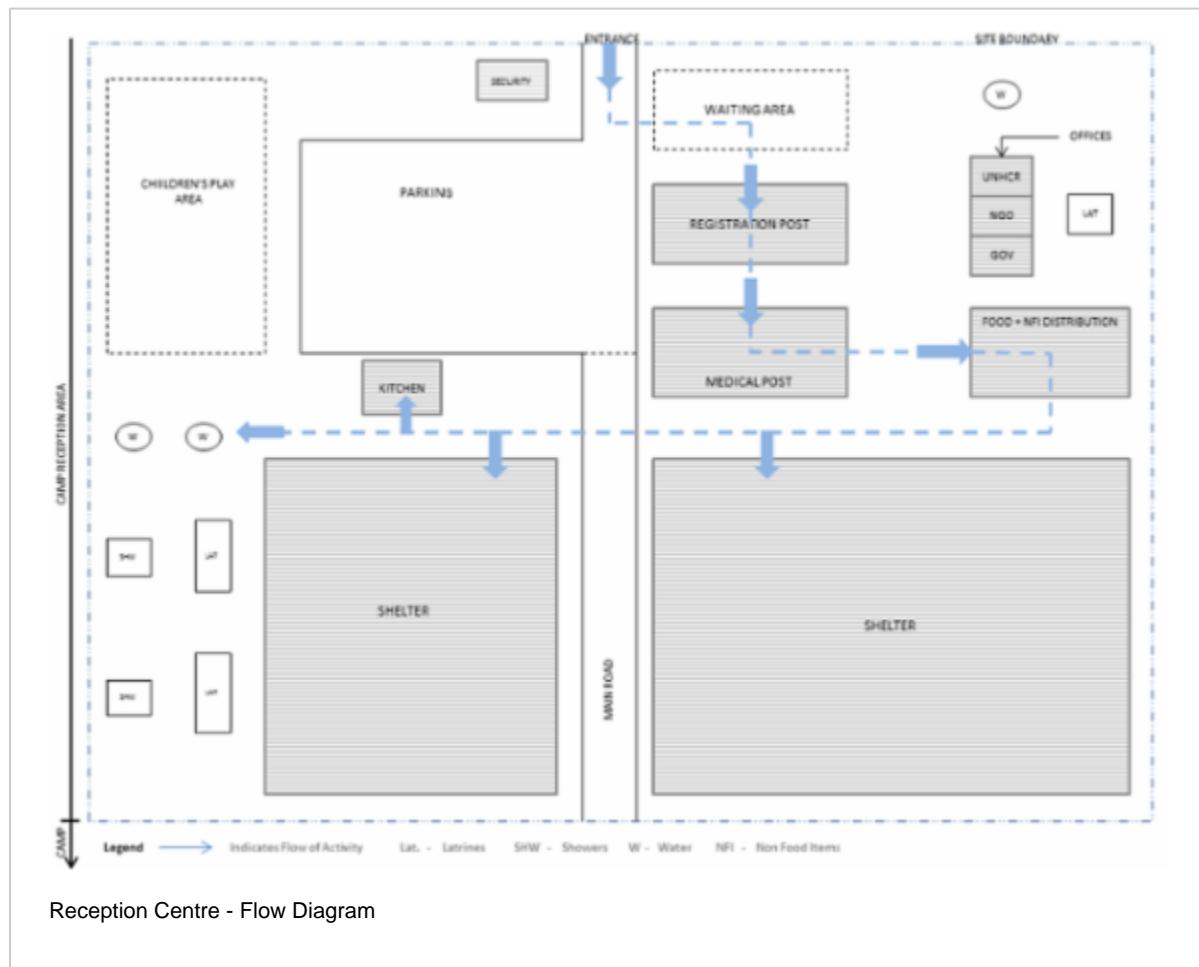
Additional key informant questions and focus group discussion questions can be found in the Sphere Rapid Shelter Assessment and the UNHCR NARE Checklist - Draft (2014). The findings of an initial rapid shelter and settlement assessment should guide the level and type of intervention in any given response, and all information collected during the initial needs assessments

should be shared with other relevant sectors (Protection, WASH, Food Security, Nutrition, Public Health, Environment) to ensure a coordinated response.

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Additional key informant questions and focus group discussion questions can be found in the Sphere Rapid Shelter Assessment and the UNHCR NARE Checklist - Draft (2014)



5. Resources and partnerships

Staff

- A shelter and settlement expert
- Local shelter and settlement partner organisation
- Community outreach workers

Partners

- A variety of partners can assist with shelter and settlement assessments and responses, including international NGOs with expertise in the sector, local organisations and relevant government authorities.

Material

- GPS
- Camera
- Rapid assessment questionnaire

Staff

- A shelter and settlement expert
- Local shelter and settlement partner organisation
- Community outreach workers

Partners

- A variety of partners can assist with shelter and settlement assessments and responses, including international NGOs with expertise in the sector, local organisations and relevant government authorities.

Material

- GPS
- Camera
- Rapid assessment questionnaire

6. Links

Minimum Sectoral Data – Shelter and Settlement

Need help?

CONTACT UNHCR Shelter and Settlement Section, DPSM. At: HQShelter@unhcr.orgUNHCR Shelter and Settlement Section, DPSM. At: HQShelter@unhcr.org

Annexes

- Sphere Handbook (2018)
- UNHCR (2014) Needs Assessment for Refugee Emergencies (NARE) Checklist
- Shelter Cluster, Sphere Rapid Shelter Assessments Checklist
- UNHCR, WFP - Joint Assessment Missions - a Practical Guide to Planning and Implementation (2013)

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IASC Scale Up Activation

Key points

- A system-wide scale-up activation automatically triggers mechanisms and responses that UNHCR has undertaken to support. These include the deployment of cluster coordinators and information management support, and development of a budgeted inter-agency response plan.
- It is a priority to deliver humanitarian support to IDPs and affected populations in a sudden onset or significantly deteriorating humanitarian crises requiring a system-wide scale-up activation. Empowered leadership and effective coordination help to achieve this priority.
- The decision to activate a system-wide scale-up is a high level priority statement as much as a practical response mechanism. It will (and should) generate attention. Agencies will be scrutinized on how well they deliver their response.
- Be proactive and share information about the emergency with bureaux and support divisions.
- Inform HQ which clusters should be activated and why.
- Actively participate in HCT discussions.

- Assess your office's capacity and identify resource and staffing gaps that will impede or prevent delivery of assistance; request support from HQ to fill gaps.

1. Overview

This Entry provides guidance on humanitarian system-wide scale-up activation, related inter-agency processes and actions, and their implications for UNHCR. It should be read in conjunction with the most recent version of the IASC's Humanitarian Programme Cycle. The entry is based on IASC's 'Protocol 1. Humanitarian System-Wide Scale-Up Activation: Definition and Procedures' (November 2018), which replaces the 2012 Transformative Agenda Protocol on L-3 definition and procedures.

IASC scale-up activation is a system-wide mobilization in response to a sudden onset or rapidly deteriorating humanitarian situation in a given country, including at subnational level, where the capacity to lead, coordinate and deliver humanitarian assistance does not match the scale, complexity and urgency of the crisis. It is an element of the Transformative Agenda (TA), which aims to strengthen leadership, coordination, and accountability in inter-agency responses to major humanitarian emergencies.

A scale-up declaration activates mechanisms and tools which:

- Ensure that the IASC system delivers effective support both to national authorities and existing capacities, and monitors its own performance.
- Ensure that adequate capacities and tools for empowered leadership and coordination of the humanitarian system are in place.
- Engage IASC member organisations and Global Cluster Lead Agencies to put in place the systems and resources required to contribute to the response in line with their mandates.

Activation is for a time-bound period of up to six months, and is appropriate only in cases where the gravity of the humanitarian situation justifies the mobilization of system-wide capacities and resources, beyond standard levels, to respond to critical humanitarian needs on the ground. In exceptional situations a single additional three-month extension can be considered. During the activation, sufficient capacity should be created to sustain the level of response. The procedure mandates the Humanitarian Country Team (HCT) to develop benchmarks, appropriate for the context, followed by a transition plan and post-activation accompanying measures. Though UN system-wide scale-up declarations and agency-specific emergency level declarations are often linked in practice, they have separate procedures.

Note. Refugee emergency responses (and where applicable emergency responses for returning refugees) are led and coordinated by UNHCR and guided by the Refugee Coordination Model (RCM). The scale-up protocol does not apply to such situations.

2. Purpose and relevance for emergency operations

In December 2011, the IASC Principals agreed to the Transformative Agenda (TA). This set of actions was designed to improve the humanitarian response model while reaffirming that the cluster approach is the most appropriate coordination model for non-refugee inter-agency humanitarian responses. Since then, as part of this initiative, the Principals have approved or continued to update protocols that set parameters for the TA, strengthen leadership, increase stakeholder accountability, and improve coordination.

UNHCR is committed to successful implementation of the TA. It will continue to contribute to its evolution, implementation, and tools, as well as monitor its implementation.

3. Underlying process – how does this work?

The Emergency Relief Coordinator (ERC) declares a scale-up activation based on five criteria:

- Scale.
- Urgency.
- Complexity.
- Capacity.
- Risk of failure to deliver effectively and at scale to affected populations.

Within 24 hours of the event, or recognizing that the humanitarian situation deteriorated dramatically, the ERC receives an initial assessment of the situation, including data on affected populations. The information is provided by the Humanitarian Country Team (HCT) in the affected country, under the leadership of the Humanitarian Coordinator (HC), or a Resident Coordinator (RC) if the former is not yet designated. The IASC secretariat should share the assessment with the Emergency Directors Group (EDG) and Global Cluster Coordinators.

Within 24 hours of receiving the initial assessment, the IASC Emergency Directors Group (EDG), composed of representatives from each agency, convenes to discuss the event. It considers the context, the response, capacity, expected gaps, lessons learned from past emergencies, and advocacy priorities, and agrees recommendations. These cover leadership and coordination arrangements, including cluster activation for the IASC Principals' consideration. The Global Cluster Coordinators should be consulted on proposed coordination arrangements, where relevant.

Following receipt of the EDG recommendations, the ERC contacts national authorities at the highest level to brief them on the measures being considered to bolster operational capacity. The ERC informs the UN Secretary-General (S-G) and the lead UN Secretariat Department (Department of Peace-Keeping Operations or Department of Political Affairs as applicable), as well as the chair of the UN Sustainable Development Group (UNSDG) and the UN Operations and Crisis Centre (UNOCC), that a scale-up activation is under consideration.

Within 48 hours of the crisis, the ERC convenes the IASC Principals to jointly review the initial assessment and present recommendations on a 'no objections' basis. The Principals discuss whether

the initial assessment warrants a scale-up activation. The ERC, as Chair of the IASC, makes the final decision. If it is agreed to declare a scale-up activation, the Principals also discuss (1) the most appropriate leadership model, (2) the most appropriate coordination arrangements, (3) common advocacy priorities for the humanitarian system and common messages, and (4) other context-specific arrangements.

The ERC announces the activation via e-mail to all IASC Principals. The ERC also issues a note for the attention of the Secretary-General (including the UNOCC Director), and a note to the HCT via the RC/HC. The ERC contacts national authorities at the highest level to explain the decision and its implications, including additional support that will be provided to national and in situ capacity. All messages from the ERC include information on geographic coverage, the length of the activation (up to six months), and leadership and coordination arrangements (including the appointment of a HC, cluster activation, and designated in-country cluster leads).

The activation automatically triggers:

- Immediate establishment of a HCT. The current RC is re-hatted as HC pending a decision on the most appropriate leadership model.
- Activation of the 'empowered leadership' model.

Within 72 hours of the onset of the crisis:

- A HC is designated and deployed for up to six months, to lead coordination of the overall humanitarian response, exercising empowered leadership in line with the IASC protocol.
- A Central Emergency Response Fund (CERF) and Country-Based Pooled Fund (CBPF), if available in country, are announced. Allocations are issued by the ERC (by the HC in the case of CBPFs) on a 'no regrets' basis, in support of priorities identified in the strategic statement.

Within 72 hours of the scale-up activation:

- The ERC activates clusters for priority sectors, after consulting the IASC Principals on the basis of a request from the RC/HC in consultation with the HCT.
- The IASC Principals, after consulting the Global Cluster Lead Agencies, immediately deploy appropriate coordination capacity, including qualified cluster coordinators and information managers (as required).
- The RC/HC issues a 'Statement of Key Strategic Priorities', to establish shared messaging and advocacy from headquarters level down, and for press releases.
- A multi-cluster or -sector Initial Rapid Assessment (or alternative rapid assessment) is implemented based on coordinated assessments. The initial Situation Analysis is followed by a multisector assessment and report within the first two weeks.

Within 5 days of the scale-up activation:

- A Flash Appeal is developed, supported by the Situation Analysis. It contains a top-line analysis of the scope and severity of the crisis, sets out priority actions, and lists financial requirements.

Within 4 weeks of the scale-up activation:

- The Flash Appeal is revised. If a longer response is required (beyond the initial activation period of six months), the HCT develops or updates the Humanitarian Needs Overview (HNO). The HNO consolidates and analyses information on the needs, vulnerabilities and capacities of the affected population, and develops or updates a Humanitarian Response Plan (HRP). The HRP sets out the strategy chosen to respond to the assessed needs, and is the basis for implementing and monitoring the overall response.

Within 5 months of the scale-up activation:

- An Operational Peer Review (OPR) takes place.

Within 9-12 months of a Scale-Up activation:

- An Inter-Agency Humanitarian Evaluation (IAHE) is conducted, in accordance with IAHE terms of reference.

End of the scale-up

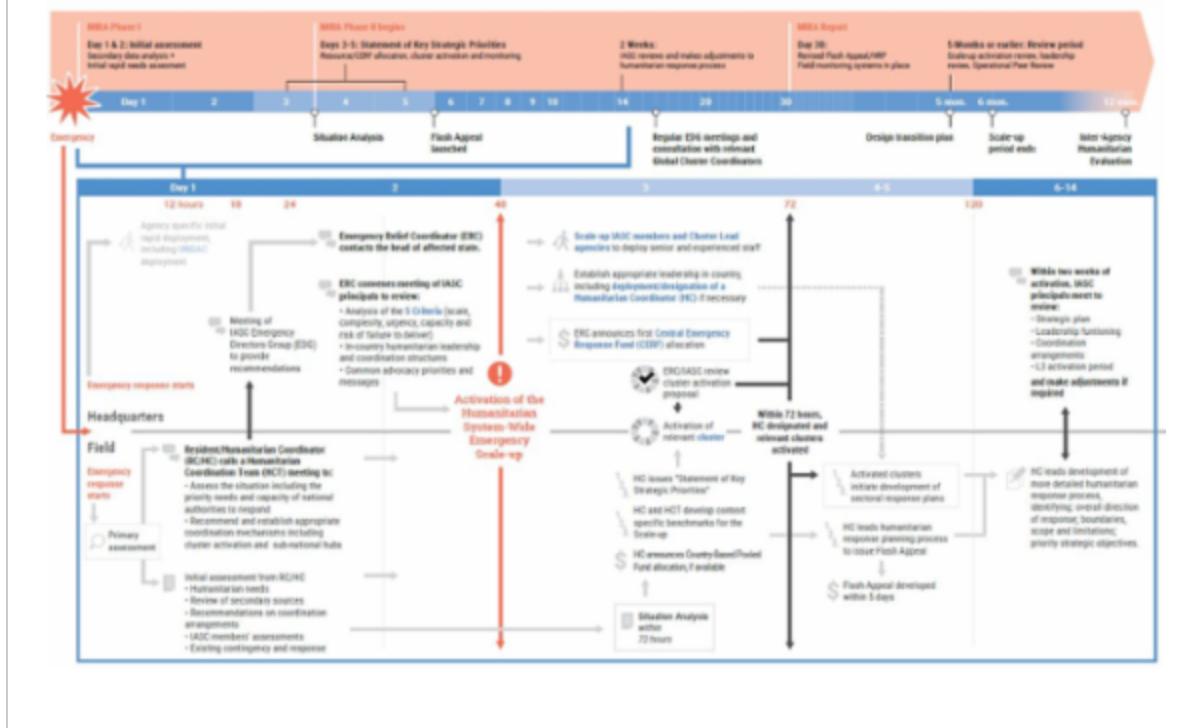
The scale-up activation automatically expires after a maximum period of six months. The IASC Emergency Directors (EDG) meet towards the end of the activation period to review the situation.

The EDG may, in exceptional circumstances and before the scale-up activation expires, recommend to the ERC that the scale-up activation should be extended for an additional three months (to a total maximum duration of nine months). Exceptional circumstances might include a further deterioration of the situation, based on an OPR recommendation.

Transition

If factors affect the response that the scale-up activation cannot address, a transition from scale-up may commence. The IASC Principals and leadership on the ground should provide clear messaging on both the expiry of the scale-up activation and the transition strategy as soon as possible. The transition plan should include (at a minimum):

- A statement indicating how the chosen leadership model will affect arrangements at the end of the period, and how the transition will be managed.
- A strategy for continuing core coordination functions, in support of national and local coordination efforts (where applicable and relevant).
- A statement indicating how reporting lines, roles and responsibilities will be defined at the end of the period of application.
- An outline of measures that will contribute to efforts to reach solutions. This should indicate how the humanitarian response will bridge with longer term recovery and national development priorities.



4. UNHCR's role and accountabilities

When a decision to declare a system-wide scale-up activation is considered, UNHCR will actively contribute to the initial assessment of the UN Country Team (UNCT) or Humanitarian Country Team (HCT), because the decisions taken will affect UNHCR's involvement later in the process. If the crisis involves refugees, UNHCR will lead discussion of refugee aspects. Scale-up activation is not applicable to such situations.

In its internal communications with HQ, the UNHCR office will:

- Communicate the outcomes of UNCT/HCT discussions to the Director of the concerned bureau and to DESS, focusing especially on the five criteria on which the decision to declare is based.
- As cluster lead agency, share with the Directors of the regional Bureau and DESS its assessment with respect to:
 - (1) UNHCR's in-country capacity (cluster coordinators, information management, needs assessment officers, etc.).
 - (2) Which clusters should be activated (if they are not already operational).
 - (3) Available stocks of core relief items (CRIs), and staff readiness.
- (4) The RC's ability to lead a scale-up mobilisation as HC.
- Brief the Bureau Director and DESS Director in preparation for the Principals' review of leadership and coordination (within 72 hours of the event).

In addition, if a system-wide scale-up is activated, the office will:

- Mobilize internal response capacity and prepare to receive additional staff for clusters deployed under the Inter Agency Rapid Response Mechanism (IARRM).

- In consultation with the bureau, prepare to receive other support staff.
- Make sure that personnel (particularly cluster coordinators and information management focal points) are aware of their roles and the time-bound outputs they need to deliver under the system-wide scale-up procedure. These include: an emergency response plan; a strategic response plan; cluster response plans; and CERF submissions and allocations.

5. Considerations for UNHCR's engagement at country level

IDP situations

During a system-wide scale-up activation, all or some of the three clusters that UNHCR co-leads at global level (Protection, Shelter, and Camp Coordination and Camp Management (CCCM)) may be activated at country level. This decision is made by the ERC, in consultation with the IASC Principals, based on recommendations by the RC or HC.

At country level, the UNHCR office should be involved in discussions of cluster activation and should keep the bureau, DESS, DIP, DPSM and other relevant HQ entities informed.

Once clusters are activated, UNHCR must be ready to lead the clusters for which it is responsible. It should provide dedicated staff for coordination and information management (IM). For both functions, it may need to have dedicated personnel at national and local level.

Mixed refugee and IDP situations

If a new emergency also affects refugee populations, UNHCR should lead discussion of refugee aspects of the crisis and determine the coordination arrangements for an effective response (in accordance with the Refugee Coordination Model and the *Joint UNHCR-OCHA Note on Mixed Situations - Coordination in Practice*). Field operations should keep Headquarters (the DESS and Partnership and Coordination Service) closely informed.

6. Links

Transformative Agenda protocols

Need help?

CONTACT UNHCR Division for Emergency Security and Supply (DESS). At: hqemhand@unhcr.org

Annexes

- Protocol 1 IASC, Humanitarian System-Wide Scale-UP Activation - Definition and Procedures
- Protocol 2 IASC, 'Empowered Leadership' in a Humanitarian System-Wide Scale-Up Activation
- IASC, Humanitarian System-Wide Scale-Up Activation – Frequently Asked Questions

- IASC Humanitarian Programme Cycle July 2015
- IASC, Inter-Agency Rapid Response Mechanism (IARRM), Concept Note
- Refugee Coordination Model
- UNHCR-OCHA, Note on Mixed Situations. Coordination in Practice

Version and document date

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Document date: 06.05.2022

Migrant definition

Key points

- Do not ignore mixed movements or migration. Mixed movements may include asylum-seekers and refugees. Movements that are characterised as 'migration' may in reality be refugee or mixed movements.
- Implement and support protection-sensitive entry systems that refer those who arrive in mixed movements to processes, procedures and services that respond appropriately to their needs.
- Do not forget that mixed and migratory movements involve countries of origin, countries of 'transit' and countries of 'destination', each in different ways. Response strategies must take all three into account.
- Collaborate with State authorities, IOM, and other partners on responses mixed movements, including in some appropriate cases on the evacuation of non-nationals and safeguards for those who may be in need of international protection.
- Ensure that refugee protection principles are respected in all inter-agency and State responses to migration and mixed movements.

1. Overview

There are important differences between the terms 'migrant' and 'refugee', which cannot be used interchangeably. Refugees are outside their own country because of a threat to their lives or freedom. They are defined and protected by a specific international legal framework. The term 'migrant', on the other hand, is not defined under international law, and is sometimes used differently by different stakeholders. Traditionally, the word 'migrant' has been used to designate people who move by choice rather than to escape conflict or persecution, usually across an international border ('international migrants'), for instance to join family members already abroad, to search for a livelihood, or for a range of other purposes. The term is increasingly used as an umbrella term to refer to any person who moves away from their usual place of residence, whether internally or across a border, and regardless of whether the movement is 'forced' or voluntary.

UNHCR recommends that people who are likely to be asylum-seekers or refugees are referred to as such, and that the word 'migrant' should not be used as a catchall term to refer to refugees or to people who are likely to need international protection. Doing so can risk undermining access to the specific legal protections that states are obliged to provide to refugees.

UNHCR supports rights-based approaches to all people on the move, both because all people are entitled to protection of their human rights, and because improved human rights protection for migrants will have a positive effect on refugees. Refugees and migrants often employ the same routes, modes of transport, and networks. Cross-border movements involving both refugees and migrants are referred to as 'mixed movements'. Distinguishing appropriately between different categories of person in mixed movements is not an aim in itself, but should assist in bringing to bear the appropriate framework of rights, responsibilities and protection. When the movement is composed of refugee, it shouldn't be characterised as a 'mixed movement'.

UNHCR's underlying mandate interest in engaging with mixed movements and international migration is to ensure that protection is available to persons who are moving for reasons that are relevant to refugee status, who may be stateless or at risk of statelessness. To do this, UNHCR needs to remain abreast of broader migration dynamics in the region, and to work closely with a wide range of partners.

2. Protection objectives

- Effective entry systems need to include mechanisms to identify, among arrivals, persons who may wish to seek or be in need of international protection, such as refugees and asylum-seekers, as well as others who may require protection or assistance, such as stateless persons, victims of trafficking, or vulnerable children.
- Access to asylum procedures or other forms of international protection must be available for refugees, asylum-seekers and stateless persons.
- Effective safeguards are required to ensure that border-control measures are not applied arbitrarily and do not lead to refoulement (or frustrate access to asylum).

- Where cross-border displacement situations or other population movements, such as mixed flows, are complex and traditional approaches are not suitable, Temporary Protection or Stay Arrangements (TPSA) may be a useful tool for ensuring access to international protection.
- Alternative mechanisms must be available for those who are not refugees or asylum-seekers or stateless but who need protection, including victims of trafficking and unaccompanied and separated children (UASC). It should always be recalled that people with other needs—such as victims of trafficking, stateless people, or unaccompanied children—may also require international protection as refugees. Cross-referral pathways between different services and procedures are important.

3. Underlying principles and standards

UNHCR, Convention Relating to the Status of Refugees, 1951

UNHCR, *The 10-point plan in action: refugee protection and mixed migration – 2016 update*, December 2016.

UNHCR, Protocol relating to the Status of Refugees, 1967

UNHCR, *'Refugees' and 'Migrants' - Frequently Asked Questions (FAQs)*, 31 August 2018

UNHCR, Persons in need of international protection, June 2017

UNHCR, 'Migrants in vulnerable situations' UNHCR's perspective, June 2017

UNHCR, *Guidance on responding to irregular onward movement of refugees and asylum-Seekers*, September 2019

4. Protection Risks

- When refugees and asylum-seekers move in mixed flows, their international protection needs may not be identified.
- When refugees and asylum-seekers move in mixed flows, they may be at higher risk of refoulement.

- Mixed flows may include asylum-seekers, refugees, stateless persons, trafficked persons, unaccompanied/separated children (UASC), smuggled migrants, and migrants in an irregular situation. Each group has different protection needs and entitlements (though some overlap); different responses to their situations are appropriate.
- Individuals who travel in mixed flows may, at different points on their journey, fall into more than one category. (A child may simultaneously be a UASC and a victim of trafficking; an adult woman may at different times be a smuggled person or a victim of trafficking; a stateless person outside their country of habitual residence may also be a refugee.) Categories exist to ensure appropriate protection responses, and are not always mutually exclusive..
- Persons travelling in mixed flows will often be vulnerable. However they are classified, they may need immediate physical and psycho-social attention to meet their basic needs. This does not mean that all qualify for the specific form of ongoing protection and rights ("international protection") to which refugees and asylum-seekers are entitled. Some people—such as victims of trafficking—are nonetheless recognized under international law as being in need of particular forms of protection and assistance, whether or not they are additionally entitled to international protection as refugees.

5. Other risks

- When the presence of refugees and asylum-seekers in mixed flows is not effectively detected, States cannot meet their refugee-protection obligations, and UNHCR may not be able to fulfil its protection mandate.
- If UNHCR fails to identify and draw attention to the presence and needs of refugees in mixed movements, the tendency of some Governments, other agencies and publics to conflate all those who move across international borders as 'migrants'—even when large numbers may be refugees, asylum-seekers or stateless persons—can undermine access to international protection.
- Everyone has the right to seek and enjoy asylum if they need it, and to procedural safeguards if they do apply for asylum. However, failing to differentiate effectively between the different needs and situations of people who arrive in mixed flows can overburden asylum systems with asylum claims by people whose situation means that they are unlikely to have grounds for claiming the specific protections afforded to refugees and asylum-seekers, and whose needs may be best met in some other way. This can also strain public support for asylum systems.

6. Key decision points

- Address the basic physical and psycho-social needs of all persons at reception.
- Put in place border entry systems to identify new arrivals who may seek or require international protection, or have other specific needs.
- Establish different approaches for individuals who qualify for international protection as asylum-seekers or refugees and individuals who do not; apply appropriate processes and procedures.

- Address the basic physical and psycho-social needs of all persons at reception.
- Set up simple systems for data collection and analysis.
- Ensure that the protection profiles of new arrivals are soundly defined, and that arrivals are classified correctly. Make sure that needs-based referrals, to partner organisations such as IOM and State agencies among others, are appropriate and consistent.
- Develop information strategies with partners (NGOs, international organizations, States) that will effectively reach persons of concern who are likely to travel in mixed flows.

7. Key steps

Protection-sensitive entry systems

The objective is to ensure that legitimate measures to control movement across borders are not applied arbitrarily, and that border entry procedures identify refugees, asylum-seekers and other groups who are entitled to specific forms of protection, grant them access to the territory in question, and make sure that their needs are properly assessed and addressed.

- Communicate protection obligations to border and other entry officials. Assist them to establish processes for identifying potential refugees and asylum-seekers in mixed flows.
- Assist entry officials to identify and refer potential asylum-seekers and other persons who may be entitled to specific protection to the responsible authorities.
- Build dialogue and cooperation between entry officials and humanitarian actors. Help them work together to identify and address shortcomings in procedures for identifying persons entitled to international protection. This may be especially relevant where referral mechanisms for persons not claiming asylum are weak.
- Set up independent monitoring mechanisms that can help to identify problems, gaps and training needs with respect to protection.

Appropriate mechanisms for screening and referral

The objectives are to ensure that specific protection needs are quickly identified and promptly addressed, and also to reduce the number of individuals who are channelled into the wrong procedures.

- Set up mechanisms to separate new arrivals into appropriate categories according to likely needs and profiles. Establishing these mechanisms will require collaboration with a range of stakeholders, and should result in a flexible, non-binding and provisional process which will happen before any formal status determination.
- Such a process:
 - o provides information to new arrivals;
 - o gathers information through questionnaires and informal interviews;
 - o establishes a preliminary profile of each person;
 - o offers counselling; and
 - o refers individuals to the procedure(s) that corresponds to their profile.
- Placing individuals in categories is a particularly challenging task because all individuals will have many needs, which may or may not be met under the status they are allocated. Because so much is

at stake, individuals may withhold information, proffer incorrect information, or self-identify with a particular category. Above all, the categories themselves are not mutually exclusive. (A UASC who is an asylum-seeker may also be a victim of trafficking; a woman who is a victim of trafficking may or may not also be an asylum seeker.)

- Screening or profiling at arrival may categorise individuals incorrectly, or fail to identify all their needs. There therefore must be a degree of flexibility to ensure that persons can be referred to appropriate procedures at any stage of their processing.

Differentiated processes and procedures

The objective is to provide tailored and appropriate responses to the needs and profiles of people involved in mixed flows.

- Procedures address: asylum; trafficked persons; child protection; family tracing; women and girls at heightened risk; support for individuals who have experienced torture or trauma; regularization in the host country or migration options, or assisted voluntary return for people who do not seek or are found not to be in need of international protection.
- Mixed movements may include refugees who have moved onwards from another country other than their country of origin.. Individuals may have transited through several countries for varying lengths of time, possibly without having access to international protection[, or without seeking it in those countries for a range of reasons]. Addressing onward movements requires a strategy based on careful and informed analysis of causes, which takes into account the legitimate concerns of relevant States and the well-being and protection needs of asylum-seekers and refugees.
- To maintain credible asylum systems and address irregular migration, it is vital to deal fairly and efficiently with persons who are not refugees. This requires collaboration with IOM, States and other stakeholders. Many people travelling in a mixed flow will not be classified in a category that meets their needs or expectations. Alternative procedures (including voluntary return for those entitled to refugee protection) may assist authorities to manage mixed movements fairly, address the immediate needs of arrivals, and facilitate longer-term solutions.

Data and information collection

The objective is to make sound use of data and information to understand, categorize and meet the needs of persons involved in mixed movements.

- Having access to accurate, up to date information on mixed movements makes it possible to assess their scale and trends, to establish a basic profile of arrivals including likely international protection needs, identify routes and means of transport, and to design, implement and evaluate policy responses and pragmatic interventions.
- Both qualitative and quantitative data and information should be collected.
- National and regional strategies and policies – which need also to take account of and prioritize protection issues - should be developed to address the various dimensions of mixed movements.
- The different actors involved in responding to mixed movements should agree what data and information they collect, and standards, so that information can be collated and compared.

Information strategies

Effective and well designed information strategies may help to limit irregular movements and associated harms, in some circumstances. If potential travellers are informed about the risks, they may not be entirely reliant on rumours or the advice of smugglers or traffickers. Information can also inform host communities about the causes and nature of mixed movements.

- Information alone is very unlikely to prevent irregular movements, if "push" or "pull factors" are powerful. However, it may enable individuals to take more informed decisions (when they have a choice).
- Messages should not inadvertently discourage persons affected by conflict or persecution from seeking asylum abroad. They should provide information about legal migration opportunities if available.
- Information strategies should raise awareness of human trafficking and the risks associated with human smuggling.
- It is useful to produce information leaflets that explain the obligations and basic rights of persons who arrive in a host country. These should include information about the different procedures available to new arrivals (notably asylum procedures), including when and where they can be accessed.

8. Key management considerations

- Collaborate appropriately with key stakeholders, including relevant State authorities, IOM, and relevant international organizations and NGOs.
- Advocate for sufficient staff and resources (for all concerned agencies) to process and meet the needs of persons travelling in mixed flows, and ensure needs of asylum-seekers, refugees and people who may be stateless or at risk of statelessness in mixed flows are addressed.

9. Resources and partnerships

Partners

- International organizations such as IOM, NGOs, community-based organizations (CBOs), other implementing partners.
- Government officials and border management authorities.

10. Links

UNHCR, Asylum and migration webpage

UNHCR and Human Trafficking webpage

UNHCR, Refugees and Asylum-Seekers in Distress at Sea – how best to respond? Summary Conclusions ('Djibouti Conclusions')

UNHCR, Maritime interception operations and the processing of international protection claims: legal standards and policy considerations with respect to extraterritorial processing

UNHCR, Advisory Opinion on the Extraterritorial Application of Non-Refoulement Obligations under the

Need help?

CONTACT As first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; or The UNHCR Regional Asst./Dep Rep (Protection) and/or Snr. Regional Protection Officer at the regional office (if applicable); or The Snr. Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who in turn will liaise as required with the parent unit at UNHCR DIP. Contact the Asylum and Migration Unit, Service 1, DIP, HQ, Geneva.

Annexes

- SAR leaflet - - UNHCR, IMO, ICS, Rescue at sea - A guide to principles and practice as applied to refugees and migrants, January 2015
- UNHCR, Rescue at Sea, Stowaways and Maritime Interception- Selected Reference Materials, December 2011, 2nd Edition
- UNHCR, Global Initiative on Protection at Sea, 2014
- UNHCR, Refugee Protection and Human Trafficking, Selected Legal Reference Materials, 2008
- UNHCR, Guidelines on Temporary Protection or Stay Arrangements, 2014

Version and document date

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Document date: 06.05.2022

Refugee definition

Key points

- The primary and universal definition of a refugee is contained in the 1951 Refugee Convention. Extended definitions are contained in regional instruments in Africa and Latin America. Clarify which refugee definition applies in your host country taking into account national and international law.
- The refugee definitions are declaratory, i.e. people are to be regarded as refugees until it is determined otherwise, and apply in all situations including emergencies.
- Ensure that refugee protection is afforded to all refugees and asylum-seekers, i.e. those who have been determined as refugees and those who await determination of their refugee status.

1. Overview

The refugee definition answers the question "who is a refugee" and is the basis for determining refugee status. The definition applies to individuals as well as groups of persons.

Being a refugee entitles the person to a number of (refugee) rights, including the right not to be sent back to the country of origin (principle of *non-refoulement*). See also the Entry on access to territory and non-refoulement

The refugee definition is declaratory, i.e. a person is a refugee as soon as s/he fulfils the criteria contained in the definition. This would necessarily occur prior to a formal determination of her/his refugee status. Until such determination is made it must be assumed that those who have crossed an international border to escape a risk of serious harm in their country of origin are refugees and should be treated as such.

2. Relevance for emergency operations

The refugee definition applies both in emergency and non-emergency situations and can under no circumstances be changed, restricted or suspended.

Emergency situations, however, typically do not allow for time and resource intensive individual status

determination. Group determination on the basis of a *prima facie* recognition of refugee status may be more suitable in emergency situations. See also the Entry on refugee status determination.

When refugee status is not immediately determined, either on an individual or group basis, it is important to recall the declaratory character of the refugee definition and to operate on the assumption that all those fleeing a situation of serious harm in their country of origin are refugees, even if this is not always formally stated.

As such, they all enjoy protection from *refoulement* as well as protection derived from human rights law and - if applicable - international humanitarian law.

3. Description and guidance

The 1951 Convention Relating to the Status of Refugees provides the universal definition of a refugee. This definition is extended by criteria contained in regional instruments and in national law, as applicable. Where UNHCR conducts RSD under its mandate, the authority to do so derives from its mandate under UNHCR's 1950 Statute.

However, UNHCR applies the eligibility criteria as set out in the 1951 Convention, which constitutes the later, more specific and authoritative expression of the refugee definition, supplemented by definitions in regional instruments (see below).

The 1951 Convention and its 1967 Protocol

The primary and **universal** definition of a refugee that applies to States is contained in Article 1(A)(2) of the 1951 Convention, as amended by its 1967 Protocol, defining a refugee as someone who:

"owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it."

In the case of a person who has more than one nationality, the term "the country of his nationality" shall mean each of the countries of which he is a national, and a person shall not be deemed to be lacking the protection of the country of his nationality if, without any valid reason based on well-founded fear, he has not availed himself of the protection of one of the countries of which he is a national."

The inclusion criteria in Article 1A are complemented by clauses contained in Articles 1D to 1F of the 1951 Convention. Together, they form the refugee definition in the 1951 Convention, but consideration of these aspects of the definition will generally not be a priority in emergency situations. For completeness they are listed below:

- Article 1 D on its face excludes those presently receiving protection or assistance from another organ of the United Nations (essentially Palestinian refugees), but also explicitly includes these same people when that assistance or protection has ceased.
- Article 1 E excludes those presently enjoying rights normally accorded to nationals in a country where they have taken residence.
- Article 1 F excludes persons who would otherwise qualify for refugee status on account of having committed, or participated in the commission of, certain serious crimes or heinous acts. See also the Entry on exclusion clauses (article 1F)

Finally, Article 1 C describes the circumstances in which a refugee ceases to be a refugee. Cessation considerations are normally not relevant to emergency situations. However, in the event that an emergency causes refugees to return to their country of origin prematurely, they will remain of concern to UNHCR and will retain their status as refugees. Any return undertaken where there is effectively no other alternative, or where the alternative offers no more protection than does the country of origin, cannot be considered voluntary repatriation and does not change or cease the refugee character of the individuals concerned.

The above-mentioned core definition in Article 1 of the 1951 Convention is supplemented by regional instruments in Africa and Latin America:

In **Africa**, Article I (2) of the 1969 OAU Convention governing specific aspects of refugee problems in Africa, a binding legal instrument open to all Member States of the African Union, extends the refugee definition to:

"every person who, owing to external aggression, occupation, foreign domination or events seriously disturbing public order in either part or the whole of his country of origin or nationality, is compelled to leave his place of habitual residence in order to seek refuge in another place outside his country of origin or nationality";

In **Latin America**, Conclusion III of the 1984 Cartagena Declaration, a non-binding instrument that nonetheless is incorporated in the domestic legal framework of many countries in Central and South America, extends the refugee definition to:

"persons who have fled their country because their lives, safety or freedom have been threatened by generalised violence, foreign aggression, internal conflicts, massive violation of human rights or other circumstances which have seriously disturbed public order".

UNHCR's mandate

Based on UNHCR's Statute and successive UN General Assembly and ECOSOC resolutions UNHCR's competence to provide international protection to refugees encompasses individuals who meet the criteria for refugee status contained in Article 1 of the 1951 Convention and its 1967 Protocol and is extended to individuals who are outside their country of origin and who are unable or unwilling to return there owing to serious threats to life, physical integrity or freedom resulting from generalized violence or events seriously disturbing public order. See also the Entry on UNHCR's mandate for refugees, stateless persons and IDPs

National law

In any operational context, the national legal framework is also important because it is usually the primary source of law for national authorities and as such generally serves as their first point of reference. The definitions contained in international and regional instruments will generally have been incorporated into the national legal frameworks of the States parties to them. It is therefore critical to be aware of and understand the refugee definition provided under the relevant national legal framework.

4. Links

Handbook and Guidelines on Procedures and Criteria for Determining Refugee Status under the 1951 Convention and the 1967 Protocol Relating to the Status of Refugees, April 2019, HCR/1P/4/ENG/REV.

4

Need help?

CONTACT As first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; or The UNHCR Regional Asst./Dep Rep (Protection) and/or Snr. Regional Protection Officer at the regional office (if applicable); or The Snr. Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who in turn will liaise as required with the parent unit at UNHCR DIP.

Annexes

- Convention relating to the Status of Refugees (signed 28 July 1951, entered into force 22 April 1954) 189 UNTS 150 and Protocol relating to the Status of Refugees (signed 31 January 1967, entered into force 4 October 1967) 606 UNTS 267
- OAU Convention Governing the Specific Aspects of Refugee Problems in Africa (adopted 10 September 1969, entered into force 20 June 1974)
- Cartagena Declaration on Refugees, Colloquium on the International Protection of Refugees in Central America, Mexico and Panama (adopted 22 November 1984)

Version and document date

Version: 1.9

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IDP definition

Key points

- National laws, policies and strategies (or regional instrument, when applicable) on internal displacement need to be consistent with the UN Guiding Principles on Internal Displacement.
- The IDP definition adopted locally, nationally and regionally must be consistent with, and should not be narrower than, what is provided for in the UN Guiding Principles on Internal Displacement.
- Being an IDP is not a legal status that may be granted, refused or ceased.
- IDPs may include individuals who are citizens or habitual residents.

1. Overview

Internally displaced persons (IDPs), according to the *United Nations Guiding Principles on Internal Displacement*, are "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border." This, however, is a descriptive definition, which does not confer a special legal status because IDPs, being inside their country, remain entitled to all the rights and guarantees as citizens and other habitual residents of their country. As such, national authorities have the primary responsibility to prevent forced displacement and to protect IDPs.

While the *UN Guiding Principles on Internal Displacement* are not legally binding, their authority has been recognized globally, particularly as they draw from international humanitarian and human rights law. The Africa Union in particular has codified the *UN Guiding Principles on Internal Displacement* with the 2009 *Convention for the Protection and Assistance of Internally Displaced Persons in Africa* (the so-called "Kampala Convention," preceded by the 2006 *Great Lakes Protocol on the Protection and Assistance to Internally Displaced Persons*).

2. Relevance for emergency operations

IDPs, due to their forced displacement, are inherently vulnerable to deprivation, further displacement and other protection risks, such as lack of access to basic services, family separation, sexual and gender based violence, trafficking, discrimination and harassment. In view of such vulnerabilities and special needs, the *UN Guiding Principles on Internal Displacement* seek to guarantee that IDPs, as citizens or habitual residents of their country, enjoy equally and without discrimination the same rights and freedoms under international and national law as do other persons in their country. This includes freedom of movement and the right to choose their place of residence. At the same time, IDPs retain the right, at all times, to seek safety in another part of their country; to seek asylum; and to be protected against forcible return to or resettlement in "any place where their life, safety, liberty and/or health would be at risk."

3. Description and guidance

There are two important elements in the IDP definition: the movement is involuntary and takes place within national borders. IDPs are thus distinct from individuals who can remain safely in their place of residence but have opted to depart on their own free will, without coercion. IDPs are also distinct from refugees because they have not crossed an internationally recognized territorial border, and thus do not require a special legal status as a result of being outside their country and without its protection. As already explained above, IDPs are entitled to all the rights and guarantees as citizens and other habitual residents of their country.

The IDP definition references the triggers for internal displacement, such as an armed conflict, generalized violence, human rights violations, and natural or human-made disasters. This is, however, not an exhaustive list, as indicated by the words "in particular". The phrase "as a result of or in order to avoid the effect of" also recognizes that persons may be internally displaced after suffering the effects of coercion or in anticipation of such effects.

In accordance with the IDP definition, specific groups, such as indigenous communities or pastoralists displaced because their routes of migration have been blocked by conflict, landmines or insecurity, may be considered IDPs. The homeless and poor urban communities, however, are not automatically considered to be IDPs even though they often suffer marginalization, impoverishment and human rights violations in their areas of residence. In the same vein, the IDP definition does not cover persons who move for economic reasons.

Irregular migrants or third country nationals who find themselves in situations similar to that of IDPs are entitled to protection and assistance under international humanitarian and human rights law. Refugees, as already explained, have a special legal status owing to their being outside their country of origin and thus without their country's protection.

Absence of a legal status notwithstanding, an individual can be considered an IDP until s/he has achieved a durable solution, which occurs when her/his assistance and protection needs are no longer directly associated with her/his displacement and human rights are enjoyed by the individual without discrimination on account of her/his displacement. National authorities have the primary responsibility to

provide durable solutions to IDPs, with international humanitarian and development actors playing a complementary role. A durable solution is furthermore achieved when an individual is sustainably (re)integrated in:

- an area where s/he has taken refuge (local settlement);
- another area of her/his country (settlement elsewhere in the country); or
- her/his place of origin (sustainable return).

4. Links

Guiding Principles on Internal Displacement

African Union, Convention for the Protection and Assistance of Internally Displaced Persons in Africa (2009)

The Great Lakes Protocol on the Protection and Assistance to Internally Displaced Persons (2006)

Need help?

CONTACT As first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. Rep. (Protection), and/or Snr Protection Officer in the country; or The UNHCR Regional Asst./Dep Rep (Protection) and/or Snr. Regional Protection Officer at the regional office (if applicable); or The Snr. Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who in turn will liaise as required with the parent unit at UNHCR DIP.

Annexes

- UN, Guiding Principles on Internal Displacement, 1998
- Global Protection Cluster, Handbook for the Protection of Internally Displaced Persons, 2010

Version and document date

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Stateless person definition

Key points

- Always bear in mind that some asylum-seekers, refugees, IDPs and migrants may also be stateless. In addition, there are stateless persons, who have never crossed borders and find themselves in their "own country". Their predicament exists *in situ*, that is in the country of their long-term residence, in many cases the country of their birth. For these individuals, statelessness is often the result of problems in the framing and implementation of nationality laws.
- UNHCR can provide technical assistance to States to identify individuals of undetermined nationality and establish statelessness determination procedures. Where appropriate, UNHCR may also examine a persons' nationality claims and present them to the appropriate State authority, while advocating for their naturalisation.
- Take steps to identify asylum seekers who are stateless at the registration stage; flag also cases of possible statelessness.
- Remember that it is important to identify stateless refugees in order to protect and defend their rights, as a priority, under the 1951 Convention that as it is explained above generally entitles individuals to more rights than the 1954 Convention including protection against refoulement). Other human rights instruments to which the State is party, may be relevant.
- Always bear in mind that cross border flows may include nationals of the receiving country. Where such individuals are not able to confirm and document their nationality, facilitate their timely identification and assist them to be recognized and documented as nationals by the relevant authorities.

1. Overview

Article 1 (1) of the 1954 Convention relating to the Status of Stateless Persons defines a stateless person as 'a person who is not considered as a national by any State under the operation of its law'.

This definition is binding on all States parties to the Convention and applies to other States because the International Law Commission has concluded that it is part of international customary law. (Please see page 49 of the International Law Commission, Articles on Diplomatic Protection with commentaries, 2006

, which states that the Article 1 definition can "no doubt be considered as having acquired a customary nature". The text of Article 1(1) of the 1954 Convention is used in the Articles on Diplomatic Protection to provide a definition of stateless person.) With the exception of persons who are excluded (under Paragraph 7 of UNHCR's Statute and Article 1(2) of the 1954 Convention), persons who meet this definition are of concern to UNHCR under its mandate.

To establish whether a person is stateless under the definition, it is necessary to analyse how a State applies its nationality law in practice to individual cases and to any review/appeal decisions that may be relevant to the individual's case. The reference to 'law' in the definition should be read broadly to encompass legislation, but also ministerial decrees, regulations, orders, case law (in countries with tradition of precedent), and, where appropriate, customary practice.

2. Relevance for emergency operations

Statelessness is often combined with other forms of discrimination and human rights violations, and is a cause of displacement. Though most stateless people remain in the country of their birth, some leave and become migrants or refugees. Stateless persons who are refugees under the 1951 Convention relating to the Status of Refugees are entitled to protection under that instrument. When an individual is both a refugee and stateless, both types of status should be explicitly recognized. Similarly, where standards of treatment are provided for a complementary form of protection, including protection against *refoulement*, States must apply these standards to stateless individuals who qualify for that protection. Though the 1951 Convention generally entitles individuals to more rights than the 1954 Convention (including protection against *refoulement*), a person whose refugee status ceases may not always have acquired a nationality and may continue to require international protection under the 1954 Convention. Recognition as a stateless person by the State authorities can also facilitate exercise of other rights. For example, the children of refugees born in a country (i.e. country of asylum) who do not acquire any nationality are entitled to the nationality of the country in which they are born, under the 1961 Convention on Reduction of Statelessness and regional human rights instruments, in countries which are party to them.

In emergency contexts, population movements from one country to another may include people who are nationals of the receiving country, such as returning refugees and migrants, some of whom may have been abroad for a prolonged period or even born abroad. When displacement is due to armed conflict and other situations of violence, the situation of such individuals may resemble that of refugees, because their nationality may not be documented and they may lack a social support network to assist them on arrival. It is therefore essential to identify nationals of a receiving country when they arrive and assist them to acquire documentary proof of their nationality under UNHCR's mandate to prevent statelessness.

3. Description and guidance

To this end, steps should be taken (whenever possible) to facilitate the identification of stateless persons in emergencies by ensuring that country of origin is captured at registration (REG) and nationality is recorded as 'none/stateless'. It is possible to identify stateless persons or persons at risk of statelessness on a *prima facie* group determination basis. This could be appropriate where there is readily apparent, objective information about the lack of nationality of members of a group such that they would *prima facie* meet the stateless person definition in Article 1(1) of the 1954 Convention on the Status of Stateless Persons. Where there are reasonable grounds for believing that a person is *prima facie* stateless (for example, because he or she belongs to a stateless minority population), the person's nationality is to be recorded as 'none/stateless'. Where a person's nationality is unclear, this should be

flagged to facilitate follow-up.

With respect to individual determinations of whether a person is stateless under the definition in Article 1(1) of the 1954 Convention on the Status of Stateless Persons, UNHCR's primary role is to provide technical assistance to States in establishing statelessness determination procedures (SDPs). UNHCR can advise on both the development of new SDPs to be conducted by States and contribute to the enhancement of existing ones. UNHCR can facilitate enquiries made by statelessness determination authorities with authorities of other States and can act as an information resource on nationality laws and practices. Under Article 11 of the 1961 Convention on the Reduction of Statelessness, UNHCR can play a role in examining a person's nationality claims and presenting them to the appropriate State authority.

During the first phases of an emergency, it will usually not be feasible for States to conduct SDPs. However, when implementation of an individual refugee status determination (RSD) procedure is considered necessary and feasible, procedures for identifying stateless persons or persons at risk of statelessness should also be considered, including procedures for flagging such cases during the first stage of registration. Further investigation of whether an individual is stateless or at risk of statelessness may be conducted during RSD or, for individuals who are found not to be refugees, subsequent to RSD. Where it is feasible for SDPs to be implemented by the State, UNHCR should provide all necessary technical assistance in this regard.

It is important to identify individuals who may be nationals of a receiving country as early as possible and, when required, to assist them to be recognized and documented as nationals by the relevant authorities. Incorrect registration of these individuals as refugees may in some situations be detrimental to their recognition as nationals of the receiving country, and, unless they possess the nationality of another State, this may leave them stateless.

4. Links

Resources on statelessness

UNHCR, Good Practices Paper – Action 6: Establishing Statelessness Determination Procedures to Protect Stateless Persons, 11 July 2016

Need help?

CONTACT The first port of call is the UNHCR Deputy Representative (Protection), or UNHCR Assistant Representative (Protection), or the Senior Protection Officer in the country. Contact may also be made with the UNHCR Regional Assistant or Deputy Representative (Protection), with regional statelessness officers, or with the Senior Regional Legal Advisor in the respective UNHCR Regional Bureau, covering the respective country region. He or she will liaise as required with the parent unit at UNHCR DIP: UNHCR DIP Statelessness Section, HQ, Geneva, at statelessness@unhcr.org.

Annexes

- UNHCR, Handbook on Protection of Stateless Persons, 2014
- UNHCR, Guidelines on Statelessness No. 4. Ensuring Every Child's Right to Acquire a Nationality through Articles 1-4 of the 1961 Convention on the Reduction of Statelessness, 2012
- UNHCR, Global Action Plan to End Statelessness in 10 Years, 2014 (in particular Actions 2 and 6)
- UNHCR, Statelessness determination procedures. Identifying and protecting stateless persons, 2014
- UNHCR, Good Practices Paper - Establishing Statelessness Determination Procedures to Protect Stateless Persons, 11 July 2016

Version and document date

Version: 2.7

Document date: 06.05.2022

Interagency Collaboration on Setting up Community Based Complaints Mechanisms

Key points

- Persons of concern should know how to safely report sexual exploitation and abuse when it occurs. It is crucial to put in place effective and anonymous complaint mechanisms that enable individuals to report instances of SEA easily and safely.
- Establish an interagency PSEA network to support the development and implementation of a coherent and effective complaint mechanism.
- Complaint mechanisms should be community based, culturally sensitive and jointly established with communities of concern and the interagency PSEA taskforce (where present).
- A multi-sectoral approach will be required to implement complaint mechanisms successfully. If the operation includes an inter-cluster or inter-working group, present PSEA issues there, as well as in other multi-sectoral coordination fora.

- Integrate SEA complaints in general feedback and misconduct complaint mechanisms.

1. Overview

Community-based complaints mechanisms

Community-based complaints mechanisms aim to facilitate SEA reporting and referral of allegations, and help known and potential SEA survivors to access assistance and services. A community-based complaints mechanisms (CBCM) are jointly developed with a community of concern, preferably in an interagency framework if applicable, and make use of the community's resources and structures. CBCMs should therefore be culturally and gender sensitive and remove barriers that hinder members of the communities from reporting SEA incidents to appropriate stakeholders for follow up. Well-functioning CBCMs that are implemented properly help raise awareness of SEA among affected populations and also humanitarian staff. They enable an efficient response to SEA in emergency situations.

Interagency collaboration on setting up a CBCM: the example of Jordan

In Jordan, the Network on Protection from Sexual Exploitation and Abuse (PSEA Network) was established with UNHCR leadership in 2015. It assists humanitarian organizations involved in the inter-sectoral refugee response to fulfil their commitment to protect persons of concern from sexual exploitation and abuse by humanitarian personnel. The PSEA Network is composed of focal points from more than 45 international organizations and national and international NGOs. It is currently co-coordinated by UNHCR and INTERSOS. While each UN agency and NGO is responsible for its own PSEA commitments, policies and response, and for reporting and investigating complaints, the Network has enabled humanitarian response agencies to jointly evaluate the measures that have been put in place to prevent and respond to SEA, including community complaint mechanisms. These measures include the Mechanism itself, guiding principles, complaint reporting requirements, referral pathways, and risk mitigation measures for complainants and witnesses.

The Mechanism was developed after extensive consultation with refugees, PSEA Network members and agencies providing humanitarian services. Over 700 refugee women, girls, men and boys from different backgrounds living in and outside camps were consulted. More than 30 agencies have signed the Mechanism. The PSEA network assists organizations to adhere to monitoring and compliance mechanisms, and to refer complaints in accordance with the Mechanism's norms.

2. Underlying policies, principles and/or standards

UNHCR, Age, Gender and Diversity Policy, 2019

Best Practice Guide, Inter Agency Community Based Complaint Mechanisms

3. Good practice recommendations

- Ensure that all UNHCR staff and partner agencies (including Government partners) are aware of PSEA and relevant principles.
- Ensure that Representatives, programme and human resources colleagues, in addition to protection staff, support the development and implementation of SEA prevention and response activities.
- Engage with partners (including Government partners) across agencies and sectors. Although protection often leads, a multi-sectoral approach is required to implement CBCMs successfully. If the operation includes an inter-cluster or inter-agency working group, PSEA issues should be raised there, as well as in other multi-sectoral coordination fora.
- Designate PSEA focal points with sufficient seniority, and include their PSEA-related responsibilities in the E-Pad.
- Establish (or participate in) an interagency PSEA network to support the development and implementation of a coherent and effective complaint mechanism.
- Integrate CBCMs in general community-based feedback and misconduct complaint mechanisms.
- Make sure the community participates throughout when CBCMs are established and implemented.
- Integrate and coordinate SEA complaint mechanisms and SGBV and Child Protection (CP) responses.
- UNHCR or the best placed agency should liaise with the authorities to seek access to justice and other forms of protection for SEA survivors.
- Liaise with the Inspector General's Office (IGO).

4. Considerations for practical implementation

Key steps in setting up an interagency CBCM

1. Raise the awareness of staff and partners, at all levels, and build their capacity.
2. Appoint official PSEA focal points in UNHCR and inter-agency fora. Establish / participate in an interagency PSEA network.
3. Design and apply a PSEA self-audit check list and develop a joint action plan with humanitarian and development actors working with persons of concern (PoC).
4. Map country, regional and global SEA mechanisms (with the support of Inter-agency coordination structures if they exist).
5. Map CBCMs and consult PoC on their use to address SEA.
6. Consolidate the findings of community consultations and discuss them with the PSEA network.
7. Draft an inter-agency SEA complaints mechanism and referral system, which draws in humanitarian agencies and community-based structures, and link it with other operational protection systems,

particularly those that address SGBV and child protection.

8. Consult other PSEA focal points and Representatives, reflect their advice in the draft CBCM, and seek their approval for it.
9. Develop information materials to publicise the existence of, and guidance on the functioning of the CBCM among PoC, UNHCR staff, and service providers working with PoC.
10. Test the information materials with PoC, UNHCR staff, partners and service providers.
11. Incorporate the feedback from PoC, partners, service providers in the information materials.
12. Develop an implementation and dissemination plan (preferably interagency).
13. Launch the CBCM at a[n] (interagency) signature ceremony.
14. Implement.
15. Review.

Key aspects that Standard Operating Procedures (SOPs) should cover
- Roles and responsibilities.
- Guiding principles.
- Receiving and reporting complaints.
- Inter-agency referral.
- Investigation.
- Supporting the needs of survivors, complainants and witnesses.
- Mandatory reporting.
- Recording and reporting SEA complaints throughout the PSEA network.
- Awareness and dissemination materials.

5. Resources and partnerships

Staff. Make sure that PSEA focal points are appointed in UNHCR and partner organizations. Establish terms of reference for PSEA focal points which clarify their responsibilities and the experience and competencies they should possess.

Partners. Develop (or participate actively in an existing) interagency PSEA task force to plan joint PSEA activities. Set up an effective and culturally sensitive interagency CBCM to receive sensitive complaints, including SEA ones.

Materials. Design and develop outreach materials on SEA to inform PoC, staff and partners about complaint mechanisms and their remits.

Financial. Make sure PSEA activities are planned and budgeted.

6. Links

Protection from Sexual Exploitation and Abuse (PSEA) by Humanitarian Personnel in Jordan (May 2016).

Jordan PSEA Network documents

Inter-Agency SEA Community-Based Complaint Referral Mechanism and awareness materials tools IASC Task Force on Accountability to Affected People and Protection from Sexual Exploitation and Abuse (AAP/PSEA).

UNHCR, Age Gender Diversity policy.

PSEA Task Force.

Planning for the PSEA

Best Practice Guide: Inter-Agency Community-Based Complaint Mechanisms.

Need help?

CONTACT Contact:

- UNHCR Ethics Office at: HQETHICS@unhcr.org
- UNHCR Division of International Protection (DIP).

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Emergency registration in refugee operations

Key points

- UNHCR should develop a registration strategy, deploy qualified registration staff as soon as possible to assist assessment, and support the operational response.
- Registration is costly. Make sure that adequate human and financial resources are allocated for registration activities.
- Identify and prioritize persons with specific needs at all stages of registration.
- Set the objectives of registration and develop plans to achieve them and to meet operational requirements.
- Involve and coordinate with Government, UN sister agencies (WFP, UNICEF, etc.), NGOs and the refugee community.
- Inform persons of concern about registration procedures, using a variety of formats and channels.

1. Overview

The purpose of this Entry is to provide a practical overview of methodologies, practices and tools relevant to the registration of asylum-seekers and refugees in an emergency context.

Registration of refugees and asylum-seekers is one of UNHCR's primary activities at the onset of an emergency. It includes the identification and referral of persons with specific needs who require targeted interventions.

An emergency is a situation in which the lives, rights and well-being of refugees and other persons of concern are or will be threatened unless immediate and appropriate action is taken on a scale that UNHCR's existing capacity at country and regional level cannot provide.

Emergency registration may differ from non-emergency registration in the amount of data collected and because the initial response is conditioned by the need for speed, the infrastructure available, and capacity on the ground. Regardless of the operational context, individual registration is recommended in emergencies, as described below. Minimum data should be collected on each individual and each household.

While most of the approaches to registration described in this Entry are cross-cutting, actions and activities are likely to vary in most operational contexts. Registration programmes need to take into account the objectives of the operation and where and how refugees arrive and reside in the country of asylum. More detailed information on how to conduct registration activities, and on helpful tools, can be

found in the Emergency module of UNHCR's Guidance on Registration and Identity Management and the *Registration Checklist in Refugee Emergencies*, referenced at the end of this Entry.

2. Protection objectives

Registration in emergencies helps to ensure that:

- Persons of concern receive initial basic protection against arbitrary arrest, forcible recruitment, detention, and refoulement.
- Persons at risk and with specific needs are identified and referred to appropriate protection services.
- Protection, assistance interventions, and programmes to provide durable and effective solutions are planned, coordinated and implemented.
- Ensure that persons of concern to UNHCR, and/or to the Government of the territory of asylum, are individually known and that men and women are issued documentation on equal terms.

3. Underlying principles and standards

While States are primarily responsible for registration, UNHCR may help to plan or carry out registration, jointly with the Government or on its behalf. UNHCR may also conduct registration independently in accordance with its mandate.

In emergency situations, UNHCR Registration Standards should be used to identify gaps in registration systems, plan emergency registration processes, assess the protection implications of decisions, and prioritize registration resources appropriately.

Persons of concern do not need to be registered before they can receive food or other forms of assistance. This is also the case in situations where the MoU between UNHCR and WFP applies.

However, early registration strengthens accountability and facilitates implementation of protection and assistance activities.

4. Protection Risks

Emergency registration activities that are initiated without adequate planning, resources or expertise on the ground may result in under-registration or multiple registrations. This may cause outcomes that fail to assist or that hinder population planning and management and effective protection responses.

Protection risks associated with non-registration:

- Persons of concern who are not registered may be unable to access services or assistance effectively.
- Persons of concern may be arrested and detained or face *refoulement*.

Protection risks associated with registration:

- Visibility. Asylum-seekers and refugees may not wish to register because they are afraid they will be identified by a government or local communities.
- Security. Registration programmes that are poorly planned and implemented may put refugees, asylum-seekers and staff at physical risk. For example, if registration is organized too close to a border, armed elements may be present or may interfere.
- Prioritization. Registration should never be prioritized over saving life; lack of registration should never prevent the provision of life-saving assistance. When urgent activities are required, registration activities may need to be delayed.
- Flight. If refugees have not yet reached a final destination, registration formalities may compromise their journey to safety. Refugees may also be obliged to register multiple times.
- Inclusion and exclusion errors. Exclusion errors occur when persons of concern, who should be registered, are not able to register or are unwilling to do so. Inclusion errors occur when programmes register individuals, such as nationals or combatants, who should not be registered.

5. Other risks

Poorly conducted emergency registration will establish an inaccurate population baseline. This may harm:

- The effectiveness and timeliness of the protection and assistance response of UNHCR, the government or partners.
- The operation's credibility, which in turn may jeopardize advocacy efforts with governments and donors.

To mitigate the risks described above, please refer to the 'Key steps' section below.

6. Key decision points

Why is registration being conducted? Set emergency registration objectives in conjunction with protection objectives, in consultation with other protection colleagues and senior managers responsible for the emergency response phase. The crucial questions to ask are: What is the purpose of the registration? Who is being registered? How will the information be used? What data do I have and what information is needed? These questions will help you: to decide what data need to be collected; to focus data collection on the most important elements; and to design a solid registration methodology. When you set emergency registration objectives, keep in mind that registration activities conducted during emergencies will build the foundation for subsequent registration activities. The objectives should foresee possible longer-term needs.

Who will participate in registration? Many stakeholders are involved in registration activities, including governments, operational partners, and the displaced community. For successful registration, it is essential to identify key stakeholders and ensure that their roles and responsibilities during registration

are understood and articulated. At minimum, the roles of national authorities and those who are to be registered must be entirely clear; they should participate fully in both the design and delivery of registration activities. Registration activities serve the needs of many assistance and service providers. Arrangements for data sharing will determine what information needs to be collected and how it will be protected and managed. Partners can also bring valuable resources and expertise to registration activities.

How will the registration be done? Determining the right registration methodology and associated resources (sites, interview methods, timing, equipment, staffing, equipment, training, information requirements, complaint procedures, data capture, documentation issuance, budgets) requires time and understanding of protection, programming, administration, information technology, and registration. It takes a team to design and deliver a successful registration result.

7. Key steps

Registration should begin as soon as possible after the population in question has stopped moving. In an emergency, efforts should be made to commence registration, or at least pre-registration, activities, **within seven days** of an initial influx.

Registration is costly in terms of material and human resources and requires good planning by well trained professionals. Registration activities should be conducted by qualified Registration Officers.

Conduct an initial assessment. What is the current state of population data management?

Registration is part of an overall approach to population data management in an operation, and closely associated with other types of population data management. It includes estimation, needs assessment, movement tracking, and statistical reporting. Registration exercises cannot be planned without core information on the approximate size of the affected population, the dynamics of population movement, and contextual information on where and how refugees have settled and are accommodated in the country of asylum.

It is essential to consolidate and assess existing baseline data. Triangulation of available data, and proper border monitoring activities, help to identify and assess possible gaps. Create lists of formal and informal entry points, estimate the number of arrivals per day at each entry point, confirm patterns and means of arrival, identify likely destinations, and anticipate the profile of persons of concern.

The size and profile of a population may need to be estimated if no other records or sources of information are available. See the Entry on population estimation techniques.

Registration strategies should be designed to register persons of concern wherever they live in the country of asylum. New arrivals may settle in rural villages, in camp-based settlements, or in urban areas. When persons of concern are living in camps or camp-like settlements, registration is normally conducted on site. When refugees are dispersed in rural or urban areas, it is essential to map the locations or villages where refugees have settled. Identify central locations that can support registration

activities and assign roving mobile registration teams to visit local villages. There are limits to mobile registration. It is impossible to conduct door-to-door or village-to-village registration when locations are unknown, resources are limited, or a rapid response is required.

Develop a registration strategy. Why is registration being undertaken?

Registration is a complex multi-disciplinary activity. From the start, prepare and implement registration activities in collaboration with protection and programme colleagues and with administration and supply colleagues.

A registration response may be initiated before a fully-fledged, detailed and complete registration strategy has been finalized. **A strategy is nonetheless necessary.** For guidance, please refer to **Module 6**

of the Guidance on Registration and Identity Management

In consultation with other protection colleagues, set criteria for determining which individuals are eligible to be registered, and establish mechanisms for referring ineligible persons to an appropriate body. Agree what data should be collected in consultation with refugee status determination staff. Make sure these criteria and decisions are communicated in an information campaign (see below) and documented in Standard Operating Procedures (SOPs). Contact the Senior Regional Registration officer or the Identity Management and Registration Section (IMRS) for advice.

Analyse and confirm the data needs of key partners, including WFP, implementing partners and other relevant actors in the response, to ensure that necessary protection and assistance interventions can be undertaken without duplicating data collection. In addition, consult nutrition, health, child protection and other specialized partners; ensure they can be present at registration activities when appropriate. Adopting an inclusive approach will make the humanitarian response more effective, use resources more efficiently, and help to avoid duplication of effort.

The **Registration Officer** is responsible for the design and delivery of an emergency registration strategy, which should build on emergency contingency planning (where available). The registration strategy is a document (or group of documents) that: sets out the objectives of registration from a protection and an operational perspective; analyses the risks faced by persons of concern and staff (see above); describes the data to be collected, the registration methods to be used, and the locations where registration will take place; and lists staffing and technical support needs, stakeholder roles and responsibilities, and financial and equipment requirements. The Registration Officer should consult and cooperate closely with members of the refugee community, and with Protection, Community Services, Field, Programme and Supply colleagues. Initial emergency registration activities should reflect the priorities and needs of the operation.

Select sites and prepare registration facilities. Where will registration take place?

Registration should not take place at border crossings. Registration sites should be located away from

areas affected by armed conflict, insecurity and violence (see protection risks above). Registration usually occurs at sites or in initial reception facilities established a short distance from the border, or at final destinations in the county of asylum. Issuing tokens to families at the border may help refugees to access transportation and other assistance and reach their destinations safely. If possible, registration should take place after refugees have arrived at their destination.

Reception facilities must always protect the safety and dignity of persons of concern and the safety and security of staff.

When selecting a reception or registration location, keep the following in mind:

- Their accessibility for both refugees and personnel.
- Options for immediate medical referral needs.
- Their distance from the border and from UNHCR offices.
- Security requirements (liaise with Administration and Field Safety Advisors).
- Environmental conditions (risk of floods, storms, etc.).

Assign registration team members to conduct home visits to ensure that individuals who cannot access the registration site will be included.

Ensure the site has sufficient space to accommodate the number of persons who need to be registered. Allocate waiting areas between the different processing zones. Allow for the possibility that demand for registration may increase.

Design the site layout so that people can move rapidly through the registration process.

Ensure that the registration site includes:

- Separate queues for different processing requirements (one queue for individuals who are called back, one for those scheduled that day, etc.).
- Security screening to ensure that reception and registration areas are weapon-free.
- Proper space for dedicated staff to identify and prioritize persons with specific needs (for example, a protection desk permanently staffed by qualified protection staff).
- Separate entrances and exits to ensure a one-way process flow.
- Shade or heating, protection from the elements, and waiting areas with sufficient seating.
- Separate sanitation facilities for men and women, and adequate supply of water, electricity and lighting.
- A private space for lactating mothers, and a monitored child-friendly space (if possible).
- Interview spaces that provide confidentiality.
- Secure storage areas for registration equipment and files.
- A separate area for medical screening and vaccinations, in association with health partners, as appropriate.

- Well planned crowd control, using hired security companies, host country security personnel, or the help of community leaders or NGOs.
- Simple fencing or barriers to reduce crowd pressure.
- Adequate communication systems, such as megaphones or loudspeakers at large sites.

Determine household and individual data needs. What information needs to be verified or collected?

Group pre-registration is the collection of core data on a group. Group pre-registration is primarily used to organize movements of population, facilitate initial assistance distribution, and schedule individual registration. It is **not accepted as formal registration** because information collected at group level does not show whether an individual is inadmissible for registration. A group pre-registration interview with a family of five is estimated to take approximately 3 minutes.

Group information that should be collected (on households, families or cases)

- The group's size.
- Its age and sex breakdown.
- The name of the group's focal point.
- The country of origin of the group's focal point.
- Specific needs within the group.
- A unique group identifier.
- Pre-registration date.

Recording of GPS coordinates is optional and only occurs where pre-registration is mobile and not in a registration centre

At the final destination, **register all persons of concern individually** if this has not been possible before.

For **Individual Emergency Registration (IER)** The minimum data set is:

Data taken from registration of the group focal point:

- Date of arrival.
- Registration date.
- Group unique identifier.
- Legal status.
- Current Country of Asylum address (if available).
- Phone number (if available).
- Consent/prohibition to share information.

Data taken from every individual in the group:

- Full name.
- Sex.
- Date of birth.
- Relationship to group focal point.
- Marital status.
- Country of origin.
- Specific needs.
- Photo.
- Biometrics.

IER enables UNHCR and partners to create distribution lists, identify and refer persons with specific needs, and issue individual identity documents as well as ration cards, enabling refugees to access assistance and services. IER should be conducted using RApp or progress. On average it takes 15 minutes to register a family of five. Collection of biometrics (irises only) for a family of five takes an additional 4 minutes, while collection of both irises and fingerprints takes an additional 10 minutes. Additional data elements may be built into the standard data set depending on the data needs of the emergency operation. The Registration Officer should define the IER data set with protection colleagues, considering:

- Context specific data requirements. These include data on specific needs, to enable assessment and referral to available or planned services.
- Individual admissibility criteria. These are necessary for emergency registration and generate the data required to identify persons who are not covered by the exercise or are not eligible.

It is important to bear in mind that, if additional data fields are added to the minimum IER dataset, they will increase the time and resources required for registration. Additional data should be determined by the purposes of the registration, how programmes will use the data to provide services and protection, and the availability of human and other resources.

Individual Basic Registration (IBR, formerly known as Level 2) and Individual Comprehensive Registration (ICR, formerly Level 3) should take place, where appropriate, in the course of verification or registration activities after the emergency phase. See UNHCR Guidance on Registration and identity management for further guidance on data sets for registration.

The registration form template should be adapted as required, and forms should be tested before using them on a large scale. This will save time during registration by ensuring that forms, questions, code tables and interviewer aids are appropriate and can be used effectively.

Once the dataset is established, adopt standard UNHCR codes to create a reference document for use by registration and interview staff.

Make sure that information on both country of asylum and country of origin locations is consistent and at the right level of disaggregation. A basic camp address system may need to be established if none exists.

Prepare Standard Operating Procedures (SOPs) to document how things will be done

SOPs describe each step of the registration process and the actions that need be completed at each step before moving to the next. They serve as a 'user guide' for staff and ensure that processes are comprehensive, predictable and less prone to error.

SOPs should:

- Set out briefly the objectives of registration.
- Exhaustively define admissibility criteria for registration.
- Clearly describe the key steps of the registration process from reception (access) to exit. Include a process flow chart to visualise the registration process.
- Describe the roles, authorities, responsibilities and accountabilities of each actor involved in registration. Include a staff organigram if available.
- Describe the scheduling procedure for registration, including the methodology that should be used to prioritize individuals with specific needs.
- Describe the steps of a registration interview, including counselling, grouping, data collection; referral and documentation.
- List the data elements to be recorded during registration (such as biodata, and protection-related specific needs). The SOP should describe each data element and indicate how to enter data in proGres correctly.
- State which biometrics are to be enrolled. Related tasks should be described, including how to explain or counsel individuals on the purpose of biometric enrolment.
- Describe referral mechanisms in the registration process, including the presence of protection and litigation desks.
- Describe arrangements for continuous registration.
- Describe the arrangements for issuing each type of documentation.
- Annex relevant standard forms, documents and templates.

Establish fraud management and complaint mechanisms

Registration planning should include procedures to prevent fraud. Responsibilities should be separated clearly in the SOPs. Strong supervision and an effective complaint mechanism are also important components of procedures to identify and prevent fraud.

- Inventory registration materials and keep them securely locked.

- Strictly control materials and processes for issuing and renewing documents.
- Use biometrics to anchor and verify identity.
- Ensure that interview techniques and data collection standards are consistent.
- Establish a well-staffed litigation desk, with the capacity to investigate inconsistencies or fraud allegations.
- Install audit checks and establish clear lines of staff accountability and oversight.
- Train staff.
- Run information campaigns to make it known that UNHCR does not tolerate fraud or corruption.

Create confidential complaint mechanisms to enable people to file complaints, identify individuals who claim to have missed registration, and report misconduct by registration staff. Complaint mechanisms must incorporate appropriate procedures for effective follow-up. Procedures should:

- Include a standard complaint form.
- Ensure that every complaint received, in whatever form, is reviewed and followed up appropriately.
- Give persons who submit a complaint an opportunity to identify themselves to management (if they choose), while respecting their right to anonymity, should they fear retaliation.
- Entitle a complainant to submit his or her complaint through a member of staff who is not the subject of the complaint.
- Encourage everyone to report misconduct that occurs during registration-related activities.

Prepare data sharing agreements and define the conditions and terms of data sharing

Host governments and partners often need access to certain registration data for planning purposes and to implement their activities. Before concluding a data sharing agreement (DSA), UNHCR must assess the level of data protection afforded by the government or other third party concerned. It may do this by means of a data protection impact assessment (DPIA), to ensure that the systems and tools of the government or other third party provide a level of data protection that is comparable to that provided by UNHCR's Data Protection Policy. Part 6 of the Data Protection Policy and Part 9 of the Data Protection Guidance

provide specific guidance on the requirements of a DSA, and the key provisions it must contain. **Sample data sharing agreements** have been developed at headquarters and are available in the Data Protection Toolkit

. Headquarters will share DSA templates with operations on request, and will provide guidance and support. The Data Protection Officer and LAS are required to review and clear all DSAs before they are finalized.

It should be recalled that:

- DSAs are normally not necessary for implementing partners because Project Partnership Agreements (PPAs) cover data sharing and transfer issues. However, for joint use of the Population Registration and Identity Management EcoSystem (PRIMES), an Addendum to the PPA template is available in the Data Protection toolkit.
- The September 2018 WFP-UNHCR Global Data Sharing Addendum to the 2011 Memorandum of Understanding (MoU) aims to simplify data sharing between the two agencies at operation level. Where more than the standard data covered by the addendum is requested, staff should refer to the general principles for data sharing in UNHCR's Data Protection Policy and Guidance.

Data sharing arrangements with partners and other offices must:

- Avoid duplication, contradiction and confusion.
- Reduce risk of fraud.
- Reflect the purpose-specific objectives of data collection.
- Be necessary and proportionate in relation to the specified purpose.
- Be proportionate in relation to expected benefits.
- Maximize the respective strengths and opportunities of each party.
- Comply with international principles of data protection.

All data processing, including data sharing with partners, should follow the principles set out in 2.1 of UNHCR's policy on data protection. Data sharing should have a legitimate basis and a specified and legitimate purpose, be necessary and proportional, and should abide by the principles of accuracy, confidentiality and respect for the rights of individuals about whom information is shared. See part 2 of UNHCR's Data Protection Policy

for interpretation of these principles, and the related Guidance on data protection for further explanation and discussion.

During registration, it is important that all persons of concern are made aware of their rights with respect to collection, access, and transfer of their personal data, and about relevant data sharing agreements with partners. Individuals should provide free and informed consent to UNHCR before UNHCR shares their data with partners. In an emergency, circumstances may arise in which it is not feasible to seek advance consent; when this is so, an alternative legitimate basis is required. UNHCR may argue that it is in the 'vital or best interests' of persons of concern to share data (for example, in order to distribute life-saving assistance using pre-registration data) or that certain data must be shared 'to enable UNHCR to carry out its mandate' (for example, if a host government requires UNHCR to provide basic biodata).

Design and conduct an information campaign to explain the benefits and risks of registration

Registration may be the first official procedure that new arrivals experience in the country of asylum. Many people may be unfamiliar with UNHCR and its mandate, and the reasons for registration may not be well understood. To provide this information, organize an information campaign. Adopt a participatory

approach in order to reach everyone, including marginalized groups and individuals at risk. Asking different groups about their information needs and how they receive information will make the campaign more effective, and will increase participation in and acceptance of registration. Information products should be tested before they are deployed, to make sure that messages are easily understood and do not require clarification or extra knowledge. The information campaign should be responsive to the diversity of information needs identified by different groups, while ensuring that everyone has access to the same essential information about the registration procedure and its implications. Accurate information improves access to registration, reduces anxiety, avoids misunderstanding, and promotes voluntary participation. Ensure language and formats are culturally appropriate, take account of overall literacy levels and the diversity of languages spoken, and use images that portray underlying messages accurately. Ensure that translations are precise and reflect the information needs of different communities. The information channels selected in a given emergency context must:

- Be acceptable to the target population.
- Use multiple formats, including written, oral and pictorial forms.
- Meet different information needs.
- Communicate credible messages.
- Take steps to ensure that information is not manipulated.

If possible, the majority of the target audience should receive the same (or similar) information through at least two sources (for example, focus group discussions, UNHCR noticeboards, UNHCR social media pages, public announcements). This reduces the risk that messages will be unheard or misunderstood. Information may be disseminated via radio, meetings, leaflets or posters, at mass gatherings, at entry points, etc., and by partners, health, social and community workers, and local, religious or traditional leaders, etc.

Information to the community should always make clear:

- Why registration is taking place.
- With whom the information gathered will be shared, for what purposes.
- What general conditions and criteria will be used to determine who can be registered.
- That registration is open to all who meet the criteria, regardless of gender, ethnicity, age, religion and other characteristics.
- That registration is free of charge.
- That (unless stated otherwise) registration does not imply entitlement to material assistance.
- That information provided during registration interviews should be truthful.
- The specific procedures are available for persons with specific needs.
- The time, venue and process of registration. This information should cover methods and materials, opening hours, procedures for requesting a registration appointment, and interview schedules.
- The link between registration and protection, in order to address fears and concerns.

- How complaint procedures work. This information should cover procedures for reporting misconduct by staff and any difficulties in accessing UNHCR or registration premises.
- UNHCR's commitment to prevent and address fraud.

See module 4

of the Guidance on Registration and Identity Management for more information on planning and implementing information campaigns.

Train registration staff. Provide guidance on protection principles and registration procedures
In emergency situations, it may be difficult to set time aside to train registration staff adequately. Nevertheless, good training is an essential precondition of effective registration and protection. Formal training should be followed by on-the-job coaching when registration activities commence.

The following trainings should be organised jointly with protection and community-based protection colleagues, and offered to all staff and partners:

- The overall emergency operational response; planned registration activities; the links between different registration-related activities (border monitoring, organized movement and pre-registration, reception and individual emergency registration, etc.); subsequent protection and assistance activities.
- UNHCR's Code of Conduct.
- Roles and responsibilities.
- Process flow.
- Referral mechanisms.
- Complaints procedures.
- Protection induction programme (if available and if time allows).

Training by specialized protection staff may be necessary (in child protection, for example) to enable registration staff to identify and interview individuals at risk. Engage partners with expertise to help train staff and support the registration process in such areas, if appropriate.

Before undertaking a registration activity, all staff, partner staff and security personnel must receive training in the UNHCR Code of Conduct and the Prevention of Sexual Exploitation and Abuse Policy and must sign the Code of Conduct. Security personnel hired by UNHCR should also receive appropriate sensitization training.

See:

https://intranet.unhcr.org/intranet/unhcr/en/home/staff_resources/Code_of_conduct_ethics/Standards_of_Conduct

https://intranet.unhcr.org/intranet/unhcr/en/home/staff_resources/administrative_forms/code_of_conduct.html

Undertake registration interviews and meet every individual

Together with protection colleagues, specify the content of registration interviews. Include appropriate guidance on questioning. Guidance must be specific to the operational context of the emergency operation.

Interviewers and registration staff should:

- Introduce themselves and briefly explain the purpose of the interview.
- Check whether interviewees have been registered before (for example, by searching the database in advance).
- Seek the interviewee's consent to share his or her data with other humanitarian actors (for example, by means of disclaimers), and inform interviewees that their biodata will be shared with the host government.
- Apply the SOPs to flag suspected combatants, members of the local population, and other persons who are not eligible. Refer ineligible persons to the appropriate desk or focal point.
- Where possible, interview teams should include people who can identify interviewees' countries or areas of origin by language.
- Include questions designed to verify interviewees' knowledge of their stated area of origin. Resource persons with knowledge of those areas should be consulted. To facilitate cross-checking, registration teams should assemble maps and lists of events in coordination with other protection colleagues.
- Consult populations of concern, who will often help to identify techniques for verifying origin (based on knowledge of areas or languages).
- Refer individuals with specific needs who are identified during the registration interview to appropriately qualified staff or partners.

Ensure data quality

Data quality must be monitored throughout the registration process. Data capture should be reviewed by dedicated staff. Daily quality control checks should be made, both when hardcopy data is collected and after data has been entered into the database.

Include referral mechanisms. Identify and prioritize persons with specific needs
Emergency registration processes should always include procedures for recording, referring and tracking persons with specific needs. This is a key protection objective of registration.

Individuals with specific needs should be prioritized. Teams should physically invite them to come to the front of registration queues, and should collect additional information from them (for example, on the urgency and character of their medical needs) to ensure that they are able to receive targeted assistance.

Persons who must be prioritized for emergency registration include:

- Unaccompanied and separated children.
- Child-headed households.
- Older persons, particularly if they are unaccompanied.
- Persons with disabilities and their families.
- Persons with specific protection concerns and their families.
- Single women in certain circumstances.
- Persons with specific medical needs.

Where time or staff capacity is limited, data collection during an emergency registration may be restricted to certain specific needs, based on agreements reached internally in the office.

Unaccompanied and separated children

Unaccompanied and separated children (UASC) are particularly vulnerable. They must be registered as soon as they are identified, and cases should be reported immediately to the UNHCR Protection Officer.

Provide documentation. Fulfil both identity and entitlement documentation needs

Depending on the circumstances, documentation may take the form of an entitlement card (such as a ration card) or a proof of registration card. Agree with other protection colleagues and senior management what type of documentation will be issued and by whom. Determine the period of validity of documents taking into account the operation's capacity to process document renewals (ration cards for assistance purposes, proof of registration, certificates, attestations with or without government logo, and other documents).

In the first few months of an emergency, it is generally not feasible to issue refugee identity (ID) cards, since it is time-consuming to issue individual documentation; extensive discussions with national authorities are usually required, and multiple meetings with persons of concern. After registration, however, the head(s) of household should be issued proof of registration containing information on all members of the group, and, if feasible, proof of registration should be issued to each individual. UNHCR or partners can subsequently use this documentation to identify households and individuals. ID cards should be issued during verification or continuous registration where it is feasible and appropriate to do so.

If tokens or wristbands were issued before registration, exchange them for ration cards (for assistance distribution) and/or a proof of registration certificate or attestation. Always record the unique identifier (ration card number, attestation serial number, etc.) in the database.

Whenever possible, issue entitlement documents, especially ration cards, to female heads of household. In situations where it is culturally not acceptable to issue entitlement documents to women, ration cards should indicate the names of both a female and male head of household.

Documents should bear only the information required to meet their specified purpose and should not

indicate any information that could result in discrimination, such as an individual's ethnicity or other sensitive data.

For more guidance please see the following Entries:

- Identifying persons with specific needs (PWSN).
- Nutrition in camps.
- Commodity distribution.
- Population estimation techniques.
- Refugee status determination (RSD).

8. Key management considerations

Managers of field operations, including Representatives and Heads of Office, are responsible for ensuring that registration and population data management activities are undertaken, that the highest possible standards are maintained, and that operational requirements are respected and continue to be met.

Registration activities directly affect the overall protection response as well as population planning and management. Technical registration expertise is required from the start of an emergency to provide appropriate oversight.

Given that it has overall accountability for the international protection of refugees, UNHCR should deploy qualified registration staff as soon as possible to support assessment, develop a registration strategy, and support the operational response.

9. Resources and partnerships

External Partners

Key stakeholders include the host government, the population of concern, other UN agencies, and NGOs, whether or not they are implementing activities or contributing resources. From the outset of the emergency response, UNHCR should **engage all relevant stakeholders** and strive to build and sustain **collaboration** and a **sense of ownership of shared goals**. In that spirit, UNHCR and its partners should cooperate to reduce duplication and increase transparency and communication. Relevant coordination forums include the Protection Working Group and the Refugee Information Management Working Group. **UNHCR also needs to support its implementing partners under project partnership agreements (PPAs)**, through training and performance management, for example. For more information, refer to the Entry on working with partners

Internal resources

Registration staff may need to **coordinate with many internal partners in UNHCR**, including

PI/Communications, Information Management and ICT colleagues, Field Protection, SGBV and other specific protection work units, Supply/logistics, and Administration. They may also need to obtain support and advice from the regional office or headquarters. The Identity Management and Registration Officer may establish coordination and communication mechanisms to ensure registration activities achieve their purpose and have their intended impact on protection and assistance.

Budgets

Prepare a detailed budget. A sample budget template is attached. Liaise with programme colleagues to confirm that funds are available.

The budget should cover (as applicable):

- All the equipment required to support registration activities.
- Personnel, staff meals, DSA, and incentives for government and security personnel.
- Personnel accommodation and infrastructure.
- Rental fees for registration locations (community halls, schools, other premises).
- Staff transport, including vehicle rental and fuel.

Database

In emergencies, staff are advised to use **RApp**

to gather reception and registration data, which should be synchronized to **proGres**. Use of biometrics (**BIMS**) is recommended. Where registration must be rapid, the operation may collect one indicator (instead of 10 fingers and 2 irises). In doing so, it should continue to ensure accountability.

Standard forms and material

Use standard forms as much as possible. When an operation needs to collect household level data (for example, to manage organized movements), use the standard control sheet or RApp, which allows this information to be collected and analysed. Tokens may be used as transport tickets. If necessary, wristbands may be used to identify a targeted population.

Registration supplies

Prepare a list of all the items required (including specifications). IMRS maintains a stockpile of registration materials for rapid deployment to the field. Requests to IMRS for registration materials should be limited to materials that cannot be purchased locally (for example, standard ration cards, other documents with a centralized serial number, and certain IT equipment that must comply with UNHCR standards). Requests should be copied to regional registration support staff.

Staffing

If expertise is not available locally, experienced and qualified staff should be requested to join the operation on mission or short assignments. Contact DESS for requests to deploy registration officers to plan and oversee registration staff. Always assess your existing staff capacities first.

Staffing requirements may be calculated by estimating the size of the population concerned, the planned throughput at each registration site, and the anticipated registration approach, including datasets, tools and process. Take account of the scale and type of the emergency response. In large operations, for instance, team leaders should be assigned to each step in the registration process to coordinate staff; mobile or shelter-to-shelter registration may require more staffing than registration at a fixed location. Where the host government leads emergency registration, UNHCR may need to allocate fewer and different staff. It may need to focus more on training, for example.

To determine what additional skills and staff are required, assess the capacity of the staff in place. The roles and responsibilities of additional staff, and urgency, determine what type of contractual arrangement is suitable:

- o **International staff** to meet needs that cannot be met by the country operation or region should initially be sourced from the **Emergency Response Team** (ERT) roster. ERT deployments have a maximum duration of three months. Plans should be made to replace ERT employees at the end of this period (unless their replacement is unnecessary). International staff may also be recruited via **missions** (from regional offices, other operations, or IMRS), via **temporary assignments, or via appointments** and **affiliate workforce** contracts (including UNOPS, IUNV and standby partner schemes).
- o Depending on the magnitude of the emergency, registration and operation data management staff will often be needed for a prolonged period. Where this is the case, operations are advised to create and advertise post through **Fast Track procedures** (instead of, or to succeed emergency deployment).
- o **Local staff** can be recruited initially on **individual contractor agreements**. All staffing arrangements will need to be regularly reassessed as the emergency evolves. Longer term contracts include **TA, UNOPS, and UNV contracts as well as contracts for new or upgraded local staff positions**. **Implementing partners** can also conduct registration, if they are appropriately trained, provided experienced UNHCR staff are available to provide oversight.

Determine total staffing needs before compiling a final budget. Put in place sufficient human resources to handle the volume of arrivals and collect the required registration information. Reassess staffing needs regularly.

Calculate the functions, number and grades of staff that must be recruited, taking account of the following roles:

- Entry and security.
- Reception and admission.
- Data collection and interview.
- Assessment by protection or community services staff.
- Data entry and data quality control (if a database is used and data entry is separate from interview).
- Photo/biometrics' capture, if applicable.
- Document issuance.

- Supervisory (Registration Officer, operations data management, team lead).
- Refugee helpers, crowd control personnel, interpreters, administrative and filing clerks, drivers.

Consider staff numbers at each step of registration, to ensure that refugees can move through the process smoothly. Be prepared to reassign staff to new roles and take steps to resolve bottlenecks. Identify and recruit registration staff who can communicate in a language the refugees understand and who speak the official UN language of the country operation.

Hire male and female staff in equal numbers, where feasible. Ensure that registration and data entry assistants are computer-literate. Additional staff may be needed to conduct mobile emergency registration in informal settlements.

Consider provision for staff welfare. Foresee a variety of scenarios for working conditions (from poor to good) and plan shifts, breaks, staff areas, accommodation and food accordingly. Hold regular staff meetings and establish mechanisms for feedback and complaints; listen to your staff's suggestions.

10. Links

UNHCR Guidance on Registration and Identity Management
Guidance on the Protection of Personal Data of Persons of Concern

Need help?

CONTACT Contact DPSM/IMRS. At: HQIMRS@unhcr.org.

Annexes

- Checklist for Registration in Emergencies (updated 2017)
- Registration Stockpile Procedures 2019
- Registration Material Order Form 2019
- Registration Form for Individual Registration
- Control Sheet for Household Level Registration
- Budget Template 2018
- UNHCR, Guidance on the Use of Standardized Specific Needs Codes, IOM FOM 030 2009
- Standardized Specific Needs Codes June 2009
- Standardized Specific Needs Codes - French
- Data Protection Policy

- Other registration related documents and templates
- Registration Form for Individuals (French)

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Community based hosting arrangements

Key points

- The first step towards supporting host families and persons of concern is to identify their needs and where they live. Consider both persons of concern and host families.
- Consult and coordinate closely with host communities, persons of concern, local authorities, NGOs, and relevant UN agencies.
- Assess the absorption capacity of host communities. Make sure that hosting arrangements will not cause harm to persons of concern or host communities.
- Assess vulnerability (in terms of income, security of tenure, and special needs) and set criteria of eligibility for the hosting programme.
- Prepare a comprehensive strategy; set out in detail the arrangements for the hosting programmes; update the arrangements as circumstances evolve.

1. Overview

The term 'hosting arrangement' describes how persons of concern are sheltered in host communities. Persons of concern may settle with and amongst local households, on land or in properties that local people own. Hosts may be relatives, distant family members, friends or acquaintances, or people previously unknown to those who have been displaced. Hosting arrangements can exist in urban and rural contexts.

Hosting arrangements can be positive; persons of concern can settle with families with which they share cultural ties; increase solidarity and collaboration between refugee and local population; persons of concern have a greater say in where and with whom to live; there is a greater sense of self-reliance when persons of concern make arrangement for themselves.

As with all other settlement types hosting arrangements do not meet the needs of all the displaced population. One solution does not fit all. Hosting arrangements are rarely sustainable with overcrowding conditions and insufficient resources for all, straining the relationship between host and displaced families.

In hosting arrangements different shelter support can be provided:

Shelter materials provided to build an extension or additional structure in the host's property:

- Plastic sheeting (combined with other locally procured materials).
- Shelter kit.
- Local construction (one room)
- Cash or voucher based intervention.

Landlord-renter relationship:

- Cash based intervention
- Rental subsidies.

Whenever possible, some level of support should be provided to the host community. Both groups often have similar needs (water, food, sanitation, etc.). It is important to ensure that scarce resources available to the host community are not depleted.



2. Context characteristics and risks associated

Whether in urban or rural context often a combination of approaches is needed; hosting arrangement can be an appropriate temporary solution. Host population may have limited resources; often already living below the poverty line. Absorption capacity will be limited and competition for resources is often fierce in urban areas.

Risk associated with hosting arrangement are primarily driven by overcrowding, lack of privacy, limited resources, lack of trust, discrimination, tenure insecurity. Specifically:

- In protracted situations, deteriorating living conditions of families hosting large number of persons might lead to health and psychosocial problems, as well as risks of stigmatization, harassment, economic or sexual exploitation, and violence against the displaced families.
- Housing may already be substandard; host families may be in need of improved shelter. Inadequate housing can force families to live in overcrowded conditions, or to separate. Children may be sent to live with other neighbours, increasing the potential for exposure to neglect and abuse.
- Host families may have limited resources and basic domestic items, mattresses, mats, blankets, cooking utensils, etc. would have to be shared. A situation that can rapidly erode hospitality.
- In areas where refugees are not welcome, both host and displaced families might become targets of retaliation by parties to the conflict or by surrounding communities.
- Persons of concern may be accused and blamed for neighbourhoods' problems such as conflict between families, criminal acts – often despite lack of evidence, thefts, etc. Verbal abuse or accusations can become physical abuse, and persons of concern may not receive protection from the authorities.
- In urban environments the economy is primarily cash based; agriculture is non-existent; water points require payment. Access to food, water, and other necessities will come at a cost, which may force persons of concern to adopt negative coping mechanisms.
- Displaced children in urban areas face great risks. Lack of access to education can be caused by lack of resources, fear of the local community, or the need for children to complement household income. Lack of parental supervision and access to schools, and the overall poverty can lead girls and boys to try and fend for themselves and exposing them to child labour, sex work and theft. For girls especially the risks of early sex, exploitative sex and sex work is greater in cities and towns.
- Host families can become overburdened by the responsibility of caring for persons of concern, and eventually it may create conflict. To reduce this risk, every effort should be made to work closely with the community, local government and NGOs when programmes are designed and implemented, and to support displaced families in hosting arrangements in order to lessen the burden on the host family.

3. Context-specific protection objectives

- To provide a secure and healthy living environment with privacy and dignity to persons of concern.
- To protect persons of concern from a range of risks, including eviction, exploitation and abuse, overcrowding, and poor access to services. Threat of eviction is greater and often constant in urban areas when persons of concern settle in land and property without permission (dispersed settlement without legal status)
- To support self-reliance, allowing persons of concern to live constructive and dignified lives.
- To recognize, and encourage other actors to recognize, that every person, including every refugee, is entitled to move freely, in accordance with human rights and refugee law.
- To assist refugees to meet their essential needs and enjoy their economic and social rights with dignity, contributing to the country that hosts them and finding long term solutions for themselves.
- To ensure that all persons of concern enjoy their rights on equal footing and are able to participate in decisions that affect their lives. (AGD approach)

4. Principles and policy considerations for the emergency response strategy in this context

- Inclusive and meaningful participation of all persons of concern in accordance with UNHCR's Age, Gender and Diversity approach, is essential to ensure that men, women, girls and boys have their voice heard, identify their needs, and have the opportunity to contribute to the search of adequate solutions.
- Durable solutions are the ultimate goal, taking into consideration appropriate technology, capacity-building of both refugees and local communities, and use of local skills, materials, techniques and knowledge.
- Refugees and the affected population should be empowered to participate actively in decisions that concern them at all stages. An inclusive approach fosters ownership and acceptance of programmes and improves maintenance of shelters and settlements. It facilitates communication and can generate information and support that may be crucial to a programme's success and sustainability.
- Shelter solutions should be appropriate to the context in which they are provided. They should reflect the needs of the affected population, their cultural habits and their capacities, but should also attempt to build on existing resources and enhance access to infrastructure.

5. Priority operational delivery mode and responses in this context

Identify host communities, engage with them, and assess their absorption capacity

Identify host communities that might be able to accommodate persons of concern; assess their absorption capacity. Map the location of persons of concern and potential host communities.

Consult host communities and persons of concern; include representatives from relevant UN agencies, local Government and partner organisations.

Assess the most pressing needs of persons of concern and host communities

Itemize and assess local resources and coping mechanisms. Decide what UNHCR support is necessary to make the hosting arrangement feasible and successful. Prioritize the most in need of support people, but make clear what criteria have been used.

Establish the profiles of persons of concern and host communities. Assess the resources available to both groups (water, sanitation, health facilities, schools, livelihoods) and locally available materials that might be of value to persons of concern and hosts.

Make sure that issues of security of tenure are addressed to the satisfaction of host communities and persons of concern; cross check the arrangements with local authorities.

Agree the assistance model and implement

Drawing on your analysis (the first two steps), agree with partners the most appropriate shelter solution (shelter kits, cash, etc.). Prepare a clear plan with goals and outcomes, attribute roles and responsibilities, and set a timeline and budget

Select program participants by applying the agreed targeting criteria. Agree who owns shelters or materials that are distributed by the programme; do so before distribution starts. If possible, arrive at a legal agreement.

Monitoring and evaluation

Put in place a monitoring mechanism and agree standards and indicators that you and other local actors will use to monitor and evaluate the programme's outcomes. Ensure they are in accordance with national and international standards (Sphere Project).

Ensure that assessments made at the start of the programme are used as a baseline.

Monitor the quantity and frequency of all material or financial distributions, the procurement of goods, and the implementation against timeline and budget.

Put in place mechanisms to ensure accountability to program participants at all stages, including communicating goals and progress, collecting, responding and adapting to feedback

6. Priority actors and partners in this context

Consult relevant national authorities, operational partners (UN, NGOs, and community organizations), the host community, and the population of concern in all phases of programme development. If strategic decisions require high-level advocacy, consult partners, including UN agencies, NGOs and donor

representatives, as appropriate.

From the start of a response, collaborate closely with the technical offices of local authorities, and study local rules and regulations with respect to land tenure, public works and housing. To reduce the risk of conflict over land, ensure the programme complies with local building regulations.

7. Links

IFRC: 21-36, Assisting Host Families and Communities after Crises and Natural Disaster – A Step-by-Step Guide:

IASC, Haiti Shelter Cluster Technical Working Group, Host families shelter response guidelines, 2010:
UNHCR emergency portals

UNHCR's information management portal

UNHCR, UNHCR policy on refugee protection and solutions in urban areas, 2009.

NRC/Shelter Centre, Urban Shelter Guidelines, Assistance in urban areas to populations affected by humanitarian crises, 2010.

The Sphere Project (2018), Humanitarian Charter and Minimum Standards in Humanitarian Response.

UNHCR, IFRC, UN-HABITAT - Shelter Projects (2008, 2009, 2010, and 2011-12).

UNHCR, the Master plan approach to settlement planning

UNHCR, Settlement information portal (SIP)

Need help?

CONTACT Contact the Shelter and Settlement Section, Division of Programme Support and Management. At: HQShelter@unhcr.org.

Annexes

- UNHCR Global Strategy for Settlement and Shelter 2014-2018
- UNHCR, UNHCR policy on alternatives to camps, 2014

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Site planning for camps

Key points

- Consider alternatives to camps whenever possible
- Consider national development plans, to ensure settlement planning is economically, socially and environmentally sustainable
- Be dynamic. Settlement plans should be adaptable and capable of responding to changes in a crisis situation
- Consult with all relevant stakeholders and Government when selecting sites. Seek appropriate technical support.
- Avoid settlements that are very large

1. Overview

This entry provides guidance on standards and basic requirements that should be considered when developing a site plan for refugee, IDP settlements or camps. UNHCR discourages the establishment of formal settlements and whenever possible prefers alternatives to camps, provided they protect and assist people of concern effectively.

Site planning is the physical organization of settlements. Camps are a form of settlement in which refugees or IDPs reside and can receive centralised protection, humanitarian assistance, and other services from host governments and other humanitarian actors. Good site planning has a positive effect on the health and wellbeing of a community. It also facilitates the equitable and efficient delivery of goods and services.

With this in mind, settlement plans should:

- Apply UNHCR Master Plan Approach to Settlement Planning Guiding Principles
- Take into account national development plans to ensure that settlement plans are economically, socially and environmentally sustainable.
- Be peoplecentred, promoting self-reliance and enabling communities to develop suitable solutions themselves.

- Take into account the characteristics and identity of the area, of the environment, and of the people and their habitat.
- Systematically apply an Age, Gender and Diversity (AGD) approach to ensure that all persons of concern have equal access to their rights, protection, services and resources, and are able to participate as active partners in the decisions that affect them.
- Be dynamic. Settlement designs should be adaptable and capable of responding to changes in a crisis situation. They should foresee an exit strategy when persons of concern find durable solutions.

2. Protection objectives

- To plan and manage settlements in a manner that encourages affinities, and mitigates potential friction, between refugee and host populations.
- To locate camps at a reasonable distance from international borders and sensitive sites, such as military installations.
- To recognize, and encourage other actors to recognize, that every person, including every refugee, is entitled to move freely, in accordance with human rights and refugee law.
- To assist refugees to meet their essential needs and enjoy their economic and social rights with dignity, contributing to the country that hosts them and finding long term solutions for themselves.
- To ensure that all persons of concern enjoy their rights on equal footing and are able to participate in decisions that affect their lives. (AGD approach)
- To ensure that settlement and related policies and decisions are driven primarily by the best interests of refugees (rather than the interests of UNHCR or Government).

3. Underlying principles and standards

UNHCR Master Plan Approach to Settlement Planning Guiding Principles provide the framework for the definition of physical site layouts. The table below defines the guiding principles and expected outcomes.

Guiding Principles	Expected Outcomes
Principle 1 National legislation, policies & plans provide a framework for settlement design.	<ul style="list-style-type: none"> • The spatial design of the settlement is in compliance with national and local planning regulations and emergency response minimum standards. • Infrastructure improvements are designed to support national/regional development plans and priorities.
Principle 2	

<p>Environmental considerations drive design.</p>	<ul style="list-style-type: none"> • Risk of natural disaster impact (e.g. due to floods, landslides) is identified and addressed. • Risk of endangering natural resources (e.g. deforestation which can, in turn, increase the risk of natural disaster impact) is identified and mitigated.
<p>Principle 3 Defining site carrying capacity.</p>	<ul style="list-style-type: none"> • The capacity of the site has been defined taking into account sufficient access to water, fuel, and land for livelihoods. • Risk of conflict between the displaced population and host community over access to natural resources is identified and mitigated.
<p>Principle 4 Decisions about density must be taken in context.</p>	<ul style="list-style-type: none"> • Site density is in 'harmony' within the physical context.
<p>Principle 5 Supporting safe and equitable access to basic services.</p>	<ul style="list-style-type: none"> • Equitable access to basic services for the displaced population and the host community is ensured. • Development and upgrading of existing services facilities have been prioritized over the creation of new parallel services. • Travel distance to basic services is within standards.
<p>Principle 6 Providing an enabling environment for livelihoods and economic inclusion.</p>	<ul style="list-style-type: none"> • Site location and layout represent a positive choice in terms of impact to livelihood, economic opportunities and self-reliance of displaced population and host community.
<p>Principle 7 Addressing housing, land and property issues, an incremental tenure approach.</p>	<ul style="list-style-type: none"> • Risk of conflict link to land tenure has been addressed and mitigated. • Following the initial emergency response, actions are taken to increase the security of tenure for the displaced population through pathways for the incremental establishment of tenure through formal or customary means.
<p>Principle 8 Defining localized critical design drivers.</p>	<ul style="list-style-type: none"> • Site layout is informed and respond to physical and social factors and the spatial needs over time. • Residential areas, key services and infrastructures are not susceptible to the risk of natural hazards such as flash floods and landslides
<p>Principle 9 Follow natural contours in the design of road</p>	<ul style="list-style-type: none"> • Site layout respond to the natural topography and drainage patterns of the site.

and drainage infrastructure.	<ul style="list-style-type: none"> An effort has been made to reduce construction and maintenance cost of road and drainage infrastructure.
Principle 10 Finalizing the settlement layout.	<ul style="list-style-type: none"> Site layout takes into account the social organization of the displaced population under the bases of an Age, Gender, and Diversity approach. The physical layout considers fire risk mitigation strategies and complies with standards for the provision of basic service.

SPHERE emergency standards are the key references when designing planned settlements. The table below sets out minimum standards which should be upheld when planning camps.

Description	Minimum Standard
Covered living area	<p>3.5 sqm. per person minimum</p> <p>In cold climates and urban areas more than 3.5 sqm. may be required (4.5 sqm. to 5.5 sqm. is more appropriate)</p> <p>Minimum ceiling height of 2m at highest point</p>
Camp settlement size	45 sqm. per person
Fire Safety	<p>30 m of a firebreak every 300 m</p> <p>Minimum of 2 m between structures – ideally 2 times the height of the structure</p>
Gradient for camp site	As a guide 1 to 5 %, ideally 2 to 4%
Drainage	Appropriate drainage needs to be put in place, especially relevant in all locations that experience a rainy season.

Table 1 - Minimum standard for planning camps

Refer to Entry on ***Camp planning standards (planned settlements)*** for more information on site selection and site planning standards.

Sites for planned camps should be selected in consultation with a range of sectors, including protection and supply, as well as with technical specialists such as hydrologists, surveyors, planners, engineers, and environmental engineers. Developing an inappropriate site or failing to develop a site to standards

can result in further displacement causing unnecessary further loss and distress to persons of concern and may put some people/groups at further risk. The chart below lists some of the key critical factors which must be considered:

Site Suitability and Selection Factors of Importance	
1. Potential Beneficiaries	
The numbers	
The type or category of people we are planning to assist	
Length of stay	
2. Location of the pre-identified site	
Distance from the border	
Security and protection	
Land Mines and Unexploded Ordnance (UXO's)	
Local health and other risks	
Distance from the major towns	
Distance from the protected areas	
3. Basic characteristics of the pre-identified land (site specific issues)	
Land use and land right	
Surface area of land and its expansion possibilities	
Topography	
Elevation	
Soil condition	
Water availability	
Drainage	
Sanitation possibilities	
Climatic conditions	
Vegetation /other environmental conditions	
4. Complementary or supportive factors (outside of land)	
Accessibility	
Harvesting wood for construction	
Harvesting wood as cooking fuel	
Availability of Electricity	
Nearby villages or communities	
Proximity to National services such as health, education	
Proximity to economic centres	
Proximity to agriculture or income generation activities	
Availability of other UN agencies, NGOs Implementing Partners, Operational partners, and Humanitarian groups	
5. Observations and Recommendations	
6. Next steps forward	

Table 2 - Site selection critical factors

4. Protection Risks

Settlements and camps by their nature generate a number of specific risks as follows. Respect for planning standards can contribute to life with dignity in a safe and healthy environment for persons of

concern.

- Prolonged stay can result in stress and tensions and can lead to social conflict and friction between families, clans or ethnic groups.
- High population density significantly increases health risks. Density is also proportionally related to increase in tensions and protection threats to vulnerable or marginalized individuals or groups.
- Environmental contamination may cause serious health problems for residents and those living in close proximity. Environmental damage especially related to water and sanitation is likely in the immediate vicinity of camps.
- High population concentrations and proximity to international borders may expose persons of concern to protection threats.
- Large camps may provide a hiding place and support base for persons other than refugees. It may be difficult to identify such people, who may continue to benefit from assistance.
- Camps can increase critical protection threats, including sexual and gender based violence (SGBV), threats to and abuse of children, and human trafficking.
- Living in camps can encourage dependency and reduce the ability of refugees to be independent and self-reliant.

5. Other risks

Camps are rarely occupied for short-term. Planners should always expect that once put in place, camps are likely to exist over a long period of time -in many cases years or even decades. Service provision over that period of time is likely to remain as the responsibility of humanitarian actors, and integration with local existing services will be challenging. Camps can also distort local economies and in the long run adversely affect development planning.

6. Key decision points

Settlement planning should start at the very early stages of preparedness planning. Preparedness measures in this phase should address shelter solutions and settlements, carefully taking into account of the specific context of the affected area, the host population, and adverse effects and dynamics generated by a developing crisis.

In addition to providing security, host governments are ultimately responsible for allocating land for camp and settlements. An overall site plan or map should detail the configuration of a proposed population settlement, its surroundings and characteristics, and location, and should set out principles of modular planning. The plan or map should include natural features and contain topographical information outlining the physical features of the landscape (rivers, valleys, mountains) and general planimetric information describing locations and facilities in the settlement. The plan or map should ideally have a metric scale between 1:1,000 and 1: 5,000.

The plan/map should also provide social features including host communities, and the social organization of refugee populations.

Site planning should ensure that the spatial allocation of functions is such that refugees and displaced persons can reduce their dependence on aid, increase their independence, and potentially integrate fully with host communities. Whatever the circumstances, an overriding aim must be to avoid high density settlements. Ideally no camp should be larger than 20,000 people.

Coordination is a vital element of settlement planning, because it links land, shelter, services, infrastructure, livelihoods, environmental considerations, and governance. Many sectors need to cooperate to ensure that assistance gaps do not occur, and that the dignity of persons of concern is protected.

Local and International partners should be engaged whenever and soon as possible. UNHCR takes full operational responsibility only when circumstances require and it is in the interest of refugees.

7. Key steps

A planned camp settlement response should be implemented by means of the following steps.

- In consultation with Government identify a suitable site and carry out thorough suitability assessments.
- Form and train the team who will manage the project, ensuring continuity with the planning phase.
- Work with relevant programmes to identify implementing partners. Project partnership agreements (PPA) may be appropriate.
- Determine the need for working groups and coordination mechanisms with key stakeholders and establish them as early in the process as possible. Consider local guidelines, regulations and practices. Ensure that adequate and effective liaison arrangements are in place with local and national Government offices and other sectors.
- Develop proposals and concepts into working drawings, with specifications, bill of quantities (BoQ), tender documents, etc.
- Commission and produce environmental impact assessments and incorporate their recommendations in implementation plans.
- Conduct soil tests, hydrological surveys, detailed topographical surveys, etc.
- Draft and establish project management techniques, checklists and operating procedures.
- Work with other programmes and supply on procurement and award processes.
- Establish monitoring and evaluation frameworks for continuous monitoring.
- Establish reporting criteria and project tracking mechanisms.
- Develop and deliver completion and handover certification.
- Develop and deliver maintenance and exit plans.
- Refer to UNHCR's Master Plan Approach Process Checklist

8. Key management considerations

- Ensure that shelter and settlement programming sets safeguards in place to prevent any action from inadvertently increasing marginalization, vulnerability, exclusion and stigmatization that may put some people/groups at further risk.
- Camps can generate economies of scale relative to more dispersed settlements and services can be provided to a large population efficiently. Identification of and communication with persons of concern is easier in camps, as it is meeting immediate needs.
- Most refugee operations last longer than expected. Take this into account when selecting a site, planning the camp, and estimating resources and staffing. The footprint of early planning assumptions can endure for decades.
- Decisions on camp location should involve national and local Governments as well as host and refugee communities. Because decisions on site selection are difficult to reverse, seek and make use of technical support from the beginning.
- Adopt a 'bottom up' approach to planning, based on the characteristics and needs of individual families. Ensure that persons of concern have a voice in settlement planning and reflect their wishes as much as possible.
- Develop a comprehensive approach ('master plan') to camp layout, which promotes community ownership and maintenance of water points, latrines, showers, facilities for washing clothes, and waste management.
- An adequate supply of water throughout the year is vital. The settlement's sanitation strategy should reflect the specific soil type at the site.
- Bear in mind that natural features of the site will reduce or affect the amount of usable space.
- Prepare an exit strategy and plans for decommissioning from the start.
- UNHCR neither rents nor purchases land for refugees.

9. Resources and partnerships

Staff

- A variety of (technical and non-technical) support staff may be needed depending on the scale and complexity of the settlement planned.
- It is important to liaise closely with other sectors, including WASH, health, protection, and education, and with relevant programmes.

Partners

- Identify key partners, including Government, but also NGOs, other inter-governmental organisations and other humanitarian and private sector actors.
- Establish links with and consult representatives of the refugee community and host communities. Take steps to enable them to participate in decisions that concern them.

Resources

- Drawings, specifications, bill of quantities and tender documents will need to be commissioned, made accessible and filed securely.

10. Links

Global Shelter Cluster

UNHCR Master Plan Approach to Settlement Planning Guiding Principles

UNHCR Master Plan Approach to Settlement Planning Guiding Principles Annexes

The Sphere Project - Humanitarian Charter and Minimum Standards in Humanitarian Response (2018 edition)

UNHCR, IFRC, UN-HABITAT - Shelter Projects (2008, 2009, 2010, and 2011-12)

UNHCR, emergency portals

UNHCR, information management portal

Camp management tool kit

Need help?

CONTACT Shelter and Settlement Section, Division of Programme Support and Management:

HQShelter@unhcr.org

Annexes

- UNHCR - Global strategy for settlement and shelter (2014-2018)

- UNHCR - Policy on alternatives to camps (UNHCR HCP 2014 9)

Version and document date

Version: 2.7

Document date: 06.05.2022

Risk analysis and monitoring – multi-hazard (IASC)

Key points

- Inter-agency country teams must collectively undertake regular risk analysis and risk monitoring led by the RC or HC.
- The risk ranking determines the type of preparedness actions that should be taken.
- When the risk for a particular hazard is 'medium' or 'high', ERP Advanced Preparedness Actions (APAs) and ERP contingency planning must be undertaken.
- When the identified risk is a refugee influx, UNHCR leads preparedness efforts and the inter-agency framework that applies is the Preparedness Package for Refugee Emergencies (PPRE).

1. Overview

Note. This guidance forms part of the Emergency Response Preparedness (ERP) approach. In its current form, it reflects the "BETA" version of the ERP, which the Inter-Agency Standing Committee (IASC) Task Team on Preparedness and Resilience released for field testing in 2015. The final version of the ERP may look different, once released.

Obtaining a clear shared understanding of risks that may trigger a crisis significant enough to require a coordinated humanitarian response is fundamental to the entire ERP process. At country level, analysis informs planning while monitoring ensures that the process is responsive to emerging risks. The risk analysis process identifies hazards that could trigger a crisis and ranks them by impact and likelihood. Risk ranking determines whether thresholds are 'low', 'medium', or 'high'. When risks rise to 'medium' or above, it is recommended to develop a contingency plan.

At global level, IASC partners collaborate twice a year to develop an Early Warning Early Action (EWEA) report, which is submitted to the IASC Emergency Directors Group and concerned partners. The EWEA report draws on risk analysis and monitoring carried out at country level. It creates a shared understanding of global risks in the six months that follow, and recommends preparedness actions that should be taken. At global level, UNHCR participates in the EWEA process through the Division for Emergency Security and Supply (DESS) Emergency Services at HQ.

Terms

Hazard: A natural or man-made phenomenon that has negative humanitarian consequences.

Likelihood: The probability of a hazard occurring.

Impact: The humanitarian consequences of a hazard, if it occurs.

Risk: An attribute of a hazard, representing the combination of likelihood and impact.

Risk analysis: The process of determining the likelihood and impact of a hazard in a defined period, and consequently the risk that it presents.

Alert: A short term, high certainty notice that a hazard is likely to occur imminently, providing a scenario for short term ('no regrets') early action.



2. Purpose and relevance for emergency operations

The first step of ERP is to assess risks faced by all sections of the country's population that might require a coordinated humanitarian response. Risk analysis is an essential component of ERP, because it provides a shared understanding of risks that could require a humanitarian response and prioritizes them. All risks ranked 'medium' or higher need to be monitored to ensure that planning is responsive to changes in the risk context of the country.

3. Underlying process – how does this work?

Step 1. Risk analysis

a) Risk analysis begins by identifying potential hazards that may affect the country. For the purpose of ERP, the focus is placed on the following five threat categories that have potential humanitarian consequences:

1. Natural hazards that are hydro-meteorological (floods, landslides, storms, droughts) or geophysical (earthquakes, volcanic eruptions, tsunamis).
2. Armed conflicts and civil unrest.
3. Epidemics and pandemics.
4. Drastic changes in the socio-economic environment, such as a surge in prices of essential goods, restrictive government legislation such as export and import bans, or serious human rights violations.

5. Environmental hazards (industrial accidents, severe pollution).

b) Once hazards have been identified, they are ranked twice on a scale of 1 to 5. They are ranked once in terms of their perceived impact and once for likelihood of occurrence. Multiplying both variables provides a number that indicates the gravity (low, medium or high) of the risk in question. The table 'Impact and likelihood scales' below provides guidance on how to assess impact and likelihood and rate gravity. When a risk has been ranked, it should be entered into the Country Risk Graph (see ERP, Annex I) that forms the basis of a country's risk profile.

To the extent possible, national authorities and other national actors should be engaged in the risk analysis process to ensure that understanding of risk is shared. Past risk analyses by national authorities, humanitarian or development agencies, and local or international research institutions, should be considered and taken into account.

Impact and likelihood scales

Impact	Likelihood
Negligible (1) Minor additional humanitarian impact. Government capacity is sufficient to deal with the situation.	Very unlikely (1) A remote chance of an event occurring in the current year (0-5%). For example, seasonal hazards that happened no more than once in the last twenty years.
Minor (2) Minor additional humanitarian impact. Current country level inter-agency resources are sufficient to cover needs that the Government cannot meet.	Unlikely (2) The event has a low chance of occurring in the current year (5-15%). For example, seasonal hazards that happened up to three times in the last twenty years.
Moderate (3) Moderate additional humanitarian impact. New resources (up to 30% of current operations) are needed to cover needs that the Government cannot meet. Regional support is not required.	Moderately likely (3) The event has a viable chance of occurring in the current year (15-30%). For example, seasonal hazards that happened two or three times in the last ten years, or once or twice in the last five years.
Severe (4)	Likely (4)

<p>Substantive additional humanitarian impact. New resources (up to 50% of current operations) are needed to cover needs that Government cannot meet. Regional support is required.</p>	<p>The event has a significant chance of occurring in the current year (30-50%). For example, seasonal hazards that happen every second or third year, or happened twice in the last five years.</p>
<p>Critical (5) Massive additional humanitarian impact. New resources (over 80% of current operations) are needed to cover needs that Government cannot meet. L3-scale emergency.</p>	<p>Very Likely (5) The event has a positive chance of occurring (over 50%). For example, seasonal hazards that happened three or more times in the last five years, or five or more times in the last ten years.</p>
<p>Risk = Impact x Likelihood</p>	
<p>Low: 1-7 Medium: 8-14 High: 15-25</p>	

Step 2. Risk monitoring

A risk monitoring mechanism should be applied to all hazards that have been identified in the risk analysis. ERP focuses on specifics: on indicators monitored in relation to risks identified. The indicators are analysed individually or collectively for tipping points that trigger decision-making. Monitoring the indicators through available early warning mechanisms and tools enables the UN Country Team (UNCT) or Humanitarian Country Team (HCT) to decide whether a risk has reached a threshold that requires an increased level of preparedness.

a) Risk monitoring should be indicator-based and should follow a regular, structured process. Each risk in the ERP risk profile should be assigned a set of indicators. At least one person or entity should be tasked to monitor the indicators for each hazard.

Indicators should be checked on a scheduled basis. Timing will depend on the availability of new information, the nature of the hazard being monitored, and the trend of the risk. If a risk is rising, for example, indicators should be checked more frequently.

b) For risk monitoring purposes, hazards in the risk graph are divided into three categories. This is important for determining when a hazard poses a risk that requires additional preparedness. The categories are:

- Seasonal hazards (such as floods, cyclones or drought) that pose a risk at regular, predictable times in the year.

- Evolving hazards (such as armed conflicts, serious human rights violations, economic hazards, and pandemics) that pose risks that change irregularly over time.
- Static hazards (such as earthquakes, volcanoes and tsunamis) that pose the same level of risk all the time, but the moment of their occurrence is impossible to predict.

Each category requires a different method for determining if and when additional action is necessary.

Seasonal hazards

These hazards (floods, cyclones, drought) have a regular cycle. With respect to seasonal hazards, the key objective is to ensure that Advanced Preparedness Actions (APAs) are implemented, and contingency plans (CPs) updated, before the seasonal or scheduled hazard occurs.

Key questions

1. When in the year do seasonal hazards occur, and how much advance notice is required to implement APAs and the CP?
2. Which seasonal hazard poses the highest risk?
3. What sources will be used to trigger short term alerts of imminent hazard events?

With respect to each seasonal hazard that ranks 10 or higher on the risk graph, set a specific action date one to two months before it is due to occur. The date should align with the plans of national authorities (where applicable). APAs and CPs should be implemented or reviewed on the action date.

With respect to droughts, which can be predicted with a relatively high degree of confidence (following low rainfall), it may be preferable to implement programmatic responses rather than develop APAs and a CP.

Evolving hazards

The levels of risk associated with these hazards (armed conflict, serious human rights violations, economic hazards, pandemics) change irregularly over time. Their evolution should be monitored to identify the tipping points when risk increases.

Some evolving hazards (such as electoral violence) tend to occur at predictable intervals and may be managed more easily by following the guidance for seasonal risks.

Key questions

1. Ahead of time: what resources are available to monitor evolving hazards?
2. Periodically: is there a viable possibility that a hazard will need a coordinated international response in the next two months?

Static hazards

These hazards (earthquakes, volcanic eruptions, tsunamis) pose the same level of risk consistently over time, but, though they rank as high-risk, the exact timing of their occurrence is impossible to anticipate.

For this reason, it is usually impossible to monitor risks of this type.

c) Indicators will vary according to the hazard being monitored. The ideal indicator is an event that always precedes a hazard event, and never occurs at another time. Unfortunately, such indicators are rarely found, but the principle is important. Indicator events that happen frequently, regardless of whether or not a hazard event subsequently occurs, are of no use. Generic guidance with regard to indicators for evolving hazards covered by the ERP is available in Annex II, and in selected information sources at global level. In many cases local sources, including national services, will be most useful. The generic indicator guidance should be used to identify context-specific indicators for each hazard in a risk profile.

Country teams should regularly review the risk that each evolving hazard poses; this should be an agenda point at UNCT/HCT meetings. The objective is to decide whether or not it is necessary to implement APAs and develop a specific contingency plan.

Reporting risk and highlighting early warning

When a UNCT or HCT starts to develop or reviews APAs and contingency plans, a brief communication should be sent, collectively to the OCHA Regional Office and by agencies to their respective regional offices or HQ. The information will go to the Emergency Directors Group (EDG) and possibly the IASC Task Team for Preparedness and Resilience for appropriate follow-up action and support. In consultation with HCTs, the EDG, supported by an inter-agency group of experts, monitors situations and suggests preparedness actions for specific risks.

This communication should include:

- A description of the hazard.
- The best available estimate of the level of risk the hazard poses.
- Planned actions to increase readiness.
- The assistance needed to ensure readiness.

Implementing risk analysis and monitoring by the UNCT or HCT

Key questions

1. Who is responsible for monitoring each risk?
2. How will those responsible communicate changes in hazard context to the UNCT or HCT?
3. What indicators will be monitored, with what frequency? What information source(s) will feed the monitoring process?

Step 1. Hazard identification

The UNCT and/or HCT should initiate a process to identify potential hazards that may affect the country. Where possible and where appropriate, the UNCT or HCT should invite Government partners and other stakeholders (academics, technical experts, representatives of local communities) to participate in hazard identification processes. Examples and guidance on hazard identification is available at: <https://www.humanitarianresponse.info/programme-cycle/space/preparedness-guidance>.

Step 2. Risk ranking

When all hazards have been identified, they should be ranked in order of perceived impact and likelihood of occurrence. Risk = impact x likelihood. Risks should be ranked from low to high using the risk graph in Annex I. Further examples and guidance are available at: <https://www.humanitarianresponse.info/programme-cycle/space/preparedness-guidance>.

Step 3. Defining thresholds

The UNCT or HCT should use the risk ranking to define risk thresholds and decide whether additional preparedness actions need to be taken (for example implementation of APAs and development of contingency plans). The UNCT or HCT is advised to take additional preparedness action when the level of risk reaches a score of 10 or higher.

Step 4. Risk Monitoring

A risk monitoring mechanism should be established to track all hazards identified. Particular attention should be given to hazards with a risk ranking score of 10 or higher. Monitoring updates should be a standing item on the UNCT or HCT agenda. Risk monitoring is one of the ERP Minimum Preparedness Actions (MPAs).

4. UNHCR's role and accountabilities

UNHCR country offices participate in inter-agency risk analysis and risk monitoring, led by the Resident Coordinator (RC) or Humanitarian Coordinator (HC). They contribute analysis to this process whenever appropriate. They regularly report the results of this process to regional bureaux and to DESS Emergency Services. They should alert UNHCR offices in neighbouring countries when identified hazards might lead to refugee outflows.

In the case of 'risk analysis and monitoring – refugee emergencies' (when a refugee influx may occur in a country), the UNHCR Representative leads the analysis process in consultation with UNHCR regional bureaux and UNHCR offices in neighbouring countries.

5. Links

INFORM Risk Index

International Crisis Group

Famine Early Warning Systems Network (FEWSnet, drought forecasts)
World Meteorological Organisation (WMO, seasonal forecasts)

Need help?

CONTACT UNHCR Division for Emergency Security and Supply (DESS), Emergency Services. At:
hqemhand@unhcr.org

Annexes

- Emergency Response Preparedness July 2015

Version and document date

Version: 2.0

Document date: 06.05.2022

Operational data portal

Key points

- Information on the web portal is publicly available. This means that it is available to everyone on the Internet, not only humanitarian actors. It is therefore vital to ensure that information and data are of good quality and have been formally cleared for posting.
- To facilitate posting, the information manager should customise the standard operating procedures (SOPs) for clearing web portal data, which are endorsed by the Representative in the content management strategy. Information products and data will not have identical clearance procedures. Some information may be given blanket clearance by the Representative or emergency coordinator, meaning that it can be posted on approval by a sectoral lead or sectoral working group. Other information may need personal clearance by the Representative or Deputy Representative. Clearance procedures will depend on local circumstances, as well as the information's reliability and sensitivity.

1. Overview

The UNHCR web portal provides a unified platform for visualizing, coordinating and disseminating information on a refugee emergency situation.

2. When and for what purpose

The web portal displays the latest emergency data, maps, population statistics, demographic graphs, UNHCR and partner reports and factsheets, operational highlights and situation reports, plus quick links to a variety of partner web sites. It centralizes all the operational data and information products on a refugee emergency that should be disseminated to partners, donors and governments, who are its primary audience.

A coordinated and well-maintained web portal is a key tool in an emergency. It is also an excellent example of use of technology to sharpen emergency responses, coordination and service delivery.

3. How to use the template?

Step 1. Portal deployment

A few key issues must be considered before you request a portal.

- Will appropriate staffing be available to sustain the portal's content?
- What will be the portal's focus? Will it concentrate on an emergency or provide a snapshot of the refugee situation as a whole?
- Are regional portals already in place?
- Are administrative unit structures and names clear and in accordance with ProGres?
- If regions are to be used, how will 'region' be defined (as an operation area or as a geographic or administrative district)?
- How frequently will new figures be issued? How will new figures be consolidated at country and regional level?
- What population figures will be displayed? How will the figures be disaggregated?

To initiate deployment of a new regional web portal, the country information manager should first seek approval from the Country Representative. The Representative submits a Portal Deployment Request Form (template annexed to this Entry) to the Regional Representative and/or Regional Refugee Coordinator (as applicable), who consults relevant Country Representatives and information managers in the region and then forwards the proposal to the Bureau and FICSS chief of section.

For country-level portals, consultation with the Regional Representative is not required. The Country Representative may submit a Portal Deployment Request Form directly to the Bureau and FICSS. In Level 2 or 3 emergencies, the HQ Emergency Task Force may initiate a portal request.

Responsibility for managing web portal content ultimately lies with the UNHCR Representative,

supported by the emergency team leader and information manager, who will create many of the products the portal displays. In association with partners and other stakeholders on the ground, the information manager will also be responsible for gathering, managing and coordinating the portal's content.

It is important to reiterate that each country or region should establish a content management strategy and clearly name the focal points responsible for updating portal content. The information manager in each country or region is responsible for keeping the site up to date. Where resources are limited or bandwidth issues exist, regional information managers can be asked to manage content for a limited period. Headquarter support is available for configuring, maintaining and enhancing a portal's performance and capacity; HQ does not manage content.

Step 2. Structure, content and information management responsibility

Responsibility for web portal content has been defined as follows:

Regional (for example, Horn of Africa)

- Total refugee population per country: information manager working with the registration officer.
- Regional Refugee Plan, and financial information: information manager working with the Representative, sectoral leads and the public information officer. The overall framework and structure of the regional portal will be the responsibility of, and managed by the Regional Bureau. While data for country specific pages of the regional portal, will be generated by the country level Information manager.

Country (for example, Kenya)

- Overall aggregate population profile, arrival trends: information manager working with the registration officer.
- Highlights, news: information manager working with the Representative, sectoral leads and the public information officer.
- Documents (statistics spreadsheets, maps, updates, reports, meeting notes): information manager working with, and collecting and analysing information from, the sectoral leads.
- Calendar and events: information manager.
- Working groups should have a dedicated page for coordination purposes (contact information, highlights, calendar, working group documents): information manager and sectoral leads.

Sub-office level (for example, Dadaab)

- Population profile, arrival trends: information manager working with the registration officer.
- Highlights, news: information manager working with the Representative, sectoral leads and the public information officer.
- Documents (statistics, maps, updates, reports): information manager working with, and collecting and analyzing information from, the sectoral leads.
- Calendar and events: information manager.

Settlement or camp (for example, Ifo)

- Population profile: information manager working with, and collecting and analyzing information from, the sectoral leads.
- Basic indicators: information manager working with, and collecting and analyzing information from, the sectoral leads.
- Who's Doing What, Where? (3W): information manager working with, and collecting and analyzing information from, the sectoral leads.
- CRI distribution report: information manager working with, and collecting and analyzing information from, the sectoral leads.

Note: Population figures and 3W information are added at settlement level and aggregated upwards at the country and regional level.

Step 3. Metadata

When posting data on the portal, the following metadata should be included:

- The date of the data's validity.
- The source organization(s) of the data.
- Information on the method of data collection; other notes or comments.

Step 4. Sector-specific portal clearance

Sectoral groups, at both country or field level, may ask to post sector-specific assessments on the portal. Recommendations should be agreed consensually and are registered by the information manager at meetings of the RIM WG.

Step 5. Highlights

Highlights are 'bite-sized' newsflashes. They should not be confused with 'news'. Highlights uploaded on web portals are limited (without exception) to 160 characters.

A sectoral working group may propose highlights. Its chair should e-mail draft highlight text to the information manager, for clearance in accordance with the relevant SOP.

Step 6. News clearance

The senior public information officer or information manager may suggest news items to be considered by the Representative for publication. The information manager is authorized (by the Representative) to upload to the website news items from UNHCR's main public website, on request from the senior public information officer. News items from non-UNHCR websites must be cleared by the Representative (at the request of the senior public information officer) before the information manager can upload them.

Step 7. Interactive maps

An interactive map displays population figures by country, region and settlement. Infrastructure (schools, border-crossing points, warehouses, etc.) may be added and linked to specific partners. Linking infrastructure to partners is optional; if done, it is important to ensure that points are correctly attributed

to all the partners involved. The information manager can decide which points he or she wants to make visible, using a checkbox in the portal's administrative interface.

Step 8. Documents

The number of tags (sector, partner, document type and category, language, location) that can be attached to documents is not limited. Because tags make referencing and searching much easier, it is recommended to attach as many tags as possible.

Step 9. Who is doing what, where? (3W)

3W information is created and maintained by the information manager. 3W information needs to be updated manually in the portal, based on reports from a 3W information system. Each partner will have a page on the portal, with logo and information about the organization, that can be updated. The information manager can use the RIM WG to supply partners with up-to-date information for their pages.

Step 10. Assessment Registry

Assessment Registry information is created and maintained by the information manager. It needs to be updated manually in the portal, based on assessment reports provided by partners, governments or UNHCR. Core metadata and descriptions of assessments need to be added individually. If an assessment document is available for circulation it can be added to the registry.

Step 11. Reporting bugs

When reporting a bug, be as detailed as possible. Indicate clearly the circumstances in which the bug arose and its incidence. To enable the development team to reproduce the bug, describe step by step what happened. Include information on the following:

- What actions did you take and what resulted, and what did you expect the result to be? (For example: "I edited the title of a news article and it did not change or save.")

Always provide detail. In the above example, for instance, clearly indicate the steps taken, the news article that you edited, and the title of the new file that did not save. The development team will find it helpful if you provide screenshots. Indicate which browser you use and its version number.

Bugs can be reported either to the generic email address (webportal@unhcr.org) or via the online feedback form that can be found in the administration section.

Step 12. Portal features

Sectoral working group pages. These make it possible to display information by sectors, themes and geographic areas. Sectors may use this feature of the web portal to centralise their working documents, contact information, events calendar, highlights, and pictures.

Key Response Figures. These highlight specific figures that are relevant to an operation, helping to tell the story of the response in a succinct, comprehensible way.

Raw data export. Raw data is available for download from different location levels (regional, country, etc...) and from selected modules (timelines, 3W, the funding chart).

Funding module. This visualizes the financial requirements of the response, including gaps between budget and resources, disaggregated by country.

Image gallery. This feature uploads photographs to settlement, country or regional pages, and working group pages.

Links. This facility provides links to operational websites and partner information that are relevant to the emergency and the response.

RSS Feeds. RSS feeds feature news stories related to the refugee emergency.

Storyline page (optional). The storyline module is administered by UNHCR and tells refugees' stories, from the perspective of UNHCR, our partners, and the refugees themselves. The module may also feature news stories, videos and photos that highlight the human side of an emergency. It must be emphasized that a portal's purpose is to facilitate operations; it is not a public relations site. Before adding this page to your site you should clear the decision with PI/PR focal points locally, and put in place a strategy for updating the page with content that does not come from UNHCR.org or related sites.

4. Links

UNHCR data portals / informational management toolkit

5. Media

Details what an information manager must do to initiate and configure a new web portal
Web portal related information (such as the API interface)

Assessment registry module

An example of a storyline page (Syria)

Need help?

CONTACT UNHCR DPSM / FICSS. At: HQIM@UNHCR.org

Annexes

- Web portal guidance memo for emergency coordinators

Version and document date

WASH needs assessment

Key points

- Do an initial rapid WASH assessment within the first 3 days from the onset of the emergency.
- The initial rapid WASH assessment should be coordinated and supervised by an experienced WASH professional and jointly undertaken with WASH actors already present in the area and involve local stakeholders.
- Health, nutrition , shelter, site planning and WASH are interlinked. Ensure these sectors coordinate closely at all levels.
- Initial assessments should be multi-sectoral in character and the teams should include expertise in public health, nutrition, WASH and shelter/site planning.

1. Overview

The main principle of an emergency WASH response is to ensure consideration of water supply, sanitation and hygiene at the site selection and planning stages while coordinating the response closely with physical planning, public health and environment.

Ideally following the multi-sectoral needs assessment for refugee emergencies (NARE), a more detailed initial WASH rapid assessment of local WASH-related resources in relation to the needs/demand is essential. This includes assessment of water resources (quantity and quality) for water sources and distribution options, and assessment of soil conditions - in terms of infiltration rate and type of soil for sanitation options.

Assessments should be carried out by sectoral technical experts with appropriate qualifications and relevant experience. Involvement of local stakeholders to gather secondary data on water sources and sanitation is crucial.

2. Underlying policies, principles and/or standards

- **UNHCR, Global Strategy for Public Health 2014-2018.**
- **UNHCR WASH Programme Guidance**

3. Good practice recommendations

An initial rapid WASH assessment should be carried out within the first three days of any refugee emergency / start of an emergency, to identify needs and resources. It should estimate the number of people affected, quantify immediate needs, the availability of local resources, and the need for external resources.

Depending on the scale of the emergency and the time and resources available, this exercise should be completed in a maximum of one day. Following the rapid WASH needs assessment, needs should be prioritized into those that are lifesaving and must be met on an emergency basis and those that need a medium or longer term approach.

The assessment should be coordinated and supervised by an experienced WASH officer. Assessing the water resources and soil conditions requires expertise in, water engineering, sanitation, hygiene, and in some cases environment as it involves identifying various options for supply system development on the basis of local physical features, topography and overall environment of the camp site. A joint assessment with site planning is recommended in order to integrate WASH/site planning intervention approach and agree on technical findings (i.e. flooded prone areas, drainage, and sanitation).

Objectives of an initial rapid WASH assessment

- To identify available water sources (yield estimation, flow, seasonal variations, recharge, taboos, water quality and potential pollution risks) and soil conditions in the affected area (primary data collection)
- To assess ground conditions and environmental factors (e.g. presence of rocky ground, high ground water table, etc) which may affect decisions on appropriate sanitation options.
- To assess key hygiene practices in terms of water needs and sanitation habits (secondary data, key informants)
- To identify cultural habits among the refugee population that might affect their hygiene / sanitation preferences, for example , sitting or squatting and - whether they would practice anal cleansing with water or with dry material (secondary data, key informants)
- To identify specific vulnerabilities, for example disabilities and people with specific diseases to tailor WASH services accordingly (secondary data, key informants).
- To assess national and local capacity to lead or support the response (key informants, observation).

Methodology

Information should be collected by carrying out the following activities:

- Key informant interview(s)
- Focus group discussion(s)
- Observation walk(s)
- Assessment of existing WASH infrastructure conditions
- Assessment of existing WASH management arrangements

During the assessment information should be collected from as many different gender, diversity-and age balanced sources as possible, and the information should be triangulated. Relevant secondary data is often available and can be complemented by interviewing key informants. Key sources of secondary data include:

- Water/Energy/Environmental Ministries & Local Authorities
- Global satellite images providers (UNITAR/UNOSAT)
- UNHCR's databases and reports
- Other UN agencies, notably UN-Habitat and UNICEF
- NGOs that work in the area
- Key informants working in the above areas
- Knowledgeable refugees & host villagers
- The UNHCR borehole database

A typical checklist of secondary data to be retrieved when carrying out initial rapid WASH assessments would include:

- Procurement and studying of local maps, aerial photos, satellite imagery etc. to determine topography, geological context, hydrogeological features and water sources
- Consolidation of regional details on land use (urban, industrial, agricultural, protected areas), climate, security, access roads, etc.
- Details of main actors and agencies working in the area and local government structures and policy
- Current typical water consumption and sanitation practices in the area
- Logistics and supply possibilities in the area (including availability of local building material)
- Legal issues in the area as well as ownership rights etc.
- Costs and operations and maintenance requirements and opportunities in the area

Additional examples and considerations can also be found in the chapter "Assessment" of the UNHCR WASH manual

Assessment of existing WASH infrastructure conditions

Calculate the water requirement based on the designed planned population size of the site and organize an immediate assessment of water supply possibilities; the calculation should be based on a total of 20

litres per person per day (excluding leakage) and must also include the communal building needs.

Assessment of the condition and service ability of existing toilet infrastructure is an essential part of any needs assessment especially in contexts where there is insufficient or aging infrastructure (for example in urban areas). In some contexts, the assessment of existing sanitary infrastructure will be minimal, especially if toilet infrastructure has not yet been constructed (e.g. new refugee camps). When assessing existing waste management infrastructure, it is essential to describe how each separate waste stream is treated, starting at the point of waste creation and moving through each stage in the process (including collection, storage, handling, and processing) until final disposal or reuse. At each step, the key characteristics and condition of the infrastructure and resources (including any transportation and labour) should be noted, along with risks to public health, and corrective actions to bring the system back into serviceability. Some large-scale waste infrastructure can be complex to assess and may require specialized expertise

Presentation of results

The findings of the initial rapid WASH assessment should be reported using the WASH Rapid Assessment Form

– and should be systematically filed to ensure that such data will be available for future reference.

4. Considerations for practical implementation

- The findings of an initial rapid WASH assessment should guide the level and type of WASH intervention that are offered in transit centres and where refugees finally settle.
- An initial rapid WASH assessment is a preliminary estimate. It should be succeeded by a more comprehensive rapid household survey as soon as the situation allows, and no later than 3-6 months after an emergency starts. A KAP (Knowledge, Attitude and Practice) survey is afterwards needed (at least once a year) to assess and adjust the WASH intervention strategy and should be based on the Global WASH KAP tools (global, but adaptable questionnaire; WASH KAP analyser; WASH KAP mapper; WASH KAP report template). WASH related key informant questions & suggestions for Focus Group Discussions can be found in the UNHCR WASH Assessment Primer Questions (2015) on the UNHCR WASH website.

5. Resources and partnerships

Initial assessments should involve several agencies and partners and are multi-sectoral. It is important that UNHCR leads this process in refugee emergencies.

Staff

- An experienced WASH officer from UNHCR and partner organisations.
- Community outreach workers in camps and the community.

Partners

- Key technical partners are the line ministries, e.g. water, health, NGOs (international and national) and UN agencies such as UNICEF, WHO.

Material

- GPS
- Distometer / distance measuring wheel
- Camera
- Shovel
- Bucket of known capacity
- Chrono-watch
- Rapid assessment WASH questionnaire
- Hand auger (if possible)

6. Links

WASH KAP Global Tools

Needs assessment for refugee emergencies (NARE)

Sphere Handbook (2018)

<http://wash.unhcr.org/download/rapid-methods-for-assessing-wash-services-at-refugee-camps/>

<http://wash.unhcr.org/download/wash-kap-survey-all-modules/>

<http://wash.unhcr.org/download/wash-assessment-primer-questions/>

<http://wash.unhcr.org/download/excreta-management-assessment-tool/>

<http://wash.unhcr.org/download/unhcr-rapid-assessment-wash/>

<http://wash.unhcr.org/download/wash-organisational-capacity-assessment/>

<http://wash.unhcr.org/download/wash-related-environmental-impact-assessment-template/>

<https://wash.unhcr.org/download/tools-for-assessing-menstrual-hygiene-management-in-schools/>

https://www.who.int/water_sanitation_health/facilities/waste/hcwmtool/en/

Need help?

CONTACT Public Health Section, Division of Resilience and Solutions (DRS). At:
HQWASH@unhcr.org

Annexes

- UNHCR WASH Manual - 7th Edition (UNHCR, 2020) (1)

Version and document date

Version: 1.7

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WASH in transit centres

Key points

- Ensure all WASH actors in transit centres are well coordinated and collaborate with one another.
- Ensure that every refugee in transit centres has safe access to water, sanitation and hygiene.
- Monitor key WASH indicators regularly, and the WASH situation.

1. Overview

WASH interventions in transit centres aim to meet the basic needs of newly arrived refugees for safe access to sufficient water of good quality, safe access to emergency sanitation, and hygiene promotion.

This entry discusses the WASH response in transit centres. The WASH sector works closely with health and nutrition to prevent diseases outbreaks and reduce public health risks associated with poor water, sanitation and hygiene services and practices, as well as providing a favourable environment for protection of nutrition status and food security.

2. Protection objectives

- To ensure that refugees in transit centres have safe access to sufficient water of good quality.
- To ensure that refugees in transit centres have safe access to emergency sanitation and are aware of basic principles of hygiene.
- To respect the right to safe water and sanitation.

3. Underlying principles and standards

UNHCR's Public Health Strategic Objectives 2014-2018:

1. Refugees have safe access to water of sufficient quality and quantity.
2. Refugees have access to quality sanitation.
3. Refugees have improved hygiene.
4. Improved WASH in institutions.

Note that UNHCR has developed a comprehensive Public Health strategy that applies to emergency and non-emergency operations in camp and out-of-camp settings. To tailor its interventions more efficiently to emergency situations, UNHCR recommends the use of SPHERE standards during emergency operations:

Hygiene Promotion

- SPHERE, Hygiene promotion standard 1.1: Hygiene Promotion.

People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them.

- SPHERE, Hygiene promotion standard 1.2: Identification, access and use of hygiene items.

Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.

- SPHERE, Hygiene promotion standard 1.3: Menstrual hygiene management and incontinence.

Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being.

Water Supply

- SPHERE, Water supply standard 2.1: Access and water quantity.

People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking

and domestic needs.

- SPHERE, Water supply standard 2.2: Water quality.

Water is palatable and of sufficient quality for drinking and cooking, and for personal and domestic hygiene, without causing a risk to health.

Excreta Management

- SPHERE, Excreta management standard 3.1: Environment free from human excreta.

All excreta is safely contained on-site to avoid contamination of the natural, living, learning, working and communal environments.

- SPHERE, Excreta management standard 3.2: Access to and use of toilets

People have adequate, appropriate and acceptable toilets to allow rapid, safe and secure access at all times.

- SPHERE, Excreta management standard 3.3: Management and maintenance of excreta collection, transport, disposal and treatment.

Excreta management facilities, infrastructure and systems are safely managed and maintained to ensure service provision and minimum impact on the surrounding environment.

Vector Control

- SPHERE, Vector control standard 4.1: Vector control at settlement level.

People live in an environment where vector breeding and feeding sites are targeted to reduce the risks of vector-related problems.

- SPHERE, Vector control standard 4.2: Household and personal actions to control

vectors.

All affected people have the knowledge and means to protect themselves and their families from vectors that can cause a significant risk to health or well-being.

Solid Waste Management

- SPHERE, Solid waste management standard 5.1: Environment free from solid waste.

Solid waste is safely contained to avoid pollution of the natural, living, learning, working and communal environments.

- SPHERE, Solid waste management standard 5.2: Household and personal actions to safely manage solid waste. People can safely collect and potentially treat solid waste in their households.
- SPHERE, Solid waste management standard 5.3: Solid waste management systems at community level.

Designated public collection points do not overflow with waste, and final treatment or disposal of waste is safe and secure.

WASH in disease outbreaks and healthcare settings

- SPHERE, WASH standard 6: WASH in healthcare settings. All healthcare settings maintain minimum WASH infection prevention and control standards, including in disease outbreaks.

4. Protection Risks

In emergency operations, WASH interventions have positive effects in numerous areas. They address important protection risks.

- Young girls/children and women who walk long distances to water points are at risk of sexual violence.
- When refugees do not have safe access to sufficient water of good quality, and sanitation, they are exposed to public health and nutrition risks (such as water related diseases and risks of malnutrition).
- Refugees who do not have safe access to sufficient water of good quality, hygiene items and sanitation, may adopt risky coping mechanisms. (They may purchase water from unreliable vendors; women and girls are at risk of sexual abuse if they defecate in the open, etc.).

5. Other risks

If transit centres do not provide adequate WASH facilities:

- Security risks increase (riots, demonstrations, violent behaviour).
- Harmful short and long-term effects on health are likely, including severe diarrhoea, dehydration, malnutrition, and even death.

6. Key decision points

WASH interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.
- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- Impact oriented. UNHCR promotes the comprehensive WASH approach, which ensures that essential safe water, sanitation and hygiene needs of the entire population.
- Priority-based. Emergency WASH interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health and WASH risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national waters authorities to extend its services to refugees.

Decision points with respect to transit centres:

- Emergency WASH services, including hygiene promotion activities, must always be available to refugees arriving in transit centres.
- Because transit centres are transitory, investment in WASH infrastructure should be limited to emergency installations (emergency latrines, even trench latrines; centralized water bladders with temporary pipeline connections, etc.).

7. Key steps

1. Refugees arriving in transit centres must have adequate minimum access to WASH services.

Water

2. **Water Supply.** In the early phases of an emergency, it may be necessary to restrict the supply of water per person, to ensure equitable access and meet the urgent survival needs of the entire affected population. UNHCR aims to meet the Sphere minimum standard for water supply of 15 litres per person per day.

3. **Water safety.** The most acute human health risks associated with water consumption are due to contamination by human or animal faecal matter. Water safety is assessed using a risk assessment approach, such as water safety planning and may include sanitary inspections. It is measured by testing for residual chlorine and microbiological indicators of faecal contamination. To be considered as safe, water must be: free from faecal contamination; acceptable to users in terms of its taste; colourless and odourless; free of visible suspended solids. When safe water is not acceptable to users, it may be rejected in favour of more acceptable but less safe sources of water. To be considered safe, a water source must reliably supply sufficient quantities of water to satisfy users' needs, be physically protected from contamination, and equipped with lifting technology to prevent contamination during water collection. All water supplied to the transit facility should be chlorinated and regularly tested to ensure adequate free residual chlorine.

4. **Safe water.** Though transit centres are temporary, emergency WASH facilities should be soundly

constructed and interventions should include sanitary inspections, disinfection with chlorine, clean water storage containers, and hygiene promotion regarding the safe water chain.

5. Adequate supply. Ensure that sufficient safe water is available in health posts, nutritional centres, cooking areas, and registration areas.

6. Water quality. Ensure that all water supplies in transit centres, regardless of their intended use, are fit for human consumption. All water supplies must be free of faecal coliforms at the point of storage, delivery and consumption. All settings receiving displaced populations must possess on-site water quality testing equipment, such as: turbidity tubes or electronic turbidity meter to measure turbidity; simple or electronic pool-testers to measure free residual chlorine; and kits for microbial tests (e.g. compartment bag tests, portable microbiology kits or more elaborate field-testing kits for water quality which are available from different suppliers.) The emergency operation must also ensure sufficient availability of test consumables to ensure test can be conducted as frequent as necessary in line with a risk-based approach.

7. Water storage. Ensure that persons of concern have access to at least 10 litres of water storage capacity per person, on their arrival at the transit centre and throughout the displacement emergency. Safe water containers should have narrow openings and lids to prevent secondary contamination.

Sanitation

8. Protection of water sources. Excreta containment systems (including pits, tanks, seepage, sewerage or spillage) must not contaminate surface water or shallow groundwater sources. Toilets must be located at least 30 metres from any groundwater source. Additional measures must be taken where the water table is high or floods occur. The bottom of any pit or soak-away must be at least 1.5 meters above the groundwater table.

9. Toilets and bathing/showers. Toilets and baths/showers should be evenly dispersed throughout the transit centre; no toilet/bathing/shower facility should be further than 50 metres from a dwelling. In transit centres, communal toilets are the most common facility.

10. Disaggregated distribution. Plan to install three female toilets for every male toilet, which should be complemented with urinals. Toilet blocks must be segregated by sex and marked with culturally appropriate signage.

11. Gender balanced representation. All programmes must have active gender-balanced and representative sanitation or hygiene committees.

12. Protection considerations. Ensure that the location and design of all toilet facilities eliminate threats to the security of users, especially women and girls, day and night.

13. Universal access. Ensure that all toilets can be used safely by all members of the population, including children, older persons and pregnant women. Dedicated toilet facilities for people with disabilities should be foreseen and constructed considering the results from community consultations and relevant guidelines.

14. Hand-washing. Ensure that all communal toilets have hand-washing facilities, with soap, and that arrangements are in place to ensure they remain functional.

15. Toilet cleaning and maintenance. Because transit centres are temporary, WASH agencies should take responsibility for cleaning and maintaining communal toilets, at least three times per day.

16. Bathing and laundry facilities. Ensure that the refugee population has access to bathing facilities and can launder clothes and bedding. These facilities should provide privacy and dignity. They should be disaggregated by sex. The ratio for bathing/showering facilities should be the same as for toilets.

17. Drainage. Ensure wastewater (from tap stands, bathing and laundering) is disposed of in properly designed drainage systems. In arid zones, runoff may be reused in sub-surface irrigation systems (e.g.

for gardening purposes).

18. Monitoring. Ensure that sanitation services and systems are monitored regularly (for coverage, access, cleanliness, security, use and condition, etc.). Progress reports must be communicated transparently at regular intervals to beneficiaries, local authorities and donors. A functional complaints and follow-up system must be established.

19. Accountability. Ensure that feedback on the WASH facilities from refugees is invited and considered, even if the duration of stay in the transit centre is short. Such feedback can also be sought through the WASH refugee feedback app.

20. Exit strategies. Ensure that a clear exit strategy exists from the start. Planning should consider the operation, maintenance, transition and eventual decommissioning of water and toilet infrastructures.

Hygiene promotion

21. Immediate dissemination of key hygiene messages. UNHCR field staff and their partners must ensure that refugees receive clear hygiene messages on their arrival in transit centres. Messages must be in their own language, and must focus on key risk practices that generate the most critical hygiene risks. Do not attempt to communicate too many hygiene messages. Concentrate on the practices that are most responsible for disease transmission and interventions to prevent them.

22. Monitoring. Continue to monitor hygiene practices in transit centres, to detect unhealthy or risky hygiene behaviour and misuse of WASH infrastructures. Community outreach workers should monitor communal WASH infrastructures as one of their routine activities in the refugee community.

23. Solid Waste Management. Ensure solid waste is managed through regular collection and safe disposal at managed disposal sites.

24. Eliminating high-risk disease vectors. Ensure that high-risk disease vectors are adequately controlled, using safe vector control techniques (especially flies which tend to breed rapidly in pit latrines, mosquitos and vermin). Clean up dumps of organic solid waste, faeces, or other potential breeding sites for disease vectors. The elimination of high-risk disease vectors should be given the same priority as water supply, excreta management, and hygiene promotion. Work closely with site planners to identify dumping sites for solid waste disposal and to drain any stagnant waters within the transit center.

8. Key management considerations

Given the multitude of actors in transit centres, it is vital to ensure that WASH programmes are strongly coordinated, so that all needs are covered and follow-up assured.

UNHCR must ensure that adequate WASH services are available in transit centres. To this end, collaborate closely with national water authorities (and, where relevant, owners of the transit site).

Given that UNHCR has an overall accountability for the refugee response, UNHCR should deploy WASH staff as soon as possible to support the assessment, relevant WASH strategy and support the operational response.

UNHCR should ensure that the WASH situation in transit centres is monitored and that relevant

stakeholders receive regular reports, and can therefore respond rapidly if the situation changes. The Emergency form of the WASH monthly report card should be used. The HQ team is available to provide remote and direct support. Contact HQWASH@unhcr.org.

9. Resources and partnerships

Staff

- Experienced WASH officers from UNHCR.

Partners

- Close collaboration with the national water authorities is crucial
- Relevant NGOs (international and national,) and UN agencies such as UNICEF
- Establish predictable partnership agreements at field level at an early date, so that interventions can be implemented rapidly.

10. Links

MSF, Public Health Engineering in precarious situations

UNHCR, WASH Manual, 2020

UNHCR WASH, Protection and Accountability

UNHCR WASH indicators

UNHCR WASH monitoring system – Monthly Report Card (Emergency Questionnaire)

UNHCR Hygiene Promotion Guidelines

Updated WHO/WEDC Technical Notes on WASH in Emergencies

WASH for children in emergencies

<http://wash.unhcr.org/wash-technical-designs/>

<http://wash.unhcr.org/wash-guidelines-and-forms-for-refugee-settings/>

<http://wash.unhcr.org/download/unhcr-wash-equipment-specifications/>

<http://www.unhcr.org/refworld/docid/3dede3434.html>

<https://www.pseau.org/ouils/biblio/index.php?>

<https://wedc-knowledge.lboro.ac.uk/my-resources/graphics.html>

Need help?

CONTACT Contact the DRS/WASH unit at: HQWASH@unhcr.org

Annexes

- Sphere Handbook (2018)
- UNHCR WASH Manual - 7th Edition (UNHCR, 2020) (1)

Version and document date

Version: 1.7

Document date: 06.05.2022

WASH in rural areas

Key points

- Ensure that all WASH actors, and the local and national authorities, are coordinated and collaborate well.
- Ensure that every refugee living in a rural dispersed settlement has safe access to water, sanitation and hygiene.
- Monitor key WASH indicators and access to the WASH services regularly.

1. Overview

WASH (water sanitation and hygiene) interventions in rural dispersed settings aim to improve refugees' safe access to water of sufficient quality and quantity, and good quality sanitation; to improve hygiene practices; and to improve WASH in hospitals, health and nutrition centres, schools and other institutions, with the aim of providing the same quality of services to host villagers and ultimately reach national WASH service standards.

This entry discusses WASH responses in rural dispersed settings. WASH interventions help to improve hygiene and health and reduce morbidity and mortality among both refugees and host populations. In

the first phases of an emergency, a WASH response in rural dispersed settings focuses on identifying WASH infrastructural gaps and needs, and software components required, as well as monitoring the WASH situation. The best outcome is to provide dispersed refugees with full access to national services. To achieve this, it is crucial to collaborate closely from the beginning with the ministries responsible for water, environment, and infrastructure, as well as with municipalities and development actors such as UNICEF, UN-Habitat, and bilateral donors.

The WASH sector works closely with health and nutrition to address potential causes of waterborne diseases and malnutrition, and to reduce public health risks associated with poor water, sanitation and hygiene services and practices. At the start of an emergency, in addition, WASH works closely with physical/site planning and local authorities on the selection and allocation of sites and villages.

2. Protection objectives

- To ensure that refugees and host populations in rural dispersed settings have safe access to sufficient water of good quality.
- To ensure that refugees and host populations in rural dispersed settings have safe access to sanitation and hygiene of good quality.
- To respect the right to safe water and sanitation.

3. Underlying principles and standards

UNHCR's Public Health Strategic Objectives 2014-2018:

1. Refugees have safe access to water of sufficient quality and quantity.
2. Refugees have access to quality sanitation.
3. Refugees have improved hygiene.
4. Improved WASH in institutions.

Note that UNHCR has developed a comprehensive public health strategy that applies to emergency and non-emergency operations in camp and out-of-camp settings. In rural dispersed settings, UNHCR aims to integrate refugees into national services, and therefore, UNHCR and its partners should apply water & sanitation national standards.

The following SPHERE standards may apply for WASH in rural dispersed settings, among others:

Hygiene Promotion

- SPHERE, Hygiene promotion standard 1.1: Hygiene Promotion.

People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them.

- SPHERE, Hygiene promotion standard 1.2: Identification, access and use of hygiene items.

Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.

- SPHERE, Hygiene promotion standard 1.3: Menstrual hygiene management and incontinence.

Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being.

Water Supply

- SPHERE, Water supply standard 2.1: Access and water quantity.

People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking and domestic needs.

- SPHERE, Water supply standard 2.2: Water quality.

Water is palatable and of sufficient quality for drinking and cooking, and for personal and domestic hygiene, without causing a risk to health.

Excreta Management

- SPHERE, Excreta management standard 3.1: Environment free from human excreta.

All excreta is safely contained on-site to avoid contamination of the natural, living, learning, working and communal environments.

- SPHERE, Excreta management standard 3.2: Access to and use of toilets

People have adequate, appropriate and acceptable toilets to allow rapid, safe and secure access at all times.

- SPHERE, Excreta management standard 3.3: Management and maintenance of excreta collection, transport, disposal and treatment.

Excreta management facilities, infrastructure and systems are safely managed and maintained to ensure service provision and minimum impact on the surrounding environment.

Vector Control

- SPHERE, Vector control standard 4.1: Vector control at settlement level.

People live in an environment where vector breeding and feeding sites are targeted to reduce the risks of vector-related problems.

- SPHERE, Vector control standard 4.2: Household and personal actions to control *vectors*.

All affected people have the knowledge and means to protect themselves and their families from vectors that can cause a significant risk to health or well-being.

Solid Waste Management

- SPHERE, Solid waste management standard 5.1: Environment free from solid waste.

Solid waste is safely contained to avoid pollution of the natural, living, learning, working and communal environments.

- SPHERE, Solid waste management standard 5.2: Household and personal actions to safely manage solid waste. People can safely collect and potentially treat solid waste in their households.
- SPHERE, Solid waste management standard 5.3: Solid waste management systems at community level.

Designated public collection points do not overflow with waste, and final treatment or disposal of waste is safe and secure.

WASH in disease outbreaks and healthcare settings

- SPHERE, WASH standard 6: WASH in healthcare settings. All healthcare settings maintain minimum WASH infection prevention and control standards, including in disease outbreaks.

4. Protection Risks

WASH interventions have positive effects in numerous areas and address important protection risks.

- Girls, children and women who walk long distances to water points are at risk of sexual violence.
- When refugees do not have safe access to sufficient water of good quality, and sanitation, they are exposed to public health and nutrition risks (water related diseases and risks of malnutrition).
- Refugees who do not have safe access to sufficient water of good quality, and sanitation, may adopt risky coping mechanisms.

5. Other risks

If adequate WASH facilities are not available in rural dispersed areas:

- The host community may compete with refugees for resources, increasing tensions. Evictions may occur (often under-reported because refugees fear harassment, lack personal protection, etc.).
- Security risks may increase (riots, demonstrations, violent behaviour).
- Harmful short and long-term effects on health are likely, including severe diarrhoea, dehydration, malnutrition, and even death.

6. Key decision points

Refugees living in rural dispersed areas must always have access to safe water and sanitation, and structures to promote hygiene.

Where local and national water and sanitation services are available and adequate UNHCR should encourage local authorities to grant refugees access to them. Where services are not adequate, UNHCR should work with local authorities, ministries responsible for water, environment, infrastructure, and energy, as well as UNICEF/UNDP/UN-Habitat and other development actors, to create new services or improve those that exist, for the benefit of refugees and host communities.

WASH interventions must always be:

- **Evidence-based.** Activities should be planned and implemented, based on the findings of the initial assessment.
- **Needs-based.** Interventions should be scaled and resources should be allocated to meet the needs of the population.
- **Technically sound.** Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- **Impact oriented.** UNHCR promotes the comprehensive WASH approach, which ensures that essential safe water, sanitation and hygiene needs of the entire population.
- **Priority-based.** Emergency WASH interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health and WASH risks, such as disease outbreaks and malnutrition, must be priorities.
- **Integrated.** Avoid setting up costly parallel services. Assist the national waters authorities to extend its services to refugees.
- **Rights-based.** Water and sanitation are recognized human rights , which means they also extend to refugees as well as to people living in rural environments. The rights are specified by the five criteria, availability, quality, acceptability, accessibility and affordability.

7. Key steps

- To improve the effectiveness of WASH interventions, develop a clear WASH strategy as early as possible. All WASH actors should participate in this exercise.
- Ensure that the strategy sets priorities and targets the needs of refugees appropriately. Focus on (a) geographic location - mapping where refugees are concentrated and WASH services are poor; (b) groups with specific needs; and (c) individuals and households who have poor socio-economic status.
- Establish strong co-ordination with municipalities, district/regional authorities and the ministries responsible for water, environment, infrastructure, infrastructure, and energy, and development WASH actors, and municipalities to ensure wherever possible that national water and sanitation services are made available to refugees, and that all needs are covered, gaps identified, and follow-up is assured. Map services, including those provided by the private sector.
- Refugees residing in rural dispersed areas must have access to WASH services that comply with national standards. The services should be comparable with those available to the host population. Where services do not exist or are inadequate, UNHCR and partners should encourage their creation or improvement, if necessary by enhancing the capacity of municipal services (for example by seconding experts).
- Ensure that refugees have access to information about services, know where WASH services can be obtained, and who is responsible for operating and managing them.
- Refugees with specific needs, who require assistance to access or use WASH services should be supported and prioritized.
- AGD: Apply an age-gender-diversity perspective and use community-based approaches in assessment and response analysis.

Site selection and WASH

- Site selection. Assess sites jointly with physical planning and national authorities to ensure sufficient water can be provided throughout the year, keeping in mind seasonal differences and the needs of local communities.
- AGD: Apply an age-gender-diversity perspective and use community-based approaches in assessment and response analysis.

Water

- Refugees may have to pay for their water in rural dispersed areas. Ensure that (through multi-purpose cash grants for example) those who have few resources can pay for their water needs.
- Experience has shown that water supplied by municipalities is cheaper than bottled water in shops or water sold by private vendors, and ecologically more viable. Where fees are levied for maintenance or other water costs, seek to negotiate the charges with municipalities and water companies.

Sanitation

- Protection of water sources. No excreta containment systems (pits, tanks, seepage, sewerage or spillage) should contaminate surface water or shallow groundwater sources. Toilets must be located

at least 30 metres from groundwater sources. Additional measures should be taken in locations that have a high water table or are prone to flooding. The bottom of pits and soak-always must be at least 1.5 metres above the groundwater table.

- Toilet access. Toilets should be evenly dispersed throughout the settlement and no dwelling should be more than 50 meters from the nearest toilet. Each household should have access to a latrine at a ratio of 1 latrine per 5 persons.
- Universal access. Make sure that all toilets can be used safely by all refugees and members of the local community, including children, older persons, and pregnant women. Collect data on users who have disabilities and construct dedicated toilet facilities as near to them as possible, considering the results from community consultations and relevant guidelines.
- Hand-washing. Ensure that all public toilets, communal toilets, shared toilets and household toilets have hand-washing facilities, with soap (or a clean rubbing agent), and that arrangements are in place to ensure they remain functional.
- Gender-balanced representation. Ensure that programmes are developed and run in cooperation with the refugee and host population. Women must be consulted on the design and location of toilet facilities. All programmes should have active gender-balanced and representative sanitation or hygiene committees.
- Protection considerations. Ensure that the location and design of all toilet facilities eliminate threats to the security of users, especially women and girls, day and night.
- Household latrines. Ensure as soon as possible that refugees and host populations have the means, tools, materials and appropriate technical guidance to construct, maintain and clean household toilets.
- Bathing and laundry facilities. Ensure that refugees and host populations have access to facilities for bathing, and laundering clothes and bedding. These facilities should provide privacy and dignity. If this cannot be achieved at household level, design and locate communal facilities in consultation with users, notably women, adolescent girls, and persons with disabilities.
- Drainage. Ensure that wastewater (from tap stands, bathing, laundering) is disposed of in properly designed drainage systems. In arid zones, runoff water may be re-used in sub-surface irrigation systems, e.g. for gardening purposes.
- Waste disposal. Ensure waste disposal is properly managed, to avoid health hazards (injuries to children, mosquito breeding sites, etc.). Medical waste generated by health centres is a hazard. Access to medical sanitary services should be well controlled, and waste (used syringes and needles, contaminated bandages, laboratory specimens, etc.) should be treated separately without delay. When planning distributions and kit items, make every effort to reduce the use of packaging and non-biodegradable materials, to limit households waste that subsequently goes to landfill.
- Monitoring. Ensure that water and sanitation facilities are monitored regularly. Progress reports should be communicated transparently at regular intervals to refugees, local authorities and donors. A complaints and follow-up system must be established.
- **Accountability.** Ensure that feedback on the WASH facilities from refugees is invited and considered. Such feedback can also be sought through the WASH refugee feedback app.

Sustainable WASH Programming

- To satisfy principles of sustainability, when you plan any WASH intervention in rural dispersed situations, analyse carefully the long term consequences and draft an exit strategy. To avoid disruption in service provision when partners pull out, establish a strategy to handover services to local authorities.
- Involve local stakeholders and service providers from the start, so that they can take over. Make sure that UNHCR transparently informs village/district and regional authorities of all the contractual or financial responsibilities that they may be expected to assume.
- Ensure that a clear exit strategy exists from the start. Planning should consider the operation, maintenance, transition and eventual decommissioning of water and toilet infrastructures. Where it is appropriate, these should be handed over to the national authorities or national actors.

Hygiene promotion

- **Enable a hygiene-promoting environment.** Hygiene promotion does not only address knowledge and skills but also ALL other determinants of health and hygiene such as environmental and socio-economic barriers and enablers. Ensuring access to water, sanitation and hygiene facilities is as much part of hygiene promotion as fluencing attitudes and mind-sets.
- Key hygiene messages. Too much focus on disseminating one-way messages and too much focus on designing promotional materials without listening properly to the views of the population is considered a common pitfall in hygiene promotion. Once the most important messages have been identified, they should be in local languages (or pictorials if literacy rates are low) and should target practices that are responsible for the most critical hygiene risks. Do not attempt to communicate too many messages. Concentrate on practices that are most responsible for transmitting diseases and on interventions to prevent them.
- Household surveys. During an emergency and as soon as population figures stabilize, conduct a rapid household survey to evaluate access to WASH services. In post-emergency phases, a KAP (Knowledge, Attitude and Practice) survey should be carried out at least once a year (see also WASH needs assessment).
- Empowerment. Develop and run hygiene promotion programmes in full cooperation with refugees and the host population.
- A hygiene promotion strategy. With UNHCR field staff and partners, define and develop a WASH strategy for hygiene promotion (Who, What, Where, When, How and Why). Focus on priority groups at risk, risky practices, key interventions, and key indicators. The plan should be prepared in the first three months of displacement, and should be revised every six months based on monitoring feedback. It should be developed jointly by the WASH sector, the health and protection sector and national/local authorities.
- Water-borne diseases. If outbreaks of water-borne diseases (such as cholera) occur, establish a specific task force composed of the WASH and Health sectors and national or local authorities. It should meet weekly to make sure messages are consistent and harmonized.

- High risk vectors. UNHCR field staff and partners must ensure that the environment is free of high-risk disease vectors. Take steps to drain bodies of stagnant water, and clean up any dumps of organic solid waste, faeces, or other potential breeding sites for disease vectors. Elimination of high-risk disease vectors should be given the same priority as water supply, excreta management, solid waste management and hygiene promotion.

8. Key management considerations

Early coordination and collaboration with the government, NGOs, and development partners is especially important. Where national WASH services do not exist or are inadequate, UNHCR and other UN agencies (UNICEF, UN-Habitat, UNDP) should encourage their creation or improvement, to the benefit of refugees and the host community. When national programmes are overwhelmed by exceptional need, UNHCR and partners should establish additional services to complement national WASH programmes.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should deploy WASH staff as soon as possible to support the assessment, relevant WASH strategy and support the operational response.

UNHCR should ensure that the WASH situation in dispersed rural settlements is monitored and that relevant stakeholders receive regular reports of progress, so that they can respond rapidly if the situation changes. In the first phase of the emergency, to report, use the Emergency form of the WASH monthly report card. Instructions on how to fill the form are available on the UNHCR WASH website, wash.unhcr.org. Access can be granted by the HQ team. Contact: HQWASH@unhcr.org.

9. Resources and partnerships

Staff

- Experienced UNHCR WASH officer to support and coordinate the WASH response, as well as develop the WASH strategy.

Partners

- Close collaboration with village, district and national water authorities is crucial.
- Work closely with and link to development, bilateral and UN supported (UNICEF) programmes for WASH.
- Experienced WASH partners and technical staff from partner organisations.
- Establish predictable partnership agreements at field level at an early date, so that interventions can be implemented rapidly.
- Community outreach workers from the community and from WASH partner organisations.

10. Links

MSF, Public Health Engineering in precarious situations

UNHCR, WASH Manual, 2020

UNHCR WASH indicators

UNHCR WASH monitoring system – Monthly Report Card (Emergency Questionnaire)

Updated WHO/WEDC Technical Notes on WASH in Emergencies

WASH for children in emergencies

<http://wash.unhcr.org/wash-technical-designs/>

<http://wash.unhcr.org/wash-guidelines-and-forms-for-refugee-settings/>

<http://wash.unhcr.org/download/unhcr-wash-equipment-specifications/>

<https://spherestandards.org/handbook-2018/>

<http://www.unhcr.org/refworld/docid/3dede3434.html>

Harvey, P: Excreta disposal in Emergencies, 2007

OHCHR: Realizing the human rights to water and sanitation: A Handbook, 2014

OHCHR: Frequently Asked Questions on the rights to water and sanitation

UNHCR Rights mapping tool, RiMa

Need help?

CONTACT Contact DRS/WASH unit. At: HQWASH@unhcr.org

Annexes

- UNHCR WASH Manual
- WASH, Protection, and Accountability
- Hygiene Promotion Guidelines

Version and document date

Version: 1.7

Document date: 06.05.2022

WASH in urban areas

Key points

- Ensure that all WASH actors in the area, and local and national WASH-related ministries and authorities, are coordinated and collaborate.
- Ensure that all urban refugees have safe access to safe drinking water and adequate and equitable sanitation and hygiene.
- Monitor access to WASH services regularly, integrating this monitoring where possible into the national systems.

1. Overview

WASH interventions in urban areas aim to provide refugees with safe access to water of sufficient quality and quantity, and good quality sanitation; to improve hygiene practices; and improve WASH in hospitals, health and nutrition centres, schools and other institutions, in order to achieve the same quality of services as host communities and ultimately reach national WASH service standards.

This entry discusses WASH responses in urban areas. WASH interventions help to improve hygiene and health and reduce morbidity and mortality among both refugees and host populations. In the first phases of an emergency, a WASH response focuses on identifying WASH infrastructural gaps and needs, and software components required, as well as monitoring the WASH situation. The best outcome is to provide urban refugees with full access to national services. To achieve this, it is crucial to collaborate closely from the beginning with the ministries responsible for water, environment, and infrastructure, as well as with municipalities and development actors such as UNICEF, UN-Habitat, and bilateral donors.

The WASH sector works closely with health and nutrition to address potential causes of waterborne diseases and malnutrition, and reduce public health risks associated with poor services and practices with respect to water, sanitation and hygiene. At the start of an emergency, in addition, WASH works closely with physical/site planning and local authorities to select and allocate infrastructure and facilities that can accommodate refugees (unfinished buildings, schools, informal tented settlements, etc.).

It is frequently difficult to provide basic WASH facilities and a sustainable hygienic environment in urban situations, because official approval is difficult to obtain from local authorities or private landowners.

2. Protection objectives

- To ensure that refugees and host populations in urban areas have safe access to sufficient water of good quality.
- To ensure that refugees and host populations in urban areas have safe access to sanitation and hygiene of good quality.
- To respect the right to safe water and sanitation.
- To ensure that women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being.

3. Underlying principles and standards

UNHCR's Public Health Strategic Objectives 2014-2018:

1. Refugees have safe access to water of sufficient quality and quantity.
2. Refugees have access to quality sanitation.
3. Refugees have improved hygiene.
4. Improved WASH in institutions.

UNHCR and its partners should comply with the SDG standards of universal and equitable access to safe and affordable drinking water (6.1), and adequate and equitable sanitation and hygiene for all, ending all practices of open defecation (6.2). The specific targets linked to achievement of this standard should be in alignment with the local/national development plan and established targets.

During an emergency phase, UNHCR applies the globally recognized SPHERE standards. Following the 2018 update to the SPHERE manual, the following standards are directly linked to UNHCR's WASH Monitoring System:

Hygiene Promotion standard 1.1: People are aware of key public health risks related to water, sanitation and hygiene, and can adopt individual, household and community measures to reduce them

Hygiene Promotion Standard 1.3: Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being

Water Supply Standard 2.1: People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking and domestic needs.

Water Supply Standard 2.2: Water is palatable and of sufficient quality for drinking and cooking, and for personal and domestic hygiene, without causing a risk to health.

Sanitation Standard 3.1: All excreta is safely contained on-site to avoid contamination of the natural, living, learning, working and communal environments.

Solid Waste Management Standard 5.2: People can safely collect and potentially treat solid waste in their households.

The revised SPHERE Manual has 14 separate standards for WASH, with a total of 53 indicators. The above list of 6 standards which can be reported on using the 17 key indicators included in UNHCR's WASH Monitoring System. There are many other indicators which may be relevant to the particular context or emergency. UNHCR should work with partners to identify which other standards must be tracked as part of their monitoring programme.

4. Protection Risks

In urban refugee operations, accessible and adequate WASH interventions have positive effects in numerous areas, and address important protection risks.

- When refugees do not have safe access to sufficient water of good quality, and sanitation, they are exposed to public health and nutrition risks (, water related diseases and risks of malnutrition).
- Refugees who do not have safe access to sufficient water of good quality, and sanitation, may adopt risky coping mechanisms.

5. Other risks

If adequate WASH facilities are not available in urban areas:

- The host community may compete with refugees for resources, increasing tensions. Evictions may occur (often underreported because refugees fear persecution and lack personal protection).
- Security risks increase (riots, demonstrations, violent behaviour).
- Harmful short and long-term effects on health are likely, including severe diarrhoea, dehydration, malnutrition, and even death.

6. Key decision points

Refugees living in urban areas must always have access to safe water and sanitation, and structures to promote hygiene.

Where local and national water and sanitation services are available and adequate, UNHCR should encourage local authorities to grant refugees access to them. Where services are not adequate, UNHCR should work with local authorities, ministries responsible for water, environment, infrastructure, and energy, as well as UNICEF/UNDP/UN-Habitat and other development actors, to improve and/or extend those that exist, or create new structures for the benefit of refugees and host communities.

WASH interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.

- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- Impact oriented. UNHCR promotes the comprehensive WASH approach, which ensures that essential safe water, sanitation and hygiene needs of the entire population.
- Priority-based. Emergency WASH interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health and WASH risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national waters authorities to extend its services to refugees.

7. Key steps

To improve the effectiveness of WASH interventions, develop a clear WASH strategy as early as possible. All WASH actors should participate in this exercise.

Ensure that the strategy sets priorities and targets the needs of refugees appropriately. Focus on (a) geographic location - mapping where refugees are concentrated and WASH services are poor; (b) groups with specific needs; and (c) individuals and households who have poor socio-economic status.

- Establish strong co-ordination with municipalities, the ministries responsible for water, environment, infrastructure, and energy, development WASH actors, and municipalities to ensure wherever possible that national water and sanitation services are made available to refugees, and that all needs are covered, gaps identified, and follow-up is assured. Map services, including those provided by the private sector.
- Refugees residing in urban areas must have access to WASH services that comply with national standards. The services should be comparable with those available to the surrounding population. Where services do not exist or are inadequate, UNHCR and partners should encourage their creation or improvement, if necessary by enhancing the capacity of municipal services (for example by seconding experts).
- Ensure that refugees have access to information about services, know where WASH services can be obtained, and who is responsible for operating and managing them.
- Refugees with specific needs, who require assistance to access or use WASH services should be supported and prioritized.
- AGD: Apply an age-gender-diversity perspective and use community-based approaches in assessment and response analysis.

Water

- Refugees may have to pay for their water in urban areas. Ensure that (through multi-purpose cash grants for example) those who have few resources can pay for their water needs.
- Experience has shown that water supplied by municipalities is cheaper than bottled water in shops or water sold by private vendors. Where fees are levied for maintenance or other water costs, seek to negotiate the charges with municipalities and water companies.

Hygiene promotion

- In urban areas, hygiene practices should be marketed, not just promoted. Develop a hygiene promotion strategy based on a strong urban social marketing strategy that makes use of local communication channels. Use consultative processes to make sure that issues of gender are taken fully into account: the strategy should reflect the different needs, vulnerabilities, interests, capacities and coping strategies of women and men, girls and boys of all ages. Where possible ensure that refugees are included into ongoing hygiene programmes and campaigns, but take note of language obstacles and literacy levels.
- In urban areas, UNHCR and partners should map, explore and agree if assistance is provided through cash grants, vouchers or material incentives in relation to WASH services (to cover the costs of hygiene and baby kits, maintaining water and sanitation structures, cleaning, etc.).
- UNHCR and partners should work closely with the ministry of health to make sure that hygiene messages are harmonized, notably those disseminated via mass media channels

Sanitation

- If toilets are not in place, and no connection to the existing sewage network is possible, new toilets should be constructed. They should be evenly dispersed through the location in question. No dwelling should be more than 50 metres from a toilet facility.
- The usability of toilets inside dwellings should be verified. Check their connection to the sewage system or on-site final disposal point. Upgrade them if required.
- Ensure that all toilets can be used safely by all refugees and members of the host community, including children, older persons, and pregnant women. Gather data on refugees with disabilities and construct dedicated toilet facilities as near to them as possible.

Waste water and solid waste management

- Wastewater is likely to be the most challenging sanitation-related issue in urban areas. Work closely with the ministry responsible for infrastructure to determine national standards for sewage discharge into the ground, after treatment in grease traps, soakpits or septic tanks. In highly populated areas, wastewater systems should be fully sealed and wastewater should be conveyed to and processed by a treatment system, to protect both the environment and public hygiene. Economies of scale offset the capital cost of building a treatment system; it is not sustainable to evacuate large volumes of wastewater by means of small, private drainage pits, septic tanks, etc.

- If demand exceeds the capacity of the wastewater network, consider upgrading its piping system, pumping stations, or de-sludging capacity. Subject to national regulations, treated wastewater may be used for irrigation purposes.
- As the density of urban populations rises, to control the risk of disease it is essential to remove solid waste regularly. Subject to funding, UNHCR can support municipal efforts to achieve this goal.
- When planning distributions and kit items, make every effort to reduce the use of packaging and non-biodegradable materials, to limit household waste that subsequently goes to landfill. Special consideration should be given to solid waste management for disposal menstrual hygiene materials. Women and girls should be consulted in the design of sanitation facilities and in the structuring of services for managing the related waste.

Sustainable WASH programming

- To satisfy principles of sustainability, when you plan any WASH intervention in urban areas, analyse carefully the long term consequences and draft an exit strategy. To avoid disruption in service provision when partners pull out, establish a strategy to handover services to local authorities.
- Involve local stakeholders and service providers from the start, so that they can take over. Make sure that UNHCR transparently informs municipalities of all the contractual or financial responsibilities that they may be expected to assume.
- In urban areas, donors tend to focus on a mix of emergency relief, development and blended (relief and development). Draw their attention to gaps in the humanitarian response.

Monitoring and evaluation

- Conduct regular WASH surveys to monitor the situation (baseline assessments and ad-hoc household surveys during the emergency phase, subsequently KAP once a year). These make it possible to target and adjust WASH responses.
- In urban areas, WASH indicators are the biggest monitoring challenge because the upgrading of WASH facilities does not generate easily quantifiable results (number of people served, litres per person per day).
- The emergence and evolution of coping strategies among refugees certainly improves standards; but these improvements too are often not quantifiable.
- Use household assessment and utilization surveys to monitor the degree to which refugees are able to access water and sanitation.

8. Key management considerations

Early coordination and collaboration with the government, NGOs, and development partners is especially important. Where national WASH services do not exist or are inadequate, UNHCR and other UN agencies (UNICEF, UN-habitat, UNDP) should encourage their creation or improvement, to the benefit of refugees and the host community. When national programmes are overwhelmed by exceptional need, UNHCR and partners should establish additional services to complement national WASH programmes. The World Bank and bilateral donors may play a critical role in this.

Though the preferred option is to integrate refugees in national WASH services, challenges may arise. National services may be uneven, programmes may lack staff, access may be difficult (because of distance, for example), data may be lacking, and oversight of refugee access and health status may be weak.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should deploy WASH staff as soon as possible to support the assessment, relevant WASH strategy and support the operational response.

WASH services and activities in urban areas should respect the guidance of the forthcoming UNHCR WASH Manual.

9. Resources and partnerships

The inputs required to set up and implement a WASH response in urban areas depend on the nature of the emergency and the degree to which refugee needs can be met by available national WASH programmes and services. Initially, an experienced WASH specialist should be present to assess the situation and need. If it is found that a comprehensive WASH response is necessary, the inputs below will be required:

Staff

- Experienced UNHCR WASH officers to support and coordinate the WASH response, as well as develop the WASH strategy.
- Experienced WASH partners, who also provide technical staff.
- Community outreach workers with experience in urban areas.

Partners:

- Close collaboration with municipal and national water authorities is crucial.
- If it is necessary to establish new WASH services, WASH partners should be identified in association with the ministries responsible for water, infrastructure, and energy.
- Work closely with and link to development and UN supported programmes for WASH.
- Consider working with experiences foundations of city water councils from other countries.

10. Links

UNCHR WASH Manual and Resources

Standard designs

Guidelines

Forms
Monitoring System
Resources

Need help?

CONTACT UNHCR DPSM/PH Section. At: HQWASH@unhcr.org

Annexes

- UNHCR WASH Manual - 7th Edition (UNHCR, 2020) (1)
- WASH, Protection, and Accountability
- Hygiene Promotion Guidelines
- Urban WASH Planning Guidance and Case Studies

Version and document date

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Document date: 06.05.2022

WASH in camps

Key points

- Ensure coordination and collaboration between all WASH actors in a camp.
- Ensure safe access to water, sanitation and hygiene in camps.
- Monitor key WASH indicators regularly, and the WASH situation.

1. Overview

WASH interventions in refugee camps aim to meet basic needs and improve safe access to water of sufficient quality and quantity; sanitation; hygiene practices; and WASH in hospitals, health and nutrition centres, schools and other institutions.

This entry provides guidance on WASH responses in refugee camps. A WASH intervention helps to improve hygiene and health status and reduces morbidity and mortality in a refugee population. At the start, it focuses on identifying WASH infrastructural gaps and needs, the need for software components, and monitoring the WASH situation in camps. The WASH sector works closely with public health and nutrition to address potential causes of waterborne disease and malnutrition, and reduce the (public) health risks associated with poor water, and poor sanitation and hygiene services and practices. At the start of emergencies WASH should also link with physical and site planning when sites are selected and allocated.

2. Protection objectives

- To ensure refugee populations in camps have safe access to water of sufficient quantity and quality.
- To ensure refugee populations in camps have safe access to quality sanitation and hygiene.
- To respect the right to safe water and sanitation.

3. Underlying principles and standards

- UNHCR's Public Health Strategic Objectives 2014-2018:

1. Refugees have safe access to water of sufficient quality and quantity.
2. Refugees have access to quality sanitation.
3. Refugees have improved hygiene.
4. Improved WASH in institutions.

Note that UNHCR has developed a comprehensive Public Health strategy that applies to emergency and non-emergency operations in camp and out-of-camp settings. To tailor its interventions more efficiently to emergency situations, UNHCR recommends the use of SPHERE standards during emergency operations:

Hygiene Promotion

- SPHERE, Hygiene promotion standard 1.1: Hygiene Promotion.

People are aware of key public health risks related to water, sanitation and hygiene, and can adopt

individual, household and community measures to reduce them.

- SPHERE, Hygiene promotion standard 1.2: Identification, access and use of hygiene items.

Appropriate items to support hygiene, health, dignity and well-being are available and used by the affected people.

- SPHERE, Hygiene promotion standard 1.3: Menstrual hygiene management and incontinence.

Women and girls of menstruating age, and males and females with incontinence, have access to hygiene products and WASH facilities that support their dignity and well-being.

Water Supply

- SPHERE, Water supply standard 2.1: Access and water quantity.

People have equitable and affordable access to a sufficient quantity of safe water to meet their drinking and domestic needs.

- SPHERE, Water supply standard 2.2: Water quality.

Water is palatable and of sufficient quality for drinking and cooking, and for personal and domestic hygiene, without causing a risk to health.

Excreta Management

- SPHERE, Excreta management standard 3.1: Environment free from human excreta.

All excreta is safely contained on-site to avoid contamination of the natural, living, learning, working and communal environments.

- SPHERE, Excreta management standard 3.2: Access to and use of toilets

People have adequate, appropriate and acceptable toilets to allow rapid, safe and secure access at all times.

- SPHERE, Excreta management standard 3.3: Management and maintenance of excreta collection, transport, disposal and treatment.

Excreta management facilities, infrastructure and systems are safely managed and maintained to ensure service provision and minimum impact on the surrounding environment.

Vector Control

- SPHERE, Vector control standard 4.1: Vector control at settlement level.

People live in an environment where vector breeding and feeding sites are targeted to reduce the risks of vector-related problems.

- SPHERE, Vector control standard 4.2: Household and personal actions to control *vectors*.

All affected people have the knowledge and means to protect themselves and their families from vectors that can cause a significant risk to health or well-being.

Solid Waste Management

- SPHERE, Solid waste management standard 5.1: Environment free from solid waste.

Solid waste is safely contained to avoid pollution of the natural, living, learning, working and communal environments.

- SPHERE, Solid waste management standard 5.2: Household and personal actions to safely manage solid waste. People can safely collect and potentially treat solid waste in their households.
- SPHERE, Solid waste management standard 5.3: Solid waste management systems at community level.

Designated public collection points do not overflow with waste, and final treatment or disposal of waste is safe and secure.

WASH in disease outbreaks and healthcare settings

- SPHERE, WASH standard 6: WASH in healthcare settings. All healthcare settings maintain minimum WASH infection prevention and control standards, including in disease outbreaks.

The following table of indicators shall be used for monitoring achievement of the standards.

Indicator	Emergency (1) Target	Post Emergency Target	Means of Verification
Water Quantity	Average # liters of potable (2) water available per person per day	15	20

	Average # l/p/d of potable water collected at household level	15	20	Annual KAP
	% Households with at least 10 liters/person potable water storage capacity	70%	80%	Annual KAP
Water Access	Maximum distance [m] from household to potable water collection point	500m	200m	Mapping
	Number of persons per usable hand pump / well / spring (3)	500	250	Monthly Report Card
	Number of persons per usable water tap (4)	250	100	Monthly Report Card
Water Quality	% Households collecting drinking water from protected/treated sources	70%	95%	Annual KAP
	% water quality tests at non chlorinated water collection locations with 0 CFU/100ml	95%	95%	Monthly Report Card
	% of water quality tests at chlorinated collection locations with FRC in the range 0.2-2mg/L and turbidity <5NTU (5)	95%	95%	Monthly Report Card
Sanitation	Number of persons per toilet/latrine	50	206	Monthly Report Card
	% Households with household toilet/latrine (7)	-	85%	Annual KAP / MRC
	% Households reporting defecating in a toilet	60%	85%	Annual KAP
Hygiene	Number of persons per bath shelter/shower	50	206	Monthly Report Card
	Number of persons per hygiene promoter	500	10008	Monthly Report Card
	% Households with access to soap (9 & 10)	70%	90%	Annual KAP
	% of recipient women of reproductive age who are satisfied with menstrual hygiene management	70%	90%	Annual KAP

	materials and facilities			
Solid Waste	% Households with access to solid waste disposal facility	70%	90%	Annual KAP
UNHCR WASH Standards for Communal Buildings				
Schools	Average 3 liters of potable water available per pupil per day 400 of pupils per usable handpump/well 200 pupils per usable water tap 50 pupils per toilet/latrine (30 girls per toilet, 60 boys per toilet – add urinals for boys)			
Health Clinics / Nutrition Feeding Centre	Average 10 liters of potable water available per outpatient per day Average 50 liters of potable water available per inpatient/bed per day 1 separated water point per health facility 20 outpatients per toilet/latrine 10 inpatients/beds per toilet/latrine			
<p>1 An emergency is arbitrarily defined as the first six months after the population movement has stabilized. However, this definition is context specific and should only serve as general guidance</p> <p>2 Potable water = safe for drinking</p> <p>3 For decentralized systems</p> <p>4 For centralized systems</p> <p>5 Minimum target at water collection point should be 0.5mg/L FRC in general, and 1mg/L FRC during an outbreak</p> <p>6 Post-emergency standard is 20 persons per toilet/shower, aiming for 1 toilet/shower per household or 5 persons</p> <p>7 Latrines/toilets should be facilities that are cleanable, guarantee privacy and are structurally safe</p> <p>8 In protracted situations, Hygiene Promoters should be combined with community health workers as much as possible</p> <p>9 To maintain health, dignity and well-being, at least 450 grams of soap should be distributed per person per month. 250g is for personal hygiene; 200g is for laundry and other washing purposes.</p> <p>10 To support safe Menstrual Hygiene Management MHM, UNHCR has made a commitment to providing 250g/month of soap in addition to the general soap distribution.</p>				

4. Protection Risks

In emergency operations, WASH interventions have positive effects in numerous areas. They address important protection risks.

- Girls, children and women who walk long distances to water points are at risk of sexual violence.
- When refugees do not have safe access to sufficient water of good quality, and sanitation, they are exposed to public health and nutrition risks (such as water related diseases and risks of malnutrition).
- Refugees who do not have safe access to sufficient water of good quality, and sanitation, may adopt risky coping mechanisms. (They may purchase water from unreliable vendors; women and girls are at risk of sexual abuse if they defecate in the open, etc.).

5. Other risks

If adequate WASH facilities are not available in refugee camps:

- Security risks increase (riots, demonstrations, violent behaviour).
- Refugees may adopt risky or unsafe coping strategies to obtain water, sanitation or soap and buckets.
- Harmful short and long-term effects on health are likely, including severe diarrhoea, dehydration, malnutrition, and even death.

6. Key decision points

WASH infrastructure, including structures to promote hygiene, must always be available to refugees who live in camps. New water and sanitation facilities must be built, and activities started to mobilize the community, or existing facilities must be strengthened, including those of the host communities.

WASH services and infrastructure in camps should also be accessible to the host community to ensure peaceful co-existence.

WASH interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.
- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- Impact oriented. UNHCR promotes the comprehensive WASH approach, which ensures that essential safe water, sanitation and hygiene needs of the entire population.
- Priority-based. Emergency WASH interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health and WASH risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national waters authorities to extend its services to refugees.
- Rights-based. Water and sanitation are recognized human rights, which means they also extend to refugees as well as to people living in camp or rural environments. The rights are specified by the five criteria, availability, quality, acceptability, accessibility and affordability.

7. Key steps

Throughout

- Strong co-ordination of WASH programmes is vital to ensure that all needs are covered and follow-up assured across the wide range of actors in camps.
- Refugees living in camps must at all times have adequate access to WASH services.
- Refugees with specific needs, who require assistance to access or use WASH services should be supported and prioritized.
- AGD: Apply an age-gender-diversity perspective and use community-based approaches in assessment and response analysis.

Site selection and WASH

1. **Site selection.** Assess sites jointly with physical planning and local authorities to ensure that new camp sites can provide sufficient water throughout the year, keeping in mind seasonal differences and needs of the local population (also refer to the Entry on site planning).
2. **Assessment criteria.** Ensure that the selection of hosting sites is based on a thorough investigation. It is vital to analyse secondary data (previous studies, local knowledge, mapping, geological assessments, water quality results, rainfall patterns), and conduct new hydrogeological surveys, pumping tests, water quality analysis, and analysis of seasonal variations in water yield and quality.
3. **Water.** Alternative locations should be sought if there is any risk that the water supply is insufficient or of poor quality, if the soil is poor (rocky or with a poor infiltration rate), or if the site is prone to flooding (poor drainage, no slope).

Water

4. **Water Supply.** In the early phases of an emergency, UNHCR aims to meet Sphere minimum standards for water supply. A staged approach to developing water supply systems should increase water availability per capita from 15 l/p/d to 20L/p/d as the operation progresses towards the post-emergency phase. In protracted crises, a minimum per capita volume of 20 l/p/d will need to be achieved.
5. **Water supply systems.** Water supply systems must be designed to deliver 20 l/p/day per person to ensure that they are sustainable in the longer term. Calculations of water needs should also take into account the needs of health centres, feeding centres, schools, and religious centres. Review in addition the needs of animals or potential agriculture projects.
6. **Water safety.** The most acute threats to human health associated with consumption of water are due to contamination by human or animal faecal matter. Assess water safety using a risk assessment approach, such as water safety planning, including sanitary inspections. Test for residual chlorine and microbiological indicators of faecal contamination. To be considered as safe, water must be: free from faecal contamination; acceptable to users in terms of its taste and aesthetic qualities; free from colour or odours; free from visible suspended solids. When safe water is not acceptable to users it may be rejected in favour of more acceptable but less safe sources of water. For a water source to be considered safe, it must be capable of reliably supplying sufficient quantities of water to satisfy users' needs; be physically protected from contamination; and equipped with lifting technology that prevents contamination of the source during water collection.
7. **Key elements of water safety.** To ensure a supply of safe water, the key elements are: sound

design and construction practices; sanitary inspections; disinfection with chlorine; clean water storage containers; and hygiene promotion of the safe water chain.

8. Water quality. Ensure that all water supplies in transit centres, regardless of their intended use, are fit for human consumption. All water supplies must be free of faecal coliforms at the point of storage, delivery and consumption. All settings receiving displaced populations must possess on-site water quality testing equipment, such as: turbidity tubes or electronic turbidity meter to measure turbidity; simple or electronic pool-testers to measure free residual chlorine; and kits for microbial tests (e.g. compartment bag tests, portable microbiology kits or more elaborate field-testing kits for water quality which are available from different suppliers.) The emergency operation must also ensure sufficient availability of test consumables to ensure test can be conducted as frequent as necessary in line with a risk-based approach.

9. Water storage. Ensure that refugees and host families have access to at least 10 litres of safe water storage capacity per person, on their arrival in camps and throughout the emergency phase. Safe water containers should have narrow openings and lids to prevent secondary contamination. The condition of containers should be closely monitored; they should be cleaned or replaced when necessary.

Sanitation

10. Protection of water sources. No excreta containment systems (pits, tanks, seepage, sewerage or spillage) should contaminate surface water or shallow groundwater sources. Toilets must be located at least 30 metres from groundwater sources. Additional measures should be taken in locations that have a high water table or are prone to flooding. The bottom of pits and soak-aways must be at least 1.5 metres above the groundwater table.

11. Toilet access. Toilets should be evenly dispersed throughout the camp; no dwelling should be more than 50 meters from the nearest toilet.

12. Universal access. Make sure that all toilets can be used safely by all refugees, including children, older persons, and pregnant women. Collect data on users who have disabilities and construct dedicated toilet facilities as near to them as possible, considering the results from community consultations and relevant guidelines.)

13. Hand-washing. Ensure that all public toilets, communal toilets, shared toilets and household toilets have hand-washing facilities, with soap (or a clean rubbing agent), and that arrangements are in place to ensure they remain functional.

14. Toilet cleaning and maintenance. Ensure that toilets are kept clean and maintained, in a manner that does not deter use. Put in place a budget adequate to cover operational and maintenance activities. Particularly in the first phase of an emergency, you may need to offer incentives for toilet cleaning; if so, provide hygiene non-food items rather than cash.

15. Disaggregated distribution. Provide three female toilets to every male toilet, based on disaggregated population numbers. Toilet blocks must be segregated by sex and marked with culturally appropriate signage.

16. Participation and gender-balanced representation. Ensure that programmes are developed and run in cooperation with the refugee population. Women must be consulted on the design and siting of toilet facilities. All programmes should have active gender-balanced and representative sanitation or hygiene committees.

17. Protection considerations. Ensure that the location and design of all toilet facilities eliminate threats to the security of users, especially women and girls, day and night.

18. Transition out of emergency. Ensure that emergency excreta management programmes switch into transition programmes as quickly as possible. Construct shared and household toilets aiming for a

ratio of 1 latrine per 5 persons if it becomes clear that the humanitarian situation will last for longer than six months.

19. **Household latrines.** Ensure as soon as possible that refugees have the means, tools, materials and appropriate technical guidance to construct, maintain and clean household toilets.

20. **Bathing and laundry facilities.** Ensure that refugees have access to facilities for bathing, and laundering clothes and bedding. These facilities should provide privacy and dignity. If this cannot be achieved at household level, design and locate communal facilities in consultation with users, notably women, adolescent girls, and persons with disabilities. Bathing/showering facilities should be available at household level as soon as possible. For laundry facilities, aim to meet the needs of small private communal groups of up to 16 households; avoid large public wash blocks.

21. **Drainage.** Ensure that wastewater (from tapstands, bathing, laundering) is disposed of in properly designed drainage systems. In arid zones, runoff water may be reused in sub-surface irrigation systems, e.g. for gardening purposes.

22. **Solid Waste disposal.** Ensure solid waste disposal is properly managed, to avoid health hazards (injuries to children, mosquito breeding sites, etc.). While in the emergency phase centralised solid waste management solutions may be appropriate, as the situation moves towards post-emergency then decentralised household level solid waste management solutions should be implemented where possible. Medical waste generated by health centres is a hazard. Access to medical sanitary services should be well controlled, and waste (used syringes and needles, contaminated bandages, laboratory specimens, etc.) should be treated separately without delay.

23. **Monitoring.** Ensure that sanitation facilities are monitored regularly (toilet distribution, use, access, cleanliness, conditions, etc.). Progress reports should be communicated transparently at regular intervals to beneficiaries, local authorities and donors. A complaints and follow-up system must be established.

24. **Accountability.** Ensure that feedback on the WASH facilities from refugees is invited and considered, even if the duration of stay in the transit centre is short. Such feedback can also be sought through the WASH refugee feedback app.

25. **Exit strategy.** Ensure that a clear exit strategy exists from the start. It should consider the operation, maintenance, transition and eventual decommissioning of water and toilet infrastructures. Where appropriate, WASH facilities should be handed over to the national Authorities or national actors.

Hygiene promotion

26. **Enable a hygiene-promoting environment.** Hygiene promotion does not only address knowledge and skills but also ALL other determinants of health and hygiene such as environmental and socio-economic barriers and enablers. Ensuring access to water, sanitation and hygiene facilities is as much part of hygiene promotion as influencing attitudes and mind-sets.

27. **Key hygiene messages.** Too much focus on disseminating one-way messages and too much focus on designing promotional materials without listening properly to the views of the population is considered a common pitfall in hygiene promotion. Once the most important messages have been identified, they should be in local languages (or pictorials if literacy rates are low) and should target practices that are responsible for the most critical hygiene risks. Do not attempt to communicate too many messages. Concentrate on practices that are most responsible for transmitting diseases and on interventions to prevent them.

28. **Household surveys.** During an emergency and as soon as population figures and plot allocation stabilize, conduct a baseline survey to evaluate access to WASH services. In post-emergency phases, a knowledge, attitude, practice survey (KAP) survey should be carried out at least once a year (also see

the entry on WASH needs assessment

)

29. **Empowerment.** Develop and run hygiene promotion programmes in full cooperation with refugees and the host population.

30. **Concentrate on key risk practices.** Do not attempt to communicate too many messages. Concentrate on practices that are most responsible for transmitting diseases and on interventions to prevent them.

31. **A hygiene promotion strategy.** With UNHCR field staff and partners, define and develop a WASH strategy for hygiene promotion (Who, What, Where, When, How and Why). Focus on priority groups at risk, risky practices, key interventions, and key indicators. The plan should be prepared in the first three months of displacement, and should be revised every six months based on monitoring feedback. It should be developed jointly by the WASH and health sectors. The strategy development should be reviewed and adjusted from the results of annual KAP surveys.

32. **Water-borne diseases.** If outbreaks of water-borne diseases (such as cholera) occur, establish a specific task force composed of the WASH and health sectors. It should meet weekly to make sure messages are consistent and harmonized.

33. **High risk vectors.** UNHCR field staff and partners must ensure that the environment is free of high-risk disease vectors. Take steps to drain bodies of stagnant water, and clean up any dumps of organic solid waste, faeces, or other potential breeding sites for disease vectors. Elimination of high-risk disease vectors must be given the same priority as water supply, excreta management and hygiene promotion

8. Key management considerations

UNHCR must ensure that adequate WASH services are available in the camps. To this end, collaborate closely from the start with local, district, and national authorities, and with the water ministry.

Where national services are not in a position to extend their services to camps, NGO partners should run WASH services.

UNHCR should ensure that the WASH situation in camps is monitored and that relevant stakeholders receive regular reports of progress, so that they can respond rapidly if the situation changes. To report, use the WASH monthly report card. Instructions on how to fill the forms are available on the UNHCR WASH website, wash.unhcr.org. Access can be granted by the HQ team. Contact: HQWASH@unhcr.org.

WASH services and activities must respect the provisions of the UNHCR *WASH Manual* and the UNHCR *Well Construction Documentation*. (See Tools, documents and references)

9. Resources and partnerships

Staff

- Experienced UNHCR WASH officers.

Partners

- UNHCR promotes integration of services into national systems. The water authorities (country, regional or district level) remain the key partner for WASH interventions. When possible national public services should be expanded and supported.
- Relevant NGOs and UN agencies such as UNICEF to implement WASH activities Experienced WASH partners and technical staff from partner organisations. Community outreach workers from the community and from WASH partner organisations.
- Establish partnership agreements at field level at an early date, so that interventions can be implemented rapidly.

10. Links

MSF, Public Health Engineering in precarious situations

UNHCR, WASH Manual, 2020

UNHCR WASH, Protection and Accountability

UNHCR WASH indicators

UNHCR WASH monitoring system – Monthly Report Card

UNHCR WASH monitoring system – Annual Household Survey (KAP)

UNHCR Hygiene Promotion Guidelines

Updated WHO/WEDC Technical Notes on WASH in Emergencies

WASH for children in emergencies

UNHCR, Water Manual for Refugee Situations, 1992

Rapid Methods for Assessing Water, sanitation, and Hygiene (WASH) Services in Emergency Settings,

UNHCR 2019

UNHCR Well Construction documentation

UNHCR & the global WASH cluster: Cash for latrines, 2018

<http://wash.unhcr.org/wash-technical-designs/>

<http://wash.unhcr.org/wash-guidelines-and-forms-for-refugee-settings/>

<http://wash.unhcr.org/download/unhcr-wash-equipment-specifications/>

<https://spherestandards.org/handbook-2018/>

11. Media

USAID - The Hygiene Improvement Project (HIP)

Need help?

CONTACT Contact DRS, WASH unit. At: HQWASH@unhcr.org

Annexes

- UNHCR WASH Manual - 7th Edition (UNHCR, 2020) (1)
- Sphere Handbook (2018)

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Safe Sites

Key points

- Only settle PoCs in safe and secure locations.
- Work with multi-functional teams, consult members of communities, especially women and girls, and ensure their active participation in decisions that concern them.
- Comply with local building code and safety standards. Consult members of the community, especially women and girls, on locks, lights and gender segregation.
- Mitigate GBV risks and promote child protection from the start of an emergency; monitor these issues through all phases of programming.
- Prevent or mitigate negative environmental impacts, which significantly increase the vulnerability of PoCs.

1. Overview

In an emergency context, it is imperative that all sites in which refugees and internally displaced persons (IDPs) settle are safe and secure. In a number of settlement scenarios [see 'Description of settlement scenarios' in Appendix 2 of the *Sphere Handbook* (2018)], persons of concern to UNHCR (PoCs) face a range of security and safety threats and hazards,

including fire, natural hazards such as floods or strong winds, physical injury, crime, and gender-based violence (GBV). To prevent, mitigate and reduce exposure to such protection risks, it is essential to establish 'safe sites' from the start of an emergency.

When making sites safe, staff should make sure they respect minimum standards of settlement and shelter and follow best practices for the provision of safe and secure living conditions for PoCs. These goals cannot be achieved in isolation and require the engagement of a multi-functional team (from Shelter and Settlement, WASH, Energy and Environment, Protection, CCCM, Health, etc.), as well as consultation with local authorities.

Action should be taken from the start to make sure that PoCs - particularly those who face higher physical and information barriers - can meaningfully participate in the planning, implementation, monitoring and evaluation of sites. Their involvement is critical to ensuring that the priorities and needs they identify are addressed. In addition, PoC participation enables UNHCR staff to better understand the community's structure, as well as cultural and social factors that may be associated with protection risks. A specific effort should be made to understand and address barriers to participation that women and girls face.

Applying accessibility standards and adopting universal design

principles will make sites more accessible but also safer for everyone. Whenever you establish a new site to accommodate PoCs, consult and involve appropriate technical experts.

2. Underlying policies, principles and/or standards

- Respect the minimum requirements for ensuring safe and secure living conditions. These should take account of the operational context, including: the operational setting; the profile of the PoCs who will be accommodated; logistical and budgetary factors; and local and national laws. Minimum construction standards should be based on local building and safety codes (where these exist) or international best practice.
- In the Sphere Handbook (2018)
safety is clearly referenced across all shelter and settlement standards. These cover planning, location, living space, household items, technical assistance, security of tenure, and environmental sustainability.
- When developing a safe site, observe the following elements of protection mainstreaming : prioritize safety and dignity; avoid causing harm; ensure inclusive and meaningful access; establish accountability; and promote participation and empowerment.
- Mitigate the risk of GBV during all stages of programming in accordance with the IASC Guidelines for Integrating GBV in Humanitarian Action.
- Promote child protection at every stage of programming in accordance with the relevant Sphere standard on child protection. [See Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child protection in Humanitarian Action (2019), Standard 27, Shelter and Settlement and Child Protection.]

3. Good practice recommendations

Essential

GBV survivors should not be sought out or targeted as a group during assessments. Always conduct specific GBV assessments (to investigate GBV incidents, interview survivors about their experiences, or conduct research on the incidence of GBV) in collaboration with GBV specialists or partners or agencies that specialize in GBV.

IASC, *GBV Guidelines* (2015)

Key multi-sector actions. Plan settlement actions in collaboration with relevant technical sections to ensure that the operational plan and strategy are comprehensive and aligned. When designing settlements, adopt an integrated multi-sectoral approach that incorporates best practices and standards and meets national or international building regulations.

Participatory assessments. If data are not available already, collect disaggregated data and information from a spread of community members to help inform planning. It is particularly important to consult women and girls in order to obtain their recommendations on how to enhance safety and security, remove barriers, and mitigate the risk of GBV. Use the UNHCR registration process as well as community-based outreach activities to identify marginalized groups and make sure that people with specific needs are consulted. Consult the community to obtain information on the natural, cultural, religious and historical importance of potential settlement locations. Assess available resources, including those in the community, and agree a management plan with stakeholders. Conduct a needs assessment for refugee emergencies (NARE) to obtain basic information on needs and resources, such as water and energy. Detailed sectoral assessments may require more sector specific analysis; you can find tools for sector specific analysis in: the four Annexes of the Master Plan Approach (MPA) to Settlement Planning; Shelter Needs Assessments; Energy Assessments; and Natural Disaster Risk Assessment.

Planning. Building on information from participatory assessments, use an age, gender and diversity (AGD) and community-based protection (CBP) approach to involve a range of PoCs in designing facilities and services. Comply with national laws and regulations, including national standards on accessibility; in their absence, apply international standards. Plan land use with stakeholders, taking account of restraints on land use and time, to ensure that issues relating to housing, land and property (HLP) are highlighted and addressed early on. Where possible, promote action planning by the community and assist communities to meet their needs using their own capacities.

Implementation. Where it is possible to do so, build on the resources, skills and capacities of PoCs. Enable them to construct their own household facilities and encourage community members to support each other, especially persons with specific needs. Promote income generation and skills development as appropriate.

Maintenance. Where possible, make sure that PoCs carry out routine maintenance of their own facilities. Provide the materials, tools and training they need to do this. Encourage members of the community to support and show solidarity with people who have specific needs.

Monitoring. To strengthen accountability to affected people

, establish community-based systems to provide feedback and monitoring. Make sure that these mechanisms include a clear referral and response pathway, so that community members receive responses to their complaints or questions. Make sure the information that such systems collect is applied to improve programming.

Monitor programmes continuously to identify any harmful unintended effects. Act quickly to prevent or mitigate these. To monitor, hold frequent feedback sessions with community members, particularly women and girls. Make sure that all groups are aware of feedback mechanisms and can access them. Taking account of potential natural hazards and in coordination with local authorities, set up early warning mechanisms in settlements. Make sure that communities are informed of local policies and rules concerning the use of resources.

Environmental considerations. Negative environmental impacts can significantly increase the vulnerability of both PoCs and host communities. They also make emergencies more complex and complicate future recovery efforts. As a first step, identify environmental impacts by conducting a Nexus Environmental Assessment Tool (NEAT+) assessment. Depending on the results, you may need to undertake a formal environmental impact assessment (EIA). Be alert to the fact that protection risks may be associated with resource depletion; for example, substituting alternative sustainable sources of energy for wood fuel can reduce the incidence of GBV.

4. Considerations for practical implementation

Essential

Technical sectors should appoint a specific GBV focal point in the sector to facilitate coordination and follow up agreed actions and the recommendations of GBV safety audits. It is recommended that all staff in all sectors are trained in the GBV Guiding Principles, GBV risk mitigation

, how to safely handle a disclosure
, and how to make a referral in their location. This training should be supported by GBV specialists.

I. Settlement planning

- Ensure that sites are located at least 50 km from national borders, to protect against potential security threats.
- Ensure the site and its surrounding areas are free of all landmines and unexploded ordnance (UXO).
- Ensure the site is an appropriate distance from military installations and other potentially dangerous locations.
- Seek the maximum achievable security of tenure for sites and for all PoCs. Take into consideration that land related disputes may occur between PoCs and host communities.
- Avoid areas that are subject to landslides, flooding, animal crossings, etc. Ensure that sound civil engineering mitigates impacts that cannot be avoided.
- Wherever possible, design settlements in a manner that serves the needs of both displaced and host communities, to minimize protection risks, reduce potential conflicts, and encourage peaceful coexistence.

- Define useable land area and allocate individual plots to PoCs, taking the context and cultural aspects into account. Avoid congestion and make sure the population does not exceed the site's absorption capacity. Where necessary, request more land.
- The settlement should remain reliably accessible during the rainy season. This is important in case a fast response is necessary in order to deal with an emergency. Align roads, drainage and plots with contour lines.
- Reduce erosion risks by retaining as much vegetation cover as possible. Avoid heavy earth moving equipment where possible. During construction, install an adequate drainage system.
- Establish 50m buffer zones around surface waters. Within these zones, vegetation should be left intact, to prevent drowning and water pollution.
- Place sites at least 15 km from ecologically sensitive or protected areas.
- Consult the community, in particular women and girls, on the proposed layout, and configure sites in a way that will reduce exposure to GBV. Factors to consider include: plot sizes; shelter arrangements; the location and design of shared facilities, especially washing and sanitary facilities; access to and distance from public spaces and institutions such as schools, police stations, distribution centres, etc.
- In association with GBV specialists, plan regular GBV safety audits and monitor and adjust programmes accordingly.
- Mitigate hazards due to construction work. For instance, cover or fill in borrow pits caused by road construction or brickmaking to avoid accidents, and ensure that stagnant water does not cause health risks in mosquito-breeding areas.
- Fence off power generation systems and limit access to authorised persons. If solar photovoltaic systems are employed, ensure that fences do not shade the panels.
- All electrical installations and distribution networks should be undertaken by qualified personnel and regularly certified for safety.

II. Shelter

- Prioritise the rapid provision of individual family shelters. Reduce the length of time PoCs spend in collective accommodation. (As far as possible, this period should not be longer than 72 hours.)
- Consult women and girls as soon as possible and ensure their recommendations are factored into design and planning. Consult more broadly with other community members to understand cultural, familial and societal structures. Where it is possible and safe to do so, consult other groups in the community who could be directly or markedly affected by shelter planning. When allocating shelters or making shelter arrangements, consider the specific needs of individuals and families. For example, consider persons in same-sex partnerships, and transgender and gender non-conforming people. Liaise with protection staff and explain to members of the community the risks and challenges associated with all types of programming, especially risks and challenges that might compromise family unity, safety, etc.
- All the proposed design features of the site should be discussed with the community to ensure they are acceptable.

- To reduce the risk of GBV and to facilitate safe management of menstrual hygiene, make sure that women and girls have adequate privacy.
- UNHCR recommends that you should install locks, making it possible to lock shelters internally and externally. This should increase privacy and security. (As with other safety features, the provision of locks should be discussed with the community and the agreed arrangements monitored so that any unintended harmful consequences can be identified and repaired.)
- Windows should include safety guards to prevent break-ins and intrusions.
- Where possible, shelters should be lit internally and externally to increase safety and reduce the risk of GBV. If lighting options are limited, communities should set their priorities. The incidence of GBV may be higher in partly-lit areas and this should be considered carefully.
- Shelters should be appropriate for the PoCs who will live in them. They should be culturally acceptable and reflect their living habits. Make sure shelters provide sufficient privacy, have at least one internal partition and non-translucent walls. Consider the size and composition of families as well as their privacy and dignity.
- Collective and individual shelters should be accessible to persons with disabilities and persons with temporary impairments
- Consult POCs before setting up cooking areas. Kitchens may be communal, grouped or individual. Communal or household cooking areas should be located at a safe distance from shelters and flammable materials.
- The roofing and walls of shelters should be fully sealed to prevent leaks and maximize thermal comfort. Roof drainage should be fitted on the outside of shelters to direct rainwater away from the shelters to a drainage system.
- Where high winds are common, the foundations, roof and walls of shelters should be sufficiently robust. Where possible, collective accommodation must be partitioned to accommodate individual families and allow gender separation.
- Structures should not be composed of materials or material treatments (such as asbestos) that are hazardous to health.
- In cold climates, shelters should be sealed from draughts to reduce heat loss during winter. When stoves are used for heating, ventilation should be sufficient to evacuate fumes. In hot climates, shelters should allow air to circulate. To achieve adequate ventilation, the area of the openings (windows and vents) should amount to at least 5% of the total floor area.
- To provide adequate natural lighting, openings should amount to at least 10% of the total floor area.
- Cooking solutions should be determined in consultation with the host community and PoCs, and an assessment of what fuels and cooking technologies are locally available. To minimize the risk of GBV, consult PoCs and the host community on cooking habits and culture.
- It is recommended that emergency response kits should include a clean cooking stove, appropriate clean fuel, and a solar light with mobile charger.
- Working with GBV specialists, plan regular GBV safety audits to monitor and adjust programmes as required.
- Ensure shelters are designed to protect from snakes, insect disease vectors, and similar threats.

III. Communal areas

- Consult communities to understand how cultural and societal structures or habits impact the use of communal areas.
- Ensure that communal areas, roads and pathways are well lit by street lighting and laid out to provide good visibility. Discuss the placement of lights with members of the community, especially those who face particular risks from GBV or other threats to their safety.
- Provide a sufficient number of child friendly spaces, and spaces for women. Make provision for schools, police stations, health centres, etc.
- Consider the specific needs as well as the safety of PoCs when distributing non-food items. For example, set up a fast lane or community arrangements to meet the needs of older people, pregnant women, people with disabilities, etc.
- After construction has been completed, clear the site of all dangerous waste such as nails and leftover iron sheets.
- At the end of their lives, structures should be appropriately decommissioned. Steps should be taken to reduce the risk of injury (from uneven terrain, open latrine pits, etc.).
- Make sure that public facilities, including health posts, are connected to a reliable source of energy. Where possible, energy should be renewable.
- Light latrines and bathing units appropriately. Consider how lighting could be deployed to lower the risk of GBV. In addition, plan to provide at least one solar lamp per family.
- Communal latrines/ bathing facilities should always be segregated by gender. Signage should be clear and agreed/proposed by the community. To reduce barriers to access, consider the particular needs of transgender and gender non-conforming people. Work with Protection to explain to the community the risks and challenges associated with all types of programming. Pay particular attention to matters that might compromise access and safety.
- Community spaces should be accessible to persons with disabilities and persons with temporary impairments.
- Facilities should be designed to safely include transgender and gender non-conforming persons and other groups who might have accessibility challenges. On this aspect of access, it is critical to consult all members of the community who might use such facilities to forestall or mitigate any risk or stigma that could be created unintentionally.
- Together with GBV specialists, plan regular GBV safety audits; monitor programmes and adjust them as necessary.

IV. Fire risk mitigation

- The settlement layout should establish a 30-metre firebreak every 300 metres between built-up areas. A minimum distance of twice the height of the shelters (to the ridge) should be left open between structures).
- Collective accommodations must include an emergency exit route to enable quick evacuation.

- It is recommended that sliding latch locks are used for internal locks, and that padlocks are avoided, to facilitate rapid evacuation in the event of fire.
- As soon as feasible, distribute information on fire safety and fire risk education throughout the community. Adopt a range of formats to ensure that all groups can obtain the information, including people who are illiterate, housebound, blind, have difficulty communicating, etc. Make a specific effort to reach marginalized members of the community who might not be reached through obvious channels.
- Establish fire points at every firebreak. These should be equipped with basic firefighting tools (shovels, sand buckets, etc.).

V. WASH

- Prioritize household washing and sanitary facilities wherever possible. Where it is not, instal facilities that a maximum of two to three families share. Where it is culturally appropriate, WASH facilities can be constructed inside homes.
- Consult women and girls as early as possible and ensure that design and planning take account of their recommendations. Consult a range of community members to obtain information on cultural, familial and societal structures. Wherever it is possible and safe to do so, consult groups in the community who may be especially affected by WASH planning. To reduce barriers to access, consider the particular needs of transgender and gender non-conforming people. Work with Protection to explain to the community the risks and challenges associated with all types of programming. Pay particular attention to matters that might compromise access and safety.
- Discuss all proposed design features with the community to ensure they are acceptable.
- Provide internal locks on the doors of all latrine and bathing units (whether these are communal, shared or household). Doors and walls should be solid; where walls are made of cloth, it should not be easy to poke holes through them. Communal facilities should be segregated by gender.
- Ensure WASH facilities are in safe areas. Consult members of the community to understand the perceived safety of different areas.
- Use an age, gender and diversity approach to design the WASH response. Where possible, prioritize cash-based arrangements for non-food items (potties, scoops, re-usable cloth nappies, etc.). When planning cash based programmes, consider GBV risk mitigation measures.
- Take steps to reduce the risk of injuries, from slipping, sharp objects or hazardous waste. Ensure that emergency latrine slabs are stable. The decay of wooden logs is a common problem in emergency latrines that can cause people to fall into latrine pits.
- Ensure that the design of emergency latrines provides sufficient ventilation. Instal screening nets on vent pipes to deter flies and other insects that spread disease. Check that drainage channels from water points move excess water efficiently into the main drainage system, avoiding stagnant pools (a major factor in diseases such as malaria).
- Ensure that emergency pit latrines are not dug in areas with a high water table, and are a safe distance from water points (taking account of the topography).

- Provide adequate waste collection areas in the settlement. These should separate organic from inorganic waste, be sustainably managed, and exclude rodents. Prevent the dumping and discharge of refuse into surface waters. Sites should be at least 1 km from standard dumpsites and at least 5 km from dump sites that contain hazardous waste.
- Give thought to providing facilities that promote and support menstrual hygiene. Provide information on menstrual hygiene in shelters and latrines as well as public facilities such as schools, hospitals and other frequently user locations.
- Together with GBV specialists, plan regular safety audits; monitor programmes and adjust them as necessary.

5. Resources and partnerships

- As early as possible, recruit an experienced settlement planner to lead or participate actively in the site's selection and design.
- Where possible, set up a technical task force with relevant expertise. It might include the WASH officer, energy officer, environment officer, shelter officer and settlement planner. Include representatives from government technical units, and implementing partners if they are available.

6. Links

UNHCR Settlement Information Portal (SIP)

UNHCR WASH Page

UNHCR, Energy and Environment Portal and Internet Page

UNHCR, Need to Know Guidance: Working with LGBTI Persons in Forced Displacement

UNHCR, Gender Equality Toolkit

Global Shelter Cluster, Site Planning - Guidance to reduce the risk of GBV

Global Shelter Cluster, Distribution: Shelter materials, NFI & Cash - Guidance to reduce the risk of GBV

The Nexus Environmental Assessment Tool (NEAT+)

7. Media

Site Planning in Emergencies

Responding to Disclosure of a GBV Incident

Need help?

CONTACT DRS/Shelter and Settlement Section

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DRS/WASH

HQWASH@unhcr.org

DRS/Energy and Environment

HQENVIRO@unhcr.org

Annexes

- UNHCR WASH Manual - 7th Edition_2020
- IFRC All-under-one-roof_Disability-inclusive shelter and settlements in emergencies_2015
- UNHCR Environmental Guidelines_2005
- UNHCR Global Strategy for Sustainable Energy_2019-2024
- UNHCR Master-Plan-Approach to Settlement Planning_2019
- IASC Gender in Humanitarian Action Handbook, 2018

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Minimum Standards for Child Protection in Humanitarian Action

Key points

- If child protection work is below standard, or work in other areas does not meet child protection mainstreaming standards, it can be ineffective or even cause harm.

- All child protection actors are likely to use and talk about the CPMS: UNHCR staff therefore need to know them too. Though refugee settings may be specific in some respects, the CPMS are a useful tool in all emergencies.
- Protection colleagues can use the CPMS for technical guidance on child protection, and for training and strategy development.
- The CPMS are a practical and useful tool for UNHCR programme and protection colleagues when reviewing proposals from partners.
- Be sure to adapt the CPMS to your context, and use them as a planning tool with partners.

1. Overview

The 2019 Minimum Standards for Child Protection in Humanitarian Action, or Child Protection Minimum Standards (CPMS), were developed by members of the Alliance for Child Protection in Humanitarian Action

. They were originally developed in 2012, and were updated in 2019. The CPMS are Sphere companion standards. They were not developed specifically for refugee situations but most are applicable to all settings and should guide UNHCR's **child protection**

emergency response. They complement UNHCR-specific child protection guidance, for example, on Best Interest Procedure (BIP)

and the Framework for the Protection of Children

, etc.; but they do not address specific issues relating to children in refugee procedures, such as registration, Refugee Status Determination (RSD), or durable solutions. For these procedures, specific UNHCR guidance applies. UNHCR participated in developing the CPMS and is committed to ensuring that they are used for all children of concern during child protection emergency response.



MINIMUM STANDARDS FOR CHILD PROTECTION IN HUMANITARIAN ACTION



2019 Edition



2. Emergency standard

There are 28 standards in the CPMS, organised in 4 categories (see the diagram below):

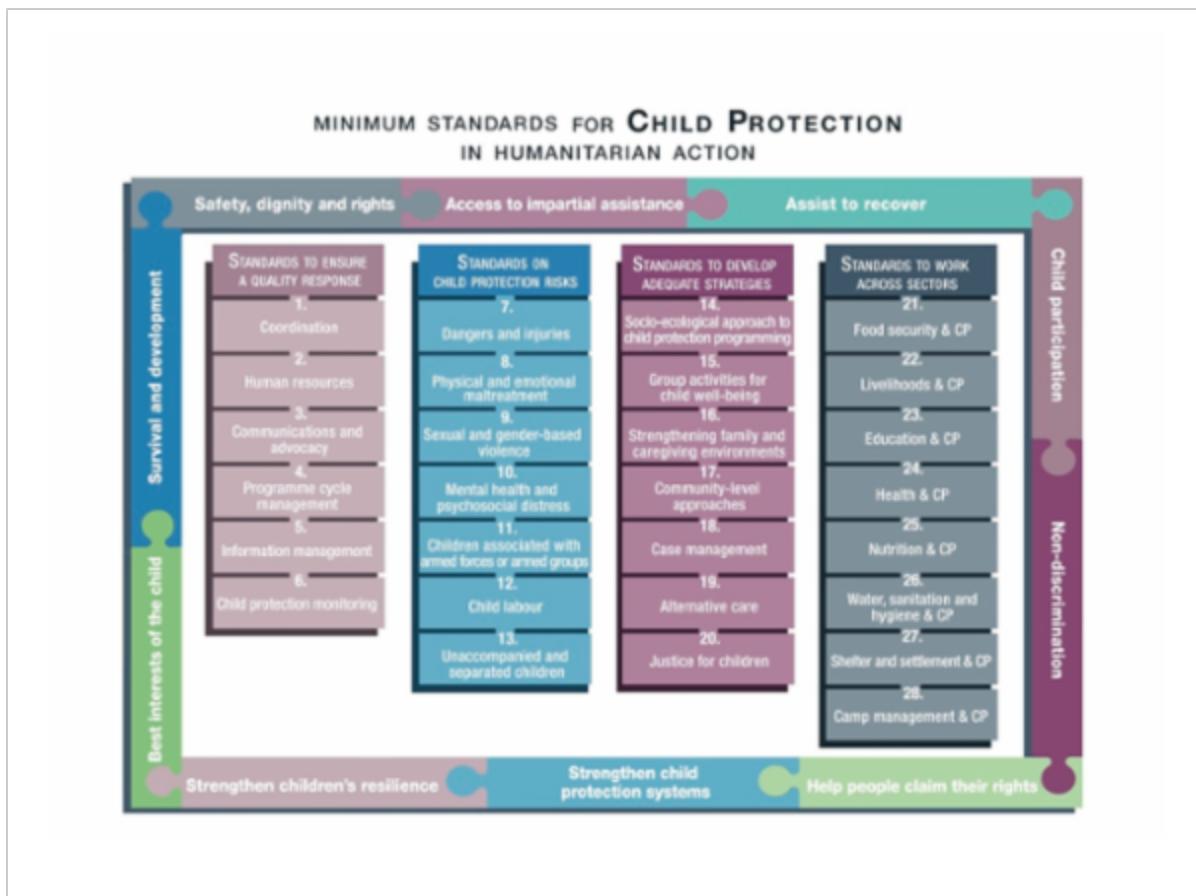
- Standards to ensure a quality child protection response.

- Standards on child protection risks.
- Standards to develop adequate child protection strategies.
- Standards to work across sectors.

Each standard includes:

- A 'statement' of the standard that explains the goal.
- Key actions for preparedness and response that provide a sort of checklist for a quality response.
- Indicators and targets for measurement of the standard.
- Guidance notes to support operationalization of the standard.
- Key resources to provide further information and tools.

In an emergency, UNHCR operations should consider which areas of work in child protection are priorities in the situation, and ensure that the applicable standards are met or on track to being met. The CPMS were developed for emergencies but include preparedness and early recovery, and can also provide guidance in protracted situations.



3. Links

Child Protection Minimum Standards website

The Alliance for Child Protection in Humanitarian Action website:

Need help?

CONTACT Contact the Child Protection Unit. At: HQCHIPRO@unhcr.org

Version and document date

Version: 2.0

Document date: 06.05.2022

Camp site planning minimum standards

Key points

- UNHCR discourages the establishment of formal settlements and (whenever possible) prefers alternatives to camps, provided they protect and assist people of concern effectively.
- Shelter should be adapted according to the geographical context, the climate, the cultural practice and habits, the local availability of skills as well as accessibility to adequate construction materials in any given country.
- Due considerations should be given to the operational phase. What may be deemed adequate during an emergency in terms of shelter (for example plastic sheeting, tents) and average camp area per person cannot be regarded as adequate in a protracted displacement situation.

1. Overview

This entry provides key information on minimum standards and best practice which should be referenced and consulted when developing planned settlements / camps as part of a refugee emergency response.

Generally, a sector specialist covers shelter and settlement needs assessment, analysis and site planning during the first phase of an emergency response.

Often a reception or transit centre is necessary for temporary accommodation at the beginning of a refugee crisis. Refer to entry on Transit Center standards for more information on these standards.

These guidance notes outline the minimum standards required to ensure planned settlements enable refugee communities to live with security and dignity in a healthy environment which improves their quality of life.

UNHCR Master Plan Approach to Settlement Planning Guiding Principles is a key reference when defining a settlement response. The choice of settlement location is a critical decision which will have significant impact on the protection and well-being of displaced people, as well as broader local development. While a well-positioned settlement can have multiple protective benefits and contribute to local development, a settlement in the wrong geographical location can threaten the protection and assistance of displaced persons and have negative consequences for local development and the peaceful coexistence of communities.

2. Emergency standard

There are several indicators determining the adequacy of shelter for refugees and displaced persons. (See links below for additional information).

2.1 Indicator

Average camp area per person: The size of a camp and area per capita is critical in the planning of camps as crowded conditions lead to increased morbidity and stress. The provision of adequate space, both outside and inside shelters is an essential requirement

The ‘average camp area per person (Sqm.)’ indicator measures the average living space to which a person has access in a camp. This space should accommodate all services while promoting dignified living:

Indicator: Average camp area per person (Sqm)						
How should this indicator be measured:						
Standard: 45 sq. m	Acceptable Range: 35 sq. m	Unacceptable Range: 34 - 30 sq. m	Critical Range: 29 sq. m			

A minimum surface area of 45 Sqm per person including household gardening space should be allocated.

30 Sqm per person will be necessary for roads, foot paths, educational facilities, sanitation, security, firebreaks, administration, water storage, distribution points, markets, storage of relief items and, of course, plots for shelter. It excludes however, any land for significant agricultural activities or livestock. The remaining 15 Sqm per person is allocated to household gardens attached to the family plot which should be included in the site plan from the outset.

2.2 Emergency standard

The design of planned settlements follow SPHERE emergency standards. The table below defined the minimum standards to be applied.

Description	Minimum Standard
Covered living area	3.5 sqm. Per person minimum In cold climates and urban areas more than 3.5 sqm. may be required(4.5 sqm. to 5.5 sqm. is more appropriate) Minimum ceiling height of 2m at highest point
Camp settlement size	45 sqm. per person (incl. kitchen and vegetable garden)
Fire Safety	30 m firebreak every 300 m Minimum 2 m between structures – use 2 times the height of the structure as an appropriate distance.
Gradient for camp site	1 to 5 %, ideally 2 to 4%
Drainage	Appropriate drainage needs to be put in place, especially relevant in locations that experience a rainy season or flash floods.

Table 1 - Minimum standards for planning camps

Site planning should begin from the scale of the individual refugee family, addressing needs at household level, such as their distance to water, access to communal services, recreation facilities, access to showers and latrines, waste management, etc

It is advisable to consider the social structures and relations within persons of concern, including clan, tribes and extended family arrangements, as well as their traditional settlement layouts and shelter preferences. This consideration will yield a greater degree of satisfaction, and sense of ownership.

The following table uses the family unit as the smallest planning 'module' and builds up to larger units:

Module	Structure	Approximate number
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Family	1 x family	4 6 persons
Community	16 x families	80 persons
Block	16 x communities	1,250 persons
Sector	4 x blocks	5,000 persons
Settlement	4 x sectors	20,000 persons

Table 2 – Indicative modular planning units

The following are recommended site planning standards for services and infrastructure and should be referred to when preparing the camp layout:

Description	Standard	Further consideration
Communal latrine	1 per 20 persons - emergency phase	Separate latrine areas for men and women For long-term accommodation use one household latrine per family
Latrine distance	Not more than 50m from shelter and not closer than 6m	Latrines must be close enough to encourage their use but far enough to prevent problems with smells and pests
Shower	1 per 50 persons	Separate, well drained, shower areas for men and women
Water supply	20 litres per person per day	
Water tap stand	1 per 80 persons	1 per community
Water distance	Max. 200m from household	No dwelling should be further than a few minutes' walk from a water distribution point
Rubbish container of 100 litres	1 per 50 persons	1 per 10 families
Refuse pit – 2mx5mx2m	1 per 500 persons	1 per 100 families
Health centre	1 per 20,000 persons	1 per settlement Include water and sanitation facilities
Referral hospital	1 per 200,000 persons	1 per 10 settlements
School	1 per 5,000 persons	1 per sector 3 classrooms, 50 Sqm.

Distribution centre	1 per 5,000 persons	1 per sector
Market place	1 per 20,000 persons	1 per settlement
Feeding centre	1 per 20,000 persons	1 per settlement
Storage area	15 to 20 Sqm. per 100 persons	Refugee storage
Lighting	As appropriate	Consider priority locations such as latrine, wash areas, public service areas
Registration area	As appropriate	May include arrivals area, medical clearance, distribution, parking
Administration / office	As appropriate	
Security post	As appropriate	
Security fencing	Depending on the circumstances	

Table 3 – Site planning standards for services and infrastructure

2.3 Site selection criteria:

Sites for planned camps should be selected in consultation with a range of sectors, including WASH, protection and supply, as well as with technical specialists such as hydrologists, surveyors, planners, engineers, and environmental engineers. Developing an inappropriate site or failing to develop a site to standards can result in further displacement causing unnecessary further loss and distress to persons of concern and may put some people/groups at further risk. Refer to the UNHCR Master Plan Assessment Template

, which includes the Site Assessment Form to help you define suitability of a given site.

The operational context will determine site selection criteria. In general, however, the following factors need to be considered when selecting sites for refugee settlement:

Topography, drainage, soil condition	<ul style="list-style-type: none"> The topography of the land should permit easy drainage and the site should be located above flood level. Rocky, impermeable soil should be avoided. Land covered with grass will prevent dust. Wherever possible, steep slopes, narrow valleys, and ravines should be avoided. Ideally, a site should have a slope of 2%–4% for good drainage, and not more than 10% to avoid erosion and the need for expensive earthmoving for roads and building construction.
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s	<ul style="list-style-type: none"> • Avoid areas likely to become marshy or waterlogged during the rainy season. Consult national meteorological data and host communities before making a decision. • Soils that absorb surface water swiftly facilitate the construction and effectiveness of pit latrines. • Subsoil should permit good infiltration (permit soil to absorb water and retain solid waste in latrines). Very sandy soils may have good infiltration; but latrine pits may be less stable. • Pit latrines should not penetrate into the ground water. The groundwater table should be at least 3m.below the surface of the site. • Avoid excessively rocky or impermeable sites as they hamper both shelter and latrine construction. • If possible, select a site where the land is suitable for vegetable gardens or smallscale cultivation.
Wat er reso urce s	<ul style="list-style-type: none"> • Choose locations that are reasonably close to an adequate source of good water, and ideally near high ground that has good surface water run-off and drainage. Once located, water sources should be protected. Ideally, no individual should have to walk for more than a few minutes. There should be at least one water point for every 250 people. • Ideally, hydrological surveys will provide information on the presence of water. A site should not be selected on the assumption that water will be found by drilling. Trucking water over long distances should be avoided if possible.
Land Righ ts	<ul style="list-style-type: none"> • UNHCR neither purchases nor rents land for refugee settlements. • Refugees should enjoy exclusive use of the site in which they live, by agreement with national and local authorities. • Governments often make public land available. • Private or communal land(including unclosed pastoral land) may only be used if the Government has agreed a formal legal arrangement with the owner(s), in accordance with the laws of the country. • The status of land occupied for sites should be clarified in writing by the Government. • In association with the Government and host community, agree and clarify the entitlement of refugees to carryout given activities (forage for food, collect firewood, collect timber and other shelter materials such as grass or mud, gather fodder and graze animals).
Acce ssibil ity	<ul style="list-style-type: none"> • Ensure the site has an adequate road infrastructure; access to it should be reliable, including during the rainy season. • Assess the site's proximity to national services, including health facilities, markets and towns. Access to mainstream services is encouraged wherever possible and avoids the need to develop parallel services for the camp population.

	<ul style="list-style-type: none"> • Liaise with development agencies, including UNDP and related Government ministries, to secure improvement of access routes. • UNHCR should fund the cost of building short access roads connecting the site to the main road.
Security	<ul style="list-style-type: none"> • The site should be located a sufficient distance from international borders (50km), conflict zones, and other potentially sensitive areas (such as military installations). Avoid locations that experience extreme climatic conditions, or present evident health (malaria), environmental or other risks. • High winds can damage temporary shelters and increase fire risks. • Evaluate seasonal variations. Sites that are ideal in the dry season may be uninhabitable in the rainy season. • Avoid locating refugees in places whose climate differs greatly from that to which they are accustomed.
Environment and Vegetation	<ul style="list-style-type: none"> • Ensure the site has sufficient ground cover (grass, bushes and trees). Vegetation provides shade, protects from wind, and reduces erosion and dust. • Avoid sites where dust clouds are common; these cause respiratory disease • Avoid sites within 1 day's walk of an environmentally protected area (such as a wild-life reserve). • Take steps to ensure access to a supply of firewood, in collaboration with local forestry authorities, and in negotiation with the host community.

Table 4 – Site selection factors of importance

3. Links

UNHCR Intranet: Shelter and Settlement

UNHCR, IFRC, UN-HABITAT- Shelter Projects

UNHCR Master Plan Approach to Settlement Planning Guiding Principles
The Sphere Project 2018
Shelter and settlement impact indicators
Camp management tool kit

Need help?

CONTACT Shelter and settlement section, Division of Programme Support and Management. At:
HQShelter@unhcr.org

Annexes

- UNHCR - Global strategy for settlement and shelter (2014-2018)
- UNHCR - Policy on alternatives to camps
- Sphere Handbook (2018)
- Settlement Folio

Version and document date

Version: 2.7

Document date: 06.05.2022

Emergency food assistance standard

Key points

- WFP is UNHCR's biggest partner in ensuring refugee food needs are met. When refugee populations are larger than 5,000, UNHCR and WFP collaborate to meet their food and nutrition needs. UNHCR meets the food and other basic needs of populations smaller than 5,000.
- When designing food assistance, cash assistance should always be considered as an option, in accordance with UNHCR's cash policy and guidance and the basic needs approach. Cash assistance programmes should be designed in collaboration with other actors, in line with the Four Principles Statement and UNHCR/WFP's Cash Addendum.
- When UNHCR provides in-kind food assistance, the NutVal calculator should be used to calculate the nutritional value of rations.
- Food assistance should target those in most need, in support of UNHCR's protection and solutions strategy for refugees, and refugee self-reliance.
- When UNHCR and WFP provide basic assistance, and collaborate to target assistance, share data, make systems inter-operable, or agree joint programming in food security and nutrition, these programmes should be integrated in Operations' Joint Plans of Action.
- The Sphere Handbook should be used as a reference when designing food assistance.

1. Overview

This entry provides information on minimum standards to ensure that basic food needs are met in emergencies and protracted situations. It should be read and implemented with standards on other basic needs (see UNHCR, Basic Needs Approach), standards on the use of cash and vouchers, and standards on nutrition.

These standards set out actions and indicators to ensure that populations of concern receive high quality food and remain safe. For additional guidance refer to the Sphere project, *Minimum Standards in Humanitarian Response* (2018)

2. Emergency standard

Food security exists when all people have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences, enabling them to live an active and healthy life. In a humanitarian crisis, food security responses should aim to meet the short-term needs of affected populations and make it unnecessary for them to adopt potentially damaging coping strategies. Over time, responses should protect and restore livelihoods, stabilize or create employment opportunities, and contribute to restoring longer-term food security. They should not have a negative impact on natural resources and the environment.

Household food insecurity is one of four underlying causes of undernutrition, along with poor feeding practices, poor care practices, an unhealthy household environment, and inadequate healthcare. Responses to treat malnutrition will have a limited impact if the food needs of the general population are not met. People who recover from malnutrition but who cannot maintain an adequate food intake will deteriorate again.

To choose the most effective and efficient options, an emergency response must identify and understand the needs of refugees, household preferences, effective and cost-efficient solutions, protection risks, the situation of host communities, and seasonal factors. It should define clearly the type and quantity of food assistance (in-kind or cash) required, who should receive food assistance, and how food assistance should be distributed.

Assessing the food security and nutrition situation

A response should be based on an objective assessment of the state of nutrition and food security. UNHCR's Standardized Expanded Nutrition Survey contains modules on nutrition and food security that provide standardized questionnaires and analysis plans. Wherever possible, these should be adapted to fit the circumstances, agreed with partners, and used to assess the situation.

Many food security assessments are done by WFP in collaboration with UNHCR. Joint Assessment

Missions (JAMs) should be run when an emergency starts and every two years during a protracted operation. Operations should use JAM analyses to guide the development of Joint Plans of Action.

Food security response: food assistance

A range of interventions can promote household food security. They include cash assistance and the provision of in-kind food. When refugees have access to goods and markets, cash is often the most appropriate form of assistance and UNHCR should promote cash as part of the initial emergency response where it is appropriate, in line with UNHCR's Policy on Cash-based Interventions. Adequate cash grants can enable people to meet their basic needs, including food. UNHCR's Cash feasibility and response analysis toolkit

should be used to determine when cash grants are appropriate and how they should be issued. UNHCR has committed to work collaboratively with WFP, UNICEF, OCHA and other partners to target and monitor cash grants, develop transfer mechanisms, and approve financial services. See the Four Principles statement on Cash Collaboration (2018)

as well as UNHCR and WFP, Cash Addendum (2017)

, which outlines UNHCR's commitments on cash collaboration.

Food security responses (including food in kind and cash) should be designed from the outset to support, and work through, local markets. Decisions on local, national and regional procurement should be based on a sound understanding of local markets and financial service providers. For more information, see UNHCR, *Cash feasibility and response analysis toolkit* (2017), and UNHCR, *Multi-sector Market Assessment: Companion Guide and Toolkit* (2017).

Food security response: key actions (Sphere, 2018)

- Based on food security assessment data, design a response to meet immediate needs, and consider measures to support, protect, promote and restore food security.
- Consider both in-kind and cash-based options for the food basket.
- Develop transition and exit strategies for all food security programmes as early as possible.
- Integrate food security programmes with the responses of other sectors.
- Ensure that people receiving assistance have access to the knowledge, skills and services they need to support their livelihoods and cope.
- Protect, preserve and restore the natural environment from further degradation.
- Consider the impact of cooking fuel on the environment.
- Promote livelihood strategies that do not contribute to deforestation or soil erosion.
- Monitor the degree to which different groups and individuals accept and have access to humanitarian food security interventions.
- Ensure that people who receive food assistance are consulted on the design of the response and that they are treated with respect and dignity.
- Establish a mechanism for providing feedback.

UNHCR and WFP collaboration

WFP is a long-standing partner of UNHCR and UNHCR's populations of concern. The 2011 Global Memorandum of Understanding

between UNHCR and WFP guides cooperation between the two agencies. To assess needs and develop a Joint Plan of Action at country level, the two organizations conduct Joint Assessment Missions (JAMs) at the start of an emergency and at two year intervals thereafter. For guidance on how to conduct a JAM, see *Joint Assessment Missions: A Practical Guide to Planning and Implementation*.

Where populations of concern are larger than 5,000 individuals, WFP is responsible for ensuring their food needs are met. UNHCR meets the basic needs, including food needs, of smaller populations.

UNHCR's collaboration with WFP has broadened over time, as both agencies and the contexts in which we work have changed. We have renewed our commitment to collaborate on cash assistance, data sharing, and targeting assistance to those in need. UNHCR has agreed to work with WFP as a partner in designing food and cash responses, with the aim of helping refugees to be self-reliant in food security and nutrition. A Joint Plan of Action guides each operation. The following documents provide information on specific areas of collaboration that should feature in Joint Plans of Action:

- UNHCR and WFP, Cash Addendum (2017).
- Principles for Targeting Assistance to Meet Basic Food and Other Needs (2018).
- Data Sharing Addendum (2018).
- Joint UNHCR/WFP Strategy on Self-Reliance in food security and nutrition (2016).

In-kind food assistance

Food assistance is required when the quality and quantity of available food or access to food is not sufficient to prevent excessive mortality, morbidity or malnutrition. In-kind food assistance should be designed to meet the immediate food and nutrition needs of the population of concern while preserving and protecting assets and increasing resilience to future threats.

A wide range of tools can be used in food assistance programmes. They include:

- General food distributions (provision of food in-kind and cash assistance for food purchase).
- Blanket supplementary feeding programmes.
- Targeted supplementary feeding programmes.
- Provision of relevant services and inputs, including transfer of skills or knowledge.

General food distributions assist those who need food most. Food distributions should cease when those who receive them can produce or obtain their food by other legal means.

People who need specific nutrients may require supplementary food in addition to general rations. Those likely to need supplements include children aged 6–59 months, older people, persons with disabilities, people living with HIV, and pregnant and breastfeeding women. Supplementary programmes should comply with UNHCR's *Operational Guidance on the use of specialised Nutritional Products to reduce micronutrient deficiencies and malnutrition in refugee populations*

, with UNHCR's Global Public Health Strategy, and with the Sphere standards for management of acute malnutrition, micronutrient deficiency diseases, and infant and young child feeding. On-site feeding is undertaken only when people do not have the means to cook for themselves. It can be necessary immediately after a crisis, during population movements, or where insecurity would put recipients of take-home rations at risk.

An effective food assistance programme requires strong supply chain management, logistical capacities, and management of commodities. Management of cash delivery systems must be robust and accountable, with systematic monitoring. (See the Entry on Cash based interventions.)

Nutrition requirements for general food assistance

Individuals must have adequate access to a range of foods, including fats, proteins, carbohydrates, vitamins and minerals, that together meet their nutritional requirements. The minimum nutrient requirements for an individual are given in the table below and should be used to design and assess general rations. The table should not be used to assess the adequacy of supplementary or therapeutic care rations, or rations for specific groups (such as persons suffering from tuberculosis or living with HIV).

These minimum requirements list the *average* nutritional needs of all age groups and both sexes. They do not describe the *specific* needs of particular age or sex groups and should not be used to set the requirements of individuals.

General rations should be adjusted (up or down) based on:

- The demographic structure of the population, in particular the percentage of those under five years, and the percentage of females, older people, and adolescents.
- Mean adult weights, and actual, usual or desirable body weights.
- The rate of activity required to maintain productive life. Nutrition requirements will rise if activity levels are more than 'light' ($1.6 \times$ basal metabolic rate).
- Average ambient temperature, and shelter and clothing capacities. Requirements will rise if the mean ambient temperature is lower than 20°C.
- The nutritional and health status of the population. Requirements will rise if the population is malnourished or needs more nourishment to catch up on growth. The prevalence of HIV may affect the population's requirements.

Planning general food rations

To ensure that nutrition needs are met, an online nutrition calculator, www.nutval.net, should be used to plan general food rations. When commodities and amounts are entered into the app., it calculates the nutritional composition of the ration. In addition, ask whether you need to add:

- Iodised salt for the majority of households (>90 per cent).
- Additional sources of niacin (e.g. pulses, nuts, dried fish) if the staple is maize or sorghum.

- Additional sources of thiamine (e.g. pulses, nuts, eggs) if the staple is polished rice.
- Additional sources of riboflavin, where people depend on a very limited diet.

Note. Donated or subsidized infant formula, powdered milk, liquid milk or liquid milk products should not be distributed as a separate commodity in a general food distribution. These items should also not be distributed in a take home supplementary feeding programme.

Key actions when designing food rations (from Sphere, 2018)

- Select foods that comply with the national standards of the host government and/or internationally accepted standards of quality.
- Choose appropriate food packaging and provide labels that show the date of production, country of origin, expiration or 'best before' date, nutritional analysis, and cooking instructions. Make sure this information is labelled clearly and in a local language, especially when the food in question is unfamiliar or is not commonly used.
- Evaluate the refugee population's access to water, fuel, stoves and food storage facilities.
- Provide access to adequate milling and processing facilities when wholegrain cereal is provided.
- Meet the milling costs of recipients using cash or vouchers. Alternatively, provide additional grain or milling equipment (these options are less desirable).
- Transport and store food in appropriate conditions.
- Measure quantities in consistent units. Avoid changing units or measuring procedures during the project.

Key actions for food targeting, distribution and delivery (from Sphere, 2018)

- In line with the UNHCR and WFP's Joint Targeting Principles, food and other basic assistance should be targeted at those in need, based on joint analysis.
- Targeting should be clearly communicated. It should be accepted by both recipient and non-recipient populations in order to avoid creating tensions and doing harm.
- Establish food distribution methods, or cash/voucher delivery mechanisms, that are efficient, equitable, secure, safe, accessible and effective.
- Consult women and men, including adolescents and youth, when you design food delivery systems. Encourage the participation of groups that may be vulnerable or marginalized.
- Make sure that distribution and delivery points are located in places that are accessible, safe, and convenient for recipients.
- Minimize the risks to recipients when they travel to distribution points. Regularly monitor checkpoints and changes in the security situation.
- Provide recipients with advance details of the distribution plan and schedule, the quality and quantity of the food ration or the value of the cash grant or voucher, and what needs the distribution covers.

UNHCR guidance on food donations

- All nutritional products must be approved at global level by WHO and UNICEF as 'safe to treat or prevent a condition'.
- In general, minimum donations for persons of concern to UNHCR must be sufficient to provide the item to all households; or, if for use by a section of population, must be sufficient to provide a three month supply.
- Acceptance or use of any special nutrition product or food must take into consideration its potential interaction with other products in use, to avoid toxicity.
- UNHCR will not accept any of the following items:
 - Products containing milk or milk products without evidence that they have been approved at global level by WHO.
 - Products that are not compatible with local cultural or religious norms.
 - Products whose expiry date falls less than one year from the date of shipment.
 - Products that do not have a clear contents label and a certificate showing that they are safe to consume.
 - Products targeted at infants or young children, including but not limited to breast milk substitutes or milk powders.
 - Non-fortified salt, oil or flour.
- All food donations should be accompanied by a cash contribution to cover the inland transport, storage and distribution costs of the donated commodity.
- UNHCR only distributes foods that meet food safety standards in both donor and recipient countries. Foods must be deemed safe for human consumption.
- Donations must adhere to the guidelines of the Codex Alimentarius Commission.

Nutrient	Minimum population requirements
Energy	2,100kCal
Protein	53g (10% of total energy)
Fat	40g (17% of total energy)
Vitamin A	550µg retinol activity equivalents (RTE)
Vitamin D	6.1µg
Vitamin E	8.0mg alpha-tocopherol equivalents (alpha TE)
Vitamin K	48.2µg
Vitamin B1 (thiamine)	1.1mg
Vitamin B2 (riboflavin)	1.1mg
Vitamin B3 (niacin)	13.8mg niacin equivalents (NE)
Vitamin B6 (pyridoxine)	1.2mg
Vitamin B12 (cobalamin)	2.2µg
Folate	363µg dietary folate equivalents (DFE)
Pantothenate	4.6mg
Vitamin C	41.6mg
Iron	32mg
Iodine	138µg
Zinc	12.4mg
Copper	1.1mg
Selenium	27.6µg
Calcium	989mg
Magnesium	201mg

Source: RNIs from FAO/WHO (2004), Vitamin and Mineral Requirements in Human Nutrition, 2nd edition, were used for all vitamin and mineral requirement calculations except copper. Requirements for copper are taken from WHO (1996), Trace Elements in Human Nutrition and Health.

Nutrition requirements for general food assistance

3. Links

UNHCR, Standardized Expanded Nutrition Survey

Sphere Project, Minimum Standards in Humanitarian Response (2018)

Four Principles statement on Cash Collaboration (2018)

Principles for Targeting Assistance to Meet Basic Food and Other Needs (2018)

UNHCR and WFP, Cash Addendum

Data Sharing Addendum (2018)

Joint UNHCR/WFP Strategy on Self-Reliance in food security and nutrition (2016)

Operational Guidance on the use of specialised Nutritional Products to reduce micronutrient deficiencies and malnutrition in refugee populations

Codex Alimentarius Commission

UNHCR, Public Health Strategy 2014-2018

NutVal

UNHCR, Basic Needs Approach

Need help?

CONTACT Contact the Public Health Section, Division of Programme Support and Management (DPSM), UNHCR. At: hqphn@unhcr.org

Annexes

- WFP-UNHCR, Global Memorandum of Understanding, January 2011
- UNHCR-WFP, Joint Assessment Mission (JAM) Guidance
- UNHCR Essential Medicines and Medical Supplies_Policy and Guidance 2013
- UNHCR, Policy related to the acceptance, distribution and use of milk products in refugee settings
- The Sphere Handbook

Version and document date

Version: 3.3

Document date: 06.05.2022

Accountability to affected people (AAP)

Key points

- All responders working in an emergency response are accountable to persons of concern (PoC).
- AAP is not new or additional work: it is at the centre of UNHCR's protection mandate, as set out in its age, gender and diversity (AGD) policy, and implemented through community-based, participatory approaches that are already well-established.
- Ensure that participation, feedback and complaint mechanisms are integrated in all strategies, plans and programmes from the start of an emergency.

- Provide a range of accessible and rapid channels of communication with affected populations, and use them to inform affected populations about procedures, structures and processes that affect them, so that they are able to make informed decisions and choices.
- Programming decisions and actions should be responsive to the expressed priorities, needs, capacities and views of all persons of concern.

1. Overview

The phrase 'accountability to affected people' (AAP) is widely used in the humanitarian community to refer to the commitments and mechanisms that humanitarian agencies have put in place to ensure that communities are meaningfully and continuously involved in decisions that directly impact their lives.

Accountability refers to the responsible use of power (resources, decision making) by humanitarian actors, combined with effective and quality programming that recognizes a community of concern's dignity, capacity, and ability to be independent. As an international humanitarian organization, with a protection function at its core, UNHCR is committed to 'putting people first' and drawing on the rich range of experiences, capacities, and aspirations of refugee, displaced, and stateless women, men, girls and boys. In addition, it is committed to being accountable to the people it serves by listening and responding to their needs, perspectives, and priorities.

UNHCR's AAP framework and these values are outlined in UNHCR's *Policy on Age, Gender and Diversity* (AGD, 2018), specifically core actions 2-5:

- Participation and inclusion (Core Action 2).
- Communication and transparency (Core Action 3).
- Feedback and response (Core Action 4).
- Organizational learning and adaptation (Core Action 5).^[1]

UNHCR is a member of the Inter-Agency Standing Committee (IASC) Task Team on accountability to affected people, which includes the task team on protection from sexual Exploitation and abuse (PSEA). Its goal is to create a system-wide culture of accountability by institutionalizing AAP, including PSEA, in the functions and resourcing of each humanitarian organization, alongside system-level cohesion, coordination, and learning.

UNHCR accountability to persons of concern has a history of continuous innovation and improvement, beginning in the early 1990s with the adoption of people oriented planning. Subsequent AAP-related policies and guidance include UNHCR's *Code of Conduct* (2004), its *Tool for Participatory Assessments in Operations* (2006), its *Accountability Framework for Age, Gender and Diversity Mainstreaming* (2007), and the manual *A Community-based Approach in UNHCR Operations* (2008). AAP is also reflected in UNHCR's *AGD Policy* (2018), which aims to ensure that all sections of populations of concern have equitable and non-discriminatory access to protection and assistance programmes, and a say in

decisions that affect their lives.

[1]

UNHCR, *Age, Gender and Diversity Policy* (2018)

2. When and for what purpose

UNHCR is accountable to persons of concern from the outset of an emergency until durable solutions are achieved. This requires direct and continuous work with communities of concern for the duration of their displacement, to make sure that they are able to participate meaningfully in decisions that affect them. UNHCR systematically involves persons of concern in participatory assessments. The outcomes of assessments are reflected in the annual and emergency response plans of country operations, as well as their priorities, programme designs, and monitoring and reporting.

Strong accountability mechanisms lead to more effective and efficient programming. Accountability is not a vague or moralistic concept: it is rooted in programming, which it should contribute to and improve. AAP is therefore an essential element of quality assurance across an operation's activities (in programming, monitoring and evaluation, reviews, and organizational learning), alongside AGD and protection. The humanitarian system as a whole has made itself accountable to affected people.

UNHCR's AAP policy.

The AAP policy defines key elements of accountability to which UNHCR is committed. They include: communication and transparency; feedback and response; participation and inclusion; and learning and adaptation. The policy also standardizes the language used in reporting; informs priorities; supports assessments of the extent to which UNHCR achieves its AAP commitments; and provides criteria for evaluating learning and improvements.

3. How to implement this at field level?

The following key components of accountability to affected people are intrinsically linked and build on each other and other community-based participatory approaches. They are applicable in all UNHCR operations and provide a framework for the practical integration of accountability into protection and assistance programming.

Participation and inclusion.

Women, men, boys and girls of diverse backgrounds are able to engage meaningfully and are consulted on protection, assistance, and solutions.

- Establish arrangements that permit meaningful participation at all stages of the operation's management cycle (assessment, planning, design, implementation, monitoring and evaluation). The arrangements should be accessible to all groups in a community. In particular, ensure that potentially marginalized groups are included, such as minorities, people with disabilities, and people with diverse sexual orientations and gender identities.

- Ensure that all persons of concern have equal and non-discriminatory access to protection, assistance and solutions. Act in a manner that enables forcibly displaced and stateless women, men, girls and boys to be resilient and achieve self-reliance.
- Identify the capacities and priorities of all persons of concern and develop protection, assistance and solutions programmes that accord with them.

Communication and transparency.

Women, men, boys and girls of diverse backgrounds in all operations have access to timely, accurate, and relevant information on (i) their rights and entitlements, and (ii) the programmes of UNHCR and its partners.

- Facilitate communication and dialogue between UNHCR, its partners, and persons of concern at key stages throughout the operation's management cycle.
- Share information and communicate in languages, formats, and media that are culturally appropriate for, and accessible to, all groups in a community.

Feedback and response.

Formal and informal feedback from persons of concern is systematically received and responded to, and corrective action taken when appropriate.

- Establish and maintain effective feedback systems (including comments, suggestions, and complaints), using a variety of communication channels that are accessible to all persons of concern and that are appropriate for both sensitive and non-sensitive feedback.
- Allocate human and financial resources to ensure that feedback from persons of concern is systematically collected, acknowledged, assessed, referred, and responded to in a timely, confidential, and effective manner.
- Collaborate with partners in feedback referral and response processes (wherever appropriate).

Organizational learning and adaptation.

Interventions, planning, priority setting, course corrections, and evaluation are informed on an ongoing basis by the views of persons of concern.

- Learn from continuous engagement with communities of concern and adapt interventions and programmes in response to new knowledge gained through community participation and feedback, both in the short and long-term.
- Measure and improve accountability to all persons of concern through assessments of organizational performance on accountability.
- Include persons of concern as partners throughout the operation's management cycle, *inter alia* by reporting the results of assessments and follow up actions to them.

Good practices when communicating with communities

Listening and talking to communities is a fundamental part of a humanitarian response, for UNHCR and its partners, and is vital to ensure we remain accountable to persons of concern. Accordingly, **involving communities through effective, inclusive and consistent communication** is central to the AAP

framework (reflected in the AGD Policy).

It is important for emergency responders to understand the information needs, preferred channels and trusted sources of different groups and individuals. It is equally important to ensure that communities' voices inform humanitarian decision-making. Emergency responders should therefore show that they have listened and should explain the decisions they make, including why certain actions cannot be taken.

Emergency responders are encouraged to be open to adopting new channels of communication. They should be aware that, while communication should not be driven by technology, in certain contexts and with certain populations new technologies can facilitate communication. Before choosing a particular form of communication, focus on the *purpose* of your communication, the *target population*, and *content*.

Understand your context by running an information and communications needs assessment. Emergency responders should consult communities to determine what channels of communication they currently use, what sources they trust, and how they would like to talk to humanitarian agencies. Assessments should describe the local communication and media landscape; how the community shares information; leadership structures; levels of literacy; what languages are spoken; the community's age, gender and diversity

(AGD) profile; and other relevant cultural practices. The information habits of target audiences, and the level of access of different AGD groups, are key factors when determining which channels to adopt and how to share information. This assessment process can be led by UNHCR or undertaken jointly with other humanitarian or other actors. UNHCR's general participatory assessments can include specific sections on information and communication needs.

Coordination of communication initiatives is critical, both in organizations and at interagency level. Coordination minimizes the risk of circulating contradictory or duplicated information, encourages joint messaging, and allows organizations to pool, co-resource and share information channels. To manage and respond to community feedback effectively, it is particularly important to define and agree roles and responsibilities, internally and at inter-agency level. Responders should draft standard operating procedures (SOPs) that set out agreed commitments, time frames for follow-up, and agency and individual roles. Coordination mechanisms for communication may already exist; for example a working group for communicating with communities may have been activated as part of protection. If so, additional actors may need to be invited to join (for example, from the local media or telecommunications companies) to ensure it is representative.

Ensure you provide factual, objective and actionable information that enables people to make informed decisions. Work with team members and partners across sectors to define what information needs to be shared, and ideally what response/information is expected in return. Be sure to address information gaps highlighted by the information and communications needs assessment. Agreeing with stakeholders procedures and protocols for generating and signing off new messages is a key step - particularly for sensitive information.

Adopt a variety of communications channels to promote inclusivity and accessibility. The more channels you establish, the less likely it is that you will not reach a community because a channel has

failed. Situations evolve: be aware of new communications opportunities; that existing channels can be disrupted; that information needs will change over time; and that different groups may be affected in a variety of ways by information gaps. Consider how different technologies affect information ecosystems, and how hi-tech tools integrate with more traditional tools. (For example, information from Facebook may be transferred onward by word of mouth.) Non-traditional actors, such as media and media development agencies, telecommunications organizations, and software developers, can provide expertise and support on such matters.

Don't assume that communication is 'one-way'. Communities want the opportunity to question and respond to the information they receive. For example, a common mistake is to broadcast 'bulk' SMS without planning to receive messages from the community in return; as a result, a large number of enquiries, and potentially protection concerns, can go unanswered. It is important to establish a forum or platform for discussion to generate new ideas and enable people to challenge and contextualize the information being shared. These can be high-tech, low-tech or no-tech. Examples include refugee-led Facebook groups, call-in radio shows, or 'town hall' meetings.

Manage expectations, counter misinformation and address rumours. In all communities, expectations and rumours are normal. Both love information vacuums; neither can be ignored. However, rumours only have value when they are the sole source of information. Responders can help to devalue them by listening to a community's concerns, monitoring 'misinformation', and proactively providing factual and verifiable information through trusted channels.

Don't duplicate efforts. To make communication initiatives sustainable, build on staff capacities and work with services that are already active. Work out what activities are already underway and build on these. Identify which community members, partners and staff you can work with. For example, if people are regularly attending schools, medical centres or distribution points, you can integrate your communication activities into these services, working with teachers, parents, medical staff, distribution volunteers, etc.

Identify the resources you need, to ensure you have the capacity to implement, receive and react. Depending on your communications planning, and the arrangements you make, emergency operations will need staff and materials, including tools, expertise, budgets, and possibly additional technology. It is critical to include resources for 'listening and responding' in your planning, so that the operation can receive and respond to information that communities share. Consider the sustainability of activities, and find effective response strategies. For example, if feedback boxes are introduced, ensure they are accessible (location, language, access to writing materials) and that suggestions and complaints are regularly reviewed and followed up.

Test and refine your communications activities. Consult communities that do not engage to understand why. Work with specific groups in the community – young adults, disabled groups, women's associations, adolescents. Brainstorm solutions that will overcome challenges.

Considerations for practical implementation Keep up to date with technology but do so with your eyes open

Technology can facilitate community engagement by opening up new communication channels; people are becoming more and more connected. Technology can help reach remote populations, help to scale

up certain interventions, increase efficiency. At the same time, technology is not always neutral and it is important to manage data, especially sensitive data, ethically and appropriately. Don't be led by technology. To ensure you 'do no (digital) harm', address the following:

- Ownership of technology. Is the channel owner associated with an interest, or with one side in a conflict?
- Neutrality. Is the content that is normally shared through this channel biased against one group of people?
- Data protection. How secure is the information that is shared through this channel?
- Digital divide. Does this channel marginalize certain groups without access?
- Appropriate. Is this channel preferred and trusted by communities?

No community is homogenous – be inclusive

Everyone accesses and consumes information but we each do so in a personal way. It is therefore vital to use a variety of communication channels. The fewer channels you use, the more you are likely to exclude some groups and individuals. 'Invisible' (marginalized) groups will need to be identified and reached using specific information and channels. The information and communications ecosystem should be an enabling environment for everyone. Draw on the expertise of other organisations or colleagues to help you reach out more effectively to the diversity of your audiences.

Physical impairments

- Where carers or advocacy groups for physically impaired people are active, work through them and use their communications channels.
- Include disability information (for example, about wheelchair access) in your communications.
- Some people with a disability have carers: include carers in discussions too.
- When you print messages, use a large font and prepare audio versions if you can.

Cognitive and learning difficulties

- Consider reaching out to social networks, family and carers.
- You may need to provide information verbally. It will need to be clear and simple, using short sentences.
- Do not provide too much information because this may cause confusion and stress.
- Use pictures or colours to help communicate (primary on a white background).
- Make sure your messages are consistent.

Communicating with children

- Start by connecting with what they are doing.
- Tell them your name and who you are.
- Create an environment that is not distracting.

- Ask their name(s) and age(s).
- Take your time.
- Watch, wait and listen.
- Play a game to build trust – have fun.
- Confidentiality is important.
- Avoid jargon.
- Always have a non-judgmental attitude.

How to use pictures

- Use one central image to avoid confusion about how to read the images on the page.
- Don't use symbols that require prior understanding.
- Avoid using comparison images to demonstrate differences in sizes, processes or numbers.

Make information easy to read

- Use words that communities use all the time.
- Use active verbs.
- Use full stops.
- Try not to use other punctuation.
- Use bullet points for examples and instructions.
- Do not split words over 2 lines.
- It is easier to read straight across the page.
- It often helps people to have a box to write in rather than lines to write on.
- Words in white (reversed-out text) on a coloured background can be harder to read.
- Use bold to highlight important words.

Resources and partnerships

Collaborative initiatives, such as the Communicating with Disaster-Affected Communities (CDAC) Network

(of which UNHCR is an active member), help bring together collective expertise in communicating with communities (CwC). CDAC brings together over 30 technology providers, UN agencies, INGOs and the ICRC. Their field presence varies but the international secretariat (based in London) can help partners to link up where needed.

Consider partnering with:

- Local media (TV, radio, newspapers, social networks).
- Mobile network operators (MNOs).
- Government agencies, for example communications commissions or licensing agencies.

- Technology providers and software developers.
- Art and theatre groups.

4. Links

Accountability to Affected People E-learning

UNHCR Policy on Age, Gender and Diversity

Information and Communication Needs Assessment Tool

How to control the 'CTRL+P' urge: embracing audio

10 things to consider before rolling out two-way SMS

Set up a system to manage two-way SMS in two minutes

Radio for Communicating with Communities

IASC Revised AAP Commitments, 2017

Revised CAAP Guidance note and resources list 2018

IASC AAP/PSEA Task Team

PSEA Task force

Core Humanitarian Standard on Quality and Accountability

Impact Measurement and Accountability in Emergencies: The Good Enough Guide

OCHA on Message: Communications with Communities

CDAC

Tools and Resources

Assessing Information and Communication Needs

CDAC Message Library

CBP Community of Practice

COMPACT GUIDANCE FOR SENIOR MANAGERS ACCOUNTABILITY TO AFFECTED PEOPLE (AAP) (2020)

OPERATIONAL GUIDANCE ON ACCOUNTABILITY TO AFFECTED PEOPLE (AAP) (2020)

5. Media

Introduction to Community-Based Protection

ERC video message introducing the Transformative Agenda

A short film with IASC Principles explaining the importance of the Transformative Agenda

Need help?

CONTACT As first port of call, contact the UNHCR Deputy Representative (Protection), the UNHCR Assistant Representative (Protection), or the Senior Protection Officer or Senior Community-based Protection Officer in the country.

Alternatively, contact the UNHCR Head of Protection, or the Deputy Director (Protection), or the senior Protection Coordinator, or the senior Protection Officer, or the senior Community-based Protection Officer in the Regional Bureau.

The person you contact will liaise as required with the relevant technical unit at UNHCR DIP.

Annexes

- UNHCR, Age, Gender and Diversity Policy (2018)
- UNHCR, Tool for Participatory Assessment in Operations, 2006
- UNHCR, Understanding Community-Based Protection, Policy Paper, 2013
- UNHCR, Manual on a Community-Based Approach in UNHCR Operations, 2008
- UNHCR, The Heightened Risk Identification Tool, 2010
- UNHCR, Manual on Security of Persons of Concern, 2011
- IASC, Humanitarian Programme Cycle, Reference Module, 2013
- IASC Emergency Directors' Group, Protection and Accountability to Affected Populations in the Humanitarian Programme Cycle (2016)
- Leslie Groves, Working Together to End Discrimination and Ensure Equality Outcomes for All (UNHCR)
- COMPACT GUIDANCE FOR SENIOR MANAGERS ACCOUNTABILITY TO AFFECTED PEOPLE (AAP) (2020)
- OPERATIONAL GUIDANCE ON ACCOUNTABILITY TO AFFECTED PEOPLE (AAP) (2020)

Version and document date

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Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons

Key points

- Ensure that staff are aware of international and national guidelines for protecting LGBTI persons of concern.
- Ensure staff in direct contact with persons of concern are sensitized to LGBTI needs and risks.
- Create safe spaces and identify LGBTI persons of concern. Do so sensitively; protect their confidentiality and safety.
- Consult LGBTI persons when you assess their needs and capacities. Remember, LGBTI persons are not a homogenous group. They have different needs and capacities.
- Ensure that all processes and practices (family unity considerations, registration, etc.) are inclusive.
- Do not assume that persons of diverse sex, diverse sexual orientation and diverse gender identity are the same.
- Do not assume that persons of diverse sex, diverse sexual orientation and diverse gender identity do not exist among the populations you work with.

1. Overview

How do we define LGBTI persons?

In many societies, lesbian, gay, bisexual, transgender, or intersex (LGBTI) individuals are subject to serious human rights abuses because they do not conform to culturally established gender norms. As a result of their real or perceived sexual orientation, gender identity, gender expression or sex characteristics, LGBTI persons are at heightened risk of violence, abuse, discrimination and exploitation - at the onset of an emergency, in transit, and when they arrive in countries of asylum. Many attempt to hide their sexual orientation, gender identity or sex characteristics in an effort to avoid danger, making it difficult for UNHCR and partners to identify them, provide humanitarian services, and ensure that asylum procedures adequately address their needs. They require specific protection responses and may also require specific forms of humanitarian assistance.

Note on terminology.

A wide variety of terms are currently used to address and refer to persons of diverse sexual orientation, gender identity, gender expression or sex characteristics (see below). While acknowledging that language evolves, UNHCR uses the acronym LGBTI as an umbrella term to describe diverse groups of people who do not conform to conventional or traditional notions of male and female gender roles. Some other terms include, LGBTI+, LGBTQ, LGBTQAI, Queer, etc.

In every context, make sure your staff are aware of what are the right terms to use and what terms are

considered derogatory and should be avoided. Local LGBTI organizations can be a useful resource in this regard. When you are working with an LGBTI individual and do not know what term to use, ASK!

The following definitions are relevant:

LGBTI An acronym for 'lesbian, gay, bisexual, transgender and intersex' persons that is also used as shorthand for 'persons of diverse sexual orientation, gender identity, gender expressions or sex characteristics'.

Lesbian A woman whose enduring romantic, emotional and/or physical attraction is to other women.

Gay A man whose enduring romantic, emotional and/or physical attraction is to other men. The term can be used to describe women who are attracted to other women.

Bisexual An individual who has the capacity for romantic, emotional and/or physical attraction to person(s) of the same sex and/or gender, and to person(s) of a different sex and/or gender.

Cisgender Umbrella term used to describe persons whose gender identity corresponds to the biological sex assigned to them at birth. They can have a range of sexual orientations.

Transgender Umbrella term used by persons whose gender identity and, in some cases, gender expression differ from what is typically associated with the sex they were assigned at birth. They can also have a range of sexual orientations.

Intersex An umbrella term describing a wide range of natural bodily variations in sex characteristics (including genitals, gonads, reproductive organs and chromosome patterns) that do not fit typical binary notions of male or female bodies. Intersex people are not necessarily people who have a different gender identity or sexual orientation to the norm. Rather, their bodies have different sex characteristics to the norm. They are not to be considered the same as transgender persons.

Homosexual A person whose romantic, emotional and/or physical attraction is to persons of the same sex and/or gender. In English, many consider it an outdated clinical term that should be avoided.

Sexual orientation Each person's enduring capacity for profound romantic, emotional and/or physical feelings for, or attraction to, person(s) of a particular sex and/or gender.

Gender identity Each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth or the gender attributed to them by society based on their sex assigned at birth.

Gender expression The external manifestation of one's gender identity expressed through one's name, pronouns, behaviour, clothing, haircut, voice or bodily characteristics.

Sex The classification of a person as having female, male and/or intersex bodily characteristics. Infants are usually assigned a sex at birth based on the appearance of their external anatomy. A person's sex is a combination of bodily characteristics, including their chromosomes, their reproductive organs and

secondary sex characteristics. It is a biological marker.

SOGIESC An acronym for 'sexual orientation, gender identity expression and sex characteristics'. It is used to describe sexual orientations and gender identity expressions in their full diversity, as well as based on sex characteristics.

2. Protection objectives

UNHCR's protection objectives with respect to lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons are:

- To sensitize UNHCR and partner personnel to the specific risks and protection needs of LGBTI persons.
- To ensure that UNHCR and partner offices, registration facilities, reception centres, service delivery points, etc. are welcoming, confidential and safe spaces for LGBTI persons of concern.
- To consult LGBTI persons of concern and make sure that their views inform the design, implementation, and monitoring and evaluation of emergency responses.
- To ensure that LGBTI persons of concern do not suffer discrimination, are treated respectfully and fully participate in decisions that affect them.
- To ensure all responses are inclusive of LGBTI persons, and consider their specific capacities and needs in terms of age, gender, and diversity (AGD).
- To put appropriate systems in place that will prevent, mitigate and respond to violence against, or exploitation and abuse of, LGBTI persons during an emergency.

3. Underlying principles and standards

- UNHCR, Code of Conduct, 2004.

The Code of Conduct guides staff in making ethical decisions in their professional and also personal lives. It is a moral code; it does not have the force of law.

- UNHCR, Policy on Age, Gender and Diversity, 2018.

The AGD policy reinforces UNHCR's commitment to ensure that people are at the centre of all that we do. It consolidates UNHCR's commitments to a strong AGD orientation, accountability to affected people (AAP), and commitments to women and girls. It defines six areas of engagement and ten mandatory core actions for UNHCR headquarters and all operations.

- UNHCR, Guidelines on International Protection No 9: Claims to Refugee Status based on Sexual Orientation and/or Gender Identity within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees, 2012.

Provides legal guidance for governments, legal practitioners, decision makers and the judiciary, as well as staff carrying out refugee status determination under UNHCR's mandate.

- UNHCR, Need to Know Guidance: Working with Lesbian, Gay, Bisexual, Transgender, and Intersex Persons in Forced Displacement, 2011.

Provides practical guidance on how to ensure that the rights of LGBTI persons of concern are respected, and prevent discrimination.

4. Protection Risks

Risks

LGBTI persons are not a homogenous group. While they may share similar risks and concerns, each person and population has distinct concerns that derive from the intersection of their sexual orientation, gender identity and sex characteristics with their gender, age, and other diversity characteristics (such as disability, race, and religion).

Protection risks

Specific

- Lesbian women may suffer persecution based on their gender and their sexual orientation and may be exposed more frequently to gender-based violence, including honour crimes and rape, at the hands of private actors, including family and community members. Because of their social and economic status, they may find it difficult to access asylum procedures, the police, or other forms of protection and support in countries of asylum. Some lesbian women will have been forced into compulsory heterosexual marriages and may also have children from these marriages.
- Gay men tend to live more public lives than lesbian women and as a result are often at more immediate risk of harm, including from state actors in countries where male same-sex conduct is a criminal offence. Gay men may be reluctant to reveal to authorities or service providers sexual abuse that they have endured.
- Bisexual persons may remain largely invisible. They are usually persecuted because they are perceived to be gay or lesbian. Their capacity to be physically, romantically or emotionally attracted to both men and women may create a misperception that their sexuality is a matter of choice, not identity. They may be stigmatized by both heterosexual and non-heterosexual communities.
- Transgender persons are often severely marginalized and subject to violence. They frequently experience abuse and discrimination by state authorities and hatred from family and community members. They are often subject to sexual abuse by state as well as non-state actors. Frequently excluded from education and access to housing and employment, they may engage in survival sex work. They often lack access to medical services that are much needed.
- Intersex individuals may endure persecution because they do not conform to mainstream gender expectations, or are viewed as having a physical disability related to their atypical sexual anatomy. They mayc be subject to ritualistic abuse where it is believed that bodily diversity is evil. They are often exposed to forced surgical interventions, including sterilization, without consent. Family members of intersex persons are sometimes also at risk.

General

- Public locations often present risks for LGBTI persons: temporary shelters; collective shelters; sanitation facilities, such as showers and toilets; centralized aid distribution areas and queues (if they

are stigmatized or excluded by those overseeing the queues); information and registration points or centres; health or counselling centres; official offices, including police stations and military posts; detention facilities. Host communities may stigmatize, harass or marginalize LGBTI persons; their own families and communities may also do so.

- Same-sex couples and their families may be separated if housing is designed to accommodate single individuals or couples of different sex. Additionally, same sex couples may be treated without due consideration when services are delivered. Distribution criteria may not recognize same-sex couples, and as a result may exclude them from essential aid for families. Transgender and intersex individuals may be placed in accommodation that does not correspond to their preferred gender identity but rather to their sex assigned at birth.
- The content of assistance packages may not be appropriate for some LGBTI people. For instance, transgender men may need access to sanitary napkins and intersex individuals may need hormone replacement therapy.
- Coping mechanisms and infrastructures on which LGBTI persons normally rely may be incapacitated or destroyed. These include safe public spaces and facilities such as non-discriminatory health and community centres.

5. Other risks

The reputation of UNHCR and its partners will be put at risk if they do not fulfill their responsibility to protect all persons of concern.

6. Key decision points

- Ensure that all staff and partners understand the specific protection needs of LGBTI persons, either through training or by reviewing UNHCR's guidance on Working with Lesbian, Gay, Bisexual, Transgender & Intersex Persons in Forced Displacement.
- Ensure that all UNHCR and partner premises are welcoming and safe for LGBTI persons of concern.
- Ensure that all staff and partners, including drivers and security guards, are aware of what is and is not appropriate behaviour when working with LGBTI persons. UNHCR's Code of Conduct sets out clear norms and requires managers to take action when inappropriate behaviour is identified.
- Appropriate partners may need to be identified, in particular in the absence of (reliable) national services.
- Establish systems that will consistently refer LGBTI persons to relevant service providers and ensure all services are accessible without discrimination.

7. Key steps

Identification and assessment procedures

- Identify and reach out to LGBTI persons. If possible, consult civil society actors, NGOs and other civil society organizations. Remember that LGBTI persons may deliberately seek to remain out of sight for their own security. Your first responsibility is to protect their confidentiality and safety. Do not assume that LGBTI individuals look, act or behave in a certain way.
- Create safe spaces and ensure staff and partners are trained to work and communicate with LGBTI persons. Establish an environment where LGBTI individuals will feel safe to come forward and seek support they need.
- In your reception centres, registration facilities and service provision points, include visual material that has key messages for LGBTI persons. Ensure that confidential hotlines and other reporting channels are in place and that they are made known to people who cannot access services directly.
- During assessment, be alert to the fact that lesbian, gay, bisexual, transgender, intersex persons and others of diverse SOGI face different risks and have different needs and priorities. They are not, and should not be treated as, a homogenous group. Identify their distinct needs.
- Support services should include LGBTI persons of concern in all protection and assistance programming. Specific arrangements and adaptations may need to be made in some situations.
- Ensure that the urgent needs of LGBTI persons, including for mental health and psychosocial support (MHPSS), health, shelter, food, core relief items (CRI), are adequately addressed; take targeted actions where necessary. Include LGBTI persons in programmes that prevent and respond to sexual and gender-based violence (SGBV), working with partners where applicable.
- Design confidential, safe and effective referral systems by mapping the needs of LGBTI persons in liaison with LGBTI-sensitive NGOs and other relevant service providers.

Access to services

- Respond promptly and adequately to the specific needs of LGBTI persons. Map partners, referral mechanisms, and the community's capacities.
- Work with partners, other actors, and the authorities where feasible, to identify appropriate and safe housing arrangements.
- Ensure that services such as counselling, health, and MHPSS are accessible to LGBTI persons without discrimination and that LGBTI persons are included in programmes that target persons of concern. Review your response programmes to identify where LGBTI persons may be at higher risk. Be mindful that it may not always be safe for LGBTI persons to access established mainstream services. For example, many public health facilities are legally required to report SGBV cases to local law enforcement, which may put LGBTI persons at additional risk.

Prevention of abuse and exploitation

- Take steps to put appropriate systems in place to prevent and respond to violence, exploitation and abuse of LGBTI persons. Establish monitoring mechanisms for this purpose.
- Ensure feedback systems are accessible to LGBTI persons and that concerns reported through those systems are acted upon.

Inclusion and information sharing

- Ensure that LGBTI persons of concern are consulted and meaningfully involved in the design, implementation, monitoring and evaluation of programmes that affect them.
- Provide information, in different forms and at various locations, about how and where LGBTI persons can seek assistance.
- Ensure that documentation procedures and decisions are sensitive to, and include, persons who do not align with mainstream sex and gender expectations. Ensure that such persons are not denied access to protection and assistance programmes.
- Ensure the office reception provides a safe and welcoming environment and that registration is conducted in a non-discriminatory manner. Specific arrangements may need to be made for registration.
- Assist service providers to make their programmes inclusive and accessible to LGBTI persons of concern.

Awareness raising and advocacy

- Include the diverse protection issues LGBTI persons face in awareness-raising and training activities with partners.
- Provide specific training to ensure that staff, interpreters, and other relevant actors (in government and civil society) understand the particular needs and vulnerabilities of LGBTI persons in forced displacement.

8. Key management considerations

- Enough resources and sufficient knowledgeable staff should be available to meet the specific needs of LGBTI persons of concern.
- Strengthen the capacity of protection staff and partners to respond to the protection needs of LGBTI persons. Mainstream efforts to address issues of LGBTI individuals in all relevant sectors.
- Establish mechanisms to monitor the security and level of protection of LGBTI persons.
- Press national services and partners to remain engaged in support of LGBTI persons.

9. Resources and partnerships

Staff

- Staff working in protection, community-based protection, health, education, livelihoods and other technical sectors are particularly relevant. Ideally, each operation should have a trained and knowledgeable LGBTI focal point.

Financial resources

- Financial resources will be required to plan and implement relevant services, interventions and programmes.

Training

- Ensure that staff, interpreters, and other relevant actors (in government and civil society) can obtain training in the particular risks and specific needs of LGBTI people. Ideally, conduct such training before an emergency occurs.

Partnerships

- National NGOs and government institutions that are sensitive to LGBTI individuals. Well-known international NGOs with expertise include ORAM, ILGA and HIAS. Such partners are often also able to provide mental health and psychosocial support, where required.
- Explore national LGBTI organisation who provide specific services to LGBTI individuals.

10. Links

Refworld portal on SOGI

The Yogyakarta Principles, 2006

ILGA, State-Sponsored Homophobia: A world Survey of Laws - Criminalisation, Protection and Recognition of Same-Sex Love

Human Rights First

United Nations Free and Equal Campaign

CBP Community of Practice

11. Media

Introduction to Community-Based Protection

United Nations Free and Equal Campaign Videos

What is the difference

LGBT Asylum: Three stories

A History of LGBT rights at the UN

Need help?

CONTACT As first port of call, contact the UNHCR Deputy Representative (Protection), the UNHCR Assistant Representative (Protection), or the Senior Protection Officer or Senior Community-based Protection Officer in the country.

Alternatively, contact the UNHCR Head of Protection, or the Deputy Director (Protection), or the senior Protection Coordinator, or the senior Protection Officer, or the senior Community-based Protection Officer in the Regional Bureau.

The person you contact will liaise as required with the relevant technical unit at UNHCR DIP.

Annexes

- UNHCR, Need to Know Guidance. Working with Lesbian, Gay, Bisexual, Transgender, and Intersex Persons in Forced Displacement, 2011
- UNHCR, Policy on Age, Gender and Diversity, 2018
- UNHCR, The Protection of Lesbian, Gay, Bisexual Transgender and Intersex Asylum-Seekers and Refugees, Discussion Paper, September 2010
- UNHCR, Guidelines on International Protection No. 9. Claims to Refugee Status based on Sexual Orientation and or Gender Identity
- UNHCR, Heightened Risk Identification Tool, 2010 (second edition)
- UNHCR Division of Global Protection, Protecting Persons Of Diverse Sexual Orientations And Gender Identities, 2015

Version and document date

Version: 2.9

Document date: 06.05.2022

Humanitarian principles

Key points

- Work with partners (including in the Humanitarian Country Team, where it exists) to identify risks to humanitarian action and perceptions of humanitarian action that may limit acceptance and impede access. Develop strategies to mitigate or remove these risks and perceptions.
- Communicate consistent and transparent messages, including to affected communities and persons of concern to UNHCR about the humanitarian nature of UNHCR's work and that of its partners.

- Adhering to a community-based approach that is sensitive to differences in age, gender and diversity, engage and empower affected populations to participate in needs assessments as well as in the design and implementation of the humanitarian response.
- Ensure that any support provided by UNHCR to non-UN security forces (including police and border officials) complies with UNHCR and inter-agency principles and standards.
- In UNHCR, and among key partners engaged in the response, develop a basic understanding of and appreciation for humanitarian principles. Where appropriate, promote familiarity with the international normative legal framework as it relates to humanitarian action.

1. Overview

Underlining all humanitarian action are the principles of humanity, impartiality, neutrality and independence. These principles, derived from international humanitarian law, have been taken up by the United Nations in General Assembly Resolutions 46/182 and 58/114. Their global recognition and relevance is further underscored by the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief and the Core Humanitarian Standard on Quality and Accountability.

Because UNHCR's mandate is non-political, humanitarian and social, the organization is guided by humanitarian principles in its response to all humanitarian crises, whether caused by conflict, violence or natural disasters. UNHCR also adheres to other internationally recognized principles that complement "principled humanitarianism." The principle of "do no harm," for instance, obliges UNHCR to prevent and mitigate any negative impact of its actions on affected populations. Equally important is UNHCR's commitment to rights-based and community-based approaches that include efforts to engage and empower persons of concern in decisions that affect their lives.

Ultimately, States have the primary responsibility to protect and assist persons in their territories who are affected by disasters, armed conflicts or violence. Humanitarian action is designed to complement and support States in fulfilling those responsibilities; it should neither undermine nor supplement state responsibility.

2. Relevance for emergency operations

Humanitarian principles have practical operational relevance, especially in situations of open armed conflict and hostility that characterizes many emergencies. Consistent adherence to humanitarian principles can enable organizations like UNHCR to distinguish themselves from other actors and potentially:

- Gain and maintain access and proximity to affected populations, including persons of concern to UNHCR;
- Mitigate risks to affected populations, staff, partners and assets;

- Promote the rights and dignity of affected populations;
- Establish a principled engagement with authorities and also, where appropriate, with non-State parties to a conflict.

3. Description and guidance

The principal motivation of humanitarian action is to save lives and alleviate suffering in a manner that respects and restores personal dignity. Accordingly, **humanity** is the principal driver for any response to a crisis, whether caused by conflict, violence or natural or man-made disaster.

At the same time, humanitarian actors distinguish themselves from other actors responding to a crisis by their **impartiality**. This means that humanitarian action is based solely on need, with priority given to the most urgent cases irrespective of race, nationality, gender, religious belief, political opinion or class.

The **neutrality** of humanitarian action is further upheld when humanitarian actors refrain from taking sides in hostilities or engaging in political, racial, religious or ideological controversies. At the same time, **independence** requires humanitarian actors to be autonomous. They are not to be subject to control or subordination by political, economic, military or other non-humanitarian objectives.

'Principled humanitarianism' is a commitment to meet the assistance and protection needs of affected populations in a way that is distinct and separate from political and other motivations. Humanitarian actors therefore need to be familiar with and apply the above principles, in particular in situations of armed conflict.

During an armed conflict, when multiple actors are involved, adherence to humanitarian principles requires a clear division of labour between humanitarian and other actors, notably those in the political and military realms. Military actors can include the armed forces of the host State, but also international and regional forces, armed non-State actors, and UN peace operations. By affirming complementary roles, humanitarian actors can maximise the protection of civilians. By way of example, most UN peace operations have a mandate to protect civilians. This role can lead them to patrol high risk areas, provide security to refugee or IDP camps, clear areas of mines or unexploded remnants of war, or facilitate voluntary return. UNHCR or the Protection Cluster should work to complement such efforts, for example by provided updated protection analysis. Further guidance on coordination between humanitarian and military actors can be found in the Entry on civil-military coordination

. For guidance on UNHCR's work in and near armed conflict situations, which can involve dealing with a UN presence that has a protection of civilians mandate, please see Protection of Civilians – UNHCR's role

in the Tool Kit on Protection in Armed Conflict

4. Links

Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief

IFRC Principles

OCHA, Humanitarian Principles

The SPHERE Project

Humanitarian Accountability Partnership

Core Humanitarian Standard

General Assembly Resolution 46/182

Need help?

CONTACT The first port of call is the UNHCR Dep. Representative (Protection) or the UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; alternatively contact the UNHCR Regional Asst./Dep Rep (Protection) and/or Snr. Regional Protection Officer at the regional office (if applicable). You may also contact the Snr. Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who will liaise as required with the parent unit at UNHCR DIP.

UNHCR Division of Emergency, Security, and Supply (DESS, at hqemhand@unhcr.org), and the Division of External Relations for inter-agency processes relating to humanitarian principles, including UNHCR's work within an integrated mission setting

UNHCR Field Safety Service, DESS (at FS00@unhcr.org) is responsible for the security of persons of concern, and the security of UNHCR's workforce

Annexes

- Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief (ICRC and IFRC)
- The Sphere Handbook. Humanitarian Charter and Minimum Standards in Humanitarian Response (The Sphere Project)
- The Core Humanitarian Standard on Quality and Accountability (HAP International, People In Aid and the Sphere Project)
- General Assembly Resolution 58-114

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Working with a host government

Key points

- Familiarize yourself with the political dynamics, capacities and institutional arrangements of the host government wherever these are relevant to the emergency response.
- Understand other UN agencies' engagement with the government and identify synergies and complementarities.
- In refugee situations, the UNHCR Representative or most senior UNHCR official in the country has an important role in direct advocacy with high-level government authorities.
- Always work with local government authorities (governors, municipalities) in operational areas.
- Always maintain an up-to-date contact list of key government counterparts.
- If key protection or operational issues vital to an emergency response cannot be resolved at national level, the UNHCR Representative may pass major advocacy issues to UNHCR HQ.

1. Overview

States are responsible for the safety and security of refugees and internally displaced persons on their territory, including the provision of assistance and law and order. Within this framework, and in accordance with UNHCR's mandate, UNHCR supports host governments in emergency situations, working with government authorities at all levels. This Entry outlines basic principles for working with host governments in both refugee and IDP emergencies.

2. Underlying rationale / objective of the approach or system

The international legal instruments listed below establish the core elements of State responsibility.

With respect to refugee protection:

- The 1951 Convention Relating to the Status of Refugees and its 1967 Protocol.
- The 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa of the Organisation of African Unity (OAU).
- The 1984 Cartagena Declaration on Refugees.
- The 1994 San José Declaration (for operations in Latin America only).

With respect to IDP protection:

- The Guiding Principles on Internal Displacement (1998). (The Principles are not an international convention, but collate and reaffirm relevant international human rights and humanitarian law with regard to IDPs as well as clarify legal grey areas and gaps.)
- African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (2012).

For all populations on a State's territory:

- Human rights law.
- Humanitarian law (applicable only during times of conflict).

National laws on refugees and IDPs determine the scope of national mechanisms to fulfil international obligations. During an emergency response, operations should be aware of the provisions of national law.

UNHCR's relationship with the host government

Refugees

The High Commissioner's core mandate covers refugees. Given the particular character of refugees as people who are not protected by their own States, the post of High Commissioner was established with legal authority to intercede on their behalf, as illustrated by his supervisory responsibilities with regard to international refugee instruments.

The refugee mandate applies to asylum-seekers and refugees in both emergency and non-emergency situations, as well as to emergency and non-emergency mixed movements that involve asylum-seekers and refugees. The mandate covers camp settings and settings outside camps. In short, the High Commissioner has a global mandate with respect to refugees, regardless of their location.

The High Commissioner and his Office (UNHCR) are authorized to declare which individuals or groups

may be of concern to the Office under its core mandate. Their concern may relate to a specific individual or a wider group. Exercising the mandate in this way informs other external actors of the High Commissioner's international protection interest in and responsibility for persons of concern.

In the course of fulfilling these functions, UNHCR has acquired more than sixty years of experience of collaborating with governments and developing partnerships with other international agencies and non-governmental organizations.

Stateless persons

The High Commissioner for Refugees has specific responsibilities for refugees who are stateless, pursuant to the 1951 Convention, which refers to stateless persons who meet its refugee criteria. Moreover, in accordance with GA resolutions 3274 XXIX and 31/36, and pursuant to Articles 11 and 20 of the 1961 Convention on the Reduction of Statelessness, it is to UNHCR that persons claiming the benefits of the 1961 Convention apply, both to examine their claims and assist them to present claims to the appropriate authorities.

IDPs

Certain requirements must be met before the High Commissioner may act in favour of internally displaced persons. The Secretary-General or a competent principal organ of the UN must issue a specific request or authorization; the State or other entities concerned must consent; there must be assurances that UNHCR will obtain access to the internally displaced persons in question; adequate resources and the Office's particular expertise and experience must be available; action should complement the action of other agencies; and adequate staff safety should be assured.

The High Commissioner does not have a general or exclusive mandate to intercede on behalf of internally displaced persons. However, it has been authorized by the UN General Assembly to become involved operationally under certain circumstances for the purpose of enhancing protection and providing humanitarian assistance to internally displaced persons through special operations.

Currently, the Office's involvement with internally displaced people is largely defined by the inter-agency approach to co-ordination that has been articulated in the Humanitarian Reform and the Transformative Agenda. These models, developed by the Inter-Agency Standing Committee under the leadership of the Emergency Relief Coordinator [ERC], fully respect the mandates of the participating agencies and partners. In mid-2005, UNHCR agreed to assume global cluster leadership for protection, and co-leadership of both camp coordination and management and emergency shelter.

For more legal information on UNHCR's mandate, see UNHCR, *Note on the Mandate of the High Commissioner for Refugees and His Office*.

UNHCR presence/offices

The relationship of UNHCR offices with host governments is usually regulated by host country agreements or memoranda of understanding (MOUs), often called *Accords de Siège*. Host governments are responsible for the safety and security of UNHCR staff. The Charter of the United Nations and the

Convention on the Privileges and Immunities of the United Nations of 13 February 1946 (General Convention) provide the legal foundation of the status of UNHCR and its personnel as well as applicable privileges and immunities.

3. Policy, strategy and/or guidance

When a major new crisis occurs, UNHCR operations should be conscious that government arrangements for managing refugees or IDPs may change. Emergency response operations are delivered by a number of government departments, including those responsible for public works (water, sanitation), education, health, and home affairs (safety and security), which often also oversees local government institutions.

In terms of the practical management of government relations, UNHCR emergency managers should always keep an up to date contact list, including the mobile phone numbers of key government counterparts. These can make a big difference when quick or urgent operational and protection decisions or interventions need to be made.

Refugee emergencies

Pre-emergency preparedness

UNHCR offices, or visiting missions if there is no presence, support host governments to prepare for emergencies. Assistance covers all aspects of preparedness, from identifying/monitoring specific emergency risks and scenarios to advanced preparedness actions, including contingency planning. UNHCR offices should ideally be aware of government contingency plans and national response capacities. For more information on preparedness, please consult the Entry on the *Preparedness Package for Refugee Emergencies*.

During refugee emergencies

When a refugee emergency occurs, or is imminent, UNHCR should immediately initiate high level consultations with the host government on the points listed below. With respect to inter-agency coordination arrangements, the refugee coordination model (RCM) applies, by which UNHCR (co-) leads the emergency response in support of the host government.

Main points to consider in deliberations with the Government:

- What information is available to UNHCR on the refugee influx? Highlight those who, in UNHCR's view, are or may be of concern to UNHCR.
- Seek to ensure that newly arriving asylum seekers and refugees have access to the territory and access to asylum and asylum procedures.
- Seek to ensure that new arrivals in the country are granted appropriate status and enjoy corresponding rights.

- Given that the government is responsible for ensuring the civilian character of asylum, clarify security arrangements as well as related procedures for separating civilians from combatants and former combatants, as required.
- Establish who will be the most senior government counterpart in charge of the emergency situation, as well as primary working level counterparts.
- Open initial consultations on the response strategy and how (as appropriate) UNHCR can enhance the host government's emergency response capacity.
- Propose joint development of a contingency plan or refugee response plan (RRP), as applicable.
- Offer assistance with coordination of the emergency response, given the possible involvement of UN and NGO partners.

Response leadership and coordination

UNHCR assists the government on coordination, response delivery and protection issues. Typically, this involves joint coordination arrangements, partnership with various government departments in service delivery, and regular dialogue at all levels on refugee protection issues.

Emergency response delivery

At the request of government, UNHCR may complement national capacities to deliver essential services to newly arriving refugees in an emergency situation. It is of critical importance that an emergency response operation supported by UN and NGO actors does not displace or operate in parallel to government services: existing national capacity should always be the starting point when planning emergency response services. Perhaps assisted by targeted capacity-building, most national public services are able to deliver essential services such as health, education, and water.

IDP emergencies

When an IDP emergency occurs, or is imminent, the UN Resident Coordinator (RC) or Humanitarian Coordinator (HC) initiates consultations with the host government on UN engagement. In terms of inter-agency coordination, the cluster approach applies to IDP emergencies and the overall response is (co)-led by the RC or HC.

UNHCR's role and engagement with host governments focuses on the three global clusters for which it has lead or co-lead responsibility. UNHCR leads the Global Protection Cluster (GPC) and co-leads the Global Cluster for Shelter and the Global Cluster for Camp Coordination and Camp Management (CCCM). UNHCR does not normally support the entire response. Its role and interventions reflect the plan and approach adopted by the UN Country Team (UNCT) or Humanitarian Country Team (HCT).

UNHCR presence /offices

In countries that have not agreed an *Accord de Siège*, the UNHCR country office or the Emergency

Team should strive to formalize exchanges with the government and define the initial scope and modalities of cooperation. This needs to be done in close consultation with the relevant Bureaux and Divisions at HQ.

4. Role of partners involved

National government authorities

National authorities lead and manage the overall emergency response in a country, and their decisions and policies have a major impact on persons of concern. It is vital that UNHCR jointly plans and coordinates with national authorities, and engages them in protection and operational issues.

National authorities include government leaders; the principal focal points or task forces on refugee and IDP issues; relevant line ministries (including those responsible for foreign affairs, justice, immigration, social welfare, civil registration, etc.); and relevant security forces, enforcement agencies and the military. Policies and guidance issued by national authorities, including the executive and line ministries, may have a major impact on the approach that local authorities take in specific operational areas.

Local government

Local government may include governors, mayors, municipalities, local councils, police, security forces, and branches of line ministries. The influence and role of local government authorities should not be underestimated. They are usually responsible for all local public services, land and settlement issues, and security and law and order. In both out-of-camp and camp operations, the success of a response will depend significantly on the degree to which persons of concern have access to public services. UNHCR may put in place capacity-building initiatives or community support projects (CSPs) to facilitate service delivery and ensure the good will of local populations.

Judicial authorities

Judicial authorities are institutions of the State but are normally independent of the government in terms of their functions. They may operate at national, regional or local level, and include courts of appeal as well as first instance. UNHCR's engagement with the judicial system may take several forms. It may intervene formally as a party in legal proceedings, may offer informal support or input to courts or other judicial bodies, and may support lawyers or applicants associated with an action or who seek redress, for example, after removal or to prevent *refoulement*.

Independent bodies

Independent bodies may include commissions (such as national human rights commissions), ombuds offices and other independent institutions that may be established or appointed by the government or parliament to investigate and address complaints of maladministration or violations of rights. Where appropriate, UNHCR approaches such bodies for support or intervention, for example to prevent *refoulement*.

5. UNHCR's role and accountabilities

- UNHCR engages with the host government at all levels on emergency preparedness and response.
- On issues of operational delivery and to channel international humanitarian assistance, UNHCR always works in support of government authorities.
- When it is appropriate, feasible, and when requested by the authorities, UNHCR may engage in emergency service provision for refugees and IDPs, and in capacity-building initiatives that strengthen the ability of host government systems and services to cope with an emergency situation.

Need help?

CONTACT When appropriate, contact the relevant UNHCR HQ Regional Bureau. Contact UNHCR's Division for Emergency, Security and Supply (DESS). At: hqemhand@unhcr.org.

Annexes

- UNHCR, Note on Mandate of the High Commissioner for Refugees and his Office, 2013

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Age, gender and diversity (AGD)

Key points

- Draw on information gathered during assessments and consultation throughout the programme cycle.

- Talk to individuals and groups across the community; it is not enough to engage only with leaders.
- Do not make promises to the community that you cannot keep.
- Recognize that each community and person has capacities and engages in forms of individual or collective self-protection. Strategies may or may not be effective, but it is important to identify and map them, and support what works.
- Acknowledge that the groups and individuals who are most difficult to reach may be the groups and individuals who are most at risk and have the most significant needs.
- Be aware that many protection problems may have existed before an emergency began. Some practices in a community may be harmful.
- Be aware that, to meaningfully involve children, you need to go beyond formal dialogue and discussion. Put in place the resources and expertise required to support methods and processes that will elicit children's feedback and secure their participation in decision-making

1. Overview

Every individual is unique. The actual or perceived differences between us shape our opportunities, capacities, needs and vulnerability; and perceptions of difference can influence how we are treated by others.

Conflict and displacement affect individuals differently, depending on their age, gender, disability, and other diversity characteristics. UNHCR's age, gender and diversity (AGD) policy seeks to ensure that all persons of concern (PoC) fully participate in decisions that affect them, and enjoy their rights on an equal footing with others.

Age denotes the different stages in a person's life cycle. It is important to know where people are in their life cycle, because their capacities and needs change over time. Age influences and can enhance or diminish people's capacity to exercise their rights, and must be considered in all protection, assistance and solutions programmes.

Children

and adolescents can bring unique and valuable perspectives and solutions to problems that confront them and their communities.

Youth are frequently overlooked as a social group, even though, when they are given the opportunity to develop their talents and skills, they have the potential to make important contributions to protection and to solutions, for themselves and for their communities.

Older persons

may face heightened protection risks, due to the effects of ageing alone, or ageing in combination with other personal characteristics. But they can play vital roles in their households and communities.

Gender denotes the socially constructed roles of women and men, which are often central to the way in which people define themselves and are defined by others. Unlike sex, gender is not a biological determinant. Gender roles are learned, may change over time, and vary within and between cultures. Gender often defines the duties, responsibilities, constraints, opportunities and privileges of women, men, girls and boys in any context. The principle of gender equality affirms that women, men, girls and boys should enjoy rights, responsibilities and opportunities on equal terms. It implies respect for the interests, needs and priorities of each gender. Combating discrimination based on sexual orientation and gender identity is inextricably linked to gender equality, since it challenges negative gender stereotypes and systemic discrimination arising from prejudice.

Women and girls fill important roles in their communities and families and contribute in various ways to strengthening protection and solutions.

Men and boys can be agents of change in favour of rights, and can work to increase gender equality and prevent SGBV

Lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons face complex challenges, threats, and barriers and often experience discrimination, abuse, and violence.

Diversity denotes the different values, attitudes, cultural perspectives, beliefs, ethnic backgrounds, nationalities, sexual orientations, gender identities, abilities, disabilities, health, social and economic status, skills and other specific personal characteristics that people possess. Diversity characteristics vary from person to person and intersect with age and gender, making each person unique. UNHCR undertakes to recognize, understand, respect and value these differences in each specific context and operation, to ensure that all persons of concern are protected appropriately. Respecting diversity means recognizing and valuing those differences and creating a protective, inclusive, and non-discriminatory environment in which every person's rights are upheld.

Persons with disabilities

experience a range of barriers. As a result, they may be excluded from programmes, denied participation in decisions that affect their lives, and lack support networks.

Women, men, girls, and boys belonging to national or ethnic, religious and linguistic minorities, or indigenous groups

often experience discrimination and marginalization. They are likely to be affected both by immediate events leading to their displacement and by the long-term legacy of discrimination. In 2018, UNHCR revised its AGD policy. The updated policy consolidates and updates UNHCR's commitments to inclusive AGD programming, to accountability to affected people (AAP), and to women and girls. These commitments complement and build on one another. The AGD policy sets out ten minimum core actions that are mandatory for all UNHCR operations in all context.

AGD-INCLUSIVE	For purposes of analysis and programming, all data collected by UNHCR will be disaggregated, by age and sex at minimum, and by other elements of diversity
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PROGRAMMING	where contextually appropriate and possible.
PARTICIPATION AND INCLUSION	At a minimum, country operations will employ participatory methodologies at each stage of an operation's management cycle, and will incorporate the capacities and priorities of women, men, girls, and boys of diverse backgrounds into protection, assistance, and solutions programmes.
COMMUNICATION AND TRANSPARENCY	At a minimum, all country-level protection and solutions strategies will detail the operation's approach to communicating with women, men, girls, and boys of diverse backgrounds, using means that are appropriate and accessible to all groups in a community.
FEEDBACK AND RESPONSE	At a minimum, all UNHCR operations will establish and operate feedback and response systems, including for confidential complaints.
ORGANIZATIONAL LEARNING AND ADAPTATION	At a minimum, UNHCR operations will adapt programmes and strategies in response to input from persons of concern, and document this in country operation plans and annual reporting.
ADVANCING GENDER EQUALITY	<p>a. At a minimum, UNHCR operations will ensure that 50% of those who participate in management and leadership structures under UNHCR's authority are women. UNHCR will encourage partners, including Governments, to do the same.</p> <p>b. At a minimum, UNHCR will provide women and girls of concern with individual protection documentation and will encourage partners, including Governments, to do the same.</p> <p>c. Depending on the context, UNHCR operations will increase the percentage of women who are the primary recipients of assistance in households that receive material or cash-based assistance.</p> <p>d. At a minimum, UNHCR will ensure that women and girls have equal access to livelihood, education, and health programmes it delivers, and will work to persuade partners, including Governments, to give them equal access to public services.</p> <p>e. At a minimum, UNHCR operations will adopt and apply SGBV standard operating procedures; operationalize the four main referral pathways for all survivors (safety/security, legal, medical, and psychosocial); and encourage partners, including Governments, to do the same.</p>

2. When and for what purpose

As a foundational component of UNHCR's commitment to accountability to affected persons (AAP), the AGD policy is relevant to all persons of concern to UNHCR, to all humanitarian actors, and in all interventions in every emergency. When working with affected populations, we must first understand their diverse and particular needs as well as their capacities and skills. Communities are not

homogeneous groups but are composed of individuals with diverse backgrounds and identities. Close and regular engagement with persons of concern is critical to our ability to understand and assess their situation and specific protection risks, identify appropriate responses, determine what must be done to assist and protect them, and ensure we do not inadvertently increase marginalization and vulnerability. The success of our work in emergencies depends on obtaining timely access to and engaging effectively with persons of concern through community-based approaches. We cannot wait until emergency situations stabilize.

When engaging with a community, do not rely solely on contacts with individuals who are easy to reach, such as visible leaders. If information sharing and consultation are restricted to community leaders (who are often men), it can reinforce discrimination and exclusion and does not amount to consulting the community. Whenever possible, talk to people from all AGD backgrounds to gain a comprehensive understanding of their situation. Consciously reach out to groups that are marginalized and less visible, such as youth, persons with disabilities, LGBTI persons. Consult them. Consider the many different ways in which the intersection of age, gender and diversity can shape human experience. Find out, for example, in which locations women can most safely collect food aid and other material assistance; ask whether those locations are accessible to women with disabilities. This is essential knowledge for programming and protection interventions. An inclusive, rights-based approach is critical to our accountability to those we serve and is at the heart of an AGD approach. The AGD policy is therefore a vital practical instrument that should be used continuously to inform the design and implementation of strategies and programmes at all levels. Although it may not be possible to consult every group during an emergency, it is vital to include a range of representatives from across the community and make sure they can participate in the assessment, planning, implementation and monitoring of programmes. By analysing interlinked personal characteristics in terms of AGD, we can better understand the many protection risks that individuals and communities face, and their capacities to address them, and so act more effectively. By promoting respect for difference and affirming that difference enriches communities, we promote progress towards equality and enjoyment of rights. Equality implies respect for everyone; the promotion of equal opportunities for people with different needs and abilities; and targeted measurable actions to combat inequality and discrimination.

3. Summary of guidance and/or options

Assessment

Gather and systematically analyse, with the active involvement of persons of concern, AGD-disaggregated information relating to the rights, needs, risks and priorities of all persons of concern. Balance the time and effort required to run an assessment against the length of time its findings will remain valid, particularly in situations that change rapidly. Use all opportunities and encounters with persons of concern to understand how the situation is changing for them.

Design

The design of programmes should be based on assessments of the protection needs of affected and host communities and their capacities. Involve persons of concern and their representatives in the design of programmes that affect them.

Resource allocation

To fully implement an AGD approach, budget allocations and programme interventions must reflect the findings of assessments and community consultation, and should consider the priorities set by the community.

Implementation

Decide what targeted actions are required to address the specific needs of persons of concern and remove barriers that make it difficult for persons of concern to access services they need. Implement these actions with care, making sure that inequalities are not exacerbated and that no individuals or groups are improperly excluded. Involve persons of concern in the implementation of your programmes, including distribution of food and core relief items (CRIs).

Monitoring and evaluation

Assessment and consultation provide an opportunity for populations of concern to comment on the effectiveness of interventions. Ensure feedback systems are in place early on, and that all persons of concern are aware of them and have opportunities to voice their concerns. Act on feedback received from persons of concern and report back to them.

Staffing

Consider the AGD characteristics of UNHCR personnel, especially when these may affect their capacity, or the capacity of programmes, to protect persons of concern.

4. How to implement this at field level?

The AGD policy is fundamentally linked to UNHCR's rights-based and community-based approaches , which seek to facilitate the meaningful and systematic participation of people of concern in assessment, planning, implementation and monitoring processes and, thereby, decisions that affect their lives and their communities.

Use a participatory approach to collect and analyse information. Listen to persons of concern, identify their priorities, draw on their knowledge, and give them feedback.

- Use a range of participatory methodologies to understand the situation of people of concern; map community structures and available services.
- Conduct regular assessments to review protection risks and the incidence of human rights violations before and during the emergency. Use an AGD perspective to analyse root causes, with the aim of taking swift remedial action and avoiding further abuses or displacement.
- When you consult community members, carefully consider their security. Individuals or groups who communicate with aid agencies may face resentment or even violence from other individuals or groups. Sources of information should therefore be kept confidential. When working with local authorities, particularly in IDP contexts, ensure that no individuals or communities face repercussions because they have discussed human rights violations.
- Make arrangements to ensure that all groups in the population of concern are aware of opportunities to participate in assessments and that any barriers to participation in these are removed.

- Assessments should draw on the expertise of all personnel (national and international), as well as partners, government officials and persons of concern. Adopt a multi-functional team (MFT) approach. Assessments are not working that only community-based protection and protection staff do.
- Disaggregate data collected on populations through needs assessment and during protection incidents. Analyse the data in terms of age, gender, and disability and, where appropriate, other diversity characteristics.
- During an emergency, the situation changes very quickly. Spend as much time as you can in the community and use every opportunity to engage with persons of concern to understand how their situation is changing.
- Avoid talking only to leaders or people who are more vocal. Proactively seek to engage different groups in the community and take steps to consult the opinions of people who are at heightened risk or marginalized.
- Conduct assessments during times of day that are convenient for different AGD groups. Take steps to assist certain AGD groups to participate (by providing childcare, food, or a travel allowance).
- Include persons from marginalized groups in assessments of broader community issues, as well as discussions that specifically concern them.

Report back to communities on the results of assessments, validate your analysis, and highlight programme priorities that the community identified during the assessments.

Include persons of concern meaningfully in operational planning.

- Run participatory planning exercises and work with communities to implement protection solutions. Failure to consult communities adequately, or to take account of their views when responses are designed, can have serious consequences. If women are not consulted, for example, sanitation facilities may be constructed near where men socialize; this may put women and girls at risk, cause them to avoid using the facilities, and so harm public health as well as their safety and dignity.
- When you plan, draw on the needs, priorities, and proposed solutions that persons of concern identified during the assessment phase. Use the information provided by feedback and response systems.
- AGD requires UNHCR staff to adopt specific and appropriate methodologies to engage meaningfully with different groups. (Develop child-friendly information materials and consultation exercises for boys and girls of different ages, for example.)

Identify where targeted action is needed to address specific protection gaps.

- Design all responses to be inclusive and accessible to all groups in the community. Take specific action to target needs that are identified. It is important to involve persons of concern in this work and build their capacities.

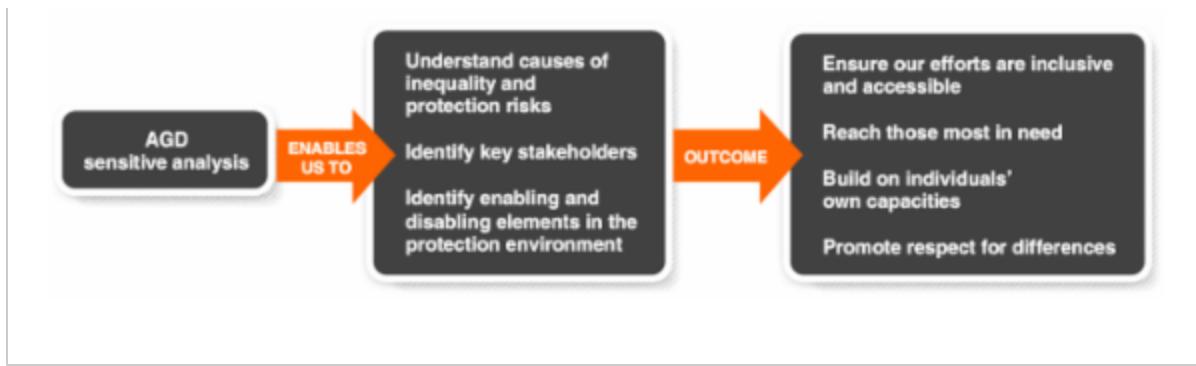
- When taking action during an emergency, avoid establishing patterns of behaviour or relationships that might be difficult to change later on. Prefer temporary arrangements and review them regularly. Make sure that persons of concern are made aware that arrangements introduced during emergencies may change later.
- Identify and support communities' self-protection measures and avoid introducing new measures that may weaken the community's capacities. Identify negative coping mechanisms and work with the community to replace harmful practices or mitigate their effects.
- Quickly identify a diverse group in the community who are able and willing to organize community support for those at heightened risk, including temporary care arrangements for unaccompanied children.
- Identify and remove barriers that different groups face as they try to access services in an emergency. Many persons with disabilities, for instance, experience social, cultural, physical, economic, and political discrimination that impedes their efforts to participate in society on equal terms and may obstruct their access to rights and services.
- AGD requires UNHCR personnel to adopt specific and appropriate methodologies to involve all groups in a meaningful way.

Information sharing and communication

- In consultation with persons of concern, establish locations where UNHCR personnel are available at regular times to meet persons of concern, gather information on specific needs, answer questions, and provide counselling in a safe and confidential environment. Inform the community about these arrangements. Be mindful that not all persons in the community may be able to access those points. Go to them instead!
- Work with community outreach volunteers to ensure information is disseminated in the community, particularly to those who are at heightened risk.
- Working with the community; take steps to ensure that individuals across all AGD profiles have access to information on assistance and other issues. Post notices in places where people are likely to meet, such as water-collection points, community centres, registration points, and wherever assistance is distributed.

Carefully consider the composition of staff and effects on operational effectiveness.

- For example, it may be difficult to encourage women's active participation and leadership, or consult women and girls adequately, if all UNHCR and partner personnel are male.



5. Links

Working with persons with disabilities in forced displacement
 Working with lesbian, gay, bisexual, transgender, intersex persons in forced displacement
 Working with men and boy survivors of sexual and gender-based violence in forced displacement
 Working with older persons in forced displacement
 Working with national or ethnic, religious and linguistic minorities and indigenous peoples in forced displacement
 UNHCR, Gender Equality

CBP Community of Practice

Need help?

CONTACT As first port of call, contact the UNHCR Deputy Representative (Protection), the UNHCR Assistant Representative (Protection), or the Senior Protection Officer or Senior Community-based Protection Officer in the country.

Alternatively, contact the UNHCR Head of Protection, or the Deputy Director (Protection), or the senior Protection Coordinator, or the senior Protection Officer, or the senior Community-based Protection Officer in the Regional Bureau.

The person you contact will liaise as required with the relevant technical unit at UNHCR DIP.

Annexes

- UNHCR, Policy on age, gender and diversity, 2018
- UNHCR Tool for Participatory Assessment in Operations (2006)
- Understanding Community Based Protection, Policy Paper (2013)
- UNHCR Manual on a Community Based Approach in UNHCR Operations (2008)

- IASC Commitments on Accountability to Affected People and Protection from Sexual Exploitation and Abuse, 2017
- IASC, Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action, 2017
- IASC, Accountability Framework for the IASC Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action 2018-2022, 2017
- IASC, Gender Handbook for Humanitarian Action, 2018
- UNHCR, Listen and Learn - Participatory assessment with children and adolescents, 2012

Version and document date

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Energy and environment - camps

Key points

- Ensure potential environmental risks and energy challenges are addressed during preparedness planning.
- Ensure that funding proposals and refugee response plans address energy poverty and environmental issues.
- Monitor energy use, energy poverty, natural resource management, and environmental impacts. This information is vital for the improvement of programming.
- Do not locate camps close to environmentally sensitive areas.
- Make sure that adequate political commitment and human resources are devoted to energy issues and environmental protection.
- Seek the support of standby partners that have environmental specialists. Many agencies have rosters of environmental and energy specialists, who are often under-used.
- Seek technical advice and support on energy and the environment through the Energy and Environment Community of Practice (www.ecop.unhcr.org).

1. Overview

Meeting the energy needs of refugees, and protecting the environment they depend on, are critical cross-cutting issues for UNHCR. Emergency responses often harm natural resources, largely due to lack of foresight during preparedness planning. Environmental degradation seriously increases risks of flooding and landslides that affected communities face after disasters. Key recurring issues are firewood collection, deforestation (due to the construction of temporary shelters and cooking), erosion and landslides, pollution of rivers and streams, overgrazing, pollution of air and soils, and unsafe waste management.

Once the environment has been damaged, its rehabilitation and the repair of long-term negative consequences are difficult and expensive, so precautionary measures to avoid damage are critical. Environment and energy should both be considered cross-cutting sectoral concerns and should be addressed from the onset of an emergency, and preferably beforehand by preparedness planning. The emergency phase is a critical moment, when energy poverty can be addressed, enhancing safety and self-reliance, and environmental degradation avoided or managed.

2. Protection objectives

- To provide safe, timely and reliable access to energy during refugee emergency operations.
- To protect refugees from risks, such as sexual and gender-based violence (SGBV), that often occur at night in unlighted areas (latrines, washing zones, playgrounds, workshops) or while refugees search for firewood.
- To protect refugees from physical risks such as landslides, floods, and exposure to hazardous wastes and toxins in the air, soil or water.
- To reduce tension between refugee and local populations over scarce natural resources.
- To encourage refugee self-reliance by reducing energy poverty and promoting sustainable natural resource use.

3. Underlying principles and standards

- Prevention measures are the best way to tackle irreversible environmental impacts. Prevention is also more cost effective than mitigation of environmental damage.
- At the onset, involve refugees and host communities in the design and implementation of energy and environment programmes.
- Seek technical advice from local, regional, and national institutions, private organizations, and academic institutions.

- Ensure that a stockpile of high-quality energy products is accessible to avoid prolonged energy poverty and poor service delivery.
- Protect the environment, which is a source of livelihoods for both host and refugee communities.
- Commitment 9 of the Core Humanitarian Standard on quality and accountability recognizes that the environmental impacts of all sectoral activities should be assessed and mitigated. Communities and people affected by crisis are entitled to expect the organizations that assist them to manage resources effectively, efficiently and ethically.
- Sphere Standard 7 on shelter and settlement (environmental sustainability) states that shelter and settlement assistance should minimize any negative impacts of programmes on the natural environment.

4. Protection Risks

- Where locations are unlit at night, refugees face specific forms of insecurity, notably assault and SGBV.
- In some instances, women, men, boys and girls travel long distances to fetch firewood, thereby putting themselves at risk of SGBV.
- If they lack fuel or access to energy, refugees may adopt unsafe or harmful coping strategies. (For example, they may sell part of their food ration to purchase cooking fuel, increasing the risk of malnutrition; or burn plastics or other waste as fuel or a fire starter, exposing them to toxic chemicals.)
- Erosion following the removal of vegetation often creates large gullies that may cause deadly and damaging landslides.
- Run-off into streams and rivers may be toxic, putting at risk refugees and host communities who use it for drinking, cooking or agriculture. Toxins that accumulate in the food chain can cause chronic health risks.
- Unsafe waste disposal exposes refugees and host communities to toxic chemicals in soils and the air as well as to disease vectors.

5. Other risks

- Refugees may acquire pneumonia, cardiovascular diseases, or lung cancer, or put their health at risk in other ways, by cooking in inappropriate conditions or with bad fuels or equipment.
- Poor waste management practices also generate health risks: if safe locations for waste disposal are not planned, refugees may adopt dangerous solutions, such as burning waste.
- Failure to consider environmental issues at an early stage has been shown to jeopardize the asylum space.
- Searching for firewood takes time that could be used for educational or livelihood activities.

- In the absence of light and electricity, students cannot study at night and livelihood activities can only be undertaken during the day.
- Pollution of soils and natural waterways jeopardizes the livelihoods and development opportunities of refugees and host communities.
- Unsustainable use of natural resources (wood, land, water) causes biodiversity loss and desertification.
- Degradation and depletion of natural resources causes conflicts within refugee population and between refugees and host communities.
- Greenhouse gas emissions contribute to global warming and climate change.

6. Key decision points

At the start of an emergency response, commission a rapid environmental assessment as early as possible so that the response can take informed decisions. Undertake an energy feasibility study to identify energy needs, the best energy strategy, and technologies that are locally available. Emergency response kits should include emergency stoves, fuel for at least 4-6 months, and a solar light.

When planning shelter and settlement, including distribution of non-food items (NFI), conduct a market survey to determine what materials and capacities are locally available. The survey should assess the degree to which supplies can be obtained for the duration of the project and make sure that the proposed operation will not interfere with the local economy. Where it may be decided to procure goods internationally (plastic sheeting, tents, NFI and other core relief items [CRI]), compare the supply chain and its environmental implications with solutions that are available locally; choose the best option.

Assess the area and its carrying capacity to determine what plot size is required and how many people it can support. Base your calculation on the needs assessment but also on environmental considerations.

If shelters or other facilities have been built using environmentally unfriendly materials (plastic sheeting, other polymer-based materials), draft a clear plan for their safe and environmentally sound disposal, or repurpose the materials at the end of their lifespan or at decommission.

Environmental protection measures should be put in place. Mark trees in and outside the camp that should not be cut or cut down. Establish a 5 metre buffer zone around all surface waters (streams, rivers, lakes...) within which vegetation should be left intact. By means of education and monitoring, prevent all dumping and discharge into surface waters. If surface waters are used as a water supply, monitor them to prevent overuse and downstream impacts. Limit vegetation clearance to avoid erosion wherever possible; prioritize hand clearance over mechanical clearance to reduce soil disturbance and limit erosion. Map potential locations for surface flooding and ensure drainage is adequate. Do not use fire or burning to clear sites or dispose of cleared vegetation. Establish refuse collection points that separate organic and inorganic waste. Where possible, compost organics and make the compost available for livelihood activities. Never burn plastic. Prepare and run an environmental awareness campaign, using a variety of appropriate forms of communication.

7. Key steps

1. Set-up an energy and environmental task force; involve relevant stakeholders.
2. Undertake a rapid environmental assessment.
3. Develop a response plan in association with Government counterparts, selected partners and technical services.
4. By means of a needs assessment, consult both the refugee and host communities on habits and traditions that might increase the burden on the environment. Consider cooking, shelter, commonly used construction materials, use of space, and livelihoods (especially pastoral and livestock activities).
5. Identify affordable products and services that beneficiaries can access easily, with the aim of improving local provision, market development, and job opportunities.
6. Take steps to ensure that, as far as possible, all domestic and institutional energy needs are immediately met in a sustainable manner. Review the situation after 4 to 6 months. Wherever feasible, the aim should be to meet energy needs from renewable sources.
7. Take steps immediately to prevent pollution of soils or surface waters by adopting appropriate waste management and erosion controls.
8. When planning shelter and settlement, take action to mitigate the risks of soil erosion, surface water runoff and landslides. These objectives can be achieved by designing an appropriate settlement layout (roads, paths, plots); establishing an appropriate drainage system; integrating green buffer zones in the settlement design, which will also help to recharge local aquifers; and defining and planning the site's carrying capacity. Define the optimal size of the site in terms of plots and the number of persons of concern it supports; the site should not compromise the environmental quality of the area in the short or long term.
9. Work with WASH and health colleagues on medical waste management.
10. Draw up and implement awareness-raising campaigns on energy use and environmental management. These should benefit host as well as refugee communities.
11. Test and establish a preliminary monitoring system.
12. Provide trainings for partners and community mobilizers that build their capacity to manage energy and the environment.

8. Key management considerations

Senior management should ensure that all sectors address energy and environmental concerns from the outset of an emergency. A dedicated budget for environment and energy should be allocated. The budget should be used to enhance protection and self-reliance, prevent degradation, implement identified mitigation measures, and train staff and partners.

An energy or environmental specialist should be included in emergency teams. S/he should coordinate a rapid environmental assessment. Camp designs and planning should take account of its findings. Where no specialist has been assigned to a team, the team should appoint one of its members to be the energy/environment focal point.

9. Resources and partnerships

- Government ministries (energy, environment, natural resources).
- Development actors, persons of concern, and host communities.
- National, regional and global private sector organisations with relevant expertise (energy, the environment).
- National, regional and global academic institutions with relevant expertise.
- Local NGOs with relevant expertise.
- Standby partners.

10. Links

UNHCR, Note on climate change

EHA Connect

The Sphere Project, Reducing environmental impact in humanitarian response

WFP portal

Need help?

CONTACT Contact the Energy and Environment Unit, Division of Resilience and Solutions (DRS,
www.ecop.unhcr.org
) at: hqenviro@unhcr.org

Annexes

- UNHCR, Environmental Guidelines, 2005
- UNHCR, Frame Toolkit. Framework for Assessing, Monitoring and Evaluating the environment in refugee-related operations, 2005
- UNHCR, Refugee Operations and Environmental Management. Selected Lessons Learned, 1998
- Norwegian Refugee Council, Camp Management Toolkit, 2014
- UNHCR Global Strategy for Sustainable Energy, 2019-2024

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Civilian and humanitarian character of asylum

Key points

- Asylum has an inherently peaceful, civilian and humanitarian character. Military activity is incompatible with the institution of asylum. Persons who pursue military activities in a country of asylum cannot be asylum-seekers or refugees, may not stay in or enter refugee camps, and may not benefit from humanitarian assistance provided by UNHCR under its international refugee mandate.
- The civilian and humanitarian character of asylum is an established and respected international refugee standard and a principle of international protection. It derives from rules in international refugee law, human rights law, international humanitarian law, national law, UNHCR's Statutes and the UN Charter.
- Prepare as much as possible in advance for the possibility that fighters or combatants may be present or may mix with refugees and displaced people. Analyse the conflict, activate early warning arrangements, and react promptly, because the best outcomes are achieved when a State identifies, disarms and separates combatants at entry, before they are in camps or settlements. In UNHCR's experience, it is more effective to prevent refugee camps from being infiltrated or militarized than to repair a situation in which their civilian and humanitarian character has already been jeopardised.
- Consider children who are associated with armed forces and armed groups primarily as victims, regardless of how they were recruited. They should benefit from special protection and assistance measures, notably to demobilize and rehabilitate them. They should have priority in identification and in principle should not be interned.
- If you need advice on the status and treatment of fighters or combatants in a specific context, in order to advise the authorities and other relevant actors appropriately, ask UNHCR's regional legal adviser in the bureau or regional representation, or DIP's Field Protection Support Service, Geneva.
- Acknowledge the State's genuine security concerns and capacities but ensure that States uphold their obligations. Refoulement, discrimination and arbitrary detention are prohibited; States should grant refugees access to their territories, provide international protection, and ensure the civilian and humanitarian character of asylum.
- Discuss confidentially with relevant authorities. Participate in and promote inter-agency dialogue with other relevant actors (UN Country Team, ICRC, OHCHR, UNDP, UNICEF, UN/regional peace operations).
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- Discuss confidentially with relevant authorities. Participate in and promote inter-agency dialogue with other relevant actors (UN Country Team, ICRC, OHCHR, UNDP, UNICEF, UN/regional peace operations).

1. Overview

Asylum is granted when a State offers protection on its territory to an individual who has fled another country in response to persecution, serious harm, armed conflict or other situations of violence. Asylum therefore has an inherently peaceful, civilian and humanitarian character. Military activity is incompatible with it, and persons who pursue military activities in a country of asylum cannot be asylum-seekers or refugees. In consequence, *only civilians* may benefit from asylum or from the humanitarian assistance provided by UNHCR and its partners under its international refugee mandate.

Refugee camps, sites and settlements must also be protected from militarization and the presence of combatants or fighters (defined below). This means that combatants or fighters may not enter or stay in such camps, sites and settlements, even for short periods of time.

Maintaining the civilian and humanitarian character of asylum is of crucial importance, notably during emergency preparedness and at the start of an emergency situation.

During emergency situations, particularly when people are fleeing armed conflict, combatants or fighters may cross a border at the same time as refugees, or with them. They may also seek to take advantage of refugee camps, and humanitarian assistance and services, to recruit or train, regroup, plan military attacks, or for 'rest and recuperation'.

To maintain the civilian and humanitarian character of asylum, six key measures are recommended in

all refugee operations:

- (1) Preparedness planning.
- (2) Effective security management.
- (3) Disarmament of armed elements.
- (4) Identification of fighters and combatants.
- (5) Separation and control measures (including internment).
- (6) Verification that fighters or combatants who seek international protection have renounced military activities, enabling a determination of refugee status to be made.

In the context of the civilian and humanitarian character of asylum, the terms 'combatant' and 'fighter' refer to "any man, woman or child who is either a member of State armed forces (other than medical personnel and religious personnel) or a member of the fighting forces of a non-State armed group, and who has entered a country of asylum". Please see UNHCR Guidance Note on Maintaining the Civilian and Humanitarian Character of Asylum, December 2018

Host Governments are primarily responsible for maintaining the civilian and humanitarian character of asylum. However, a multi-stakeholder approach is often required in practice. When appropriate, all three pillars of the UN (human rights, development, and peace and security), other international and regional organisations, and other States may be involved. In particularly complex situations, which implicate international peace and security (due to the presence of a large number of active fighters or combatants, for example), interventions may require a collective engagement by the UN Country Team or Humanitarian Country Team as a whole, rather than by individual UN entities.

Although promoting the civilian and humanitarian character of asylum falls squarely within UNHCR's mandate, humanitarian organisations such as UNHCR have neither the mandate nor the means to assume the security functions of a State (such as disarmament, or separation and control measures for fighters and combatants). For this reason, UNHCR and other humanitarian organizations should not take individual decisions related to identification or verification of renunciation.

UNHCR may provide technical advice and guidance to the relevant authorities and assist them in determining appropriate procedures and measures. It may also, where deemed appropriate, choose to participate or support a task force that deals with these processes, or provide financial and other support to relevant host State authorities, in particular when they act to ensure that refugee sites and hosting areas are secure.

This section sets out what actions UNHCR and its partners can take to advise and assist the authorities and other relevant stakeholders to ensure that the civilian and humanitarian character of asylum is respected.

2. Protection objectives

The ultimate aim and objective of measures to maintain the civilian and humanitarian character of asylum are:

- To protect refugees from violence or insecurity related to the presence, proximity or actions of armed elements and fighters or combatants.
- To enable humanitarian access for the purposes of providing international protection and delivering humanitarian assistance and services.
- To safeguard the integrity of institutions of asylum by ensuring that fighters or combatants do not benefit from asylum, and that the arrival and presence of fighters or combatants in a host State is managed appropriately, in accordance with relevant provisions of international and national law, in a manner that prevents adverse consequences to the asylum and protection space in the host State.

3. Underlying principles and standards

The civilian and humanitarian character of asylum is a fundamental principle of international refugee protection. This principle itself gives rise to several standards, namely:

- Camps and settlements should not contain fighters/combatants (see textbox below).
- Fighters or combatants should not be registered as refugees or asylum seekers.
- Fighters or combatants should not benefit from humanitarian assistance provided by UNHCR and its partners under UNHCR's international refugee mandate.

Host States are primarily responsible for upholding the civilian and humanitarian character of asylum. They should disarm all persons carrying weapons on their territory, identify fighters and combatants, and separate them from civilian arrivals (including refugees). They should also take other measures to ensure the safety and security of refugees on their territory, whether they are hosted in camps or not. These may include measures to prevent military recruitment, including of refugee children.

If individuals permanently and genuinely renounce military activity, they may have their claims to international protection assessed (as former fighters or combatants). Such claims must be assessed on an individual basis (not *prima facie*) and must consider any exclusion concerns.

Any measures taken by a host State to maintain the civilian and humanitarian character of asylum must respect the State's legal obligations under international human rights law, international humanitarian law, neutrality law (where applicable), refugee law, and domestic law. In particular, they must:

- Uphold the principle of non-refoulement and allow access to their territory. State action to ensure security must not prevent a person from being able to seek international protection, nor lead to refoulement. No person seeking international protection should be rejected at the border, or returned to his or her country of origin, on the mere suspicion that he or she is a fighter or combatant; nor should borders be closed because fighters or combatants may be present among asylum-seekers.
- Respect the right to liberty and security of the person, and the prohibition of arbitrary detention. State action to ensure security must not lead to arbitrary detention. Detention and internment may only be undertaken in compliance with national law and international law. During detention or internment, States must respect minimum procedural safeguards, the right of detainees to humane and dignified conditions of detention, and the prohibition of torture and other cruel, inhuman or degrading treatment or punishment, including SGBV.

- Protect children. Children associated with armed forces or groups should benefit from special protection and assistance measures. They should be regarded as victims, regardless of how they were recruited. Children must be treated as a priority during identification, demobilization and rehabilitation, when verifying renunciation and when assessing asylum claims. At all times their best interests must be a primary consideration. They should benefit from specialist expertise and age-appropriate procedures, taking into account their vulnerabilities and protection needs. Child protection agencies should be called upon to advise and assist the host State, and particular attention should be given to both girls and boys who are survivors of SGBV. Children should in principle not be interned or otherwise deprived of their liberty. For children aged 15 years and older, internment may be used as a last resort, for the shortest possible period of time, taking into account their best interests. If interned, children should be separated from adults, and accommodated at a distance from them, unless they are with a parent.
- Address protection considerations for women. The specific protection and assistance needs of women recruited by armed forces or groups must be addressed, notably if women have been subject to SGBV. If a woman decides to renounce military activity, evaluation of her renunciation and asylum claim should be prioritized where this is appropriate (for example, because she has particular vulnerabilities or is accompanied by children). If women are interned, they should be interned in separate facilities from men; as far as possible, their supervisors should be women.

4. Protection Risks

Where the civilian and humanitarian character of asylum is compromised, the following problems are more likely to occur:

- Direct military attacks on camps or settlements.
- Forced adult recruitment and child recruitment.
- Physical violence, including sexual violence, harassment and execution.
- Movement of arms into camps or settlements.
- A general breakdown of law and order and high levels of criminality.
- Tension between refugees and host communities.
- Diversion of humanitarian aid, and challenges to humanitarian access.

In certain situations, the host State's security interventions may impact negatively on access to asylum or its peaceful enjoyment. Border closures based on national security concerns may prevent individuals from obtaining international protection, or lead to the refoulement or arbitrary detention of asylum-seekers and refugees. [See the Entries on Access to territory and non-refoulement, and Freedom of movement and detention.]

5. Other risks

Security risks

The presence of fighters or combatants in refugee camps or settlements can:

- Generate serious security concerns for refugees and humanitarian personnel, and undermine humanitarian access.
- Worsen the security situation in hosting areas around refugee camps and settlements, increasing tension in host communities.
- Jeopardize national or regional stability, and threaten inter-State relations.

6. Key decision points

- **Based on available information, is the civilian and humanitarian character of asylum compromised, or likely to be compromised, requiring action by UNHCR?**

It is crucial to understand and analyse the composition of groups of arriving or arrived refugees and asylum-seekers, and notably whether fighters or combatants (including women or children associated with armed forces or groups) are among them. Ongoing conflict analysis should consider *inter alia*: the parties to an armed conflict; their structures; the fragmentation and allegiances of armed non-State actors; past or current violations of international human rights law or international humanitarian law (IHL); and the reasons for flight.

- **What situations or issues may compromise the civilian and humanitarian character of asylum?**

Depending on the circumstances, key issues for advocacy might include: the location of camps and settlements; the need for disarmament at border points or in-country; the identification of and separation of fighters and combatants; and the overall safety and security of refugee camps or other refugee-hosting areas, including urban centres.

- **Are host State authorities willing and able to take the required action? What activities might UNHCR undertake?**

UNHCR should always act on the basis that the host State is primarily responsible for ensuring the civilian and humanitarian character of asylum. Advocacy in favour of relevant Government action needs to start at an early stage, and should be coordinated with other stakeholders.

First and foremost, the host State needs to ensure that sufficient security resources, personnel, and training are made available, permitting key measures to be undertaken as early as possible. During emergency preparedness, these include: to identify the relevant authorities responsible for security, disarmament, identification and separation measures; and, where necessary, to enact national legislation and procedures for such measures, in conformity with the State's international legal obligations. A wide range of government entities may need to be involved, including foreign affairs, refugee and humanitarian agencies, border security, police, immigration, the armed forces (if required), and regional and local authorities. To manage the response, existing structures may be used or a specific coordination mechanism may be created, such as an interagency taskforce. Where possible

and where required, the creation of a task-force is recommended. It should be led by the host State, supported by UNHCR and other relevant partners.

Second, the authorities of the host State, advised as required by UNHCR and other relevant partners, should assess whether it needs additional support, including technical guidance, advice or capacity building. These services may be provided by other States, UNHCR or other UN entities, regional or international peace operations, or other regional or international organisations, such as the International Committee of the Red Cross (ICRC).

- **What other actors may need to be mobilized?**

Depending on the ability and willingness of host country authorities to protect the civilian and humanitarian character of asylum, UNHCR should understand the mandates of other organizations, decide its own level of involvement, and request other actors to support its advocacy efforts or activities. Particularly complex situations (for example, the presence of active fighters or combatants in a host State) will require a collective engagement by the UN Country Team or Humanitarian Country Team as a whole, rather than by individual UN entities. In such situations, UNHCR is expected to be a catalyst and should mobilize relevant stakeholders, including regional or international peace operations, and keep the UN Country Team or Humanitarian Country Team informed and up to date on situations of concern.

UNHCR should usually coordinate with the ICRC, given its mandate, notably with respect to detained fighters and combatants. Several UN entities can also make significant contributions in accordance with their mandates and in the light of their specific expertise and capacities. For example:

- To advise on and strengthen local capacities for preparedness, early warning and early analysis: DPA, OHCHR, UNOCC, UN OCT, UNDP, UNICEF.
- To advise on and ensure the rule of law, and to strengthen the capacities of border security personnel, police, immigration and other law enforcement authorities, and community-based and local governance mechanisms, as well as, where required, armed forces: UN Global Focal Point on Police, Justice and Corrections co-chaired by DPKO and UNDP; and UNDP, UNODC, or DPKO where they are present and mandated.
- To advise on and support disarmament, identification, separation and reintegration measures: UNDP and UN peace operations where they are present and mandated. To support the establishment of disarmament, demobilisation and reintegration (DDR) and similar programmes: operational members of the Inter-Agency Working Group on DDR, such as UNDP, DPKO/peace operations where they are present and mandated, IOM, and others.
- To advise on humanitarian civil-military coordination, as a component of any interaction, and coordination and advocacy with regard to the military (including State armed forces, UN or regional forces, armed non-State actors): OCHA.
- To advise on and strengthen national capacity to support children associated with (or formerly associated with) armed forces and groups: UNICEF.
- To advise on and strengthen national capacity to protect women and girls and address sexual and gender based violence: UN Women, OMEN, UNFPA).

Note that key activities, such as disarmament, identification, separation or internment, normally involve law enforcement or defence agencies. In certain contexts, it may be appropriate to secure the assistance of foreign military or police forces, invited by the host government or mandated by the UN Security Council or a competent regional organization. In the last two decades, for example, UN peace operations have increasingly been mandated to offer protection to civilians, including to refugees and asylum-seekers. Depending on their mandate, UN missions can:

- Support and promote understanding among armed forces and groups of the civilian character of asylum, and the civilian character of refugee sites (including their protection under IHL from military attack).
- Protect security in and around refugee sites and other refugee-hosting areas; or assume specific functions with regard to the disarmament of armed elements, or identification, screening or separation measures.
- Offer DDR, 'pre-DDR' or community violence reduction training to fighters or combatants, including fighters or combatants who have renounced military activity and have sought asylum in the host State.

7. Key steps

1. Pre-planning analysis and collection of information

- Monitor the situation and the operational environment, using early warning mechanisms. Analyse the conflict (its nature, participating groups, the composition of groups who flee, the potential presence of fighters and combatants among them).
- Decide which concerns and issues most directly compromise the civilian and humanitarian character of asylum (disarmament, identification and separation, safety of camps, etc.).
- Assess the authorities' political will, capacity and resources, and whether national laws provide authority to undertake the security measures that may be required (forcible disarmament, physical separation and internment, etc.).
- Analyse the presence, capacity and mandates of other actors that may play a role, especially the ICRC, UNDP, UNICEF, and UN peace operations or regional missions.

2. Advocacy (in emergencies)

- Discuss with relevant authorities the civilian and humanitarian character of asylum, and its relevance to refugees and host communities. Explain the limits of UNHCR's role and mandate.
- Ensure that advocacy uses common sense arguments on security and protection, and draws on international law and humanitarian principles. Where national laws support UNHCR's positions, refer to them.
- Where relevant, argue that camps should be placed at a reasonable distance from borders, and that borders should remain open, in accordance with the Executive Committee's Conclusion on the Civilian and Humanitarian Character of Asylum (2002), and Articles II(2) and (6) of the OAU Convention governing the Specific Aspects of Refugee Problems in Africa (1969). No one seeking

international protection should be rejected at the border merely because it is suspected that he or she is a combatant. See the Entry on access to territory and non-refoulement.

- Express regret or protest if the authorities are unwilling to take required actions, or do so inappropriately. Stress the potential consequences for persons of concern. Consider issuing public statements if it is appropriate.
- Explain the civilian and humanitarian character of asylum to all relevant stakeholders. Keep the Humanitarian Country Team or Country Team informed about situations of concern (for example, the presence of fighters or combatants on the host State's territory), and act as a catalyst for a multi-stakeholder approach, when needed.

3. Disarmament

- Where disarmament becomes a priority (for example, because weapons are brought into camps or settlements), press the host State to make appropriate and effective arrangements to protect camp security, ensure disarmament, search for weapons, etc.
- Explain that, because of its mandate, UNHCR cannot undertake disarmament or other security measures, although it may be present at entry points. Relevant State authorities (police and military, possibly with the assistance of peacekeepers) should screen and disarm; other actors including UN agencies may have an advisory role. Persons found with weapons in the camp should be referred to police or other authorities responsible for security.

4. Identification of fighters or combatants

- Where fighters or combatants seek to mix with refugees and pretend to be civilians, encourage the host State to agree transparent criteria and operating procedures to identify and separate them, including specific age-appropriate procedures for identifying and screening children who are associated with armed forces or armed groups. If required, mobilize other actors, such as the UN Country Team, UNICEF, or a Peacekeeping Mission (if present). Always keep ICRC informed and explore its potential role.
- Although UNHCR cannot accept responsibility for identifying fighters or combatants, where security conditions permit, it may provide technical support. Consult HQ (Bureau/DIP) if invited to join such activities.
- Advocate for combatants to be identified and separated as early as possible, preferably at the point of entry, at reception, or at transit centres for new arrivals (before relocation).
- If a person being screened is sick or wounded, their medical treatment takes priority over their registration or other procedures. Screening can continue once the person is in a stable condition.
- If a screened person claims to have deserted from military service, or to have fled service in an armed group, he or she may qualify (depending on circumstances) to be treated as a civilian asylum-seeker. Credible claims of renunciation should be verified by the authorities of the host State. Once within the asylum process, such claims need to be evaluated on an individual (not *prima facie*) basis. The procedure should assess potential exclusion concerns. (See UNHCR, Guidelines on Claims to Refugee Status related to Military Service.) Children should have priority in such processing.

5. Separation of combatants and control measures

- Once fighters or combatants have been identified, disarmed and separated from the civilian population, the authorities may take certain control measures to protect the security of refugees and the host population. Depending on the circumstances, fighters or combatants may be interned, required to stay in a separate camp or facility, or obliged to report to the authorities daily or periodically.
- Where internment is imposed and UNHCR has concerns about their treatment or conditions, or the legal justification for internment, call the host State's attention to applicable principles and safeguards. These include:
 - Fighters and combatants must be interned at a safe location away from the border, and housed separately from civilians. Since internment is a non-punitive form of detention, they should not be held in a prison.
 - Internment must be necessary in each individual case, and must be reasonable and proportionate. Certain principles and procedural safeguards must be respected to ensure that internment does not become arbitrary (ICCPR, Article 9).
 - Children associated with armed forces should be considered to be primarily victims, regardless of how they were recruited. They should benefit from special protection and assistance measures, notably with respect to their demobilization and rehabilitation. Children should in principle not be interned or otherwise deprived of their liberty. For children 15 years and above, internment may be used as a last resort, for the shortest possible period of time. In all respects, their best interests must be a primary consideration. If interned, children should be separated from adults, and located at a distance from them, unless they are with a parent.
 - The specific protection and assistance needs of female fighters or combatants must be taken into account, including whether they may have been subject to SGBV. If a woman or girl decides to renounce military activity, her renunciation and asylum claim should be prioritized where appropriate (for example, if she has particular vulnerabilities or is accompanied by children). If women are interned, they should be interned in separate facilities from men, and, as far as possible, their supervisors should be women.
 - Civilian family members of identified fighters or combatants should be treated as asylum-seekers or refugees and should not be interned.

6. Renunciation of military activity and eventual RSD or DDR

- Fighters or combatants who have been identified and separated should not be considered asylum-seekers until it has been established by the relevant host State authorities that they have genuinely and permanently renounced military activities. (A State's ruling should be made reasonably promptly, commonly within one to six months.) The ruling may consider subjective factors (such as an individual's intentions and plans) as well as objective factors (such as age, disability, changes in situation and context, etc.).
- When a ruling establishes that an individual has permanently renounced military activity, his or her case should be referred to the State's individual refugee status determination (RSD) procedures. These should pay particular attention to the exclusion clauses. (See UNHCR, Guidelines on Claims

to Refugee Status related to Military Service. See also the Entries on Deserters, Conscientious objectors, Refugee status determination, and the Exclusion clause.) If the State does not have RSD procedures in place or is not a party to the 1951 Refugee Convention, other assessment procedures may be used; these should pay particular attention to grounds for exclusion.

- Deserters and former fighters or combatants who have renounced military activities should not be granted refugee status on a *prima facie* basis.
- Combatants who do not renounce military activities are not eligible for asylum but may eventually benefit from disarmament, demobilisation and reintegration (DDR) programmes in the host State or country of origin.
- Fighters who renounce, but do not seek international protection, as well as prisoners of war who are not interned or are released on parole, are in principle subject to regular immigration and residency laws as a foreigner in the host State. They do not fall within UNHCR's international refugee mandate.

8. Key management considerations

- Where a host state does not show commitment to the civilian and humanitarian character of asylum, UNHCR may be required to intervene at high level. Interventions may be made by the Bureau, the DIP Director, one or both of the Assistant High Commissioners for Protection and for Operations, or the High Commissioner.
- In certain circumstances, situations in which the civilian and humanitarian character of asylum has been compromised may constitute a threat to international peace and security. In such cases, the High Commissioner has a responsibility to keep the UN Secretary-General informed. It is therefore important to keep relevant Headquarters colleagues (listed above) properly informed.
- Particularly complex situations (for example, in which active fighters or combatants are present in a host State) will require action by the UN Country Team or Humanitarian Country team as a whole, rather than by individual UN entities. In such situations, UNHCR is expected to act as a catalyst and mobilize relevant stakeholders, including regional or international peace operations, and keep the UN Country Team or Humanitarian Country Team informed and up to date.
- To manage such inter-agency involvement, some issues may have to be addressed by Headquarters, including with the ICRC in Geneva and with DPO in New York. At its own initiative, for instance, UNHCR may call for specific provisions to be included in the mandate of UN peace operations, to assist the host State to ensure the security of refugees in accordance with Security Council Resolution 1674 (2006).
- The State may require additional resources to ensure the civilian and humanitarian character of asylum. In such cases, funds will need to be budgeted or mobilized through other States or agencies. Any support that UNHCR or its implementing partners provide to (non UN) security forces must comply with the UN's Due Diligence Policy on United Nations support to non-United Nations Security Forces (A/67/775-S/2013/110).

9. Resources and partnerships

Partnerships

- The Government is primarily responsible for taking the security measures required to ensure the civilian and humanitarian character of asylum.
- A multi-stakeholder approach will be required to lobby States that fail adequately to ensure the civilian and humanitarian character of asylum. Such initiatives may be coordinated through the UN Country Team or Humanitarian Country Team, and supported, where appropriate, by other States or regional organisations.
- Where their mandates permit, other UN entities may also contribute their expertise and capacity. Examples include UN DPO, UNDP, OCHA, and UNICEF.
- UN peace operations have a specific mandate to offer protection to civilians, including refugees and asylum-seekers. Where they are present, UNHCR should work in cooperation with UN peace operations to promote the civilian and humanitarian character of asylum.

Resources

- Where the authorities wish to uphold the civilian and humanitarian character of asylum but need support, UNHCR can provide financial or technical assistance. Any support to non-UN security forces must comply with the UN's Due Diligence Policy on United Nations support to non-United Nations Security Forces (A/67/775-S/2013/110).

10. Links

Norwegian Refugee Council, Camp Management Toolkit, Militarisation of Camps

UN Integrated DDR Standards (2006), Module 5.40, Cross-border population movements

UNHCR Guidance Note on Maintaining the Civilian and Humanitarian Character of Asylum, December 2018

Need help?

CONTACT

- The first port of call is the UNHCR Deputy Representative (Protection), or the UNHCR Assistant Representative (Protection), or the Senior Protection Officer in the country; alternatively, contact the UNHCR Regional Assistant or Deputy Representative (Protection) or the Senior Regional Protection Officer at the regional office (if applicable); or contact the Senior Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who will liaise as required with the parent unit at UNHCR DIP.

Annexes

- UN General Assembly, Resolution 68-141
- UNHCR Handbook for the Protection of Women and Girls, 2008
- Guidance Note on Maintaining the Civilian and Humanitarian Character of Asylum
- Guidelines on International Protection No. 10

Version and document date

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Health in transit centres

Key points

- Initial assessments must consider the need for transit centres or sites during population movements.
- Establish mechanisms to identify major health risks and persons with serious medical needs/conditions, including malnutrition and prioritize vaccination of children against measles and polio as early as possible from the first entry or access point (including reception/transit centers).
- Set up these systems in conjunction with, adjacent to, or in proximity to, other mechanisms, especially registration. This ensures that all refugees are 'captured' and seen.

1. Overview

The provision of health services is one component of an overall public health response to emergencies. The overall aim of any public health intervention is to prevent and reduce excess mortality and

morbidity.

Public Health interventions in transit centres aim to meet the basic health needs of newly arrived refugees. Health services are closely linked to nutrition and WASH services to prevent disease outbreaks and reduce public health risks as well as providing a favourable environment for protection of nutrition status and food security.

2. Protection objectives

Health is a human right and a protection priority

- To respect the right to health and to ensure that refugees enjoy access to health services that are equivalent to the services enjoyed by their host population; in all circumstances, these services must meet minimum humanitarian standards. To ensure public health interventions save lives and address the most urgent survival needs, implementation should start at the earliest possible stage. When existing services, such as those provided by the Ministry of Health, are insufficient or do not exist in the area of displacement, UNHCR and its partners must provide the core services outlined below.

3. Underlying principles and standards

- UNHCR's Public Health Strategic Objectives 2014-2018
 1. Improve access to quality primary health care programmes.
 2. Decrease morbidity from communicable diseases and epidemics.
 3. Improve childhood survival.
 4. Facilitate access to integrated prevention and control of non-communicable diseases, including mental health services.
 5. Ensure rational access to specialist referral care.
 6. Ensure integration into national services and explore health-financing mechanisms.

UNHCR has developed a comprehensive Public Health strategy that applies to emergency and non-emergency operations in camp and out-of-camp settings. To tailor its interventions more efficiently to emergency situations, UNHCR recommends the use of SPHERE standards during emergency operations.

- SPHERE, Health systems standard 1.1: Health service delivery. People have access to integrated quality healthcare that is safe, effective and patient-centred.
- SPHERE, Health systems standard 1.2: Healthcare workforce. People have access to healthcare workers with adequate skills at all levels of healthcare.
- SPHERE, Health systems standard 1.3: Essential medicines and medical devices. People have access to essential medicines and medical devices that are safe, effective and of assured quality.

- SPHERE, Health systems standard 1.4: Health financing. People have access to free priority healthcare for the duration of the crisis.
- SPHERE, Health systems standard 1.5: Health information management. Healthcare is guided by evidence through the collection, analysis and use of relevant public health data.
- SPHERE, Communicable diseases standard 2.1.1: Prevention. People have access to healthcare and information to prevent communicable diseases.
- SPHERE, Communicable diseases standard 2.1.2: Surveillance, outbreak detection and early response. Surveillance and reporting systems provide early outbreak detection and early response.
- SPHERE, Communicable diseases standard 2.1.3: Diagnosis and case management. People have access to effective diagnosis and treatment for infectious diseases that contribute most significantly to morbidity and mortality.
- SPHERE, Communicable diseases standard 2.1.4: Outbreak preparedness and response. Outbreaks are adequately prepared for and controlled in a timely and effective manner.
- SPHERE, Child health standard 2.2.1: Childhood vaccine-preventable disease. Children aged six months to 15 years have immunity against disease and access to routine Expanded Programme on Immunization (EPI) services during crises.
- SPHERE, Child health standard 2.2.2: Management of newborn and childhood illness. Children have access to priority healthcare that addresses the major causes of newborn and childhood morbidity and mortality.
- SPHERE, Sexual and reproductive health standard 2.3.1: Reproductive, Maternal and newborn healthcare. People have access to healthcare and family planning that prevents excessive maternal and newborn morbidity and mortality.
- SPHERE, Sexual and reproductive health standard 2.3.2: Sexual violence and clinical management of rape. People have access to healthcare that is safe and responds to the needs of survivors of sexual violence.
- SPHERE, Sexual and reproductive health standard 2.3.3: HIV. People have access to healthcare that prevents transmission and reduces morbidity and mortality due to HIV
- SPHERE, Injury and trauma care standard 2.4: Injury and trauma care. People have access to safe and effective trauma care during crises to prevent avoidable mortality, morbidity, suffering and disability.
- SPHERE, Mental health standard 2.5: Mental health care. People of all ages have access to healthcare that addresses mental health conditions and associated impaired functioning.
- SPHERE, Non-communicable diseases standard 2.6: Care of non-communicable diseases. People have access to preventive programmes, diagnostics and essential therapies for acute complications and long term management of non-communicable diseases.
- SPHERE, Palliative care standard 2.7: Palliative care. People have access to palliative and end-of-life care that relieves pain and suffering, maximises the comfort, dignity and quality of life of patients, and provides support for family members.

4. Protection Risks

- The main causes of death and diseases in emergency situations are vaccine-preventable, and communicable disease. Children especially those under-five years old are at most risk.
- Reproductive health problems (in particular pregnancy and obstetric complications) are more likely during emergencies.
- Emergency situations amplify the risk of exposure to gender-based violence, especially for women and children.
- Displacement situations are often associated with armed conflict, resulting in (mass) casualties and injuries.
- Refugee populations can be stigmatized or suffer discrimination or xenophobia, for example if they are seen as taking away resources from nationals or as bringing disease.
- Large-scale population movements may overburden a host area's capacity to cope, in terms of essential services.
- Barriers to accessing health care services or disparities between the quality and/or the cost of services, may harm relations between refugees and host populations.

5. Other risks

Failure to provide adequate health and nutrition services at the transit centre may generate a number of risks, for example:

- The security of transit centres may be compromised, by riots, demonstrations, or violent behaviour.
- Refugees may take risks and adopt unsafe coping strategies.
- Malnourished individuals may suffer long-term effects, such as impeded growth or development.

6. Key decision points

Decision points with respect to transit centres:

- Transit centres are rest stations that need to provide food, basic health care and nutrition services, and water and sanitation facilities.
- Ensure standby vehicle are available for emergency referrals.
- Ensure there is capacity to provide first aid care on the road (en route).
- Make sure that patients continue to receive medication.
- Make arrangements to assist individuals who have serious medical conditions or specific needs

Public health interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.

- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- Impact oriented. UNHCR promotes the primary health care approach, which ensures that essential health services address the health needs of the entire population.
- Priority-based. Emergency public health interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national health system to extend its services to refugees.

7. Key steps

Transit centres are normally part of an overall operation that includes camps and out-of-camp settings. Managing a transit centre is therefore one element in the operational response. Public health interventions in transit centres focus on the following priorities:

- Establish strong co-ordination to ensure the response covers all needs, and that referrals across services as well as individual follow-up are assured.
- Measles and polio vaccination of all children between 6 months and 15 years of age, Vitamin A supplements, and deworming.
- Health screening (triage) for serious medical conditions and referral to a nearby public hospital.
- Assessments of nutrition status; screening for acute malnutrition, where indicated (please refer to the Entry on nutrition in transit centres).
- Ensure referral to a nearby health centre or establish temporary health post for consultations for acute illness and for consultations for people with chronic diseases for continued medication, including people on antiretroviral treatment.
- Provision of a minimum initial service package (MISP) for reproductive health (RH), where no RH services are available or accessible.
- Referral for emergency obstetric neonatal care and SGBV.
- Refugees with specific needs, who require assistance to access or use health services should be supported and prioritised.
- Apply the age gender and diversity (AGD) perspective and use community-based approaches in assessment and response.

8. Key management considerations

The efficient implementation of public health measures hinges on the efficiency of health sector coordination, technical support, and management. Technical expertise is required to provide the necessary oversight.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should deploy public health staff as soon as possible to support the assessment, develop a public health and nutrition strategy and support the operational response.

UNHCR should ensure that the public health situation in transit centres is monitored and that relevant stakeholders receive regular reports, and can therefore respond rapidly if the situation changes. The Basic Indicator Report format should be used for reporting.

The HIS team is available to provide remote and direct support. Contact HQHIS@unhcr.org.

9. Resources and partnerships

Staffing

- A UNHCR Public health officer needs to be on the ground as soon as possible to support the establishment of a sound emergency response and public health and nutrition strategy.

Partners

- UNHCR's public health strategy promotes the inclusion of refugees in national systems. The Ministry of Health should remain the key partner for health interventions. When possible, national public services should be used and supported.
- Ensure linkages with partners across sectors, including health, nutrition and WASH.
- Links to national programmes (to treat HIV, TB, malaria, etc.) should be established.
- Parallel services especially in transit centres and camps may have to be set up with support of partners; however ensure a strong linkage to the national health services and the Ministry of health.

10. Links

UNHCR Public Health

iRHIS

The SPHERE Project

Need help?

CONTACT DPSM/PH Section at: <HQPHN@unhcr.org>

Annexes

- UNHCR, Principles and Guidance for Referral Health Care, 2009
- UNHCR, Essential Medicines and Medical Supplies, 2013
- UNHCR, Epidemic Preparedness and Response in Refugee Camp Settings, 2011
- UNHCR, Operational Guidance Mental Health and Psychosocial Support Programming for Refugee Operations, 2013

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Health in rural areas

Key points

- Always reach out to public health facilities and work to ensure that refugees are included in national health care systems.
- Establish clear standard operating procedures for accessing primary and secondary health care.

1. Overview

The provision of health services is one component of an overall public health response to emergencies. The overall aim of any public health intervention (emergency or not) is to prevent and reduce excess mortality and morbidity.

In the first phases of an emergency, the public health response focuses on identifying and addressing

life-saving needs. The best outcome is to provide refugees with full access to essential health services and wherever possible to ensure access to national services. To achieve this, it is crucial to collaborate closely and support from the beginning the ministries and local authorities responsible for public health.

Public Health interventions in rural-dispersed settings aim to meet the basic health needs of refugees. Health services are closely linked to nutrition and WASH services to prevent disease outbreaks and reduce public health risks. They also contribute to providing a favourable environment for the protection of the nutrition status and food security.

2. Protection objectives

Health is a human right and a protection priority

- To respect the right to health and to ensure that refugees enjoy access to health services that are equivalent to the services enjoyed by their host population; in all circumstances, these services must meet minimum humanitarian standards.
- To ensure public health interventions save lives and address the most urgent survival needs. Implementation should start at the earliest possible stage.
- When existing services, such as those provided by the Ministry of Health, are insufficient or do not exist in the area of displacement, UNHCR and its partners must provide the core services outlined below.

3. Underlying principles and standards

UNHCR's Public Health Strategic Objectives 2014-2018

1. Improve access to quality primary health care programmes.
2. Decrease morbidity from communicable diseases and epidemics.
3. Improve childhood survival.
4. Facilitate access to integrated prevention and control of non-communicable diseases, including mental health services.
5. Ensure rational access to specialist referral care.
6. Ensure integration into national services and explore health financing mechanisms.

Note that UNHCR has developed a comprehensive public health strategy that applies to emergency and non-emergency operations in both camp and out-of-camp settings. Since in rural dispersed settings UNHCR aims to integrate refugees into national services, UNHCR and its partners follow national standards. In addition, the following SPHERE standards may apply as minimum international standard.

- SPHERE, Health systems standard 1.1: Health service delivery. People have access to integrated quality healthcare that is safe, effective and patient-centred.
- SPHERE, Health systems standard 1.2: Healthcare workforce. People have access to healthcare workers with adequate skills at all levels of healthcare.

- SPHERE, Health systems standard 1.3: Essential medicines and medical devices. People have access to essential medicines and medical devices that are safe, effective and of assured quality.
- SPHERE, Health systems standard 1.4: Health financing. People have access to free priority healthcare for the duration of the crisis.
- SPHERE, Health systems standard 1.5: Health information management. Healthcare is guided by evidence through the collection, analysis and use of relevant public health data.
- SPHERE, Communicable diseases standard 2.1.1: Prevention. People have access to healthcare and information to prevent communicable diseases.
- SPHERE, Communicable diseases standard 2.1.2: Surveillance, outbreak detection and early response. Surveillance and reporting systems provide early outbreak detection and early response.
- SPHERE, Communicable diseases standard 2.1.3: Diagnosis and case management. People have access to effective diagnosis and treatment for infectious diseases that contribute most significantly to morbidity and mortality.
- SPHERE, Communicable diseases standard 2.1.4: Outbreak preparedness and response. Outbreaks are adequately prepared for and controlled in a timely and effective manner.
- SPHERE, Child health standard 2.2.1: Childhood vaccine-preventable disease. Children aged six months to 15 years have immunity against disease and access to routine Expanded Programme on Immunization (EPI) services during crises.
- SPHERE, Child health standard 2.2.2: Management of newborn and childhood illness. Children have access to priority healthcare that addresses the major causes of newborn and childhood morbidity and mortality.
- SPHERE, Sexual and reproductive health standard 2.3.1: Reproductive, Maternal and newborn healthcare. People have access to healthcare and family planning that prevents excessive maternal and newborn morbidity and mortality.
- SPHERE, Sexual and reproductive health standard 2.3.2: Sexual violence and clinical management of rape. People have access to healthcare that is safe and responds to the needs of survivors of sexual violence.
- SPHERE, Sexual and reproductive health standard 2.3.3: HIV. People have access to healthcare that prevents transmission and reduces morbidity and mortality due to HIV.
- SPHERE, Injury and trauma care standard 2.4: Injury and trauma care. People have access to safe and effective trauma care during crises to prevent avoidable mortality, morbidity, suffering and disability.
- SPHERE, Mental health standard 2.5: Mental health care. People of all ages have access to healthcare that addresses mental health conditions and associated impaired functioning.
- SPHERE, Non-communicable diseases standard 2.6: Care of non-communicable diseases. People have access to preventive programmes, diagnostics and essential therapies for acute complications and long term management of non-communicable diseases.

- SPHERE, Palliative care standard 2.7: Palliative care. People have access to palliative and end-of-life care that relieves pain and suffering, maximises the comfort, dignity and quality of life of patients, and provides support for family members.

4. Protection Risks

- The main causes of death and diseases in emergency situations are vaccine-preventable, and communicable disease. Children especially those under-five years old are at most risk.
- Reproductive health problems (in particular pregnancy and obstetric complications) are more likely during emergencies.
- Emergency situations amplify the risk of exposure to gender-based violence, especially for women and children.
- Displacement situations are often associated with armed conflict, resulting in (mass) casualties and injuries.
- Refugee populations can be stigmatized or suffer discrimination or xenophobia, for example if they are seen as taking away resources from nationals or as bringing disease.
- Large-scale population movements may overburden a host area's capacity to cope, in terms of essential services.
- Barriers to accessing health care services or disparities between the quality or the cost of services, may harm relations between refugees and host populations.

5. Other risks

In rare cases, a government, local authority or service provider deters refugees from making use of public services, including health care. UNHCR's protection mandate requires advocating that refugees should have access on the same footing as nationals.

6. Key decision points

Public health interventions save lives and address immediate survival needs. They are therefore operational and programme priorities.

Public health programmes should always be available to refugees living in rural dispersed settings. UNHCR should encourage the authorities to grant refugees access to national services, where these are available and adequate. Where they are not, UNHCR should collaborate with the local Ministry of Health and other relevant actors to establish new services or improve those that exist, for the benefit of both refugee and host populations.

Health conditions and health risks are associated and depend on many factors, including food security, shelter, WASH, availability of non-food items. Public health interventions are therefore multi-sectoral in

character. The strongest links are between the health, nutrition and WASH sectors. Programmes must be coordinated and linked.

Public health interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.
- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- Impact oriented. UNHCR promotes the primary health care approach, which ensures that essential health services address the health needs of to the entire population.
- Priority-based. Emergency public health interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national health system to extend its services to refugees.

7. Key steps

1. Establish strong co-ordination with the Ministry of Health (MoH), NGOs, UNICEF, WHO and other relevant actors, to ensure refugees are integrated in available national public health services and programmes.
2. Development of clear standard operational procedures (SOP) for primary and referral care support by UNHCR is critical.
3. Map the existing public health services.
 - Assist the MoH to strengthen existing services to ensure they cover the needs of the increased population (refugees as well as host communities).
 - Where refugees are dispersed across many rural settlements or a large geographical area, gaps in health care services may need to be filled.
 - a. Assist the MoH to improve existing health facilities and service coverage or increase the number of facilities.
 - b. Identify and support local partners (civil society organizations, facilities run by NGOs).
 - The choice and form of facility will depend on the number of refugees, their geographical location, and the capacity, quality and cost of services provided. Health services in rural dispersed settings almost always cater for both refugee and host populations. Factor this into planning.
 - Assess the need for additional staff, equipment or medicines.
4. Make sure that refugees receive information about the services available to them, where these are located, and the conditions under which refugees can access them. (Are some services restricted? Do they need to pay? Are clinics private? Etc.).

5. Ensure translation is available when refugees do not speak the same language as the country of asylum.
6. Ensure that refugees have access to essential primary health care services and emergency and obstetric care. These take precedence over more specialized medical care. The following services should be offered:
 - a. Prevention and communicable disease control.
 - b. Services for infants and young children, including immunizations, clinical consultations, referral, observations.
 - c. Reproductive health.
 - d. Non-communicable diseases, including mental health and psychosocial support.
 - e. Nutrition.
 - f. Health and hygiene promotion.
 - g. Emergency medical and obstetric care.
7. Ensure that all needs are covered and that referrals across services and individual follow-up are consistent, given that service structures in rural settings are sometimes diverse and further away from each other.
8. If refugees choose not to use the public health system, and pay for private medical care, UNHCR should not provide support (even retrospectively).
9. If patients are expected to pay for health care, make arrangements to ensure that all refugees can afford access to essential primary health care services and emergency and obstetric care. Options might include alternative financing methods, such as health insurance schemes.
10. Do not establish vertical services. Support the MoH to expand its services to the area hosting refugees.
11. Only when the local public health system is incapable of providing adequate services should support from partners be sought.
12. When you set up services with partners, they should be fully integrated in the national health system and should be accessible both to refugee and to host populations.
13. If no national health information system exists, set up integrated refugee health information system (iRHIS) .
14. Ensure that HIS data and assessments are integrated in the programme monitoring framework.
15. Refugees with specific needs, who require assistance to access or use health services should be supported and prioritised.
16. Apply and Age-Gender-Diversity perspective and use community-based approaches in assessment and response.

8. Key management considerations

The efficient implementation of public health measures hinges on effective health sector coordination, technical support, and management.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should deploy public health staff as soon as possible to support the assessment, develop a public health and nutrition strategy and support the operational response.

The cost of referrals can be excessive. Make sure that resources are used efficiently by developing from

the start a strong accountability framework and SOP for referrals to secondary and tertiary care.

Data management is vital, especially in the health sector. Emergency situations can easily result in excess mortality, disease outbreaks, and elevated rates of malnutrition. Without data collection and management, it is impossible to manage public health interventions. iRHIS is designed to manage public health information in emergencies. It is widely accepted and used by partners. It provides tools to monitor essential emergency health impact indicators (such as mortality and malnutrition), and performance indicators (such as health care use). Setting up data collection tools using a health information system is a priority. During the early onset of an emergency operation, the Basic Indicator Reports should be used. As soon as services expand in scope and extend the comprehensive data collection tools in iRHIS should be introduced.

The HIS team is available to provide remote and direct support. Contact HQHIS@unhcr.org.

9. Resources and partnerships

Staffing

- A UNHCR Public health officer needs to be on the ground as soon as possible to support the establishment of a sound emergency response and public health and nutrition strategy.

Partners

- UNHCR's public health strategy promotes the inclusion of refugees in national systems. The Ministry of Health should remain the key partner for health interventions. When possible, public services should be used and supported.
- Ensure linkages with partners across sectors, including health, nutrition and WASH.
- Links to national programmes (to treat HIV, TB, malaria, etc.) should be established.

10. Links

UNHCR Public Health

iRHIS

The SPHERE Project

Need help?

CONTACT UNHCR PHS (DPSM). At: HQPHN@unhcr.org

Annexes

- UNHCR, Principles and Guidance for Referral Health Care, 2009

- UNHCR, Essential Medicines and Medical Supplies, 2013
- UNHCR, Operational Guidance. Mental Health and Psychosocial Support Programming for Refugee Operations, 2013

Version and document date

Version: 2.2

Document date: 06.05.2022

Health in urban areas

Key points

- Always reach out to public health facilities and work to ensure that refugees are included in national health care systems.
- Establish clear standard operating procedures for accessing primary and secondary health care in urban situations.

1. Overview

The provision of health services is one component of an overall public health response to emergencies. The overall aim of any public health intervention (emergency or not) is to prevent and reduce excess mortality and morbidity.

In the first phases of an emergency, the public health response focuses on identifying and addressing life-saving needs. The best outcome is to provide urban refugees with full access to national services. To achieve this, it is crucial to collaborate closely and support from the beginning the ministries and local authorities responsible for public health.

Public Health interventions in urban settings aim to meet the basic health needs of refugees. Health

services are closely linked to nutrition and WASH services to prevent disease outbreaks and reduce public health risks as well as providing a favourable environment for protection of nutrition status and food security.

2. Protection objectives

Health is a human right and a protection priority

- To respect the right to health and to ensure that refugees enjoy access to health services that are equivalent to the services enjoyed by their host population; in all circumstances, these services must meet minimum humanitarian standards.
- To ensure public health interventions save lives and address the most urgent survival needs. Implementation should start at the earliest possible stage.
- When existing services, such as those provided by the Ministry of Health, are insufficient or do not exist in the area of displacement, UNHCR and its partners must provide the core services outlined below.

3. Underlying principles and standards

UNHCR's Public Health Strategic Objectives 2014-2018

1. Improve access to quality primary health care programmes.
2. Decrease morbidity from communicable diseases and epidemics.
3. Improve childhood survival.
4. Facilitate access to integrated prevention and control of non-communicable diseases, including mental health services.
5. Ensure rational access to specialist referral care.
6. Ensure integration into national services and explore health financing mechanisms.

Note that UNHCR has developed a comprehensive public health strategy that applies to emergency and non-emergency operations in both camp and out-of-camp settings. Since in urban areas UNHCR aims to integrate refugees into national services, UNHCR and its partners follow national standards. In addition, the following SPHERE standards may apply as minimum international standard.

- SPHERE, Health systems standard 1.1: Health service delivery. People have access to integrated quality healthcare that is safe, effective and patient-centred.
- SPHERE, Health systems standard 1.2: Healthcare workforce. People have access to healthcare workers with adequate skills at all levels of healthcare.
- SPHERE, Health systems standard 1.3: Essential medicines and medical devices. People have access to essential medicines and medical devices that are safe, effective and of assured quality.
- SPHERE, Health systems standard 1.4: Health financing. People have access to free priority healthcare for the duration of the crisis.

- SPHERE, Health systems standard 1.5: Health information management. Healthcare is guided by evidence through the collection, analysis and use if relevant public health data.
- SPHERE, Communicable diseases standard 2.1.1: Prevention. People have access to healthcare and information to prevent communicable diseases.
- SPHERE, Communicable diseases standard 2.1.2: Surveillance, outbreak detection and early response. Surveillance and reporting systems provide early outbreak detection and early response.
- SPHERE, Communicable diseases standard 2.1.3: Diagnosis and case management. People have access to effective diagnosis and treatment for infectious diseases that contribute most significantly to morbidity and mortality.
- SPHERE, Communicable diseases standard 2.1.4: Outbreak preparedness and response. Outbreaks are adequately prepared for and controlled in a timely and effective manner.
- SPHERE, Child health standard 2.2.1: Childhood vaccine-preventable disease. Children aged six months to 15 years have immunity against disease and access to routine Expanded Programme on Immunization (EPI) services during crises.
- SPHERE, Child health standard 2.2.2: Management of newborn and childhood illness. Children have access to priority healthcare that addresses the major causes of newborn and childhood morbidity and mortality.
- SPHERE, Sexual and reproductive health standard 2.3.1: Reproductive, Maternal and newborn healthcare. People have access to healthcare and family planning that prevents excessive maternal and newborn morbidity and mortality.
- SPHERE, Sexual and reproductive health standard 2.3.2: Sexual violence and clinical management of rape. People have access to healthcare that is safe and responds to the needs of survivors of sexual violence.
- SPHERE, Sexual and reproductive health standard 2.3.3: HIV. People have access to healthcare that prevents transmission and reduces morbidity and mortality due to HIV.
- SPHERE, Injury and trauma care standard 2.4: Injury and trauma care. People have access to safe and effective trauma care during crises to prevent avoidable mortality, morbidity, suffering and disability.
- SPHERE, Mental health standard 2.5: Mental health care. People of all ages have access to healthcare that addresses mental health conditions and associated impaired functioning.
- SPHERE, Non-communicable diseases standard 2.6: Care of non-communicable diseases. People have access to preventive programmes, diagnostics and essential therapies for acute complications and long term management of non-communicable diseases.
- SPHERE, Palliative care standard 2.7: Palliative care. People have access to palliative and end-of-life care that relieves pain and suffering, maximises the comfort, dignity and quality of life of patients, and provides support for family members.

4. Protection Risks

- The main causes of death and diseases in emergency situations are vaccine-preventable and communicable disease. Children especially those under-five years old are at most risk.
- Reproductive health problems (in particular pregnancy and obstetric complications) are more likely during emergencies.
- Emergency situations amplify the risk of exposure to gender-based violence, especially for women and children.
- Displacement situations are often associated with armed conflict, resulting in (mass) casualties and injuries.
- Refugee populations can be stigmatized or suffer discrimination or xenophobia, for example if they are seen as taking away resources from nationals or as bringing disease.
- Large-scale population movements may overburden a host area's capacity to cope, in terms of essential services.
- Barriers to accessing health care services or disparities between the quality and/or the cost of services, may harm relations between refugees and host populations.

5. Other risks

In rare cases, a government, local authority or service provider deters refugees from making use of public services, including health care. UNHCR's protection mandate requires to advocate that refugees should have access on the same footing as nationals.

6. Key decision points

Public health Interventions save lives and address immediate survival needs. They are therefore operational and programme priorities.

Refugees should have access to services on the same footing as nationals. UNHCR should always aim to integrate refugees in the national health system, and where needed should support it.

Health conditions and health risks are associated and depend on many factors, including food security, shelter, WASH, availability of non-food items. Public health interventions are therefore multi-sectoral in character. The strongest links are between the health, nutrition and WASH sectors. Programmes must be coordinated and linked.

Public health interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.
- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.

- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- Impact oriented. UNHCR promotes the primary health care approach, which ensures that essential health services address the health needs of to the entire population.
- Priority-based. Emergency public health interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national health system to extend its services to refugees.

7. Key steps

1. Establish strong co-ordination with the Ministry of Health (MoH), NGOs, UNICEF, WHO and other relevant actors, to ensure refugees are integrated in available national public health services and programmes.
2. The development of clear standard operational procedures (SOP) for primary and referral care support by UNHCR is critical.
3. Map the existing public health services.
 - Assist the MoH to strengthen existing services to ensure they cover the needs of the increased population (refugees as well as host communities).
 - Where refugees are scattered across urban settlements, you may need to rationalize services that need support.
 - The choice and form of facility will depend on the number of refugees, their geographical location, and the capacity, quality and cost of services provided.
 - Assess the need for additional staff, equipment or medicines.
4. Make sure that refugees receive information about the services available to them, where they are located, and the conditions under which refugees can access them. (Are some services restricted? Do they need to pay? Are clinics private? Etc.).
5. Ensure translation is available when refugees do not speak the same language as the country of asylum.
6. Ensure that refugees have access to essential primary health care services and emergency and obstetric care. These take precedence over more specialized medical care. The following services should be offered:
 - a. Prevention and communicable disease control.
 - b. Services for infants and young children, including immunizations, clinical consultations, referral, observations.
 - c. Reproductive health.
 - d. Non-communicable diseases, including mental health and psychosocial support.
 - e. Nutrition.
 - f. Health and hygiene promotion.
7. Ensure that all needs are covered and that referrals across services and individual follow-up are

- consistent, since urban settings sometimes have more complex service delivery structures.
8. Refugees may use their own resources to seek private medical care.
 9. If patients are expected to pay for health care, make arrangements to ensure that all refugees can afford access to essential primary health care services and emergency and obstetric care.
 10. Do not establish vertical services. Assist the MoH to expand its services.
 11. Refugees with specific needs, who require assistance to access or use health services should be supported and prioritised.
 12. Apply and Age-Gender-Diversity perspective and use community-based approaches in assessment and response.

8. Key management considerations

The efficient implementation of public health measures hinges on effective health sector coordination, technical support, and management.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should deploy public health staff as soon as possible to support the assessment, develop a public health and nutrition strategy and support the operational response.

The cost of referrals can be excessive. Make sure that resources are used efficiently by developing from the start a strong accountability framework and SOP for referrals to secondary and tertiary care.

Data management is vital, especially in the health sector. In situations where the national health system is not functional, or where UNHCR or partners do not support specific clinics, UNHCR can assist the MoH by making its urban health information system (HIS) available. Since refugees are often scattered across urban settlements, it will be important to measure their access to services. Consider using UNHCR's health access and use survey (HAUS) to obtain this information.

9. Resources and partnerships

Staffing

- A UNHCR Public health officer needs to be on the ground as soon as possible to support the establishment of a sound emergency response and public health and nutrition strategy.

Partners

- UNHCR's public health strategy promotes the inclusion of refugees in national systems. The Ministry of Health should remain the key partner for health interventions. When possible, public services should be used and supported.
- Ensure linkages with partners across sectors, including health, nutrition and WASH.
- Links to national programmes (to treat HIV, TB, malaria, etc.) should be established.
- Parallel services, e.g. NGO clinics, may be set up by partners, ensure a strong linkage to the national health services and the Ministry of Health.

10. Links

UNHCR public health

iRHIS

The SPHERE Project

Need help?

CONTACT UNHCR PHS (DPSM). At: HQPHN@unhcr.org

Annexes

- UNHCR, Operational guidance on refugee protection and solutions in urban areas – Ensuring access to health care
- UNHCR, Principles and Guidance for Referral Health Care, 2009
- UNHCR, Essential Medicines and Medical Supplies, 2013
- UNHCR, Operational Guidance. Mental Health & Psychosocial Support Programming for Refugee Operations, 2013

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Health in camps

Key points

- Disease outbreaks and malnutrition are the major public health concerns in emergencies. They are the main causes of high mortality associated with public health.
- Health, nutrition and WASH are closely linked. Make sure that these sectors are coordinated at all levels.
- Establish mechanisms to identify major health risks and persons with serious medical needs/conditions, including malnutrition and prioritize vaccination of children against measles and polio as early as possible from the first entry or access point (including reception/transit centers).

1. Overview

The provision of health services is one component of an overall public health response to emergencies. The overall aim of any public health intervention is to prevent and reduce excess mortality and morbidity.

In the first phases of an emergency, the public health response focuses on identifying and addressing life-saving needs. The best outcome is to provide refugees with full access to essential health services and wherever possible to ensure access to national services. To achieve this, it is crucial to collaborate closely and support from the beginning the ministries and local authorities responsible for public health.

Public Health interventions in camp settings aim to meet the basic health needs of refugees. Health services are closely linked to nutrition and WASH services to prevent disease outbreaks and reduce public health risks as well as providing a favourable environment for protection of nutrition status and food security.

2. Protection objectives

Health is a human right and a protection priority

- To respect the right to health and to ensure that refugees enjoy access to health services that are equivalent to the services enjoyed by their host population; in all circumstances, these services must meet minimum humanitarian standards.
- To ensure public health interventions save lives and address the most urgent survival needs. Implementation should start at the earliest possible stage. When existing services, such as those provided by the Ministry of Health, are insufficient or do not exist in the area of displacement, UNHCR and its partners must provide the core services outlined below.

3. Underlying principles and standards

- UNHCR's Public Health Strategic Objectives 2014-2018

1. Improve access to quality primary health care programmes.
2. Decrease morbidity from communicable diseases and epidemics.
3. Improve childhood survival.
4. Facilitate access to integrated prevention and control of non-communicable diseases, including mental health services.
5. Ensure rational access to specialist referral care.
6. Ensure integration into national services and explore health financing mechanisms.

UNHCR has developed a comprehensive public health strategy that applies to emergency and non-emergency operations in both camp and out-of-camp settings. UNHCR and its partners follow national standards wherever available and applicable. In addition, the following SPHERE standards may apply as minimum international standards.

- SPHERE, Health systems standard 1.1: Health service delivery. People have access to integrated quality healthcare that is safe, effective and patient-centred.
- SPHERE, Health systems standard 1.2: Healthcare workforce. People have access to healthcare workers with adequate skills at all levels of healthcare.
- SPHERE, Health systems standard 1.3: Essential medicines and medical devices. People have access to essential medicines and medical devices that are safe, effective and of assured quality.
- SPHERE, Health systems standard 1.4: Health financing. People have access to free priority healthcare for the duration of the crisis.
- SPHERE, Health systems standard 1.5: Health information management. Healthcare is guided by evidence through the collection, analysis and use of relevant public health data.
- SPHERE, Communicable diseases standard 2.1.1: Prevention. People have access to healthcare and information to prevent communicable diseases.
- SPHERE, Communicable diseases standard 2.1.2: Surveillance, outbreak detection and early response. Surveillance and reporting systems provide early outbreak detection and early response.
- SPHERE, Communicable diseases standard 2.1.3: Diagnosis and case management. People have access to effective diagnosis and treatment for infectious diseases that contribute most significantly to morbidity and mortality.
- SPHERE, Communicable diseases standard 2.1.4: Outbreak preparedness and response. Outbreaks are adequately prepared for and controlled in a timely and effective manner.
- SPHERE, Child health standard 2.2.1: Childhood vaccine-preventable disease. Children aged six months to 15 years have immunity against disease and access to routine Expanded Programme on Immunization (EPI) services during crises.
- SPHERE, Child health standard 2.2.2: Management of newborn and childhood illness. Children have access to priority healthcare that addresses the major causes of newborn and childhood morbidity and mortality.

- SPHERE, Sexual and reproductive health standard 2.3.1: Reproductive, Maternal and newborn healthcare. People have access to healthcare and family planning that prevents excessive maternal and newborn morbidity and mortality.
- SPHERE, Sexual and reproductive health standard 2.3.2: Sexual violence and clinical management of rape. People have access to healthcare that is safe and responds to the needs of survivors of sexual violence.
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- SPHERE, Palliative care standard 2.7: Palliative care. People have access to palliative and end-of-life care that relieves pain and suffering, maximises the comfort, dignity and quality of life of patients, and provides support for family members.

4. Protection Risks

- The main causes of death and diseases in emergency situations are vaccine-preventable and communicable disease. Children especially those under-five years old are at most risk.
- Reproductive health problems (in particular pregnancy and obstetric complications) are more likely during emergencies.
- Emergency situations amplify the risk of exposure to gender-based violence, especially for women and children.
- Displacement situations are often associated with armed conflict, resulting in (mass) casualties and injuries.
- Refugee populations can be stigmatized or suffer discrimination or xenophobia, for example if they are seen as taking away resources from nationals or as bringing disease.
- Large-scale population movements may overburden a host area's capacity to cope, in terms of essential services.
- Barriers to accessing health care services or disparities between the quality or the cost of services, may harm relations between refugees and host populations.

5. Other risks

Failure to provide adequate health and nutrition services in refugee camps may generate a number of risks, for example:

- The security in refugee camps maybe compromised, by riots, demonstrations, or violent behaviour.
- Refugees may take risks and adopt unsafe coping strategies.
- Malnourished individuals may suffer long-term effects, such as impeded growth or development.

6. Key decision points

Public health Interventions save lives and address immediate survival needs. They are therefore operational and programme priorities.

Public health programmes should always be available to refugees living in camp settings. UNHCR should encourage the authorities to grant refugees access to national services, where these are available and adequate. Where they are not, UNHCR should collaborate with the local Ministry of Health and other relevant actors to establish new services or improve those that exist, for the benefit of both refugee and host populations.

Public health interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.
- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- Impact oriented. UNHCR promotes the primary health care approach, which ensures that essential health services address the health needs of to the entire population.
- Priority-based. Emergency public health interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national health system to extend its services to refugees.

7. Key steps

1. Ensure strong coordination to ensure the response covers all needs, and that referral across services as well as individual follow up are assured.
2. Ensure refugees have access to information and know where services are available and are able to

voice their opinions.

3. Conduct an initial assessment, including 3W (Who? What? Where?).

4. Develop a priority action plan and 3W matrix that focuses on the following programme components:
 - a. Measles, polio vaccination, and vitamin A supplements.
 - b. Screening for acute malnutrition in the community, where indicated and (as required) provision of nutrition support.
 - c. Communicable disease control, notably:
 - Prevention (including immunisation).
 - Surveillance (establish an early warning system).
 - Preparedness and response planning.
 - Outbreak control.
 - Monitoring of disease outbreaks.
 - d. Primary health care services:
 - Screening/triage.
 - Curative health care (out-patient care).
 - Immunisation (measles and vitamin A supplements plus EPI).
 - Non-communicable disease.
 - Mental health and psychosocial support.
 - e. Constitute a community-based health workforce (CBHW), and set up priority community-based health prevention activities.
 - f. Reproductive health and HIV.

Where reproductive health services (RH) are not available	Where MISP or RH/HIV components exist
Implement the minimum initial service package(MISP).	Expand to comprehensive RH.
<ul style="list-style-type: none"> • 24/7 emergency obstetric neonatal care. • Prevention of sexual and gender-based violence (SGBV) and clinical management of rape survivors. • High impact STI/HIV prevention and continuation of ART / EMTCT. 	All the MISP, plus: <ul style="list-style-type: none"> • Antenatal care. • Postnatal care. • Family planning. • Post-abortion care. • Fistula detection and management. • Adolescent sexual and reproductive health services (SRH).

	<ul style="list-style-type: none"> • Comprehensive SGBV response. • Comprehensive HIV services.
Timeframe: 0-6 months.	Timeframe: >6 months.
Note. HIV testing during the acute phase should only be done to ensure that ART treatment can continue.	

- g. Establish a referral network and mechanisms for life-saving and obstetric referrals, based on country specific standard operating procedures.
- h. Where no health information system has been established, use UNHCR's Basic Indicator Report and set up as soon as possible integrated refugee health information system (iRHIS).
- i. Where required, identify and select NGO partners to implement these priority actions. Partners should be available, have operational capacity, and possess the required technical expertise and skills.
5. Use UNHCR's procurement and supply system to obtain medicines and medical supplies, in line with the 2013 UNHCR policy.
6. Develop a multi-year public health strategy in conjunction with key actors and partners.
7. Integrate key indicators from the health information system into the programme monitoring framework.
8. Refugees with specific needs, who require assistance to access or use health services should be supported and prioritised.
9. Apply and Age-Gender-Diversity perspective and use community-based approaches

8. Key management considerations

The efficient implementation of public health measures hinges on effective health sector coordination, technical support, and management. Technical expertise is required to provide the necessary oversight.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should deploy public health staff as soon as possible to support the assessment, develop a public health and nutrition strategy and support the operational response.

The cost of referrals can be excessive. Make sure that resources are used efficiently by developing from the start a strong accountability framework and SOP for referrals (life-saving and obstetric care) to secondary and tertiary care.

Data management is vital, especially in the health sector. iRHIS is designed to manage public health information in emergencies. It is widely accepted and used by partners working in refugee camps. It provides tools to monitor essential emergency health impact indicators (such as mortality and

malnutrition), and performance indicators (such as health care utilization). Setting up data collection tools using a health information system is a priority. The data collection tools in Twine should be introduced.

The HIS team is available to provide remote and direct support. Contact HQHIS@unhcr.org.

9. Resources and partnerships

Staffing

- A UNHCR Public health officer needs to be on the ground as soon as possible to support support the establishment of a sound emergency response and public health and nutrition strategy.

Partners

- UNHCR's public health strategy promotes the inclusion of refugees in national systems. The Ministry of Health should remain the key partner for health interventions. When possible, public services should be used and supported.
- Links to national programmes (to treat HIV, TB, malaria, etc.) should be established
- Ensure linkages with partners across sectors, including health, nutrition and WASH.
- Parallel services may be set up with support of partners, however ensure a strong linkage to the national health services and the Ministry of Health.

10. Links

UNHCR Public Health

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Need help?

CONTACT UNHCR Public Health section (DPSM), at: HQPHN@unhcr.org

Annexes

- UNHCR, Principles and Guidance for Referral Health Care, 2009
- UNHCR, Essential Medicines and Medical Supplies, 2013
- UNHCR, Epidemic Preparedness and Response in Refugee Camp Settings, 2011 --

- UNHCR, Operational Guidance - Mental Health and Psychosocial Support Programming for Refugee Operations, 2013 --

Version and document date

Version: 2.1

Document date: 06.05.2022

Mental health and psychosocial support

Key points

- Do not consider MHPSS services and support a 'stand alone' sector, or let them become isolated from other services: they should be integrated in general community support and programmes and systems for public health, education and protection.
- Do not describe a whole population as 'traumatized'. The term 'trauma' should not be used outside clinical programmes.
- Integrate an MHPSS approach in all programmes and ensure that interventions foster the dignity and resilience of persons of concern.
- Revive and strengthen family and community support systems and promote positive coping mechanisms of affected individuals and their families: these are key psychosocial interventions in an emergency.
- Ensure that mental health care is functionally linked to, and preferably integrated in the general health system; avoid establishing parallel mental health services.
- Take steps to introduce psychotherapeutic interventions for people with prolonged distress and take measures to avoid excessive prescription of psychotropic medication.
- Facilitate intersectoral coordination through a Technical Working Group for MHPSS with actors in health, community-based protection, child protection, SGBV, education and nutrition.

1. Overview

Emergencies put significant psychological and social stress on individuals, families and communities. People not only experience atrocities prior to or during flight; their living conditions once they have reached safety also impose significant stress and hardship. Refugees and other people of concern experience and respond to loss, pain, disruption and violence in significantly different ways, influencing their mental health and psychosocial well-being and their vulnerability to mental health problems. Men and women, and boys and girls of different ages, may have different ways of experiencing and expressing distress. Their reactions to disruptive situations are often overcome with time. Most people cope with difficult experiences and may become more resilient if a supportive family and community environment is available. Some people are more vulnerable to distress, however, especially those who have lost, or been separated from, family members, or who are survivors of violence.

When mass displacement occurs, the normal and traditional community structures that often regulate community well-being, such as extended family systems and informal community networks, may break down. This can cause or exacerbate social and psychological problems; and, in response, new mechanisms and new forms of leadership can arise, which may or may not be representative of age and gender or a community's diversity. The way in which humanitarian and refugee services are provided can also increase or diminish stress in affected populations. Some persons of concern may develop negative coping mechanisms that put them at increased risk. While most people will not develop mental disorders, some will, and the symptoms of individuals who already had disorders may worsen. If persons of concern no longer have access to the usual systems for providing mental health care, or those systems have deteriorated, they may be left without adequate treatment or support.

MHPSS

The composite term 'mental health and psychosocial support' (MHPSS) refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental disorders. Among humanitarian agencies the term is widely used and serves as a unifying concept that can be used by professionals in various sectors. MHPSS interventions can be implemented in programmes for health & nutrition, protection (community-based protection, child protection and SGBV) or education. The term 'MHPSS problems' may cover a wide range of issues including social problems, emotional distress, common mental disorders (such as depression and post-traumatic stress disorder), severe mental disorders (such as psychosis), alcohol and substance abuse, and intellectual or developmental disabilities.

2. Protection objectives

- To ensure that emergency responses are safe, dignified, participatory, community owned, and socially and culturally acceptable.
- To maintain the protection and well-being of persons of concern by strengthening community and family support.
- To ensure that persons distressed by mental health and psychosocial problems have access to appropriate care.

- To ensure that persons suffering from moderate or severe mental disorders have access to essential mental health services and to social care.

3. Underlying principles and standards

UNHCR, Operational guidance on mental health & psychosocial support programming for refugee operations

A comprehensive description of a multi-sectoral MHPSS response. Provides specific guidance on MHPSS interventions in community-based protection, health and education.

IASC, Guidelines on Mental Health and Psychosocial Support in Emergency Settings

Provides detailed guidance that helps humanitarian actors to plan, establish and coordinate minimum multi-sectoral responses to protect and improve mental health and psychosocial well-being in an emergency.

Sphere Handbook

: Protection Principle 3: "*Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation.*"

One of the four protection principles underpinning the Sphere Handbook. It underlines the importance of appropriate referrals, fostering community action and establishing reporting mechanisms for rights violations.

Sphere Handbook,

Essential healthcare standard 2.5: Mental health, 2018.

Affirms that affected persons should have access to health services that prevent or reduce mental health problems and associated impaired functioning.

UNHCR, *Global Strategy for Public Health 2014-2018, Public Health Strategic Objective 4: facilitate access to integrated prevention and control of non-communicable diseases, including mental health services.*

Sets out programmes of mental health and psychosocial support, focusing on primary health care standards and establishing multi-sectoral referral mechanisms.

Child Protection Working Group, *Minimum Standards on Child Protection in Humanitarian Action, Standard 10: Mental Health and Psychosocial Distress.*

Sets out strategies and interventions that will strengthen girls' and boys' coping mechanisms and resilience and promote access to appropriate support for severely affected children.

Interagency Network for Education in Emergencies (INEE), Minimum Standards for Education: Access and Learning Environment Standard 2: Protection and Well-being

Sets out interventions that ensure learning environments are secure and safe, and promote the protection and the psychosocial well-being of learners, teachers and other education personnel.

UNHCR, Age, Gender and Diversity (AGD) Policy, 2018.

Builds on UNHCR's 2011 AGD Policy, lessons learned and consolidates existing commitments to accountability to affected people, and updates and expands the High Commissioner's commitments to refugee women and girls (2001) to include IDP, stateless and other persons of concern. The Policy brings together the essential components for change regarding all aspects of age, gender and diversity into six areas of engagement and ten core actions with stronger and clear accountability to all persons of concern, defined responsibilities across senior management and entities in the organization, and consistent monitoring leading to evidence-based regular reporting.

4. Protection Risks

In humanitarian settings, mental health and psychosocial well-being are closely associated with protection.

- The loss and stress experienced during humanitarian emergencies cause grief, fear, anxiety, guilt, shame and hopelessness that overtax individuals' capacity to cope. Stress can cause health problems and increase communal and interpersonal violence, including intimate partner violence.
- Humanitarian emergencies increase the risk of developing mental disorders, including depression, posttraumatic stress disorder, and alcohol and substance abuse, all of which weaken the ability of individuals to fend for themselves and care for others who depend on them.
- Significant stress over long periods harms the development of children, especially young children, increases the risk that they will have physical or mental health problems, and may contribute to educational difficulties later in life. Adolescents with mental problems are highly vulnerable if they experience violence, abuse or exploitation.
- During emergencies, people with severe mental disorders (psychosis, bipolar disorder, severe forms of depression or posttraumatic stress), or intellectual disabilities, are at heightened risk if they experience neglect, abandonment, homelessness, sexual or domestic abuse, social stigma, or are excluded from humanitarian assistance, education, livelihood opportunities, health care, a nationality, or other services.
- Those who care for people with severe mental disorders can experience extreme distress, isolation and strain on financial and other resources.
- In urban settings and displacement sites, individuals with MHPSS concerns are at higher risk because the communities in which they live are often less cohesive and community protection mechanisms are likely to be weaker.

5. Other risks

- UNHCR faces reputational risks. If it fails to protect people with MHPSS problems, this will harm its credibility and moral authority and may generate negative media coverage. Increasingly, the media pay attention to psychological trauma and mental health issues in humanitarian settings.

6. Key decision points

It is important to build understanding of MHPSS in UNHCR and among partners in all sectors, to reduce the burden of mental illness, improve the ability of refugees to function and cope, and strengthen resilience. To this end, it is important to adopt an MHPSS approach and integrate MHPSS interventions in field operations as a priority.

- Adopting an MHPSS approach. This implies providing humanitarian assistance in ways that support the mental health and psychosocial well-being of persons of concern. MHPSS is relevant for all humanitarian actors and all forms of humanitarian action.
- Integrating MHPSS interventions. This implies focusing on activities in which the primary goal is to improve the mental health and psychosocial well-being of persons of concern. Such activities are usually implemented via projects in health, community-based protection, SGBV, child protection, and education.

MHPSS activities that are integrated in wider systems (such as general health services, education, or social services) or embedded in community support mechanisms are likely to be accessible to more people, are often more sustainable, and tend to carry less stigma.

7. Key steps

1. Include MHPSS elements in assessments

- Initial rapid assessments for health and protection should include some MHPSS elements, to increase understanding of the MHPSS problems refugees face, their ability to deal with them, the resources that are available, and the kind of responses required.
- Make assessments participatory; involve persons of concern at every stage, with a particular focus on including more isolated or marginalized individuals.
- Assess MHPSS needs and MHPSS resources. Focus on problems but also on coping mechanisms and formal and informal sources of support.
- Apply a broad definition of MHPSS. Assessments that narrowly focus only on one mental disorder, such as post traumatic stress (PTSD), do not provide the data needed to design a comprehensive MHPSS programme.
- In general, do not try to estimate the prevalence of mental disorders because such an assessment is methodologically complicated, requires specific resources and, most important, is not essential to start implementing services.
- As a rule of thumb, use WHO projections of mental disorders in adult populations affected by emergencies (Box 1)

Box 1.WHO projections of mental disorders in adult populations affected by emergencies (W

	Before emergency 12-month prevalence	During emergency 12-month prevalence
Severe mental disorder (Psychosis, severe depression, severely disabling forms of anxiety disorder.)	2% to 3%	3% to 4%
Mild or moderate mental disorder (Mild or moderate forms of depression, anxiety disorders, post traumatic stress disorder.)	10%	15% to 20%
Normal distress / other psychological reactions (No disorder.)	No estimate	Large percentage

2. Conceptualize MHPSS as a multi-layered system

- Think of MHPSS programmes as a systems-based approach, which has several layers of complementary support, with referral systems between the layers. It is important to develop layers of MHPSS services, ranging from interventions that benefit all persons of concern to targeted interventions for specific groups. The model is illustrated below (intervention pyramid).
- Layer 1: Apply an AGD approach to basic services and security. Ensure that security is achieved and basic needs and essential services (food, shelter, water, sanitation, basic health care, control of communicable diseases) are met in a manner that protects the dignity of all people, including those who are particularly marginalized or isolated and who may face barriers to accessing services. To avoid discrimination, stigma and further distress, consider the implications of any targeted interventions, in consultation with affected populations. Apply the same principles to advocacy. Always inform persons of concern how, where and when they can access humanitarian services, to reduce distress. The objectives of protection mainstreaming are very similar to those of layer 1 in the MHPSS intervention pyramid.
- Layer 2: Strengthen community and family support. Promote activities that foster social cohesion. Support the restoration or development of community-based structures that represent the population in terms of age, gender, disability and other aspects of diversity. Promote community mechanisms that protect and support individuals using participatory approaches. Ensure that play and recreation spaces and activities are available, especially for children and youth.
- Layer 3: Provide focused psychosocial support. Promote individual, family or group interventions to provide emotional and practical support to those who find it difficult to cope alone or with their own support network. Non-specialised workers in health, education, community-based protection or child protection usually deliver such support, after training and with ongoing supervision.

- Layer 4: Clinical services. Make clinical mental health services available to those with severe symptoms or whose intolerable suffering renders them unable to carry out basic daily functions. The problems of such persons are usually induced by the emergency, or pre-existed it. They include (but are not limited to): psychosis, drug abuse, severe depression, or disabling anxiety symptoms; some may be at risk of harming themselves or others. Interventions are usually led by mental health professionals, but can also be led by specialists in social work.

3. Promote the adoption of an MHPSS approach in UNHCR and with partners

- Employing a participatory approach and providing services respectfully can improve the psychosocial well-being of persons of concern; but staff involved in a refugee response may not always be aware of these effects. It is important to ensure that all stakeholders in UNHCR-supported programmes are aware that MHPSS is a cross-cutting issue.
- Improving staff awareness of and information on MHPSS, including the awareness of staff in reception centres and registration desks, can be achieved by seminars or training. Relevant themes include: effective communication, dealing with strong emotions, and identifying MHPSS problems in persons of concern.
- Build inter-sectoral capacity to integrate MHPSS. For example:
- Provide half or one day orientation seminars on psychological first aid (PFA) using the facilitator guide.
- Integrate MHPSS in the regular training programmes for staff working on sexual and gender-based violence (SGBV), Child Protection and Community-Based Protection
- Inform senior managers about the importance of using MHPSS approaches in all sectors. Consider holding a short briefing session for senior management.
- Ensure that groups or individuals with specific MHPSS needs can access basic services (including food and non-food distributions). If necessary and appropriate, arrange separate queuing systems or a 'buddy/helper' system; monitor the distribution of goods to groups or individuals with specific needs to ensure that distribution is safe, dignified and equitable.

4. Include MHPSS interventions in community based protection programmes

Most communities already employ protection measures to support vulnerable members. You may find you can sustain or revive strategies that refugee and IDP populations used before they became displaced. At the same time, certain coping strategies (for example measures that restrict women's freedom, or exclude religious or ethnic minorities) may harm or disadvantage vulnerable groups.

- Discuss MHPSS issues with the community, using culturally and contextually relevant terminology and concepts and accessible communication formats and channels. Minimise stigmatization of and discrimination against people with mental health conditions.

- Ensure that MHPSS support is available to men, women, girls and boys of all ages, ethnicities, backgrounds and religions, and is tailored to meet their different needs, including accessible for persons with disabilities.
- Integrate MHPSS in existing interventions such as sporting activities and computer and literacy classes that can support development of coping mechanisms in addressing and alleviating stress and trauma and support avoidance of stigma that stand-alone interventions may cause. Ensure that these are age and gender appropriate and accessible for all groups. Involve people of concern (including young people) in their design and delivery.
- Facilitate community activities, using self-help groups in the community; introduce psychosocial support projects in urban multi-purpose community centres.
- Recruit and train staff and volunteers from community groups (women's groups, youth organisations, organizations of persons with disabilities, cultural and religious associations) to support individuals with mental and psychosocial concerns.
- Promote and support activities that reduce tensions between people of concern, and between people of concern and surrounding communities.
- Take steps to integrate people with severe mental disorders (in disability programmes the term psychosocial disabilities is used for this group), intellectual and developmental disabilities and epilepsy in programmes for community-based rehabilitation; provide support to enable them to participate in mainstream programmes.

For more information, see the Entry on community-based protection.

5. Design and implement MHPSS interventions in child protection programmes

- Provide parents and caregivers with information on children's and their own emotions and behaviour in emergencies, and explain how they can help their children and themselves to recover, and access services.
- Support community-based early childhood care and development programmes, to ensure that very young children receive appropriate protection, care, stimulation and support. Where relevant, link these activities to nutrition and breast-feeding programmes.
- Establish structured recreational activities, led by community volunteers, and coordinate these with education activities.
- Ensure that children at risk, and separated and unaccompanied children, are identified and referred to relevant services, including best interest procedures and multi-sectoral services. Ensure that such children receive appropriate psychosocial support, including individual, family and group based interventions appropriate to their needs, and where necessary refer family members to appropriate psychosocial or mental health services.
- Ensure that psychosocial support activities link to and support safe emergency education of good quality and to child protection services, such as best interests procedures, community based child protection activities and where appropriate, family tracing and reunification services.
- Work with other sectors to ensure that they consider the protection and well-being of children. Assist them to make their services child-friendly and accessible

For more information, see the Entry on child protection.

6. Design and implement MHPSS interventions in programmes for SGBV prevention and response

- Incorporate psychological first aid into the training package for first responders to SGBV survivors (including for medical staff trained in clinical management of rape survivors).
- Include linkages to available community-based psychosocial supports and social services for survivors based
- Consider including brief psychological interventions [PV1] in the training for SGBV case managers.
- Facilitate referral to trained providers of evidence-based psychotherapies (which can be trained and supervised non specialists) for survivors who are not functioning well because of their symptoms of mental health conditions such as depression and stress-related disorders
- Provide clinical care with follow-up for survivors who have developed moderate to severe mental health conditions (by mental health-care providers with appropriate training in the provision of mental health care of survivors of sexual violence).

7. Design and implement MHPSS interventions in education programmes

If education programmes are provided quickly to children and youth in an emergency situation, it has a normalizing effect and can reduce the psychosocial impact of extreme stressors and displacement and thereby protect children at risk. Education may also have a healing effect on parents and communities, by restoring a routine and normalcy and creating hope of a better future.

- Encourage the creation of parent or school associations and provide training for them; accompany them if needed.
- Train teachers to identify children who have MHPSS problems and refer them to an appropriate professional (social workers, psychiatric nurses or case managers, for example).
- Organize social and cultural events, including sports events, in schools and informal education programmes, to raise the morale of children, parents and the community.
- Make sure that children feel their schools and learning environments are accessible, safe and conducive to learning. Consider structures (well-built classrooms, separate latrines for boys and girls) and the school's culture. Policies should prohibit corporal punishment, exploitation by teachers, and discrimination against minority children or children with disabilities.

For more information, see the Entry on education in emergencies.

8. Design and implement MHPSS interventions in health programmes

- Train health staff (clinical officers, medical doctors, nurses) using the mhGAP Intervention Guide (WHO, 2010). If possible, use the version for humanitarian settings (WHO and UNHCR, forthcoming).
- Arrange regular visits (at least twice a month) by a psychiatrist or another mental health professional, to provide supervision and mentoring.
- Ensure that people with severe mental disorders have access to care.
- Avoid hospitalization; if it becomes necessary, limit it to short term emergency admission (for example, because an individual with a severe mental disorder becomes a danger to themselves or others).
- Ensure that individuals with severe mental disorders, and their families, receive regular follow-ups. Visits can be made by community workers or refugee outreach volunteers.
- Health programmes should make generic medication available for selected mental, neurological and substance use disorders, using the UNHCR essential medicine list.
- Ensure that mental health data are integrated in UNHCR's HIS system.
- Take steps to make brief psychological therapies available to people impaired by prolonged distress.

For more information, see the Entry on health responses.

9. Establish coordination mechanisms for MHPSS

At country level

- Participate in interagency MHPSS Technical Working Groups (TWG), if these are established and consider co-chairing. If a major refugee emergency does not have an MHPSS TWG, UNHCR should consider creating one.
- Ensure that a representative of the MHPSS TWG participates in coordination meetings for protection (including child protection) and health.

At local level

- Create an MHPSS working group that meets regularly to discuss services and complex cases. It should include staff from health, protection, community-based protection, and education.
- Ensure MHPSS is discussed in coordination meetings on health and protection (including in sub groups for SGBV or Child Protection), for example by making it a regular agenda item.

8. Key management considerations

Many humanitarian operations now consider MHPSS to be a normal area of intervention. However, approaches continue to vary widely, and conflicting approaches can lead to bad practices. Senior UNHCR managers should emphasize the important role of MHPSS in UNHCR's protection mandate and require colleagues and partners to observe the IASC's *Guidelines on MHPSS* and UNHCR's internal *Operational Guidance*

It is particularly important to promote integrated approaches and foster inter-sectoral collaboration (in health, community-based protection, education, child protection, SGBV, etc.). Adequate staffing and resources should be made available to ensure that MHPSS needs can be adequately addressed. Senior managers should also ensure an MHPSS approach is adopted throughout an operation and is not considered the responsibility of a handful of specialists.

9. Resources and partnerships

Partners

- Partners should be aware of the Operational Guidance and be willing to apply its principles in their work.
- Partner organisations often have a background in either health or protection: for MHPSS programming an ability to work cross-sectorally is essential.
- Stand-alone programmes that focus on one aspect of MHPSS should be discouraged in favour of a more holistic approach.
- Partnerships with national services are generally preferable to new programmes that provide services exclusively to persons of concern.
- MHPSS components should be integrated into the child protection and community-based protection programmes of partner organizations.

MHPSS professionals

- A mental health professional (such as a psychiatric nurse, a psychiatric clinical officer or a psychiatrist) should be employed to assess and manage individuals with severe or complex mental disorders, and to provide guidance and support to primary health care staff.
- Supervision by psychiatrists, clinical psychologists, or psychiatric nurses should be available to support primary health care staff and build their capacity through training, consultation, mentoring and supervision.
- Social workers and community-based workers (such as trained refugee outreach volunteers or community health workers) are needed to do home-based follow up, assist individuals with MHPSS problems (including epilepsy) to access health and community services, and to encourage or support self-help and mutual support initiatives.

10. Links

Mental health and psychosocial support resources (UNHCR Public Health Section).

Psychosocial Support Network

Guide on Community based Psychosocial Support (ACT Alliance).

Toolkit for the Integration of Mental Health into General Healthcare in Humanitarian Settings.

11. Media

Mental Health and Psychosocial Support in Urban Settings:

Child Protection in Humanitarian Action

Pieter Ventevogel talks about mental health and displacement (2017)

Need help?

CONTACT Contact:

- DPSM, Public Health Section (mental health). At: HQPHN@unhcr.org.
- DIP, Community-Based Protection. At: hqts00@unhcr.org.
- DIP, Child Protection. At: hqchipro@unhcr.org.
- DIP, SGBV unit. At: hqsgbv@unhcr.org.

Annexes

- UNHCR, Operational guidance on mental health & psychosocial support programming for refugee operations
- Child Protection Issue Brief
- Community-Based Protection & Mental Health & Psychosocial Support
- Understanding Community Based Protection, Policy Paper
- Manual on UNHCR Community Based Approach
- WHO and UNHCR, Assessing mental health and psychosocial needs and resources
- Clinical management of mental, neurological and substance use conditions in humanitarian emergencies
- IASC, Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- Mental Health and Psychosocial Support in Humanitarian Emergencies. What Should Camp Coordination and Camp Management Actors Know
- Mental Health and Psychosocial Support in Humanitarian Emergencies. What Should Protection Managers Know
- Mental Health and Psychosocial Support in Humanitarian Emergencies. What should Humanitarian Health actors know
- Helping Survivors of Sexual Violence in Conflict
- Faith Sensitive Approach in Humanitarian Response
- Mental Health for People on the Move in Europe

- Operational Guidelines - Community Based Mental Support in Humanitarian Settings
- Including Children with Disabilities in Humanitarian Action
- Individual Psychological Help for Adults
- Group Interpersonal Therapy (IPT) for Depression
- Psychological First Aid
- WHO, WVI, WTF, Psychological First Aid Guide for Field Workers, 2011
- Mental Health and Psychosocial Support - 10 Myths

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IT emergency standby partners

Key points

- Confirm that UNHCR IT capacity is not available before requesting support from standby partners.
- Ensure your request has the required details and supporting documents (TORs) to facilitate quick follow-up by HQ.

1. Overview

To improve its response to emergencies, UNHCR has concluded standby partnerships with government agencies, NGOs, and private sector organizations that possess specific expertise and capacity complementing UNHCR's internal surge capacity. Several of these agreements meet information technology (IT) needs, such as:

- Technical expertise

- Data and voice connectivity, bandwidth
- IT equipment needs

Through these arrangements, qualified short-term employees can be provided quickly, using simplified procedures. Sometimes, these arrangements are at no cost to UNHCR; in other cases, UNHCR jointly or fully finances them.

This entry reviews these services and indicates how to request them.

2. When and for what purpose?

External deployment resources should be used in moderation; they do not replace regular staffing arrangements in UNHCR. External deployment arrangements should be seen as a short-term means to support and augment UNHCR's operational resources when this is absolutely necessary. In general, external deployment resources should only be deployed when:

- UNHCR is unable to meet staffing needs at short notice.
- Specific profiles or expertise are required that UNHCR staff do not possess.
- Additional help is needed for a short period (three to six months).

3. Description and /or specifics

- **The Swedish Civil Contingencies Agency (MSB)** is able to provide personnel with a variety of specialities to support the assessment and implementation of IT services.
- **Emergency.lu**, a public-private partnership led by the Government of Luxembourg, provides rapid deployment satellite terminals (VSATs) and IT support personnel (including transportation) in the first hours following the declaration of an emergency.
- **The International Humanitarian Partnership (IHP)** offers a number of IT modules and emergency response teams that operate in locations where the communication infrastructure is limited. IHP often supports the establishment of base camps and interagency common services.
- **DSB (Norwegian Directorate for Civil Protection and Emergency Planning)** manages a pool of IT experts with relevant equipment.
- **RedR Australia** has an emergency roster that includes IT experts deployable for 3-6 months.
- **Irish Aid**, the Development Cooperation Division of Ireland's Department of Foreign Affairs and Trade, can deploy IT experts to humanitarian emergencies for 6 months.
- **German Federal Agency for Technical Relief (THW)** can provide IT equipment and IT support personnel, who are usually deployable for 4-6 weeks.

4. How to request / implement / seek support?

Requesting IT employees

If a UNHCR office requires an IT employee, it should submit a request to the DIST IT Emergency Preparedness and Response Section (EPRS) and the Regional Bureau IT Lead. EPRS will liaise with the Emergency Partnerships and Deployments Unit to formalize the request and identify a suitable Standby Partner.

The request, together with specific terms of reference (ToR), should include the following information:

- Profile required
- Location
- Expected starting date and duration
- Background information (conflict/country/region)
- Specification of operation
- Main duties and responsibilities
- Supervisor and reporting line
- Skills required (language, technical, coordination, other)
- Living conditions, accommodation
- Gender and geographical restrictions due to security situation (if applicable)
- Budget code against which the deployment will be charged (when required)
- Other relevant information

Division of Emergency, Security and Supply (DESS) will request standby partners to identify candidates for the deployment. When candidates have been agreed, in consultation with EPRS, they will be deployed in accordance with the usual emergency deployment procedures (see Entry on How to request emergency employees).

5. Links

Emergency standby partners (deployment of personnel and service packages)

Need help?

CONTACT

- DIST IT Emergency Preparedness & Response Section (EPRS), at: ICT.Emergency@unhcr.org.
- Division for Emergency, Security and Supply (DESS), at: hqecmdpl@unhcr.org

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Emergency standby partners (deployment of personnel and service packages)

Key points

- Emergency standby partners are able to deploy individual experts and also turn-key service packages (equipment supported by employees to manage or install it).
- Emergency standby partner personnel are usually deployed for short periods of 3 to 6 months; length of deployment is agreed with the standby partner.
- The most frequently used service package is the 'base camp', a fully equipped deep field staff accommodation and office solution, initially developed for responses to natural disaster situations.
- For requests and questions, contact UNHCR DESS Emergency Services, Partnership & Deployment Unit at hqdeploy@unhcr.org
- .

1. Overview

In order to improve the efficiency and predictability of emergency response, UNHCR concluded a number of standby partnership agreements with Government agencies, NGOs, and private sector organizations whose specific expertise and capacity complement UNHCR's internal emergency and surge capacity. Standby partners are organizations or entities that maintain a standby capacity of standby personnel or equipment, which can be rapidly deployed upon request, to enhance UNHCR's capacity to respond to humanitarian crises.

UNHCR's emergency standby partners offer two kinds of service.

Personnel deployment

Qualified employees are made available quickly for short periods, often at no cost to UNHCR. Once

deployed, individuals join UNHCR teams in emergency operations and work within the UNHCR's office structure in the country. During their deployment, they enjoy 'UN expert on mission' status.

Emergency standby partners can provide a wide range of skills, such as technical experts (in shelter, site planning, water engineering, etc.); protection specialists (child protection officers, SGBV officer), or have skills in cluster/sector coordination, registration or information management.

Service packages

A service package is a pre-defined set of operational support equipment that upon request and mutual agreement between UNHCR and a Partner Agency is deployed to a UNHCR operation. A service package is usually combined with a support team that will set it up and train UNHCR staff before handing the equipment over, or bringing it back to place of origin. The specific terms and conditions for a particular service package deployment will be indicated in a Service Package Letter of Agreement (LoA). Support staff included in a service package deployment follows the same terms and conditions as outlined for employees.

Examples of service packages include base camp modules (staff accommodation and emergency offices), information and telecommunications technology modules (ICT), or civil or mechanical engineering modules (such as water supply systems).

2. When and for what purpose?

Personnel deployment

External deployment resources should not be over-used, and should not replace regular UNHCR staff. They are a short-term solution when UNHCR needs to complement or augment the resources it has available for its operations for a time-bound period. In general, external deployment should only occur when:

- UNHCR is not able to meet staffing requirements at short notice, or
- Specific profiles or expertise are required that UNHCR staff do not possess; or
- Additional help is needed for a short period (three to six months).

Service Packages

Standby service packages can be requested when:

- UNHCR lacks the capacity to provide a particular technical service.
- The demand for a service exceeds the capacity of UNHCR's partners in the field.
- UNHCR is unable to meet the demand for a service at short notice.

3. Description and /or specifics

Personnel deployment

The deployment of standby personnel is usually fully funded by the standby partner. UNHCR sometimes shares the cost or fully funds an arrangement; in such case, the country office concerned will have to pay for this.

The following standby partners offer individual personnel deployments to UNHCR operations:

- Canadem.
- Danish Emergency Management Agency (DEMA)
- Department for International Development (DFID).
- Danish Refugee Council (DRC).
- Irish Aid.
- Swedish Civil Contingency Agency (MSB).
- Norwegian Refugee Council (NRC).
- RedR Australia.
- Save the Children Norway.
- Swiss Agency for Development and Cooperation (SDC).
- Bundesanstalt Technisches Hilfswerk (THW).
- Veolia Environment Foundation.
- White Helmet Commission / Ministry of Foreign Affairs and Worship, Argentina.

For more information on personnel deployments by standby partners, see 'Requesting emergency employees'.

Service packages

Depending on the circumstances, service packages may be fully funded by the standby partner or donors, jointly funded by UNHCR and the standby partner, or fully funded by UNHCR.

The following emergency standby partners offer service packages to UNHCR operations:

- Danish Emergency Management Agency (DEMA)
- emergency.lu, Ministry of Foreign Affairs Luxembourg
- International Humanitarian Partnership. An informal umbrella organisation for multinational cooperation between governmental emergency management agencies active in the field of humanitarian assistance. The IHP member agencies are: The Crisis Management Centre Finland (CMC), Danish Emergency Management Agency (DEMA), UK Department for International Development (DFID), Norwegian Directorate for Civil Protection and Emergency Planning (DSB), The Luxembourg Rescue Services Agency (ASS Lux), Estonian Rescue Board (ERB), Swedish Civil Contingencies Agency (MSB) and German Federal Agency for Technical Relief (THW).
- Swedish Civil Contingency Agency (MSB)

- Norwegian Directorate for Civil Protection and Emergency Planning (DSB)
- German Federal Agency for Technical Relief (THW)
- Veolia Environment Foundation

For information on service packages available, see UNHCR, *Guide to Emergency Standby Partners*.

IHP Basecamp Modules

The service packages that UNHCR and other UN agencies use most are IHP's 'Base Camp Modules'. These are designed for deployment to natural disaster areas or deep field operations, and provide fully equipped staff accommodation or emergency offices (or both).

Light base camp

Purpose. Light base camps enable humanitarian organizations to rapidly establish relief activities after emergencies, by providing living and working facilities for humanitarian personnel.

Service. Light base camps are tent-based, and provide short –term and rudimentary working and living conditions in emergency operations for 10 staff. Packages may include accommodation, offices, catering services, water and sanitation facilities, communication equipment, and logistics services.

Deployment time. 6-48 hours.

Duration. 2-8 weeks.

Base camp

Purpose. Base camps enable humanitarian organizations to establish relief activities rapidly to respond to emergencies, by providing living and working facilities for humanitarian personnel.

Service. Base camps provide tented facilities of high quality that provide comprehensive offices and accommodation, including all necessary equipment and services. Packages may include offices, accommodation, meeting rooms, water and sanitation facilities, a kitchen and catering service, tools and equipment, water purification and distribution, power supply and distribution, etc. Base camps provide sleeping areas with personal privacy, offices with appropriate work stations, and catering services (three healthy and balanced meals per day and water).

Staff. Base camps and their support staff are self-sufficient with respect to food and water for an initial period of 14 days.

Deployment time. 48-72 hours.

Average life span. 3-12 months.

Prefabricated facilities

Purpose. Prefabricated facilities enable humanitarian organizations to deliver relief activities after emergencies by providing living and working conditions for humanitarian personnel.

Service. This package is a comprehensive high feature solution based on prefabricated facilities, flat-packed in sea containers for transport. It includes offices, accommodation, sanitary facilities, a kitchen, tools and equipment, water purification and distribution, power supply and distribution, etc. Packages vary in size and can be adjusted to requirements in the field.

Deployment time. 1-3 weeks.

Average life span. 2-5 years (IHP involvement is normally 6-12 months).



Light base camp



Prefabricated facilities

4. How to request / implement / seek support?

Personnel deployments

For information on how to request and deploy personnel, see 'Requesting emergency employees' or contact UNHCR DESS Emergency Services / Deployment and Partnership unit.

Service packages

To request service packages, contact UNHCR DESS Emergency Services (deployment and partnership unit) copying UNHCR Regional bureau covering your operation. Requests should contain the following information:

- Type of service package required.
- Technical specifications of the specialized equipment required.
- The background and type of emergency operation.
- The area, location and expected duration of the operation.
- A brief description of the UNHCR team on the ground.
- A description of safety and security issues.
- The required lead time for deployment.
- Plans and budgets.

- A description of arrangements for funding and cost sharing.
- A hand-over strategy.
- Staffing requirements.

UNHCR DESS makes contact with stand-by partners to see whether one of them can respond. A stand-by partner who agrees may send a rapid technical field evaluation mission to the area concerned, or both parties may proceed directly to transfer the service package. Service packages are formalized by a Letter of Agreement.

Standby partner personnel who deploy with a service package complete the same formalities and procedures as individual employees, except that service package teams may not be integrated in UNHCR's office structure. Like individual employees, service package team members may be accorded the status of 'UN expert on mission': this depends on the LoA.

5. Links

NRC

RedR Australia

STC Norway

SDC

THW

Veolia Environment Foundation

White Helmet Commission

emergency.lu

IHP

Irish Aid

MSB

NRC-NORCAP

Canadem

CDC

DRC

6. Media

IHP base camp ESSU, Guiuan

Need help?

CONTACT Contact UNHCR DESS, Emergency Services, Emergency Partnership and Deployments Unit at: hqdeploy@unhcr.org

- Ms. Natalia Micevic, Emergency Partnerships and Deployment Officer. At: [\[url=mailto:emmanuel@unhcr.org\]\[/url\]](mailto:emmanuel@unhcr.org) micevic@unhcr.org.

Annexes

- IHP Office and Accommodation Handbook - P2 - Practical Field Guide - 2020
- Request form for IHP service package
- SOPs Emergency rosters and Deployments

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In case of conflict with colleagues or partners

Key points

- In situations of conflict, the key value is respect. Disrespectful behaviour should not be tolerated in UNHCR offices, regardless of how deep a conflict is.
- Never argue. Arguing does not convince the other party. Try to present your point of view concisely. If you are not heard or understood, manage the situation rather than argue. Ask your adversary to say why he or she believes you think (or feel) the way you do.
- Do not allow yourself to become emotional. Use your reason to understand what is going on between you and your adversary.
- Try to find value in the other's point of view. When you find it, let your adversary know. This may also help you to express your views in a form that your adversary can appreciate and understand.

1. Overview

Conflict in a workplace normally takes the form of an intense disagreement over perspectives and ideas. Often, it grows out of seemingly incompatible concerns. The intensity springs from the emotional engagement of the individuals in disagreement. Emotions are a natural part of our response to disagreement. They are present in office communications whenever committed people work together. In UNHCR emergency response teams, where commitment and long hours and insufficient resources often collide, the atmosphere easily becomes charged.

On average, UNHCR officers spend 20% of their time managing their own conflicts or conflict in their teams. At times, some teams can spend as much as 75% of their time and energy on conflict.

This Entry briefly examines the day-to-day conflict that occurs in most offices and teams. The section on 'Good practice recommendations' describes some of the ways in which conflict can be understood, foreseen, and avoided. The section 'Considerations for practical implementations' describes how to manage conflict effectively, when it occurs.

2. Underlying policies, principles and/or standards

It is easier to work with conflict if we accept that it is a natural element in our personal emotional landscape and our interpersonal environment in the office. If we expect or want conflicts to disappear and never resurface, we are likely to be frustrated and depleted of energy – which, in turn, will cause us to behave more aggressively, tipping us into a downward spiral.

Conflict may be the single most incapacitating feature of team work. It can lower moral, severely impair decision-making, and decrease team output in almost every respect. Simultaneously, conflict sometimes drives outstanding team achievements. It can boost creativity, keep energy high, raise the quality of decision-making, and align a team with strategic objectives. In most cases, it is how we manage conflict that determines the personal and team outcome.

The UNHCR *Code of Conduct* defines minimum standards of behaviour in UNHCR offices: it calls for constructive and respectful working relations, and requires all of us to contribute to building a harmonious workplace based on team spirit, mutual respect and understanding. When disputes lead to communications that are disrespectful, promote antagonism and deepen friction, it is not only a matter for the quarrelling parties; it is of concern to the organisation.

3. Good practice recommendations

Tact is extraordinarily important in diverse teams, like those in UNHCR. Tolerance of intense disagreement differs considerably among UNHCR staff. Direct communication for one may be offensive to another. Emotional debate may be reasonable for you and overwhelming for your colleague. The answer is to take care of individuals who disagree with your perspective by communicating in a manner that is tolerable for them. Adjust your tone, not what you want to impart.

Everyone needs to feel valued, heard, and understood: these feelings are far more important to us than our opinions. We can surrender an opinion when we feel valued, and people who feel respected and appreciated by their colleagues are less likely to be hostile and more likely to cooperate.

Apply the following three procedures to prevent disagreement from escalating.

- Listen to understand the other's position.
- Look for value in the other's position:
 - Value how they think, if not their conclusions.
 - Consider their core concerns, with some of which you will probably agree.
 - Remember that their feelings, like yours, often indicate genuine commitment.
 - Credit the effort they have made: effort should always be acknowledged.
- Communicate that you recognize there are values in the other's perspective.

You can appreciate and find value in others' positions without surrendering your own. You can disagree but find some merits in their perspective. Communication can remain open and constructive, and, most important, you can focus on the issue, not egos.

Engagement must be real. Pretense of respect and appreciation does not normally work. You must search for the real value in another point of view. Developing this skill can transform the way you relate to people in your team.

4. Considerations for practical implementation

Two typical responses to conflict are: 'run away' or 'battle it out'. In many instances these strategies work well, avoidance in particular. We say that it is wise to pick the battles you fight and good to win the battles you pick. However, you never know if a battle will transform into a war, and wars damage

everyone. For this reason, consider a different approach. Above all:

- Do not take an office conflict personally. This common sense advice is easier to acknowledge than to apply. Remind yourself that you are primarily in a professional relationship with your colleague and finding out the solution for professional issues should be the priority. When the conflict feels very personal, try not to react from the emotional perspective. Obtain some feedback from a trusted and neutral friend or talk to a Staff Welfare Officer prior to deciding to act.
- Listen and listen more. When you catch yourself arguing or defending your position, pause and switch to listening again!

See if some of advice below could help. It will be most useful if you take your context into account, for example: are you in a heated argument in a public place, or in your room, tired after a difficult day.

- When you find yourself in an argument, pause for a moment. Step out of the scene in your mind and observe what is happening from 'above'. Try to see how the argument might benefit you and might benefit 'them'. Even in the middle of a heated discussion, you will have time to think because people meander and repeat themselves when they are emotional.
- In your mind, imagine you are a mediator between yourself and your adversary. How could you reconcile your position and that of your adversary?
- Think about what matters essentially to you. Find your underlying concerns and locate your emotions.
- Think about your adversary: try to identify their emotions, concerns, and look for value in their perspective.
- When you have found elements in their perspective that you appreciate, tell your adversary. If you have not yet found any elements you appreciate, ask more questions and listen positively. Do so even if your adversary does not reciprocate.
- If you cannot listen, and you are repeatedly interrupted when trying to express yourself, say that you need time to express yourself. Request 3 minutes of uninterrupted time. That is normally enough to say what you really need to say: to outline your perspective, highlight your concerns, and express your feelings.
- If your adversary does not appear to have understood, do not continue to assert your point of view. Instead, ask your adversary to explain why he or she believes you feel and think the way as you do.

5. Resources and partnerships

The most important resource is your mind, and its ability to manage emotions and take care of situations.

The most important partner is your 'adversary'. If both sides genuinely wish to resolve a dispute, most differences can be bridged.

Check if your office includes people who are trained to be helpful in situations of workplace conflict (respectful workplace advisers, peer support persons).

6. Links

A site dedicated to human resources management in non-profit organisations
A site for mediators and those interested in mediation at the workplace

Need help?

CONTACT Contact the Ombudsman's office, Tahiana Andriamasomanana, Ombudsman. Tel: +41 (22) 739 8919. E-mail: andriama@unhcr.org.

Contact Staff Welfare Section , who are available for telephone calls at any time.

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Annexes

- Communication Aptitude Self Assessment
- Forbes Magazine, article on leadership and conflict
- UNHCR, Code of Conduct

Version and document date

Version: 2.1
Document date: 06.05.2022

Protection from Sexual Exploitation and Abuse (PSEA)

Key points

- The UN and UNHCR have a zero tolerance policy with regard to sexual exploitation and abuse. It is considered serious misconduct and can have severe consequences.
- Goods or services should never be withheld to induce sexual favours or provided in exchange for sexual favours.
- UN personnel are strictly forbidden to engage in sexual activity with children (persons under the age of 18), regardless of the local age of consent or majority.
- Any suspicion of sexual exploitation or abuse of PoC should be reported immediately to the IGO.
- Ensure that an effective anonymous and confidential complaint mechanism exists. The complaint mechanism should be accessible to complainants and they should feel that it is easy and safe to use. Approach the Ethics Office or the PSEA Focal Person for guidance if in doubt about how to proceed.
- Train and educate partners about PSEA and hold them to UN/UNHCR standards.
- Systematically integrate the issue of PSEA in information campaigns, trainings and meetings with PoC. Apply an age, gender and diversity lens.
- Conduct regular dialogues with the community as part of the monitoring strategy.
- Ensure that victims of SEA have access without delay to the support they need – to be safe, or to obtain basic material assistance, medical care, psychosocial support, or legal services. Usually, such support is provided through SGBV response services. Clear referral pathways should be established to ensure that all SEA survivors can access all the SGBV case management services they need.

1. Overview

The UN Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13) (ST/SGB/2003/13) entered into force in the UN in 2003 and was formally adopted by UNHCR in a 2004 memorandum. The need for reinforced action to protect beneficiaries of humanitarian assistance from sexual exploitation and abuse (PSEA) arose from reports confirming that humanitarian workers had been responsible for acts of sexual exploitation and abuse (SEA). In this context, SEA usually refers to acts committed against persons of concern (PoC). Sexual exploitation is

defined as an actual or attempted abuse of someone's position of vulnerability (such as a person depending on you for survival, food rations, school books, transport or other services), differential power or trust, to obtain sexual favours, including but not only, by offering money or other social, economic or political advantages. It includes trafficking and prostitution. Sexual abuse means the actual or threatened physical intrusion of a sexual nature, whether by force, or under unequal or coercive conditions. It includes sexual slavery, pornography, child abuse and sexual assault.

PSEA policies and practices aim to end sexual exploitation and sexual abuse by humanitarian workers, including UNHCR personnel, and ensure that allegations of SEA are responded to in a timely and appropriate manner. The High Commissioner's message of 15 November 2017 reiterated that UNHCR does not tolerate SEA in any form and stressed that personnel who commit SEA gravely breach the trust of those for whom UNHCR works. In his message of 20 March 2018, the High Commissioner announced a series of accelerated actions to prevent and respond to SEA and sexual harassment (SH) and asked all colleagues to give them their full support and engagement. Subsequently, on 10 May 2018, UNHCR released its Strategy and Action Plan on Addressing Sexual Exploitation and Abuse and Sexual Harassment.

The Inter-Agency Standing Committee (IASC) has established coordination and support functions for PSEA and sexual harassment, and hosts the IASC Championship on Protection from SEA and SH . In the reformed IASC architecture (2019)

, five time-bound Results Groups have been instructed to provide normative guidance on each IASC strategic priority. Results Group 2 (RG2), on 'Accountability and Inclusion', is working to strengthen accountability to affected people (AAP), improve protection from and responses to SEA and SH, and apply accountability and inclusion standards, taking into account gender, persons with disabilities, and mental health and psychosocial support. It is co-chaired by UNICEF and UNHCR and involves all IASC members (UN entities, IFRC, and NGOs and NGO consortiums). In relation to PSEA and SH, RG2 (among other matters) seeks to harmonize related policy and guidance; build capacity and develop learning materials on protection from SEA and SH; promote initiatives that encourage a speak-up culture; and support country-level implementation of PSEA. The latter includes assisting field offices to implement interagency complaints mechanisms at community level, strengthen communication with communities, support survivors, and related activities. RG2 also helps agencies to institutionalize PSEA minimum operating standards in their organizations, mainstream PSEA, and strengthen linkages to IASC thematic areas of intervention.

2. Relevance for emergency operations

In emergency operations, where staff are often hired very quickly, it is critical to highlight, prevent and respond to SEA and ensure that the UNHCR Code of Conduct is upheld. Staff should create and sustain a respectful and inclusive environment that prevents sexual exploitation and abuse. Managers have a particular responsibility to do so. Since the relationship between humanitarian workers and persons of concern is inherently unequal in terms of power and authority, staff must be vigilant and

rigorously avoid any action that could suggest, imply or create the perception that engaging in sexual activity with humanitarian personnel might be expected in return for protection, material assistance or other services of any kind.

3. Description and guidance

Associated risks

There are particular risks of SEA in an emergency context. Systems and structures (such as an interagency PSEA taskforce or network, or community-based feedback mechanisms to prevent and respond to SEA) may not be present and may need to be established. New staff and partners recruited for the emergency may not possess the knowledge or skills to handle SEA issues. In the context of cross-border movement by persons of concern, specific measures to respond and prevent SEA may need to be supported at regional level.

From the outset, UNHCR and its partners should establish mechanisms that prevent and sanction sexual exploitation or abuse at all times during an emergency. Any act of SEA constitutes serious misconduct and allegations should be reported immediately to the Inspector General's Office (IGO), which can be reached directly at inspector@unhcr.org

as well as through the SpeakUp! Helpline

or through management. For more information on reporting complaints, refer to *How to Report Sexual Exploitation and Abuse* (IGO Intranet page
).

The *UN Protocol on allegations of Sexual Exploitation and Abuse involving Implementing Partners (UN Protocol*

, April 2018) is designed to ensure that UN agencies do not partner with entities that fail to address sexual abuse and exploitation. Entities are required to take appropriate preventive measures, including investigation and corrective action, in accordance with the UN Secretary General's *Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse* (ST/SGB/2003/13). The Protocol requires UN agencies to assess the PSEA capacity of prospective implementing partners, ensure that partners meet minimum standards, and screen out those who do not. If a UNHCR Office finds that a prospective partner lacks satisfactory PSEA capacity, it must justify a decision to select that partner and establish an implementation plan that builds the new partner's capacity appropriately, monitors its performance in the course of programme activities, and manages associated risks. A UNHCR checklist for assessing partners' PSEA capacity, and improving their capacity when required, may be found [here](#)

Steps to be taken

Given the urgent and often chaotic nature of emergency operations, all staff must understand UNHCR policy on PSEA and realize that UNHCR and all UN agencies apply a zero tolerance policy to SEA and SH.

From the moment of arrival, and throughout their work at a duty station, senior managers and other staff can act to ensure that SEA does not take place and that, if it does occur, they eliminate the risk of its recurrence. To do this, senior managers must take potential risks seriously. The following steps should be followed:

Step 1. Give a copy of the Secretary-General's *Bulletin* and a no excuse card to all staff, especially new staff appointed in emergencies.

Step 2. Ensure that all newly recruited local staff and members of the affiliate workforce are cleared by the UN Clearcheck database before they are issued a contract or letter of offer, in accordance with the a II staff message of 5 August 2019

.

Step 3. Make sure that all staff sign the Code of Conduct declaration.

Step 4. Ensure that all staff are trained in SEA. Give staff access to the Global Learning and Development Centre's *Learn and Connect* programme, so that they can take the mandatory e-learning course on PSEA.

Step 5. Train all staff in PSEA and be seen to take specific steps to prevent it. For example, discuss PSEA action plans in office meetings, meet with government officials to discuss prevention, discuss the issue with partners, etc.

Step 6. Ensure that PSEA focal points are appointed in each office. Guidance on the role, duties and responsibilities of key stakeholders in field operations, including senior managers and PSEA focal points, can be found in *Planning for the Protection from SEA* (annexed to the yearly administrative instruction on planning and budgeting).

Step 7. Strengthen community engagement and awareness-raising. Critical activities include running awareness-raising sessions with women, girls, boys and men in communities of concern as well as with other stakeholders (including implementing and operational partners, government officials, civil society organizations, and companies in the private sector). To prevent SEA effectively, all staff and humanitarian workers must make sure that PoC are aware of their rights and entitlements. PoC should know that they are entitled to assistance, that they should never be expected to provide any form of sexual favour, and that demands for such favours are strictly prohibited. They should also know how and where to report SEA incidents safely and confidentially when they occur. As part of prevention, trainings and information campaigns should be put in place for all UNHCR personnel and PoC. Training and information campaigns may include the distribution of information sheets, posters and videos, or community meetings, focus group discussions, etc.

Step 8. In collaboration with stakeholders, assess and map potential risk areas by sector and discuss actions that can reduce the risk of SEA and prevent and sanction it, by sector.

Step 9. Ask focal points to coordinate with other actors on the ground and design feedback mechanisms for receiving complaints from communities and partners. In particular, identify and support feedback

channels that communities prefer. Ensure that feedback mechanisms are sensitive to age, gender and diversity (AGD) and accessible to women and girls, children, persons with disabilities and others at high risk. Coordinate complaint collection and responses with partners and establish clear tasks and duties (who will do what, where, and how). It is critical to put in place an effective interagency complaint mechanism that permits and encourages individuals to report instances of SEA easily, confidentially, and safely.

Step 10. Integrate SEA risks into protection analysis, programming, and assistance.

Step 11. Integrate PSEA activities in country operation plans; allocate a budget to those activities. For more guidance, see UNHCR's *Administrative Instruction on Planning for Protection from Sexual Exploitation and Abuse* (UNHCR/AI/2018/11).

Step 12. Report issues without delay. Personnel who suspect that SEA is occurring or who are aware of SEA allegations have an obligation to bring such information immediately to the attention of the Inspector General's Office (IGO). They may do so by contacting the IGO directly through email at inspector@unhcr.org

, via the IGO online complaint form

, or by confidential fax (+41 22 739 7380). IGO reporting channels may be used by persons of concern or anyone else who is aware of SEA allegations. Personnel should not investigate SEA allegations themselves, because to do so might disrupt due process and tamper with evidence. Personnel who report a complaint to the IGO or who cooperate in an IGO investigation are protected from any form of retaliation by UNHCR's new *Administrative Instruction on Protection against Retaliation* (UNHCR/AI/2018/10

). Where counsel and advice is needed or you are uncertain of the procedure, contact the Ethics Office, your country's PSEA focal point(s) or the IGO, or send a request through the SpeakUp Helpline .

Step 13. Make sure that victims of SEA have access to the support they need. They may need support to guarantee their safety, or obtain basic material assistance, medical care, psychosocial support or legal services. Support is usually coordinated through SGBV case management services.

The flow chart below maps the actions listed above. Actions in support of PSEA can also be described in terms of the four pillars of PSEA stipulated in the IASC Principals' *Statement on the Prevention of Sexual Exploitation and Abuse* (11 December 2015), which agencies are expected to implement.

1. **Manage and coordinate.** Coordinate SEA prevention with partners and other actors, including governments, UN agencies and the private sector. Secure the commitment of senior managers to PSEA.
2. **Engage with community populations and secure their support.** Among other actions, raise PoC awareness of SEA and establish complaint mechanisms.
3. **Prevent.** Develop effective prevention mechanisms. Actions include the development of effective recruitment procedures and performance management.

4. Respond . Promote internal complaint and investigation procedures.

Resources / inputs required

The High Commissioner requires all staff to complete the on-line PSEA training module at regular intervals. It is available on Learn and Connect. Partners can access this e-learning training after registration at <https://ready.csod.com/selfreg/register.aspx?c=guest>

UNHCR has produced a *Facilitator's Training Manual* to help PSEA focal points train colleagues, partners, government officials, and communities. The now disbanded IASC Task Team on AAP/PSEA produced a range of information materials on PSEA (see [Links](#)). They include *To Serve with Pride*, an excellent 22 minute video which is available in Arabic, Chinese, English, French, Spanish and Russian. An accompanying discussion guide is available in English, French and Spanish. All offices should have a copy of this film. If your office does not have one, it can be obtained online or through the Ethics Office (on the Ethics Office intranet page or at ethicsoffice@unhcr.org). Further materials are being shared and developed by RG2, building on the work of the former task force. You can follow its progress and access new materials by visiting the website and documents section

UNHCR PSEA focal points participate in a community of practice forum called the PSEA Community Network. They receive up-to-date information on PSEA policies and guidelines, share good practices, and discuss the challenges they face when planning and implementing PSEA activities. You can register with the group on Yammer and request an invite at www.yammer.com

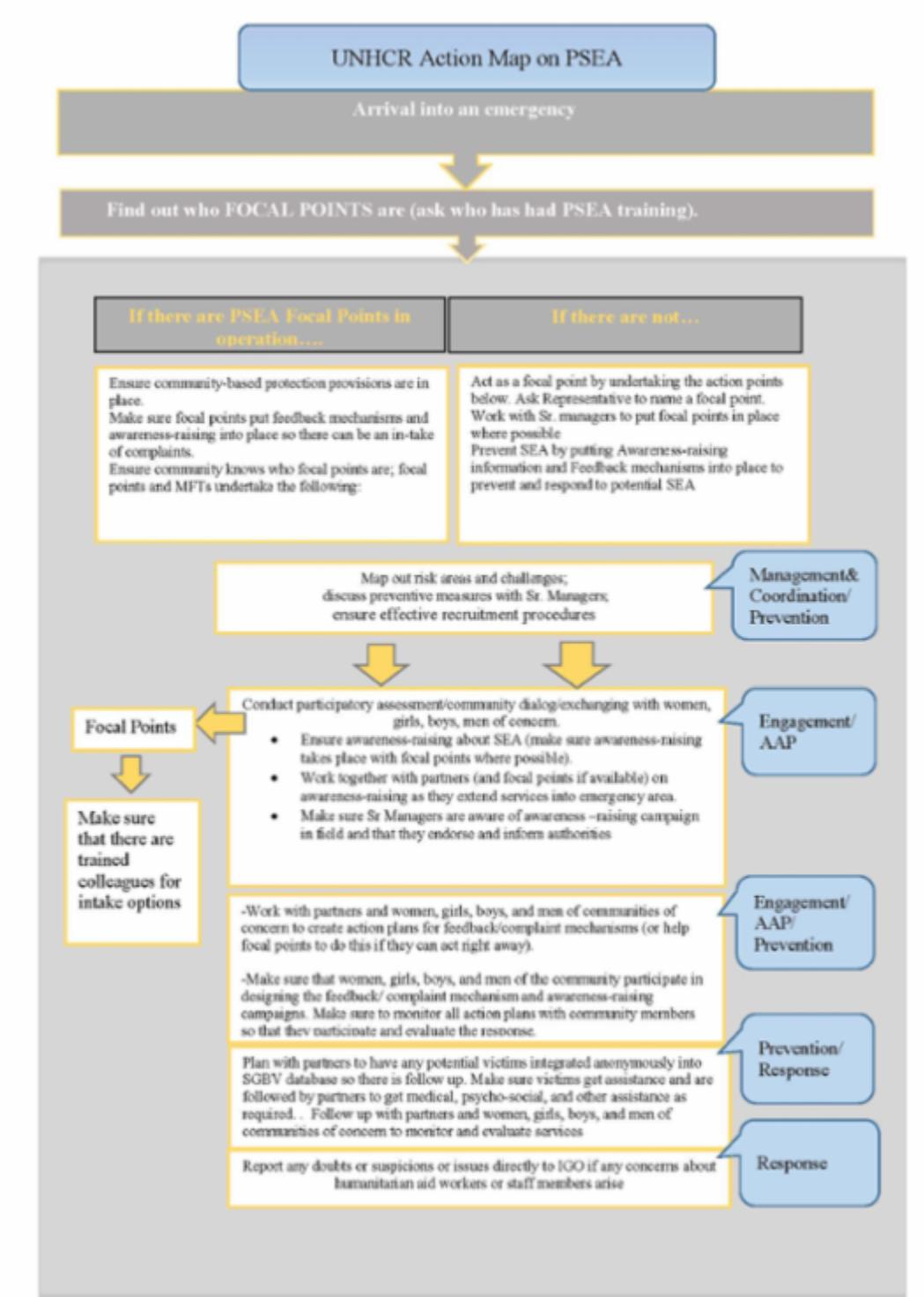
Related UNHCR management system(s)

The High Commissioner has mandated UNHCR's Ethics Office to coordinate and lead PSEA implementation in UNHCR, including outreach to staff, partners and other humanitarian actors. The Ethics Office monitors PSEA-related activities and may issue further guidance. In 2009, the High Commissioner appointed the Director of the Ethics Office as SEA focal point, reporting directly to the High Commissioner on internal and external developments. The Ethics Office actively supports nearly 400 PSEA Focal Points appointed by UNHCR operations worldwide. Colleagues who need guidance on planning and implementing PSEA activities are encouraged to approach the Ethics Office (HQETHICS@unhcr.org).

In addition, in March 2018, the High Commissioner appointed a Senior Coordinator to lead and coordinate UNHCR's work on SEA and SH in line with the priorities established in the Strategy on Addressing SEA and SH

(2018). The Senior Coordinator reports directly to the Deputy High Commissioner who chairs an Emergency Task Force with Director-level membership across UNHCR.

A UNCHR Working Group on SEA and SH was also formalized in May 2018 with multifunctional representation. It includes the Ethics Office, the Legal Affairs Service (LAS), the Inspector General's Office (IGO), the Division of External Relations (DER), the Division of Human Resources (DHR) including the Staff Health and Welfare Service (SHWS), the Ombudsman's Office, the Division of Emergency, Security and Supply (DESS) through the Field Safety Service (FSS), the Division of International Protection (DIP), and the Innovation Service.



4. Links

PSEA Taskforce

UNHCR PSEA online training – Learn and connect

Ethics Office intranet page

UNHCR, Dedicated intranet page (covering SEA and sexual harassment)
Administrative Instruction on Detailed Planning and Budgeting for 2019
UNHCR, Administrative Instruction on Planning for 2020-2021 (UNHCR/AI/2019/1)

UNHCR, Zero Tolerance Policy on Sexual Exploitation and Abuse (SEA)
Protection from Sexual Abuse and Sexual Exploitation

UNHCR, Administrative Instruction on Protection against Retaliation (UNHCR/AI/2018/10)

Need help?

CONTACT

- UNHCR Ethics Office at HQETHICS@unhcr.org
- Inspector General's Office (IGO). At: inspector@unhcr.org. Fax: 0041 22 7397380. Telephone: 004122 739 8844.

Annexes

- Secretary-General's Bulletin. Special Measures for Protection from Sexual Exploitation and Sexual Abuse
- UNHCR Compliance with the Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Abuse

Version and document date

Version: 2.5

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Community-based protection

Key points

- Involve all relevant actors in CBP activities: local institutions, State agencies, civil society and community-based organisations, and persons of concern, including persons with specific needs. Coordinate with other national and international actors and avoid over-assessment.
- Identify community structures; build on the community's existing capacities; make use of community members' sense of volunteerism. Avoid creating parallel structures.
- Every community that faces threats finds ways to protect its members. These may or may not be effective, but it is important to identify and map them.
- Do not assume that all protection problems are due to displacement. Some, including domestic violence and ethnic and religious discrimination, are likely to have a longer history.
- Do not rush the process of building trust and engagement. It requires regular and consistent involvement and communication with the community.
- Do not make any promises to the community that you may not be able to keep.

1. Overview

Displaced and stateless communities are in the best position to know the threats they face; they are equally familiar with the causes and effects of those threats, and can help to address them. Humanitarian actors therefore need to understand and listen to the communities they serve, to ensure that their programmes do not inadvertently leave people and communities worse off.

Protection concerns often pre-date and are exacerbated by humanitarian emergencies. Relevant problems include: harmful practices, domestic violence, public violence and criminal behaviour, neglect of persons with specific needs, and exclusion or discrimination on the basis of gender, ethnicity and other grounds. While it is important to understand, it is therefore also vital to examine critically the life of communities, recognizing that they are sources of support and assistance but potentially also of threats and harm.

Further, humanitarian organizations need to learn how communities protect their members. Protection may involve sophisticated responses, for example negotiation with armed groups, or simple and

pragmatic actions, such as collecting firewood in groups. A community's strategies may or may not be effective; but we must understand them before introducing new protection measures that might undermine their usefulness.

UNHCR endeavours to harness the knowledge and resources of communities and to strengthen their capacities. If communities affected by crises are empowered, they are in a stronger position to protect and support their families, promote social cohesion and peaceful coexistence with host communities, respond to the aspirations of young people, and rebuild their lives.

Community-based protection (CBP) puts the capacities, agency, rights and dignity of persons of concern at the centre of programming. It generates more effective and sustainable protection outcomes by strengthening local resources and capacity and identifying protection gaps through consultation.

UNCHR takes a community-based approach in all its work with the people it serves. Through consultation and participation, communities engage meaningfully and substantively in all programmes that affect them, and play a leading role in change. UNHCR recognizes that, without the engagement of persons of concern, external intervention alone cannot achieve sustained improvement in their lives.

CBP is therefore more than a matter of consulting communities, or their participation in rapid assessment or information-gathering. It is a systematic and continuous process of engaging communities as analysts, evaluators and implementers in their own protection.

2. When and for what purpose

Accordingly, CBP should be integrated in all phases of humanitarian response programmes, across all sectors and in all humanitarian contexts. It is relevant to all humanitarian actors, including those working in the delivery of WASH, shelter, health, as well as core protection activities such as registration, SGBV prevention and response, and child protection.

When you come to decide what community-based protection strategies are most effective, consider the context. Try to understand how the character of the emergency in which you are working influences the ability and willingness of communities to participate meaningfully.

Whatever the context, a significant level of community participation is possible and highly desirable.

CBP aims to ensure that all persons of concern enjoy their rights on an equal footing and can participate fully in decisions that affect them.

A CBP approach promotes community involvement in each of the following programme elements:

- Preparing situation analyses (both the initial analysis and subsequent analyses).
- Setting priorities.
- Designing and implementing responses and interventions.
- Monitoring implementation and adjusting interventions as needed.

- Evaluating and reporting results.

In life-threatening emergencies, quick action is needed and little time is available to consult and negotiate. Because conditions are always changing and assessments must be updated frequently, it is important to balance the time spent on situation analyses (including participatory assessments and community mobilization) against their useful lifespan. Spend as much time as possible in the community; take every opportunity to meet persons of concern. Use a range of participatory methodologies to reach members of the community who are less visible. Though you will not have time to meet every group, make sure that your assessments include representatives from across the community. Do not rely solely on respondents who are easy to reach and more vocal, such as leaders, or young men, or individuals who can speak languages familiar to humanitarian workers. Talk as often as you can with women, girls, boys and men of different ages and diverse backgrounds to gain a fuller understanding of their situation.

3. Summary of guidance and/or options

Twelve principles underpin community-based protection.

- 1. CBP is a process, not a project.** It cannot be accomplished through brief meetings with community groups. It requires a systematic approach that is sustainable and makes communities the drivers of change. Take the time required to build trust with the community.
- 2. Select community counterparts with care.** Practicality requires us to work with a small group of community members. Ensure that the views of marginalized groups are represented. A poorly designed process is likely to increase inequality and insecurity.
- 3. Communities are well placed to identify their protection challenges, but external partners also have an important role.** Acknowledge that the community may not recognize some threats that external professionals consider to be urgent. The community's priorities must be balanced against the judgements of protection professionals.
- 4. Effective protection interventions require accurate diagnosis.** Do not assume that all problems are due to displacement. Work with the community to decide which approaches fit the context best.
- 5. Communities already have ways to protect their members.** Do not adopt new measures that displace existing practices which work well. Address negative coping strategies.
- 6. Community work requires expertise and training.** Staff need to be skilled in protection, and able to work sensitively and respectfully with people from very different societies.
- 7. Supportive supervision is essential.** If they are not familiar with community-based approaches, supervisors may need to be made aware of their value.
- 8. Focus on protection.** The community may prioritize concerns that do not involve protection. Explain UNHCR's mandate. Work with the community to identify and address its protection needs.
- 9. Promote sustainability from the start.** A strong sense of community ownership will improve the sustainability and effectiveness of protection programmes.
- 10. Support and work with community and national structures.** It is almost always better to work through existing institutions and programmes than to establish new or parallel systems.
- 11. Develop an advocacy strategy to achieve sustainable change.** Assist communities to develop their own advocacy plans. Play an accompanying role.

12. Give attention to evaluation and reporting. Sound measurement of progress depends on analysing challenges and outcomes from the start of a programme in close consultation with communities.

4. How to implement this at field level?

Assessing community protection risks

- In the course of field assessments with persons of concern, map agencies, services, and community structures. Include persons of concern in the multi-functional team (MFT) that plans assessments and analyses their results.
- Conduct short early assessments to review protection risks and the incidence of human rights violations before the emergency and since it started. Analyse root causes, applying an age, gender and diversity lens; take prompt remedial action to avoid further abuses or displacement.
- Take the time necessary to map the diversity of the community and understand its power dynamics, hierarchies and other factors that influence decision-making. Identify ways in which the community protects its members, including negative coping strategies.
- Carefully consider the security of community members whom you consult. Individuals or groups communicating with aid agencies can become targets of resentment or even violence by other individuals or groups. Sources of information should therefore be kept confidential. When you work with local authorities in IDP contexts, take particular care to ensure that individuals or communities do not face repercussions because they discuss human rights violations.
- Share the results of your assessments with the community and ensure that the community is involved in defining its priorities.
- Be alert to signs of potential tension in the community and between displaced and host communities, and seek out the root causes of such tensions.

Community-based support and response

- Take immediate action to prevent family separation. Reunite families wherever possible, using family-reunification procedures when necessary.
- Identify and support communities' self-protection measures; do not introduce new measures that might weaken the community's own protection capacity. Identify harmful practices and coping mechanisms and work with the community to replace these or mitigate their effects.
- Work with community leaders and other community structures. Support structures that are already in place; avoid creating parallel systems. Ensure that the structures in place are fair, inclusive and reflect the community's diversity.
- Quickly identify a diverse group of community members who are able and willing to organize community support for those at heightened risk, including temporary care arrangements for unaccompanied children.

- Involve groups and individuals at heightened risk, and those with specific needs, in decision making processes. Give particular attention to unaccompanied and separated children, persons with disabilities, elderly persons without family, and other persons and groups who are marginalized or easily exploited.
- Set up community-based systems that uphold respect for individual rights and provide protection and care for groups with specific needs (see previous bullet point).
- Promote community ownership from the start. Create and strengthen links between displaced and host communities wherever possible.
- Prioritize and promote actions that reinforce social cohesion. Strengthen and support the provision of local services and work to give displaced communities access to them.
- Support communities' efforts to protect their members and meet their needs. Where necessary provide resources to facilitate such efforts.
- Establish specific emergency response plans with partners and the community.

Outreach and information sharing

- Regularly visit people in their shelters and homes. Make time to listen to people and communicate important information to them directly.
- In consultation with persons of concern, arrange for staff to be available at regular times to gather and exchange information. These exchanges should give attention to groups at heightened risk and with specific needs, answer questions, and offer counselling in a safe and confidential environment.
- Working with the community, put in place a two-way communication mechanism that ensures that everyone, including older persons, persons with disabilities, and other potentially marginalized groups, have access to relevant information on assistance and other issues. Use communication channels that members of the community prefer. Post notices in places where people are likely to meet, such as water-collection points, community centres, registration points, or where assistance is distributed.
- Work with community outreach volunteers to ensure that information is widely disseminated and reaches those at heightened risk.
- Set up mechanisms at community level to report protection incidents. Establish effective feedback and response systems at an early date. These should be able to receive and promptly address issues that persons of concern raise, notably allegations of sexual exploitation and abuse (SEA).

Participation

- Ensure persons of concern of all ages and genders and from all diversity groups are able to participate in decision-making. Identify and address barriers to participation, particularly for persons with specific needs.
- Respect community leadership structures, while ensuring that these are inclusive and representative of the wider community. Ensure that your interventions do not undermine the community's support for those structures, while proactively identifying and involving persons who are marginalized. Where necessary, establish quotas for representation in leadership structures (for example, of persons with disabilities, youth, older persons).

- Adopt a range of participatory methodologies to ensure that all members of the community are aware of and have opportunities to participate in decision-making.
- Introduce participatory monitoring methodologies and ensure that communities play a role in monitoring the delivery of programmes and the response.
- Train partners and service providers in CBP and ensure that project partnership agreements (PPAs) include activities that promote community participation in all programmes.
- When you run participatory assessments, visit members of different ages and gender and from different diversity groups at times in the day when they are most available. Where necessary, assist certain groups to participate (by providing child care, food, travel allowances, etc.). Report to communities on the results of assessments you conduct; validate with them the results of your analysis; and highlight programme priorities that the community identified.
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Prevention of abuse and exploitation

- Working with the community, take steps at once to identify and analyse the protection risks that face women, men, girls and boys. Agree ways to prevent and respond to sexual and gender-based violence (SGBV). (Add hyperlink to SGBV prevention and response page.)
- Working with the community, set up a mechanism for identifying groups and individuals who are at heightened risk of SGBV.

Awareness raising and advocacy

- Create community systems that uphold respect for individual rights, that identify groups with specific needs, and provide protection and care for them (see above).
- Do not form patterns of behaviour or relationships during the emergency that might be difficult to change later on. For example, do not communicate only with traditionally accepted community leaders, or exclude women, older persons, and youth. Review your consultation arrangements regularly. Make sure that persons of concern as well as staff are aware that arrangements made in an emergency situation may change.

5. Links

UNHCR, Understanding Community Based Protection (Policy Paper, 2013). Presents key CBP lessons; helps UNHCR staff and partners at all levels to integrate community-based approaches to protection in their humanitarian work.

UNHCR, Policy on Age, Gender and Diversity (2018). Reinforces UNHCR's commitments to put people at the centre of all it does; adopt a strong age, gender and diversity (AGD) orientation; be accountable to affected people (AAP); and empower women and girls. Defines six areas of engagement and ten core actions that are mandatory for all UNHCR operations and headquarters

UNHCR, Manual on a Community Based Approach in UNHCR Operations (2008)

UNHCR, Tool for Participatory Assessment in Operations (2006)

UNHCR, Tool for Participatory Assessment in Operations - Step 3: Methods of enquiry (2006)

UNHCR, Operational Guidance: Mental Health & Psychosocial Support Programming for Refugee

Operations (2013)
UNHCR, Heightened Risk Identification Tool (2010)
Action Aid, Safety with Dignity - a field-based manual for integrating community-based protection across humanitarian programs (2010)
IASC, Guidelines on Mental Health and Psycho-social Support in Emergency Settings (2007)
UNHCR, Community-Based Protection in Action – Community-Based Protection and Mental Health and Psychosocial Support (2017)
UNHCR, Community-Based Protection in Action - Community Centres (2016)
UNHCR, Community-Based Protection in Action - Community-Based Outreach Outside of Camps, (2016)
UNHCR, Community-Based Protection in Action - Effective and Respectful Communication in Forced Displacement (2016)
CBP Intranet page
CBP Community of Practice

6. Media

UNHCR, Introduction to Community-Based Protection (video)
Nils Carstensen, Fighting bombs with Perfume: Protection in the Sudan's Nuba Mountains (video)
UNHCR, Learn and Connect, Building Relationships with Communities

Need help?

CONTACT As first port of call, contact the UNHCR Deputy Representative (Protection), the UNHCR Assistant Representative (Protection), or the Senior Protection Officer in the country. Alternatively, contact the UNHCR Head of Protection, or the Deputy Director (Protection), or the Senior Protection Coordinator or the Senior Protection Coordinator, or the Senior Protection Officer, or the Senior Community-based Protection Officer, in the regional bureau.

The person you contact will liaise as required with the relevant technical unit at UNHCR DIP.

Version and document date

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Connectivity for refugees

Key points

- UNHCR can improve the well-being of refugees and its own response by facilitating refugee connectivity.
- Find out what laws and regulations govern the access of refugees to SIM cards.
- Liaise with mobile network operators in the early stages of an emergency. Make them aware of the location of planned settlements and influx numbers. This will enable them to assess the commercial viability of expanding their infrastructure.
- Make targeted investments in connected facilities such as community centres and schools.
- Programming decisions and actions should consider current and projected connectivity and take account of the expressed priorities, needs, capacities and views of persons of concern.

1. Overview

'Connectivity is not a luxury. It is a lifeline for refugees.'

(Filippo Grandi, at: <https://www.weforum.org/agenda/2017/01/connectivity-is-not-a-luxury-for-refugees-it-is-a-lifeline/>)

What is this and why is it useful?

In a crisis, people of every age, gender and demographic need to be able to communicate with friends and family. For refugees, this means people in their country of origin and their country of flight. In addition, they need to be able to obtain information and access digital services. Despite this, in many emergencies refugee populations are accommodated in rural locations that lack infrastructure, including mobile networks and connectivity.

Because it has a leadership role in refugee emergencies, UNHCR is in a position to help restore connectivity by partnering with mobile network operators and relevant private sector and community-based organisations. After assessing refugees' connectivity needs and situation, it is sometimes possible through information sharing and advocacy to set up mobile networks where none existed or to establish connection facilities in places like community centres. Digital networks can help to deliver a more efficient and effective humanitarian response by facilitating cash transfers, mobile money, digital education and other services.

2. Underlying policies, principles and/or standards

UNHCR is committed to modernizing humanitarian service delivery and adopting innovative approaches to delivering assistance. Technologies offers one way to do this. As both the Empower and the Innovate pillars of UNHCR's strategic direction make clear:

UNHCR will actively pursue innovative ways to amplify the voices of the people we work for, and take advantage of new technologies to enhance our ongoing dialogue with them and their connectivity with the global community.

We will aim to design and develop scaled solutions, working towards a world in which refugees can access and manage their own digital identity, gain accredited online education, support their families, and communicate effectively through improved connectivity.

In 2016, UNHCR launched Connecting Refugees

, a global initiative that is designed to support this area of work more systematically by setting out UNHCR's vision of connectivity for affected populations, researching the issue with Accenture Development Partnerships, and developing a strategy to achieve agreed goals. In the words of the High Commissioner:

UNHCR aims, through creative partnerships and smart investments, to ensure that all refugees, and the communities that host them, have access to available, affordable and usable mobile and internet connectivity in order to leverage these technologies for protection, communications, education, health, self-reliance, community empowerment, and durable solutions.

Field operations can receive support from the Connectivity for Refugees initiative based in UNHCR's Innovation Service. The secretariat can:

- Provide technical advice and support for strategic, contingency and operational planning.
- Facilitate engagement with specialist technical networks.
- Offer training and capacity-building to UNHCR and partner staff.
- Give coordination and advocacy support.
- Help to identify and recruit skilled technical experts.

Looking ahead, UNHCR's Connectivity for Refugees Portal

expects to share capacity-building materials, lessons learned from pilots, and other information and services.

Note. Investments in mobile connectivity and associated digital ecosystems also benefit host communities. They benefits from extending mobile network coverage help everyone. Both host and refugee communities may be able to take advantage.

Note. In an IDP situation, the Emergency Telecommunications Cluster (ETC) leads delivery of connectivity solutions for communities, through the Services for Communities (S4C) pillar of the strategic approach. Depending on their capacity, ETC members and partners can run a variety of activities, coordinated through UNHCR or the cluster. Potential activities are outlined in the S4C Service

3. Good practice recommendations

Connecting refugees: understanding the legal and regulatory context

Before starting any connectivity initiative for refugees, it is important to understand the regulatory landscape. Find out how liberalized the sector is, whether specific funding is available to promote rural access, how many mobile network operators there are, and the range and quality of the mobile infrastructure. Information about telecommunications regulators can be found on the [ITU portal](#), and information about the national approach on the national agency's website. You can also obtain information through the GSMA portal, including its [Mobile Connectivity Index](#)

Establish whether refugees are legally entitled to access SIM cards. This may depend on a number of factors. Find out whether refugees who possess UNHCR registration or UNHCR-issued documentation meet the [identification requirements](#) for SIM card registration.

Understanding the community's communication needs.

To learn how people are communicating and the prevalence of connected devices, begin by conducting an [information and communication needs assessment](#).

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Emergency responders should consult communities to determine what channels of communication they currently use, what sources they trust, how they would like to talk to humanitarian agencies, and the roles that mobile and digital communication channels play. Connectivity is one aspect of a wider communications ecosystem. Communities will also use many 'offline' approaches to communicate. The assessment may be led by UNHCR or undertaken jointly with other humanitarian and non-humanitarian actors. UNHCR participatory assessments can include specific sections on information and communications. For more information, see the Entry on Communicating with Communities.

Mapping connectivity

You can download a number of tools for assessing the availability and strength of mobile network connections. They include [OpenSignal](#)

, [NetMonitor Lite](#)

and [CellMap](#)

. At an early stage (possibly during initial site assessments and site planning), 'drive' tests can measure connectivity at key infrastructure locations and across the site. Some tools will help to create an overall connectivity map. Share the results with the multi-functional team and agree where connectivity might bring benefits across the response.

More substantive connectivity assessments require sophisticated equipment and specialist engineers.

Enhancing mobile coverage.

Having identified connectivity gaps, take steps to enhance the infrastructure in refugee hosting areas. Start by liaising with mobile network operators. Learn about their infrastructure plans and whether these take account of refugee movements. Where a major refugee influx has occurred, it may be appropriate for the Representative or Senior Emergency Coordinator to write to a senior (C-level) executive of the mobile network operator. For smaller influxes, it may be sufficient for the head of the field office to write to the regional management or technical teams.

Mobile network operators may want to set up a 'cell on wheels' (COW) infrastructure to test the viability of the business opportunity that larger influxes represent. If rural access is poor, it may be possible to apply to the telecommunications regulator for resources to improve access. Other development actors that invest in connectivity infrastructure may also be willing to redirect or pivot their activities to meet the needs of refugee populations.

Targeted investment in infrastructure.

In addition to encouraging commercial solutions, you may be able to obtain emergency funding to invest in temporary connectivity infrastructure. One option is to establish connected community centres, known in UNHCR as CTAs. These are simple conceptually but must be managed and maintained. To achieve education and information goals you set for each centre, you will need to develop specific programmes and budgets for them.

Their sustainability is also important. When emergency funding ceases, it may become difficult to meet their cost. To mitigate this risk, one tactic is to train refugees and members of the host community to take over the maintenance, management and governance of facilities. This may mean that you need to invest in training during the emergency phase.

Coordinating connectivity initiatives.

Each year, new organisations and consortia invest in humanitarian technology and connectivity. This growth and investment will benefit refugees; but more actors means that more coordination will be required. UNHCR wants to ensure that all the organizations involved in a response invest wisely, by meeting needs identified in community assessments, avoiding duplication of activities, and achieving sustainability in the longer term.

4. Considerations for practical implementation

Determine responsibilities within the multi-functional team.

UNHCR has not established a standard job profile for work on refugee connectivity. Some operations have appointed community connectivity coordinators; but this work is unlikely to fall neatly within any one person's portfolio. Depending on the context and the operation's capacities, ICT officers may be the natural counterpart for contacts with mobile network operators, because they hold corporate contracts with them. To the extent that the topic is linked to communicating with communities and community-based protection, protection staff may take responsibility for work on connectivity. In other cases, the closest association may be with work on livelihoods or digital financial inclusion. In sum, senior managers of the response will need to determine which staff address different aspects of connectivity and whether the responsibilities sit together in a single post or are split between a number of staff, based on their technical expertise.

Inclusive connectivity.

Discover how the affected population uses available connectivity. When you do so, identify obstacles that might be preventing vulnerable groups from benefiting. Research has shown that women are significantly more likely than men to encounter barriers to getting connected. It may therefore be appropriate to prepare some activities for women, and for specific groups of women, for instance single mothers. Take care to ensure that your interventions do not magnify or exacerbate power imbalances but where possible mitigate them.

Differentiating between corporate contracts and connecting refugees.

Mobile network operators will often send their corporate account managers or sales executives to open discussions with international organisations, because they perceive an opportunity to acquire a corporate contract. They may not consider the more strategic need to support populations affected by crisis. Depending on the scale of the crisis, that discussion will require the presence of senior executives, and the involvement of UNHCR Representatives or Senior Emergency Coordinators. It is important to note that sometimes a crossover exists: a corporate contract may enable account executives to advocate inside the company for extra investment to help affected populations.

Avoiding large bills in the longer term.

Some say technology is costly; and often they are right. Initiatives that initially look compelling may turn out on closer inspection to be expensive and difficult for an emergency response to support. In particular, we have learned from experience that some interventions can only be funded during the emergency phase. Once this is over, such interventions become a burdensome drain on resources or even irrelevant. This is particularly likely when connectivity is provided expensively via VSAT. These risks can be mitigated by negotiating transition arrangements with NGOs and other development actors, or including infrastructure issues in discussions with mobile network operators.

Stimulating investment through services, such as mobile money.

The business models of many mobile network operators involve more than basic mobile services. Their portfolios span a range of business areas and mobile money is often a key income generator. Where UNHCR plans to use mobile money for cash-based interventions, it can encourage mobile network operators to extend and enhance their infrastructure. Many development actors also now support digital financial inclusion initiatives and may be willing to invest in connectivity infrastructure.

5. Resources and partnerships

Staff and partners.

Though UNHCR has not defined a job profile for this area of work, operations should include connectivity in the responsibilities of their multifunctional teams. Different elements of the work can be distributed between staff. ICT staff can liaise with mobile network operators; staff with experience of communicating with communities (a job profile that UNHCR has recently defined more clearly) can work with communities on connectivity, etc.

Mobile network operators.

Mobile network operators are frequently the most obvious entry points to connectivity. In societies where

UNHCR is likely to be delivering a humanitarian response, they are far more present than landline providers. Many mobile network operators are signatories to the Humanitarian Connectivity Charter, developed by the GSMA (which represents mobile providers worldwide), and have publicly declared they will support humanitarian organisations in times of crisis. It has been documented that supporting crisis connectivity has helped mobile network operators to develop relationships with their customers and increase customer retention.

Telecommunications regulator.

The telecommunication regulator sets the rules with regard to connectivity. Rules on access for refugees, migrants and foreign nationals may differ from the rules for nationals of a country. Talking to regulators helps them to understand the situation of refugees and how to facilitate their access to connectivity. In Nigeria for instance, mobile network operators do their own biometric registration, while in Uganda it is done by the National Identification and Registration Authority, which liaises more broadly with UNHCR regarding refugee registration.

Global partnerships.

The UNHCR Innovation Service in Geneva will provide guidance and support to operations that want to increase refugee connectivity or establish links with global efforts to assist refugees in this area.

Communities.

UNHCR emphasizes community-based programming. Though connectivity clearly has a technical dimension, community-based approaches remain highly relevant. Many members of communities have technical communication skills. Rather than outsource expertise, it may make sense to train refugees, give them ownership of local network infrastructures and facilities and generally enhance digital literacy.

6. Links

UNHCR Connectivity for Refugees

GSMA Refugee Connectivity Portal

Broadband for Refugees

UNHCR, Communicating with Communities

Connectivity for Everyone

7. Media

Connecting Refugees

Discussion on Connectivity for Refugees with the current and ex-DHC
<https://www.youtube.com/watch?v=27mAzyvnx4E>

Need help?

CONTACT For support on connecting refugees, contact the Connectivity for Refugees global team in the Innovation Service. At: hqconref@unhcr.org

The Innovation Service can be reached at: innovation@unhcr.org

Annexes

- Connecting Refugees (2016)
- Enabling Access to Mobile Services for the Forcibly Displaced (2017)
- A Global Broadband Plan for Refugees (2017)

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Civil - military coordination

Key points

- Work with OCHA CMCS or the individual appointed to establish civil military coordination. Understand the specific UN-CMCoord strategy for the operation.
- Establish who is participating in UN-CMCoord cell meetings, and channel relevant requests or concerns to them.
- Understand how Government and local authorities coordinate with the military. Understand how partners and other relevant actors coordinate with the military. Share this information with the UN-CMCoord officer.

- Establish and share contact details with CIMIC personnel (if the HCT/UNCT has determined that they are the appropriate interlocutor).
- Understand in which sectors, and where, the military are operating and how their operating methods may differ from those of other actors.
- Understand the security environment in which you operate, and risks that may arise from associating with the military.
- Understand the military structure and hierarchy.
- Build and use networks, in accordance with country or other guidelines.
- Avoid public criticism of any actor.
- Determine whether the operation depends on military and civil defence assets (MCDA). If it does, identify additional or alternative forms of delivery.
- Review plans for phasing out military assets and factor these into operational planning.

1. Overview

Humanitarian operations may take place in areas affected by armed conflict. It is frequently justified and essential to interact and dialogue with military forces, in order to gain access to persons of concern and deliver vital humanitarian assistance.

In natural, technological and industrial disasters, governments may use national and external military forces to deliver relief (Haiti 2010, Philippines 2013). Particularly in complex emergencies (Pakistan 2005, 2010), coordination between military and humanitarian actors is vital, to ensure that humanitarian principles are fully understood, avoid competition, minimize inconsistency and, where appropriate, pursue common goals.

The United Nations Humanitarian Civil-Military Coordination (UN-CMCoord) exists to provide such coordination. UN-CMCoord promotes a broad understanding of humanitarian action, guides political and military actors on how best to support that action, helps develop context-specific policy based on internationally agreed guidelines, and establishes humanitarian civil-military coordination structures, ensuring that staff members are trained to make coordination work. It plays a particularly essential role in complex emergencies and high-risk environments, where it is vital to facilitate humanitarian access, protect civilians, and provide security for humanitarian workers.

Within the UN and humanitarian community, OCHA's Civil Military Coordination Service (CMCS) has responsibility for civil-military coordination. It supports relevant field and headquarter activities by developing institutional strategies to enhance the capacity and preparedness of national and international partners. By means of non-binding guidelines on use of military assets, and through training, workshops, conferences and simulation exercises, it improves the response of operational partners to humanitarian crises. As the custodian of UN-CMCoord guidelines, CMCS also helps humanitarian actors to develop context-specific guidance for operations in particular situations.

When necessary, CMCS advises the international community on mobilization of foreign military assets to support relief operations or humanitarian assistance. Its advocacy, coupled with the publication of

operational guidance, complements and supports USG-level dialogue.

CMCS deploys experts known as Civil Military Coordination Officers to support the HCT/UNCT. Where they are not present, the Resident or Humanitarian Coordinator takes the lead, relying on UN-CMCoord doctrine. All UN personnel are expected to understand and follow UN-CMCoord policies and guidelines.

2. Underlying policies, principles and/or standards

- Preserve humanitarian space.
- Cooperation (or perceptions of cooperation) with the military must not jeopardize core humanitarian principles of neutrality and impartiality, or put persons of concern or humanitarian personnel at risk.
- Form and maintain appropriate relations between humanitarian and military or armed actors.
- Make appropriate and timely use of foreign or national military assets to support humanitarian operations.
- Ensure that relief efforts are consistent, whether they are delivered by civilian or military actors.

3. Good practice recommendations

- Planning. This varies according to the phase of an emergency. All those involved in the response need to share the same strategic overview, share information regularly, and understand clearly who is doing what, where and for how long.
- Information sharing. This works best when it is proactive. Information sharing helps to validate plans and adjust priorities and is critical to the safety and security of humanitarian workers and persons of concern.
- Task allocation. Clear attribution of roles ensures consistency and avoids duplication. It matches capacities to needs and supports forward planning by organizations on the ground.

4. Considerations for practical implementation

Map the actors

This will help you to identify the critical actors in the civilian and military communities, and decide which actors can most effectively operate and meet needs in given areas, in accordance with humanitarian principles. Military actors may help particularly to:

- Secure and maintain access to persons of concern.
- Support the security and logistical dimensions of an operation.
- Provide additional resources, especially in emergency operations.
- Make available their good offices to expedite assistance and resolve difficulties.

Assess and analyse civil-military relations, perceptions and approaches

Short-term cooperation can be effective, but long term implications must be considered, particularly where international military actors may be involved and where action to establish security on the ground might compromise (perceptions of) neutrality.

Determine missions and mandates

Consider the roles of:

- Domestic civilian actors: local leaders, NGOs, Government.
- Domestic military and paramilitary actors: military, police, gendarmerie, border and customs forces.
- International civilian actors: UN, INGOs, donors, ICRC.
- Foreign military actors: UN and non-UN peacekeeping forces, UN Civil Military Officers (CIMIC), military police, UNPOL.

Ascertain the mission or mandate of each of the actors identified, and understand their engagement in terms of UN-CMCoord.

Agree the character of civil-military relationships and set a CMCoord strategy

Basic strategies range from co-existence to cooperation. Coordination (essential dialogue and interaction) is always required, but its character should reflect the strategy.

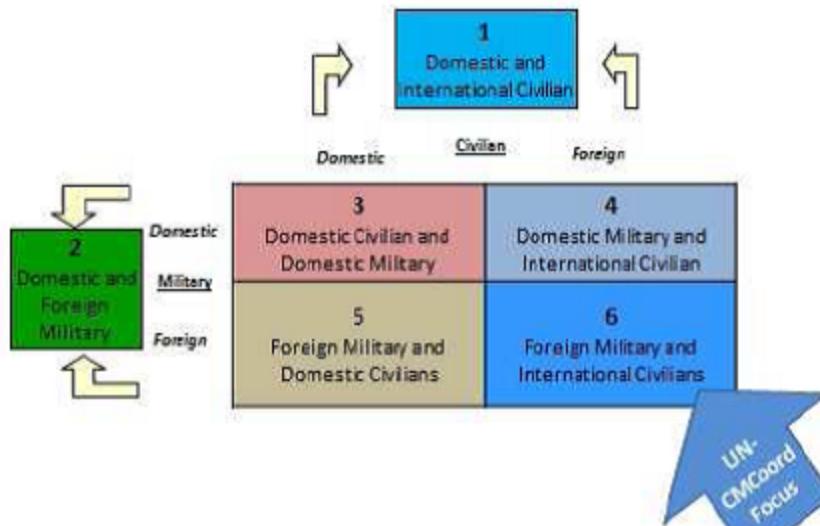
Understand the strategy of the HC/RC and HCT/UNCT

When military and civilian actors clearly understand the HCT/UNCT's strategy, it helps the HCT/UNCT and the response to:

- Build shared situational awareness and understanding.
- Establish a common approach.
- Agree and implement a strategy.
- Facilitate implementation and monitoring.
- Share lessons learned.

Country specific UN-CMCoord guidelines should be developed for each operation, and persons with coordination responsibilities identified clearly.

Dimensions of Civil-Military Relations



Civil-military interaction may occur in six areas

5. Resources and partnerships

- OCHA Civil Military Coordination Officers.
- OCHA Civil Military Coordination Section.
- Consultative Group on Humanitarian Civil Military Coordination.
- UNHCR Field Security Advisors.

6. Links

OCHA Humanitarian/ Military Dialogue
OCHA Humanitarian Civil-Military Coordination

Resource Library of Humanitarian/Military Dialogue

Need help?

CONTACT UNHCR Field Security Service (FSS), Division of Emergencies, Supply and Security (DESS).

Annexes

- IASC, Non-Binding Guidelines on the Use of Armed Escorts for Humanitarian Convoys, February 2013
- Recommended Practices in Humanitarian Civil Military Coordination, OCHA 2018
- UN Civil Military Coordination Handbook 2018
- OCHA, On Message – Civil Military Coordination, November 2013
- CMCoordination Operational Guidance COVID19
- IASC, Civil-Military Relationship in Complex Emergencies, Reference Paper, June 2004
- Guidelines on the Use of Foreign Military and Civil Defence Assets in Disaster Relief, the Oslo Guidelines
- Recommended Practices for Effective Humanitarian Civil-Military Coordination of Foreign Military Assets in Natural and Man-Made Disasters
- Guidelines on the Use of Military and Civil Defence Assets to Support United Nations Humanitarian Activities in Complex Emergencies, the MCDA Guidelines, Rev. 1, January 2006

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Multi-cluster / sector Initial Rapid Needs Assessment (MIRA)

Key points

- UNHCR has a responsibility to engage in, and support the MIRA at an early stage, to ensure that secondary data reviews, primary data collection methods and questions, and analysis of results incorporate protection concerns.

- Take ownership of elements of a MIRA (including analysis and interpretation of results) that concern clusters (co)led by UNHCR.
- Provide protection guidance to all clusters, and to the MIRA process as a whole.

1. Overview

A MIRA is an inter-agency needs assessment and analysis process, from which a joint strategic plan for emergency response is developed by the humanitarian country team. Although the MIRA may be modified for various emergency contexts and can be used to respond to IDP or non-refugee emergencies, the MIRA analytical framework and approach is the most effective in a sudden onset natural disaster, and is conducted in the first weeks of a disaster. The MIRA process focuses on producing a situational analysis during the first three days of the onset of a disaster, followed by a MIRA report to be released within 2 weeks of the start of a disaster.

A MIRA assessment also forms a part of the IASC Guidance for Inter-agency Contingency Planning and Emergency Response Preparedness. MIRAs are managed by OCHA under the overall guidance of the Humanitarian Coordinator (HC) in the first two weeks of a disaster.

MIRAs may be undertaken in coordination with host Governments, supported by the humanitarian community through clusters. At the global level, UNHCR is responsible for leading the emergency protection, shelter, camp coordination and management clusters, although leadership may very at the country level in natural disaster situations.

2. Purpose and relevance for emergency operations

A MIRA may be undertaken if and when the following conditions are present:

- New and sudden onset disaster followed by a period of relative stability enabling humanitarian access;
- Urgent need for information required to inform coordinated planning and response;
- The humanitarian community in country is willing to share information and coordinate.

Please note: Additional details and an easy to use graph illustrating conditions which should be factored into a decision to conduct a MIRA are available in the "*MIRA Multi-Sector Initial Rapid Assessment Guidance, Revision*" of Jan 2015, page 2.

The MIRA is intended to support stakeholders to reach a shared understanding of the humanitarian situation and its likely evolution at its earliest stages to support initial strategic response decisions surrounding the following:

- The impact of the disaster, including scale and severity, priority needs, risks/vulnerabilities;
- The capacity to respond, both by national and international actors, including limitations; and
- Priority areas for intervention.

3. Underlying process – how does this work?

The MIRA methodology is comprised of the following fundamental elements: a secondary data review, collection of primary data, joint analysis and reporting.

According to the 2015 MIRA guidance, a successful MIRA requires a balanced small team with the required technical skill set represented by key actors within the emergency response. It's important to note that too large of an assessment team, may overwhelm the MIRA coordination process.

Secondary data review

The organizations participating in a MIRA collect and analyse quantitative and qualitative information pre and post disaster (for example, information surrounding the geographical area, people affected, or a sector etc.), and compile an analysis using an adapted MIRA analytical framework as a guide. Within the MIRA approach, inter-sectoral analysis is then conducted jointly and consensus is then reached on the most severely affected areas, persons or groups etc.

Secondary data plays a crucial role in the early stages of an emergency when it may be impossible to collect primary data because time, staff, resources and access may be limited. For more information on how to conduct a secondary data review, see the Entry on needs assessment for refugee emergencies (NARE). Where needed and in "mixed settings" where populations of humanitarian concern include refugees, IDPs and other affected groups, UNHCR may support the secondary data review, notably to collect information related to refugees (number, size of population, protection concerns, locations, demographics, etc.).

Primary data collection at community level; sampling size and site selection

Led by OCHA, the organizations involved identify and agree on parameters for designing and testing the MIRA sampling form, and determine how primary data will be collected (sampling methods, sites, timeframe, other specifics). As Cluster lead, UNHCR has a responsibility to support and participate in this phase, by attending relevant inter-agency meetings chaired by OCHA and actively contributing to and supporting the analysis process. UNHCR staff will also participate in this stage of the MIRA process by collecting data as members of inter-agency assessment teams.

Primary data collection within the MIRA involves the collection of data by a small inter-agency assessment team, which generally collects information through direct observation and by interviewing key informants, and holding community focus group discussions. Please note: Focus Group Discussions within the MIRA process are referred to as 'Community Group Discussion', and generally operate under the same principals as UNHCR's Focus Group Discussions.

During observation and interviews, keep these key questions in mind:

- What has changed over time? What has remained the same?

- What is surprising, important or different about one group (or time, or place) when compared to another?
- If conditions did not worsen, why not? If conditions worsen now, what will be the cause?
- What is the next level of detail required?

Direct observation provides a snapshot of an affected population or location. Observe (see, smell and hear) conditions and features of the community or place from a range of viewpoints. Walk across the community, avoid obvious routes (roads, paths or natural boundaries), to obtain a variety of perspectives and a balanced view.

Look around and talk to people, with a gender, age and diversity approach. See what is there, what is not there, and what should be there: observe water collection points, latrines, communal washing areas, schools, storage facilities, tea shops, cemeteries, markets, health facilities, religious centres. In markets, see what people buy and sell and note the prices of basic commodities.

Interviews with key informants. 'Arrange interviews with individuals of different backgrounds, responsibilities, genders, ages, and religious and/or ethnic minorities to ensure a full picture of the affected community... Where an affected community includes different population groups, such as a host population and a displaced population, key informants should be selected from all groups of interest. Conduct Interviews (using tools and measurement that can be compared) at each group level.'

Situation analysis: summarizing secondary and primary data

The MIRA process combines the secondary and primary data it has collected to generate an overall analysis. This includes possible scenarios (best case, worst case) of how the crisis is likely to unfold.

Coordinated by OCHA, a situation analysis should become available within 72 hours of the start of an emergency. The analysis is the product of discussion between all the humanitarian actors involved, and reports their agreed findings and the decisions that follow from them. Under OCHA's overall guidance/coordination, UNHCR contributes to this process by working in the cluster system, and providing field support, staff and analysis for clusters that UNHCR (co) leads or supports. UNHCR also participates in discussion and analysis of MIRA data at inter-agency MIRA meetings led by OCHA. The situational analysis is then continuously updated during the first two weeks of a disaster, and used as a basis from which to draft the MIRA report.

OCHA produces a MIRA report that contains the findings of the assessment within 2 weeks of the start of a disaster. The report informs more detailed response planning, including revised appeals, where applicable.

4. UNHCR's role and accountabilities

In emergency IDP situations, UNHCR contributes to the MIRA process for the clusters it co(leads) during the MIRA assessment and analysis process and may directly contribute to the inter-sectoral review process of available pre-crisis and post –crisis secondary data as part of an assessment team working to produce the situational analysis within first three days of a disaster. Clusters/sectors may

also carry-out sector-specific analysis, if the nature of the crisis makes this necessary.

UNHCR provides staff to participate in field assessment and data collection for MIRA and engages in inter-sectoral discussion and analysis of the data, and the MIRA report's findings and decisions.

5. Considerations for UNHCR's engagement at country level

Information management officers, and UNHCR cluster (co) leads (for the emergency protection, shelter, and camp coordination and management clusters as applicable), participate in and contribute to the MIRA process (from design to delivery, analysis and results).

UNHCR supports UNHCR-led clusters during MIRAs and will proactively participate through these clusters in secondary data reviews, primary data collection, analysis, and MIRA results.

UNHCR may also take a lead role in analysing population estimates and trends in the context of a MIRA assessment.

6. Links

Online guidance on MIRA

Information from the IASC Task Force on needs assessment

Further guidance, tools and best practices are available in the online MIRA toolbox

Additional guidance and tools on needs assessments are available in the UNHCR Emergency Information Management Toolkit

Information Management strategy and tools, including a 3W, Assessment Registry, etc.
Emergency Needs Assessments

Additional details and tools on standard UNHCR age and sex groups

Minimum sectoral data covering protection, HIS, WASH, nutrition, mortality, shelter, CRI, environment and livelihood

UNHCR Needs Assessment Handbook

UNHCR Needs Assessment Handbook - Toolbox

Need help?

CONTACT Additional guidance, tools, support pages and contact information for global UNHCR led clusters are available online as follows:

- The CCCMCluster: <http://www.globalccmcluster.org>

- The GlobalProtection Cluster:
<http://www.globalprotectioncluster.org/en/general/contact-us/request-form.html>
- EmergencyShelter Cluster: <https://www.sheltercluster.org>

The UNHCR Field Information Coordination and Support Section (FICSS) may also provide technical advice for more in-depth assessments relating to specific thematic areas falling under UNHCR's (co)led clusters, and can be contacted at: HQIM@unhcr.org.

Annexes

- MIRA July 2015

Version and document date

Version: 2.1

Document date: 06.05.2022

Nutrition in transit centres

Key points

- Ensure coordination and collaboration between all those who are involved in a transit centre's nutrition activities.
- Ensure that all refugees in transit centres have access to food.
- Screen all arriving children for acute malnutrition using MUAC measurements and refer malnourished children for treatment.
- Ask all arriving families with an infant younger than 6 months if it is breastfed, and refer infants that are not breastfed to a health centre or health workers.
- Establish programmes to treat acute malnutrition, or effective referral mechanisms.

1. Overview

Food security and nutrition interventions in transit centres aim to improve the immediate food security, health and nutritional well-being of displaced populations, mainly by tackling the immediate and underlying causes of malnutrition. A person's nutritional status is highly influenced by his or her environment, water sanitation and hygiene (WASH), access to health services, food and nutrition security and care, and shelter. Where these are inadequate, risk of malnutrition increases.

Nutrition interventions in transit centres aim to prevent malnutrition among arriving populations, especially among women, young children and other groups with specific needs; to identify, refer and treat malnutrition in individuals; and to monitor the nutrition situation of those who have newly arrived. Nutrition interventions in transit centres are part of the public health services and are closely linked to the WASH services.

2. Protection objectives

- To ensure that refugees in transit centres have access at all times to safe and nutritious food, sufficient to maintain a healthy and active life.
- To respect the right to food and the right to health.
- To ensure that refugees in transit centres receive appropriate treatment for moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).
- To ensure adequate protection, promotion and support for breastfeeding of infants and young children are available in transit centres, that infants and young children have access to adequate complementary feeding and infants younger than 6 months who are not breastfed have access to alternative food that is appropriate and adequate.

3. Underlying principles and standards

UNHCR, *Global Strategy for Public Health 2014-2018:*

Food security and nutrition objective 2.

- Sets standards for treating acute malnutrition that ensure quality treatment and adequate coverage.
- Guides an effective food security and nutrition response in emergencies.

UNHCR has developed a comprehensive Public Health strategy that applies to emergency and non-emergency operations in camp and out-of-camp settings. To tailor its interventions more efficiently to emergency situations, UNHCR recommends the use of SPHERE standards during emergency operations.

Sphere, Management of malnutrition standard 2.1: Moderate acute malnutrition. Moderate acute malnutrition is prevented and managed.

Sphere, Management of malnutrition standard 2.2: Severe acute malnutrition. Severe acute malnutrition is treated.

Sphere, Micronutrient deficiencies standard 3: Micronutrient deficiencies. Micronutrient deficiencies are corrected.

Sphere, Infant and young child feeding standard 4.1: Policy guidance and coordination. Policy guidance and coordination ensure safe, timely and appropriate infant and young child feeding.

Sphere, Infant and young child feeding standard 4.2: Multi-sectoral support to infant and young child feeding in emergencies. Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimises risks, is culturally sensitive and optimises nutrition, health and survival outcomes.

UNHCR, *Global Strategy for Public Health 2014-2018: Food security and nutrition objective 1*. Adresses the prevention of under-nutrition and micronutrient deficiencies through the provision of access to food, cash and/or vouchers to the general population, and special nutritional products for vulnerable groups, as well as promotion of and support to adequate infant and young child feeding and care practices.

UNHCR and Save the Children, *Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action. 2018*. Provides guidance on how to consider the particular vulnerabilities of children under 2 and pregnant and nursing mothers in a multitude of sectors.

4. Protection Risks

In emergency response operations, protection, food security and nutrition are closely linked.

- If refugees cannot obtain food in transit centres, they are likely to become food insecure and malnourished and may adopt unsafe coping mechanisms that endanger their security.
- If refugee new arrivals are not screened for acute malnutrition or malnutrition programmes are unavailable, individuals with acute malnutrition will not be identified or treated, making it more likely that they will die or that their nutritional status will deteriorate.
- If transit centres do not assist infants and mothers who have difficulty breastfeeding, those infants are at greater risk of serious malnutrition and death.
- If transit centres do not identify and support infants younger than 6 months who are not breastfed, those infants face a higher risk of serious malnutrition and death, as a result of eating inappropriate or contaminated food.

5. Other risks

Failure to provide adequate food or nutritional rehabilitation may generate indirect or longer term risks.

- The security of transit centres may be compromised, by riots, demonstrations, or violent behaviour.
- Refugees may take risks to acquire food, or adopt unsafe coping strategies.
- Malnourished individuals may suffer long-term effects, such as impeded growth or development.

6. Key decision points

Wherever required, UNHCR and WFP should provide appropriate food assistance, including fortified foods, to refugees in transit centres.

Wherever required, UNHCR and partners must ensure that transit centres offer appropriate treatment programmes for acutely malnourished persons, either by establishing facilities or making facilities in the host community available to refugees.

UNHCR and partners must ensure that transit centres and other institutions offer breastfeeding support or alternatives to breastfeeding for infants younger than 6 months with established needs.

Public health and nutrition interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.
- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- Impact oriented. UNHCR promotes the primary health care approach, which ensures that essential health services address the health and nutrition needs of the entire population.
- Priority-based. Emergency nutrition interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national health system to extend its services to refugees.

7. Key steps

1. Establish strong co-ordination to ensure the response covers all needs, and that referrals across services as well as individual follow-up are assured. At the very start of the emergency, make sure that arriving refugees immediately receive minimum food rations or food assistance, to prevent their

nutritional status from deteriorating.

2. At the start of an emergency, conduct an initial rapid nutrition assessment to identify levels of malnutrition, in transit centres and other arrival points.
3. Continue to screen for acute malnutrition, both to monitor levels of nutrition and detect individuals who need treatment.
4. Where moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) are identified, establish treatment programmes. All malnourished individuals detected on arrival should be referred to them. Young children and pregnant and lactating women are especially vulnerable to malnutrition. Programme design should reflect needs and available resources.
5. Programmes to treat SAM should build on and support existing health provision, wherever possible. If transit centres cannot treat SAM, or treatment centres are inaccessible, make arrangements to refer cases rapidly to other treatment facilities (for example, in camps).
6. Supplementary feeding programmes to tackle MAM may be targeted or blanket. The choice should reflect the degree of malnutrition, the caseload, the risk that acute malnutrition will increase, available resources, and capacity to screen and monitor. Targeted supplementary feeding programmes generally require more screening and monitoring; blanket delivery usually requires less expertise but more food. Supplementary programmes may provide wet or dry rations. In most situations dry rations are to be preferred; but wet may be more suitable if transit centres are overcrowded or food is difficult to prepare. The choice should be made by an experienced nutritionist.
7. Infant feeding programmes at the start of an emergency can save many vulnerable infants and young children, and play a key role in preventing malnutrition and micronutrient deficiencies. Transit centres should provide basic infant feeding assistance, emphasizing protection, support and promotion of breastfeeding for infants aged less than 6 months. Staff should respond quickly to reports that infants in that age range are having difficulty breastfeeding or eating substitute foods. Infants younger than 6 months who are not breastfed should be identified, receive urgent support, and referred for assessment by skilled personnel. Ensure that rest areas in transit centres include secluded areas for breastfeeding and that skilled breastfeeding support is available to help stressed mothers and acutely malnourished infants. It may be necessary to refer trauma cases to psychosocial services.
8. Refugees with specific needs who require assistance to access or use nutrition services should be supported and prioritised.

8. Key management considerations

Nutrition programmes are normally part of the basic health services in the transit centre. Given the multitude of actors in transit centres, it is vital to ensure that the health and nutrition programmes are well coordinated.

UNHCR must ensure that transit centres provide adequate food assistance, programmes to treat acute

malnutrition, and infant feeding support. These services are normally provided by NGO partners in collaboration with WFP and UNICEF.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should ensure that public health or nutrition staff are available as soon as possible to support the assessment, relevant health and nutrition strategy and support the operational response. In situations where malnutrition is a severe problem, UNHCR should deploy nutrition staff directly.

It should also ensure that the nutrition situation of arrivals in transit centres is monitored and reported regularly, using the Basic Indicator Report format in iRHIS, so that partners can respond quickly if the situation changes. The iRHIS team is available to provide remote and direct support. Contact HQHIS@unhcr.org.

Infant feeding programmes in transit centres must respect the UNHCR's standard operating procedure for breastmilk substitutes (BMS). UNHCR actively discourages inappropriate distribution and use of BMS, which are not to be included in general or untargeted distributions, and are only provided to specific infants after a professional assessment. UNHCR does not accept unsolicited donations of BMS. Inappropriate handling of milk products can negatively affect feeding practices and increase infant morbidity and mortality.

9. Resources and partnerships

Staff

- In cases of severe under-nutrition a UNHCR nutritionist should be present; a nutritionist from UNHCR or a partner organisation can lead in less severe situations; where under-nutrition and infant feeding problems are a minor feature of the response, the UNHCR public health officer will support the partners in this case.
- An experienced nutritionist should lead the nutrition response of the programme.
- Community outreach workers provide support in the surrounding community, and nutrition/health assistants in transit centres.

Partners

- Ministry of Health and/or nutrition partners in collaboration with UNHCR implement initial rapid nutrition assessments, screenings, and nutrition programmes. Partners include NGOs (international and national) and UN agencies such as WFP and UNICEF (for child and maternal health, vaccination, and nutrition)

10. Links

Refugee Health Data

Global Nutrition Cluster
Sphere Handbook

Need help?

CONTACT UNHCR Public Health Section, Division of Programme Support and Management (DPSM).
At: hqphn@unhcr.org

Annexes

- Global Nutrition Cluster, Moderate Acute Malnutrition- A decision tool for emergencies, 2014
- UNHCR and WFP, Guidelines for selective feeding- the management of malnutrition in emergencies, 2011
- UNHCR policy related to the acceptance, distribution and use of milk products in refugee settings, 2006
- UNHCR, Operational guidance on the use of special nutritional products to reduce micronutrient deficiencies and malnutrition in refugee situations, 2011
- The Sphere Project

Version and document date

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Document date: 06.05.2022

Nutrition in rural areas

Key points

- Ensure coordination and collaboration between all those involved in nutrition activities.

- Ensure that all refugees have access to food either through their own means or food assistance.
- Ensure that refugees can access national nutrition services, including IYCF and treatments for malnutrition.
- Conduct a SENS or ensure refugees are included in national nutrition surveys.

1. Overview

Food security and nutrition interventions in rural dispersed situations aim to improve the immediate food security and nutritional well-being of refugees, mainly by tackling the immediate and underlying causes of malnutrition. A person's nutritional status is highly influenced by his or her environment, water sanitation and hygiene (WASH), access to health services, food and nutrition security and care, and shelter. Where these are inadequate, risk of malnutrition increases.

This entry provides advice on nutrition provision for refugees living in rural dispersed settings, where it is best to include them into the national nutrition services used by host populations. To do this, early and strong collaboration with the Ministry of Health, UNICEF, WFP and other actors is crucial. Nutrition interventions aim to prevent malnutrition, especially among women, young children and other groups with specific needs; to identify, refer and treat malnutrition in individuals; and to monitor the nutrition situation. The food security and nutrition sectors work closely with many sectors including the livelihoods sector to find longer term solutions and promote self-reliance and improve nutrition opportunities.

2. Protection objectives

- To ensure that refugees in rural settings have access at all times to safe and nutritious food, sufficient to maintain a healthy and active life.
- To respect the right to food and the right to health.
- To ensure that refugees receive appropriate treatment for moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).
- To ensure that adequate protection, promotion and support for breastfeeding of infants and young children are available, that infants and young children have access to adequate complementary feeding and that infants younger than 6 months who are not breastfed have access to alternative food that is appropriate and adequate.

3. Underlying principles and standards

Note that UNHCR has developed a comprehensive public health strategy that applies to emergency and non-emergency operations in camp and out-of-camp settings. In rural dispersed situations settings, UNHCR aims to integrate refugees into national services, and therefore UNHCR and its partners should apply national public health and nutrition standards where these exist and are appropriate.

Sphere, Management of malnutrition standard 2.1: Moderate acute malnutrition. Moderate acute malnutrition is prevented and managed.

Sphere, Management of malnutrition standard 2.2: Severe acute malnutrition. Severe acute malnutrition is treated.

Sphere, Micronutrient deficiencies standard 3: Micronutrient deficiencies. Micronutrient deficiencies are corrected.

Sphere, Infant and young child feeding standard 4.1: Policy guidance and coordination. Policy guidance and coordination ensure safe, timely and appropriate infant and young child feeding.

Sphere, Infant and young child feeding standard 4.2: Multi-sectoral support to infant and young child feeding in emergencies. Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimises risks, is culturally sensitive and optimises nutrition, health and survival outcomes.

UNHCR, Global Strategy for Public Health 2014-2018: Food security and nutrition objective 1. Addresses the prevention of undernutrition and micronutrient deficiencies through the provision of access to food, cash and/or vouchers to the general population, and special nutritional products for vulnerable groups, as well as promotion of and support to adequate infant and young child feeding and care practices.

UNHCR, Global Strategy for Public Health 2014-2018: Food security and nutrition objective 2. Sets standards for treating acute malnutrition that ensure quality treatment and adequate coverage.

UNHCR, Global Strategy for Public Health 2014-2018: Food security and nutrition objective 4. Guides an effective food security and nutrition response in emergencies.

UNHCR and Save the Children, Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action. 2018. Provides guidance on how to consider the particular vulnerabilities of children under 2 and pregnant and nursing mothers in a multitude of sectors.

4. Protection Risks

In emergency refugee operations, protection, food security and nutrition are closely linked.

- If refugees living in rural dispersed settings cannot obtain enough food, they are likely to become food insecure and malnourished and may adopt unsafe coping mechanisms that endanger their security.
- If refugees are not screened for acute malnutrition or malnutrition programmes are not available, individuals with acute malnutrition will not be identified or treated, making it more likely that they will die or that their nutritional status will deteriorate.

- If infants and mothers who have difficulty breastfeeding do not receive assistance and skilled support, those infants are at greater risk of serious malnutrition and death.
- If programmes do not promote and support good feeding and caring practices for infants and children younger than 24 months, infants and young children are more likely to become malnourished and to die.

5. Other risks

Refugees in dispersed rural settings face additional indirect or long term risks if they do not have access to sufficient food or treatment for malnutrition.

- They may take risks to acquire food, or adopt unsafe coping strategies.
- Women and girls who need to travel long distances to collect water, firewood or food may be assaulted, and they have less time to care for and feed (including breastfeed) their infants and young children.
- Malnourished individuals may suffer long-term effects, such as impeded growth or development.

6. Key decision points

Wherever required, UNHCR and WFP should provide appropriate food assistance, including fortified foods, to refugees in rural dispersed settings.

Treatment programmes for acutely malnourished refugees, and support services and facilities for infant and young child feeding should always be available to refugees living in rural dispersed settings. UNHCR should encourage the authorities to grant refugees access to national services, where these are available and adequate. Where they are not, UNHCR should collaborate with the local Ministry of Health, UNICEF and other relevant actors to establish new services or improve those that exist, for the benefit of both refugee and host populations.

Where individuals require help to breastfeed or infants younger than six months need alternative foods to breast milk, appropriate services and support must be made available.

Public health and nutrition interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.
- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.

- Impact oriented. UNHCR promotes the primary health care approach, which ensures that essential health services address the health and nutrition needs of the entire population.
- Priority-based. Emergency nutrition interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national health system to extend its services to refugees.

7. Key steps

1. Establish strong co-ordination with the Ministry of Health (MOH), NGOs, UNICEF, WFP and other relevant actors to ensure refugees are integrated into available national nutrition services. In rural dispersed settings, UNHCR will need to rely even more on available services than in camp and camp-like settings.
2. Ensure refugees have access to information and know where services are available and are able to voice their opinions.
3. Make sure that all needs are covered and that referrals across services as well as individual follow-up are assured, given the many actors involved and the distance that may separate facilities in rural dispersed settings.
4. Make sure that all refugees living in rural dispersed settings have adequate access to food. To prevent their nutritional status from deteriorating, assist them to be self-sufficient or provide (temporary) food assistance.
5. Conduct regular nutrition surveys to monitor the situation. Either include refugees in rural dispersed settings in national/regional nutrition surveys, or conduct specific nutrition surveys that follow UNHCR's Standardised Expanded Nutrition Survey(SENS) guidelines. During an emergency, nutrition surveys should be conducted bi-annually or annually, depending on the level of malnutrition, the risk of deterioration, and available resources.
6. Where the nutrition situation is of concern, continue to screen for acute malnutrition among refugees, both to monitor levels of nutrition and identify individuals who need treatment. If the host community is screened, make sure that refugees are included.
7. All refugees living in rural dispersed settings should be able to access programmes for treating moderate and severe acute malnutrition, and individuals who are undernourished should be referred to them. Refugees should preferably be included in national programmes where these exist. Where they do not, UNHCR should encourage and support the creation of services that will benefit both refugees and the host community. Programmes should align with principles of CMAM (community-based management of acute malnutrition) and be linked to national health and nutrition services.
8. To treat severe acute malnutrition (SAM), inpatient and outpatient services should be available to refugees, wherever possible through national programmes, in collaboration with the Ministry of Health and UNICEF.
9. To treat moderate acute malnutrition (MAM), outpatient services should be provided wherever possible through national programmes; WFP normally provides the food products required.
10. To tackle malnutrition effectively and identify individuals who are malnourished, it is crucial to inform the community about malnutrition and engage the population in efforts to improve nutrition.
11. During emergencies, infant and young child feeding (IYCF) programmes help to save the lives of

numerous vulnerable infants and young children and play a key role in preventing malnutrition and micronutrient deficiencies. Refugees living in rural dispersed settings should have access to services that compare with those available to the host community, preferably by their inclusion in national services, in collaboration with the Ministry of Health and UNICEF. Where services do not exist or are inadequate, UNHCR and partners should encourage their creation or improvement. Adopt a comprehensive approach to IYCF assistance that protects, promotes and supports exclusive breastfeeding for infants younger than 6 months, and combines appropriate complementary feeding for older infants and children with continued breastfeeding.

12. Where the diet of pregnant and lactating women (PLW) lacks nutrients, it may lead to pregnancy complications, maternal mortality, low birth weight infants and lower concentrations of certain nutrients in the breastmilk. PLW should be able to access relevant services in the host community. Where such services do not exist, UNHCR should encourage their establishment, in collaboration with the Ministry of Health, UNICEF and other relevant agencies.

13. Micronutrient deficiencies are mainly prevented through food security programmes. Where a population receives food assistance, a suitable micronutrient-fortified food should be included in the general ration; blanket provision of complementary food for children or other vulnerable groups may be needed. It is also vital to control diseases, notably respiratory infections, measles, and parasitic infections like malaria and diarrhoea that deplete micronutrient stores. The provision of water and appropriate sanitation facilities is essential. Where relevant, refugees should be integrated in national malnutrition programmes.

14. Refugees with specific needs who require assistance to access or use nutrition services should be supported and prioritised.

15. Apply an age-gender diversity perspective and use community based approached in assessments, response analysis and programme implementation.

8. Key management considerations

Where refugees live in rural dispersed settings side by side with host communities, early coordination and collaboration with the government, NGOs, UNICEF, WFP and other partners is especially important. UNHCR must ensure that refugees have access to adequate food, programmes to treat acute malnutrition, and infant feeding support. UNHCR should encourage the integration of refugees in national programmes and services that are available.

Where national services do not exist or are inadequate, UNHCR and UNICEF should encourage their creation or improvement, to the benefit of both refugees and the host community. When national programmes are overwhelmed by exceptional need, for instance during food or nutrition emergencies, UNHCR and partners must establish additional services and provision to complement national programmes.

Though the preferred option is to integrate refugees within national services, it must be recognized that challenges may arise. For instance, the services delivered may be uneven, programmes may lack staff, access may be difficult (because of distance, for example), data may be lacking, and oversight of refugee access and nutritional status may be weak.

It should also ensure that the nutrition situation of refugees in rural dispersed situations is monitored and

reported regularly, using the Basic Indicator Report format in iRHiS, so that partners can respond quickly if the situation changes. The iRHiS team is available to provide remote and direct support. Contact HQHIS@unhcr.org.

Infant feeding programmes must respect the UNHCR's standard operating procedure on breast milk substitutes (BMS). UNHCR actively discourages inappropriate distribution and use of BMS, which are not to be included in general or untargeted distributions, and are only provided to specific infants after a professional assessment. UNHCR does not accept unsolicited donations of BMS. Inappropriate handling of milk products can negatively affect feeding practices and increase infant morbidity and mortality.

9. Resources and partnerships

The inputs required to set up and implement a nutrition response in rural dispersed settings depend on the nature of the emergency and the degree to which refugee needs can be met by available national programmes and services. Initially, an experienced nutritionist or public health specialist should be present to assess the situation and need. If it is found that a comprehensive nutrition response is necessary, the inputs below will be required.

Staff

- A trained UNHCR public health officer, with knowledge of nutrition, to coordinate the response.
- An experienced nutritionist from UNHCR to lead the nutrition response in cases of severe under-nutrition, ensuring that refugees are integrated in available national services, or that services are created or improved
- Community outreach workers to work in the community and nutrition/health assistants to staff nutrition centres, from UNHCR or partner organisations. In some cases, staff will be available in sufficient numbers; however, after a refugee influx, staff may need to be recruited or trained.

Partners

- If it is necessary to establish new services or to strengthen existing services, nutrition partners must be identified in partnership with the Ministry of Health, UNICEF and WFP, to screen for malnutrition, implement nutrition programmes, and conduct nutrition surveys.
- Predictable partnership agreements must be established with relevant NGOs (International and national) and UN agencies such as WFP and UNICEF.

10. Links

UNHCR SENS website on Nutrition

UNHCR Data Website

Sphere Handbook

Nutrition Cluster - Training package

Need help?

CONTACT UNHCR Public Health Section, Division of Programme Support and Management (DPSM).
At: hqphn@unhcr.org

Annexes

- UNHCR, UNHCR policy related to the acceptance, distribution and use of milk products in refugee settings, 2006
- UNHCR, Operational guidance on the use of special nutritional products to reduce micronutrient deficiencies and malnutrition in refugee situations, 2011
- UNHCR and WFP, Guidelines for selective feeding_ the management of malnutrition in emergencies. 2011
- Global Nutrition Cluster, Moderate Acute Malnutrition_ A decision tool for emergencies, 2014

Version and document date

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Document date: 06.05.2022

Nutrition in urban areas

Key points

- Ensure coordination and collaboration between all those involved in nutrition activities.
- Ensure that all refugees have access to food either through their own means or food assistance.

- Ensure that refugees can access national nutrition services, including IYCF and treatments for malnutrition.
- Conduct a SENS nutrition surveys or ensure refugees are included in national nutrition surveys.

1. Overview

Food security and nutrition interventions in urban areas aim to improve the immediate food security and nutritional well-being of refugees, mainly by tackling the immediate and underlying causes of malnutrition. A refugee's nutritional status is highly influenced by his or her environment, water sanitation and hygiene (WASH), access to health services, food and nutrition security and care, and shelter. Where these are inadequate, risk of malnutrition increases.

This brief provides advice on nutrition provision for refugees living in urban areas. For this group, the best option is to meet their nutrition needs by making available to them the national services used by host populations. To do this, early and strong collaboration with the Ministry of Health, UNICEF, WFP and other actors is crucial. Nutrition interventions in urban areas aim to prevent malnutrition in the refugee population, especially among women, young children and other vulnerable groups; to identify, refer and treat malnutrition in individuals; and to monitor the nutrition situation. The food security and nutrition sectors work closely with many sectors including the livelihoods sector to find longer term solutions and promote refugee self-reliance and improve nutrition opportunities.

2. Protection objectives

- To ensure refugee populations in urban areas have access at all times to safe and nutritious food, sufficient to maintain a healthy and active life.
- To respect the right to food and the right to health.
- To ensure refugees receive appropriate treatment for moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).
- To ensure adequate protection, promotion and support for breastfeeding of infants and young children are available, that infants and young children have access to adequate complementary feeding and that infants younger than 6 months who are not breastfed have access to alternative food that is appropriate and adequate.

3. Underlying principles and standards

Note that UNHCR has developed a comprehensive public health strategy that applies to emergency and non-emergency operations in camp and out-of-camp settings. In urban settings, UNHCR aims to integrate refugees into national services, and therefore UNHCR and its partners should apply national public health and nutrition standards where these exist and are appropriate.

Sphere, Management of malnutrition standard 2.1: Moderate acute malnutrition. Moderate acute malnutrition is prevented and managed.

Sphere, Management of malnutrition standard 2.2: Severe acute malnutrition. Severe acute malnutrition is treated.

Sphere, Micronutrient deficiencies standard 3: Micronutrient deficiencies. Micronutrient deficiencies are corrected.

Sphere, Infant and young child feeding standard 4.1: Policy guidance and coordination. Policy guidance and coordination ensure safe, timely and appropriate infant and young child feeding.

Sphere, Infant and young child feeding standard 4.2: Multi-sectoral support to infant and young child feeding in emergencies. Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimises risks, is culturally sensitive and optimises nutrition, health and survival outcomes.

UNHCR, Global Strategy for Public Health 2014-2018: Food security and nutrition objective 1. Addresses the prevention of under-nutrition and micronutrient deficiencies through the provision of access to food, cash and/or vouchers to the general population, and special nutritional products for vulnerable groups, as well as promotion of and support to adequate infant and young child feeding and care practices.

UNHCR, Global Strategy for Public Health 2014-2018: Food security and nutrition objective 2. Sets standards for treating acute malnutrition that ensure quality treatment and adequate coverage.

UNHCR, Global Strategy for Public Health 2014-2018: Food security and nutrition objective 4. Guides an effective food security and nutrition response in emergencies.

UNHCR and Save the Children, Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action. 2018. Provides guidance on how to consider the particular vulnerabilities of children under 2 and pregnant and nursing mothers in a multitude of sectors.

4. Protection Risks

In emergency refugee operations, protection, food security and nutrition are closely linked.

- If refugees living in urban areas cannot obtain enough food, they are likely to become food insecure and malnourished and may adopt unsafe coping mechanisms that endanger their security.
- If refugees are not screened for acute malnutrition, or malnutrition programmes are not available, individuals with acute malnutrition will not be identified or treated, making it more likely that they will die or that their nutritional status will deteriorate.
- If infants and mothers who have difficulty breastfeeding do not receive assistance and skilled support, those infants are at greater risk of serious malnutrition and death.

- If programmes do not promote and support good feeding and caring practices for infants and children younger than 24 months, infants and young children are more likely to become malnourished and to die.

5. Other risks

Refugees in urban areas face additional indirect or long term risks if they do not have access to sufficient food or treatment for malnutrition.

- Security may be compromised, by riots, demonstrations, or violent behaviour.
- Refugees may take risks to acquire food, or adopt unsafe coping strategies. These may adversely affect feeding and care (including breastfeeding) of infants and young children.
- Malnourished individuals may suffer long-term effects, such as impeded growth or development.

6. Key decision points

Wherever required, UNHCR and WFP should provide appropriate food assistance, including fortified foods, to refugees in urban areas.

Treatment programmes for acutely malnourished refugees, and support services and facilities for infant and young child feeding, should always be available to refugees living in urban areas. UNHCR should encourage the authorities to grant refugees access to national services, where these are available and adequate. Where they are not, UNHCR should collaborate with the Ministry of Health, UNICEF, WFP and other relevant actors to establish new services or improve those that exist, for the benefit of both refugee and host populations.

Where individuals require help to breastfeed or infants younger than six months need alternative foods to breast milk, appropriate services and support must be made available.

Public health and nutrition interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.
- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- Impact oriented. UNHCR promotes the primary health care approach, which ensures that essential health services address the health and nutrition needs of the entire population.

- Priority-based. Emergency nutrition interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national health system to extend its services to refugees.

7. Key steps

- Establish strong co-ordination with the Ministry of Health (MOH), NGOs, UNICEF, WFP and other relevant actors to ensure refugees are integrated into available national nutrition services. In urban areas, UNHCR will need to rely even more on available services than in camp and camp-like settings.
- Ensure refugees have access to information and know where services are available and are able to voice their opinions.
- Ensure that all needs are covered and referrals between services and individual follow-up are assured, given that urban settings sometimes have more complex service delivery structures.
- Make sure that all refugees living in urban areas have adequate access to food. To prevent their nutritional status from deteriorating, assist them to be self-sufficient or provide (temporary) food assistance.
- Conduct regular nutrition surveys to monitor the situation. Either include urban refugees in national/regional nutrition surveys, or conduct specific nutrition surveys that observe UNHCR's Standardised Expanded Nutrition Survey (SENS) guidelines. During an emergency, nutrition surveys should be conducted bi-annually or annually, depending on the level of malnutrition, the risk of deterioration, and available resources.
- Where the nutrition situation is of concern, continue to screen for acute malnutrition among refugees, both to monitor levels of nutrition and identify individuals who need treatment. If the host community is screened, make sure that refugees are included.
- All refugees living in urban areas should be able to access programmes for treating moderate and severe acute malnutrition. Refugees should preferably be included in national programmes where these exist. Where they do not, UNHCR should encourage and support the creation of services that will benefit both refugees and the host community. Programmes should align with principles of CMAM (community-based management of acute malnutrition) and be linked to national health and nutrition services.
- To treat severe acute malnutrition (SAM), inpatient and outpatient services should be available to refugees, wherever possible through national programmes, in collaboration with the Ministry of Health and UNICEF.
- To treat moderate acute malnutrition (MAM), outpatient services should be provided, linked to national programmes; WFP should provide the food products required.
- To tackle malnutrition effectively and identify individuals who are malnourished, it is crucial to inform the community about malnutrition and engage the population in efforts to improve nutrition.

- During emergencies, infant and young child feeding (IYCF) programmes help to save the lives of numerous vulnerable infants and young children and play a key role in preventing malnutrition and micronutrient deficiencies. Refugees living in urban areas should have access to services that compare with those available to the host community, preferably by their inclusion in national programmes in collaboration with the Ministry of Health and UNICEF. Where services do not exist or are inadequate, UNHCR and partners should encourage their creation or improvement. Programmes should protect, promote and support exclusive breastfeeding for infants younger than 6 months, and combine appropriate complementary feeding for older infants and children with continued breastfeeding.
- Where the diet of pregnant and lactating women (PLW) lacks nutrients, it may lead to pregnancy complications, maternal mortality, low birth weight infants and lower concentrations of certain nutrients in the breastmilk. PLW should be able to access relevant services in the host community. Where such services do not exist, UNHCR should encourage their establishment, in collaboration with the Ministry of Health, UNICEF and other relevant agencies.
- Micronutrient deficiencies are mainly prevented through food security programmes. Where a population receives food assistance, a suitable micronutrient-fortified food should be included in the general ration; blanket provision of complementary food for children or other vulnerable groups may be needed. It is also vital to control diseases, notably respiratory infections, measles, and parasitic infections like malaria and diarrhoea that deplete micronutrient stores. The provision of water and appropriate sanitation facilities is essential. Where relevant, refugees should be integrated in national malnutrition prevention and treatment programmes.
- Refugees with specific needs who require assistance to access or use nutrition services should be supported and prioritised.
- Apply an age-gender diversity perspective and use community based approached in assessments, response analysis and programme implementation.

8. Key management considerations

Where refugees live in urban areas side by side with host communities, early coordination and collaboration with the government, NGOs, UNICEF, WFP and other partners is especially important. UNHCR must ensure that refugees have access to adequate food, programmes to treat and prevent acute malnutrition, and infant feeding support. UNHCR should encourage the integration of refugees in national programmes and services to which their host communities have access.

Where national services do not exist or are inadequate, UNHCR and UNICEF should encourage their creation or improvement, to the benefit of both refugees and the host community. When national programmes are overwhelmed by exceptional need, for instance during food or nutrition emergencies, UNHCR and partners must establish additional services and provision to complement national programmes.

Given that UNHCR has an overall accountability for the refugee response, UNHCR should ensure that public health or nutrition staff are available as soon as possible to support the assessment, relevant

public health and nutrition strategy and support the operational response. In situations where malnutrition is a severe problem, UNHCR should deploy nutrition staff directly.

Though the preferred option is to integrate refugees within national services, it must be recognized that challenges may arise. For instance, the services delivered may be uneven, programmes may lack staff, access may be difficult (because of distance, for example), data may be lacking, and oversight of refugee access and nutritional status may be weak.

Infant feeding programmes must respect the UNHCR's standard operating procedure on breast milk substitutes (BMS). UNHCR actively discourages inappropriate distribution and use of BMS, which are not to be included in general or untargeted distributions, and are only provided to specific infants after a professional assessment. UNHCR does not accept unsolicited donations of BMS. Inappropriate handling of milk products can negatively affect feeding practices and increase infant morbidity and mortality.

9. Resources and partnerships

The inputs required to set up and implement a nutrition response in urban areas depend on the nature of the emergency and the degree to which refugee needs can be met by available national programmes and services. Initially, an experienced public health officer, with nutrition experience should be present to assess the situation and need. If it is found that a comprehensive nutrition response is necessary, the inputs below will be required.

Staff

- A trained UNHCR public health officer, with knowledge of nutrition, to coordinate the response.
- An experienced nutritionist from UNHCR or standby partner to lead the nutrition response in cases of severe under-nutrition, ensuring that refugees are integrated in available national services, or that services are created or improved;
- Community outreach workers to provide support in the community and nutrition/health assistants to staff nutrition centres, from UNHCR or partner organisations. In some cases, staff will be available in sufficient numbers; however, after a refugee influx, staff may need to be recruited or trained.

Partners

- If it is necessary to establish new services or to strengthen existing services, nutrition partners must be identified in partnership with the Ministry of Health, UNICEF and WFP, to screen for malnutrition, implement nutrition programmes, and conduct nutrition surveys.
- Predictable partnership agreements must be established with relevant NGOs (international and national) and UN agencies such as WFP and UNICEF.

10. Links

Official UNHCR SENS Website
UNHCR Official Data Website
The Sphere Project - Handbook

Need help?

CONTACT UNHCR Public Health Section, Division of Programme Support and Management (DPSM).
At: hqphn@unhcr.org.

Annexes

- UNHCR, UNHCR policy related to the acceptance, distribution and use of milk products in refugee settings, 2006
- UNHCR, Operational guidance on the use of special nutritional products to reduce micronutrient deficiencies and malnutrition in refugee situations, 2011
- UNHCR and WFP, Guidelines for selective feeding the management of malnutrition in emergencies, 2011
- Global Nutrition Cluster, Moderate Acute Malnutrition_ A decision tool for emergencies, 2014

Version and document date

Version: 1.5

Document date: 06.05.2022

Nutrition in camps

Key points

- Ensure coordination and collaboration between all those involved in a camp's nutrition activities.
- Ensure that all refugees in a camp have access to food.
- Establish programmes to treat acute malnutrition and effective referral mechanisms (to services in the camp or in the host community where refugees have access to these services).
- Establish infant and young child feeding programmes.
- Within the first 3 months conduct a SENS nutrition surveys and conduct regular MUAC screenings to monitor the nutrition situation.

1. Overview

Food security and nutrition interventions in camps aim to improve the immediate food security and nutritional well-being of refugees, mainly by tackling the immediate and underlying causes of malnutrition. A person's nutritional status is highly influenced by his or her environment, water sanitation and hygiene (WASH), access to health services, food and nutrition security and care, and shelter. Where these are inadequate, risk of malnutrition increases.

This entry provides advice on nutrition provision in camps. Nutrition interventions aim to prevent malnutrition in the refugee population, especially among women, young children and other groups with specific needs; to identify, refer and treat malnutrition in individuals; and to monitor the nutrition situation in camps. The food security and nutrition sectors work closely with many sectors including the livelihoods sector to find longer term solutions, promote self-reliance, and improve nutrition opportunities.

2. Protection objectives

- To ensure that refugees in refugee camps have access at all times to safe and nutritious food, sufficient to maintain a healthy and active life.
- To respect the right to food and the right to health.
- To ensure that refugees in camps receive appropriate treatment for moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).
- To ensure adequate protection, promotion and support for breastfeeding of infants and young children are available, that infants and young children have access to adequate complementary feeding and that infants younger than 6 months who are not breastfed have access to alternative food that is appropriate and adequate.

3. Underlying principles and standards

Sphere, Food security and nutrition assessments standard 1.2: Nutrition assessment. Nutrition assessments use accepted methods to identify the type, degree and extent of undernutrition, those most at risk and the appropriate response.

Sphere, Management of malnutrition standard 2.1: Moderate acute malnutrition. Moderate acute malnutrition is prevented and managed.

Sphere, Management of malnutrition standard 2.2: Severe acute malnutrition. Severe acute malnutrition is treated.

Sphere, Micronutrient deficiencies standard 3: Micronutrient deficiencies. Micronutrient deficiencies are corrected.

Sphere, Infant and young child feeding standard 4.1: Policy guidance and coordination. Policy guidance and coordination ensure safe, timely and appropriate infant and young child feeding.

Sphere, Infant and young child feeding standard 4.2: Basic and skilled support. Multi-sectoral support to infant and young child feeding in emergencies. Mothers and caregivers of infants and young children have access to timely and appropriate feeding support that minimises risks, is culturally sensitive and optimises nutrition, health and survival outcomes.

UNHCR, Global Strategy for Public Health 2014-2018: Food security and nutrition objective 1. Addresses the prevention of undernutrition and micronutrient deficiencies through the provision of access to food, cash and/or vouchers to the general population, and special nutritional products for vulnerable groups, as well as promotion of and support to adequate infant and young child feeding and care practices.

UNHCR, Global Strategy for Public Health 2014-2018: Food security and nutrition objective 2. Sets standards for treating acute malnutrition that ensure quality treatment and adequate coverage.

UNHCR, Global Strategy for Public Health 2014-2018: Food security and nutrition objective 4. Guides an effective food security and nutrition response in emergencies.

UNHCR and Save the Children, Infant and Young Child Feeding in Refugee Situations: A Multi-Sectoral Framework for Action. 2018. Provides guidance on how to consider the particular vulnerabilities of children under 2 and pregnant and nursing mothers in a multitude of sectors.

4. Protection Risks

In emergency refugee response operations, protection, food security and nutrition are closely linked.

- If refugees cannot obtain food in camps, they are likely to become food insecure and malnourished and may adopt unsafe coping mechanisms that endanger their security.

- If refugees in camps are not screened (where applicable), for acute malnutrition, or malnutrition programmes are not available, individuals with acute malnutrition will not be identified or treated, making it more likely that they will die or that their nutritional status will deteriorate.
- If infants and mothers who have difficulty breastfeeding are not assisted, those infants are at greater risk of serious malnutrition and death.
- If infants younger than 6 months, who are not breastfed are not identified and supported, such infants face a higher risk of serious malnutrition and death, as a result of eating inappropriate or contaminated food.
- If programmes do not promote and support good feeding and caring practices for infants and children younger than 24 months, infants and young children are at greater risk to be malnourished and to die.

5. Other risks

Failure to provide adequate food or nutritional rehabilitation may generate indirect or longer term risks.

- The security of camps may be compromised, by riots, demonstrations, or violent behaviour.
- Refugees may take risks to acquire food, or adopt unsafe coping strategies. These may adversely affect feeding and care (including breastfeeding) of infants and young children.
- Malnourished individuals may suffer long-term effects, such as impeded growth or development.

6. Key decision points

Wherever required, UNHCR and WFP should provide appropriate food assistance, including fortified foods, to refugees in camps.

UNHCR and partners must ensure that appropriate treatment programmes for acutely malnourished camp-based refugees are available, by establishing new facilities or making facilities in the host community accessible to them.

Public health and nutrition services and infrastructures in camps should also be accessible to the host community to ensure peaceful coexistence and inclusion in services.

Support services and facilities for infant and young child feeding should always be available to refugees living in refugee camps (facilities based in the camp or by making facilities in the host community available to them). Skilled support and counselling should be on hand, as well as safe, baby-friendly spaces in which mothers can feed and interact comfortably with their infants.

UNHCR and partners must ensure that services and support are available for individuals who require help to breastfeed and infants younger than six months who need alternatives to breastmilk.

Public health and nutrition interventions must always be:

- Evidence-based. Activities should be planned and implemented, based on the findings of the initial assessment.
- Needs-based. Interventions should be scaled and resources should be allocated to meet the needs of the population.
- Technically sound. Services should be based on current scientific evidence and operational guidance, and implemented by skilled staff.
- Impact oriented. UNHCR promotes the primary health care approach, which ensures that essential health services address the health and nutrition needs of the entire population.
- Priority-based. Emergency nutrition interventions and services should be prioritised to achieve maximum impact across the population. Interventions to address immediate health risks, such as disease outbreaks and malnutrition, must be priorities.
- Integrated. Avoid setting up costly parallel services. Assist the national health system to extend its services to refugees.

7. Key steps

1. Establish strong co-ordination with all relevant partners of public health and nutrition programmes in camps to ensure they cover all needs and that referrals across services as well as individual follow-up are assured.
2. Ensure refugees have access to information and know where services are available and are able to voice their opinions.
3. Make sure that all refugees in a camp have adequate access to food. To prevent their nutritional status from deteriorating, help them become self-sufficient or provide food assistance.
4. As refugees are arriving in camps, ensure that initial rapid nutrition (MUAC) screenings are conducted, where applicable, in order to determine the extent of the malnutrition situation.
5. Conduct regular nutrition surveys, following UNHCR's most up to date Standardised Expanded Nutrition Survey (SENS) guidelines, to monitor the nutrition situation in camps. During an emergency, nutrition surveys should be conducted bi-annually or annually, depending on the level of malnutrition, the risk of deterioration, and available resources.
6. Continue to screen for acute malnutrition in the community, both to monitor levels of nutrition and identify individuals who need treatment. Community outreach workers should integrate screening in their regular routines.
7. All refugees residing in camps should be able to access programmes for treating moderate and severe acute malnutrition, and individuals who are undernourished should be referred to them.
8. Treatment programmes should follow the principles of community-based management of acute malnutrition (CMAM), according to national treatment guidelines or WHO/UNICEF protocols. Strong links should be established between the different components of CMAM programmes, as well as with health and prevention services.
9. To treat severe acute malnutrition (SAM), inpatient and outpatient services should be made available, wherever possible in collaboration with UNICEF, to secure the supply of products and training. Wherever possible, programmes should support and build on existing health system capacity.

10. To treat moderate acute malnutrition (MAM), outpatient services should be provided; WFP normally provides the food products required. Supplementary feeding programmes may provide wet or dry rations. To tackle malnutrition effectively and identify individuals who are malnourished, it is crucial to inform the community about malnutrition and engage the population in efforts to improve nutrition.
11. During emergencies, infant and young child feeding in Emergencies (IYCF-E) programmes help to save the lives of numerous vulnerable infants and young children, and play a key role in preventing malnutrition and micronutrient deficiencies, even when acute malnutrition is not a general concern. Camp managers should adopt a comprehensive approach to IYCF assistance that protects, promotes and supports exclusive breastfeeding for infants younger than 6 months, and combines appropriate complementary feeding for older infants and children with continued breastfeeding. Community outreach workers and staff in health and nutrition centres should respond quickly to reports that infants younger than 6 months are having difficulty breastfeeding or eating substitute foods. Infants of the same age who are not breastfeeding should be identified and urgently referred to skilled personnel for assessment and action. Set up information and demonstration programmes on child nutrition, and establish baby friendly spaces and community-based support networks in camps.
12. Where the diet of pregnant and lactating women (PLW) lacks nutrients, it may lead to pregnancy complications, maternal mortality, low birth weight infants and lower concentrations of certain nutrients in the breastmilk. PLW should receive complementary food and micronutrient supplements in line with international recommendations. Mothers should be encouraged to exclusively breastfeed their new-born infants, and skilled breastfeeding counselling should be integrated in PLW programmes.
13. Micronutrient deficiencies are mainly prevented through food security programmes. Where a population receives food assistance, a suitable micronutrient-fortified food should be included in the general ration; blanket provision of complementary food for children or other vulnerable groups may be needed. It is also vital to control diseases, notably respiratory infections, measles and parasitic infections like malaria and diarrhoea that deplete micronutrient stores. The provision of water and appropriate sanitation and shelter facilities is essential.
14. Refugees with specific needs who require assistance to access or use nutrition services should be supported and prioritised.
15. Apply an age-gender-diversity perspective and use community based approaches in assessments, response analysis and programme implementation.

8. Key management considerations

UNHCR must ensure that adequate food assistance, programmes to treat acute malnutrition, and infant feeding support are provided to refugees residing in camps. These services are normally provided by NGO partners in collaboration with WFP and UNICEF and the Ministry of Health.

UNHCR should also ensure that the nutrition situation in camps is monitored and reported regularly, using the Basic Indicator Reporting format and other reporting forms in iRHiS, so that partners can respond quickly if the situation changes. The iRHiS team is available to provide remote and direct support. Contact HQHIS@unhcr.org.

Infant feeding programmes in camps must respect UNHCR's standard operating procedure on breastmilk substitutes (BMS). UNHCR actively discourages inappropriate distribution and use of BMS, which are not to be included in general or untargeted distributions, and are only provided to specific

infants after a professional assessment. UNHCR does not accept unsolicited donations of BMS. Inappropriate handling of milk products can negatively affect feeding practices and increase infant morbidity and mortality.

9. Resources and partnerships

Staff

- A trained UNHCR public health officer, with knowledge of nutrition, to coordinate the response.
- An experienced nutritionist from UNHCR to lead the nutrition response in cases of severe under-nutrition, ensuring that refugees are integrated in available national services, or that services are created or improved; an experienced nutritionist from UNHCR or a partner organisation where nutrition features heavily yet is not so severe and where under-nutrition and infant feeding problems are a more minor feature of the response, the UNHCR public health officer will support the partners.
- Community outreach workers provide support in the camp (or surrounding community), and nutrition/health assistants at the nutrition centres, either from UNHCR or a partner organisation.

Partners

- Nutrition partners to implement or support nutrition surveys, screenings, and nutrition programmes may include relevant the ministry of health, NGOs (international or national) and UN agencies such as WFP and UNICEF.
- Establish partnership agreements at field level early on so that interventions can be implemented rapidly.

10. Links

UNHCR SENS website

iRHiS

The Sphere Project

Nutrition Cluster

Need help?

CONTACT UNHCR Public Health Section, Division of Programme Support and Management (DPSM).

At:

hqphn@unhcr.org.

Annexes

- UNHCR, UNHCR policy related to the acceptance, distribution and use of milk products in refugee settings, 2006
- UNHCR, Operational guidance on the use of special nutritional products to reduce micronutrient deficiencies and malnutrition in refugee situations, 2011

Version and document date

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Document date: 06.05.2022

Education in emergencies - Camps

Key points

- Build strong relationships with the Ministry of Education and local education officials.
- Work towards inclusion in national education systems from the start of an emergency.
- Identify barriers to girls' participation in education during assessments and design interventions to support enrolment and retention
- Foster complementarity between the early phase of the education response and child protection
- Consider the educational needs of children and youth of all ages. Include secondary school-aged children and university-aged youth in the education response.

1. Overview

Access to education is a basic right that is also applicable in emergency settings. The Global Compact on Refugees (para. 68) aims to see children and youth return to learning within three months of

displacement. One of the first services requested by refugees and IDPs once their basic needs have been met is for children and youth to have the opportunity to continue their education.

Education provides knowledge and skills that support community resilience, facilitate living with dignity and lay the foundation for future access to meaningful work. Going to school also offers emotional and psychological benefits. In emergencies education activities offer opportunities for refugees to receive information about their rights, available services, disease prevention, safety and physical security (including mine risk awareness) and have access to psychological support services (PSS). This entry explains some of the key steps that should be taken at the start of an emergency to ensure that children and youth have long-term access to education.

2. Protection objectives

- Education provides a protective environment where children and young people acquire knowledge and skills, socialize and have access to wrap-around support services (including health screening, nutrition and counselling)
- Education provides a foundation for future economic activity, meaningful work and addressing generational poverty
- Education supports psycho-social wellbeing by offering hope and a focus on the future
- Girls in education are less likely to marry and have children early
- Children and young people in education are less likely to be engaged in child labour or be at risk of recruitment into armed groups

3. Underlying principles and standards

Terminology:

Non-formal education (NFE) programs are often designed for specific groups of learners such as those who are too old for their grade, whose education has been disrupted or who require additional support to adapt to learning in a new country. Examples include language learning support, catch up classes, and initial literacy and numeracy programs. NFE programs for youth and adults also exist.

Formal education usually makes use of a standard curriculum and typically takes place over 8-12 years. Schools and education institutions are regulated by policies of the Ministry of Education.

Principles:

- Work towards inclusion of displaced children in the national education system from the start of an emergency. This requires close collaboration with and, sometimes, intensive advocacy with national authorities to agree on how best refugee children can receive education that is certified, of high quality and allows refugees to progress from one level of education to the next.
- Support children and youth to return to learning as quickly as possible.
- Consider the educational needs of all age groups, including secondary school age youth and those above 18

- School infrastructure should be safe and accessible to those with disabilities.
- School environments should be free of violence – including gender-based violence – and any attacks on education documented and reported.
- Sex-segregated WASH facilities should be established in schools and be accessible to children with disabilities.
- Support programs (including language learning) that promote enrolment and retention in formal education are an important element of an education in emergencies (EIE) response
- Integrate psychosocial support (PSS) activities in education programs
- Non-formal education programs should be limited in duration and help children and youth to transition to the formal system or prepare for livelihoods-focused skills programs. Accredited accelerated education programs may be of longer duration and operate alongside formal education opportunities.
- Specific barriers to education experienced by girls, adolescent girls and boys and those with disabilities should be explicitly addressed

Standards:

- Where possible the standards for education delivery set by the host government should be applied. However, in emergencies, this may not be possible or practical, particularly in relation to school infrastructure. The Inter-Agency Network for Education in Emergencies (INEE) Minimum Standards for Education in Emergencies provides useful guidelines for the establishment of safe, accessible temporary learning spaces and age-appropriate WASH facilities.
- UNHCR Emergency Handbook entries Energy and Environment -Camps, Wash in Camps, Safe Sites and Camp planning standards (planned settlements) are also applicable.

4. Protection Risks

Lack of access to relevant, quality education opportunities can result in:

- Loss of peer support networks, social isolation, increased need for mental health and psychosocial support (MHPSS) services
- Increased likelihood of early marriage and pregnancy
- Increased risk of child labour and economic exploitation
- Forced recruitment into armed groups
- Exploitative sexual relationships, transactional/ survival sex and GBV
- Irregular onward movement and trafficking
- Long-term social and economic exclusion of the refugee community and heightened rates of poverty

5. Other risks

- The absence of education services may lead to large numbers of children and youth being idle which can increase security risks in camps associated with gang membership, GVB and criminality.
- UNHCR may experience reputation risks if it does not ensure that the right to education is realized.

6. Key decision points

The decisions taken in the early phase of a response can have **long-term implications** for the quality and nature of education provided. Education interventions should be informed by a clear strategy for ensuring **sustained access** to education. Issues such as language of instruction, curriculum, materials, certification and accreditation need to be considered early in a response.

An **education needs assessment** will help to understand the previous education experience of children, the length of disruption to their education, the capacity of local education infrastructure and teacher availability in the refugee community. The Education Cluster's Joint Education Needs Assessment tool can be adapted to refugee contexts. Ensure the education part of the Needs Assessment for Refugee Emergency (NARE) checklist is included in the multi-sector assessment.

Advocacy with government may be necessary if administrative barriers to education must be addressed or significant policy changes are needed.

7. Key steps

1. Familiarize yourself with the **education policy context** in the country of asylum. The Preparedness Package for Refugee Emergencies (PPRE) includes a Preparedness Action Plan-checklist, which provides questions to help understand the policy framework applicable to refugees and the education context of the country of origin. At the same time, learn about the educational context in the country or region from which people have been displaced.
2. Establish a **coordination** structure for the education response. In refugee settings, where possible, UNHCR should lead or co-lead this group. Familiarise yourself with the **potential education partners** in country who can support the response - UNICEF and the Education Cluster, where activated, may be able to provide useful information on education actors.
3. Ensure that the education response is well planned, budgeted and **included in inter-agency appeals**.
4. **Meet with district or local education officials** to discuss the response with them and ensure that they are informed about and supportive of efforts to support education access.
5. Work with site planners to **identify locations** where temporary learning spaces can be established.
 - a. Invest in improving host community infrastructure if refugee children are able to attend host community schools close to camps.
 - b. Allocate sufficient space in camps to allow for the building of more permanent structures that meet the infrastructure standards of the Ministry of Education and include gender-segregated, age-appropriate WASH facilities.
6. Establish **temporary learning spaces** where literacy, numeracy, psychosocial/ recreational activities can take place.

7. Determine whether there are **existing programs** (such as accelerated education programs) or **materials** (books, language learning materials) approved by the national authorities that can be used in the response.
8. Work in close coordination with **child protection** actors to ensure that referral pathways exist between education and protection services. In the initial phase of a response similar activities may be carried out by child protection and education actors – it is important to ensure that any activities supporting learning contribute to the eventual inclusion in national services.
9. Ensure that the **community remains well informed** about education services and decisions regarding curricula and inclusion in the national system. Consult community members and respond to any concerns that they express.
10. Where refugees will be involved in the delivery of education activities, establish a **common framework** for the identification, recruitment, remuneration, conditions of service and code of conduct for **volunteer teachers and education personnel**.
11. Identify **key indicators** against which all education actors will report. Data on education participation should be disaggregated by age, gender, level of education and disability.

Specific considerations for IDP responses

- In IDP responses the coordination of the education response is usually led by the Education Cluster, where activated.
- Education programs and services established during an emergency should form part of the national education system. As far as is practical, host community schools should be supported to include displaced children and youth, with an emphasis on the continuity of learning.
- Protection monitoring and education assessments should identify any administrative or legal barriers limiting access to education.
- If IDPs speak a different language to that used in local schools, additional language support programs may be needed.

8. Key management considerations

UNHCR should play a lead role in establishing the strategic framework for the education response that is aligned with the overall protection and solutions strategy. Core elements of the strategy should be agreed with key actors ahead of an influx or as early as possible in the response. The strategy should also be informed by the work of development actors in the education sector and national priorities. The Regional Bureau and HQ Education team can provide guidance and support as needed.

Once the response is underway, the diversification of education services – including supporting access to higher education – should take place.

9. Resources and partnerships

Staff

- Emergency Response Teams should include an Education Officer responsible for coordination, liaison with the Ministry of Education and organisations supporting the education response, engagement with other sectors (e.g child protection, WASH, site planning) and strategy development.
- Appoint an Education Officer as soon as possible within the response staffing to ensure continuity of the education function.

Partnerships

- Identify focal points in the Ministry of Education at national and local levels.
- Build strong relationships with UNICEF and establish mechanisms for sharing information on response priorities and joint advocacy
- Be aware of and identify possible synergies with development-focused initiatives in the education sector and key donors to education, including the World Bank and the Global Partnership for Education.

Financial resources

- Ensure that education needs are reflected in inter-agency appeals
- Education Cannot Wait, the global fund for education in emergencies, is an important donor partner

10. Links

UNHCR Education Pages

Accelerated Education Working Group

Inter-agency Network for Education in Emergencies (INEE)

Global Education Cluster

Education Cannot Wait

Need help?

CONTACT Contact Senior Education Officers in Regional Bureaus or the Headquarters Education Section (hqeduc@unhcr.org) in the Division of Resilience and Solutions (DRS).

Annexes

- UNHCR Refugee Education 2030, A Strategy for Refugee Education
- UNHCR COVID-19 Refugee Return to Schooling Guidelines, 2020
- ISEEC Report on Improving Coordination, 2020
- UNHCR Cash for Education, Direction and Key Considerations

Version and document date

Version: 2.3

Document date: 06.05.2022

Dealing with critical incidents and trauma (staff)

Key points

- Seek safety and support.
- Be in contact with your family and friends.
- Check symptoms (acute stress reactions).
- Contact the staff welfare section.

1. Overview

A critical incident is a sudden, unexpected and overwhelming event, that is out of the range of expected experiences. You may feel intense fear, helplessness, horror and completely out of control. After such an abnormal event, most people experience reactions that are disturbing and difficult to accept.

Inform yourself about typical responses (acute stress reactions) you can expect in the aftermath of a critical incident, how to develop a 'healthy' response, and when to seek support.

Managers and colleagues should be aware that initial support is critical. How you support and respond to colleagues who have experienced a critical incident may influence the duration and depth of their symptoms.

2. Underlying policies, principles and/or standards

Critical incidents include:

- Accidents (such as traffic accidents).
- Hostage-taking or kidnapping.
- Incidents involving improvised explosive devices (IEDs).
- Natural or man-made catastrophes.
- Physical assaults.
- Rapes and sexual abuse or assaults.
- Armed or terrorist attacks.
- Torture.
- Riots or mob violence.
- Incidents involving mines or explosive remnants of war (ERW).
- War.

Critical incidents trigger an office-wide response.

Management. Ensure that services to persons of concern continue. Encourage staff well-being and team morale. Oversee the overall response.

Security. Save lives. Contain and manage the incident. Prevent others from being affected by it.

Health. Ensure a medical response when staff are physically injured.

Well-being. Help staff and others who are affected to understand and process the psychological impact of the incident.

Administration/human resources. Oversee arrangements for evacuation. Process Appendix D compensation claims and other administrative procedures.

For additional information, refer to UNHCR *Standard Operating Procedures for Supporting following Critical Incidents*, November 2014.

3. Good practice recommendations

It is important to recognize symptoms

Even after a critical event is over, you may experience strong physical and emotional reactions, or emotional aftershocks. These reactions are called acute stress reactions. They may be immediate or appear hours or days later.

Phase of Reaction	Common Types of Reactions	Tips
Normal reactions	Mild reactions. Persons fixate on what happened, are not aware of their surroundings, gag, have a lump in their throat or a heavy	Allow yourself to be overwhelmed

in the first few hours after an event <ul style="list-style-type: none"> • Mainly physical and perceptual. • Related to 'fight or flight' nervous responses. 	<p>feeling in the stomach, feel like crying.</p> <p>Intense reactions. Time warps (moves too fast or too slowly); individuals experience hearing distortions or visual disturbances (see in great detail or have tunnel vision); they have tremors or 'the shakes'.</p>	<p>by your reactions.</p> <p>Remind yourself that your reactions are normal.</p> <p>Do not stay alone. Ask colleagues, friends or family to be with you.</p>
Normal reactions in the first few days after the event <ul style="list-style-type: none"> • Initially numb, you start to feel the impact of the incident as you begin to process it. 	<p>Mild reactions. Heart palpitations, stomach aches, heartburn, changes in bowel function (diarrhoea or constipation), muscle aches, difficulty sleeping (very common), decreased sex drive.</p> <p>Intense reactions. Individuals feel numb, disbelief, function on 'auto-pilot'. They are inattentive, experience memory gaps, lose perspective. They are tense, irritable, feel isolated, feel no one cares or understands, are preoccupied by the event, are highly sensitive.</p>	<p>Get plenty of sleep and rest.</p> <p>If you are able, exercise vigorously. Your body had been on high alert during the incident and needs to get rid of stress hormones.</p> <p>Do not make major decisions. Give yourself time to adjust.</p>

<ul style="list-style-type: none"> • Reactions related to higher levels of stress. 		
<p>Normal reactions 3-7 days after the event</p> <ul style="list-style-type: none"> • Fewer physical reactions; psychologic al and emotional reactions continue. 	<p>Mild reactions. Reactions seem abnormal outside the context of the event. Individuals start to experience harmful impacts on their family and work relationships.</p> <p>Intense reactions. Individuals may have difficulty sleeping. They may have insomnia, or wake up suddenly; they may experience sexual difficulties. They may use alcohol or drugs to cope.</p> <p>Individuals may have flashbacks, nightmares, feel a heightened sense of danger. They may have an increased startle response, and feel anger, blame, or guilt. They may isolate themselves, withdraw from social contact, feel alienated from people, avoid things associated with the incident. They may feel fear or anxiety about the future, feel numb, depressed, out of control, fear the event will recur. Family problems and misunderstandings may increase.</p>	<p>Spend time with trusted family members, friends and colleagues.</p> <p>Tell your story, but only when you want and to whom you want. Wait until the timing feels right for you.</p> <p>Try not to be critical of your behaviour during the incident. You were trying to survive.</p> <p>Resume a routine.</p> <p>Minimize use of alcohol, nicotine, caffeine and other drugs.</p> <p>Practise stress management and relaxation techniques.</p> <p>Take your time. Recovery is a</p>

gradual process.

Reference: International Critical Incident Stress Foundation Inc.

Following the incident, your first reaction may be to want to return as quickly as possible to your home. However, remaining with your team for a few days, if the conditions allow, may give you an opportunity to start working on your traumatic reactions with people who have gone through the same. These few days might help you to feel calmer and more ready to join your family back home. Should you prefer to depart immediately, do establish the contact with the Staff Welfare Officer for the follow up while you are at home.

Self-help

Your reactions may be powerful and unusual, especially in the week after the incident. In the hours immediately following the incident, you will not be able to do anything but will experience acute reactions that are part of your body's survival mechanisms. You should seek comfort and support.

Try as much as possible not to isolate yourself. Spend time with people you trust. You do not have to share your experience if you do not wish. You will share them when it is the right time for you.

You should take as much rest as possible and be gentle with yourself. Give yourself the time to recover. Do not try to force the recovery process.

Get back to your normal routine, because this will help you to structure your day, to contextualize the incident, and minimize anxiety.

It is strongly recommended that you practice stress reduction and relaxation techniques (deep breathing exercises, progressive relaxation, meditation), do physical activities, play music or read.

The importance of support

For individuals who have survived traumatic incidents, the care and support of managers and colleagues can make a very great difference.

How long will symptoms last? When should I seek help?

Symptoms will be evident immediately after a critical event. They will diminish within days or weeks. Most people do not require 'psychological treatment. They work through their reactions by following their usual routines, supported by family and friends.

If symptoms persist for more than a month, it may indicate a stress reaction that could lead to a post-traumatic stress disorder (PTSD). In such cases, it is important to consult a staff welfare officer or a mental health professional.

You should seek help if:

- You feel that you cannot handle your intense feelings or physical sensations.
- The effects which followed the incident are getting worse not better.

- You continue to experience distressing thoughts, or physical or emotional symptoms.
- You continue to have nightmares or your sleep continues to be affected.
- You are using increased amounts of alcohol or drugs.
- Your responses are hurting your relationships with other people.

4. Considerations for practical implementation

Taking care of yourself after a critical incident

- Expect the incident to bother you.
- Expect to feel guilty: be gentle with yourself.
- Remind yourself that your reactions are normal.
- Learn as much as possible about acute stress reaction.
- Get plenty of sleep and rest.
- Spend time with trusted family members, friends and colleagues. Talk with them about the event. Talk about your immediate reactions as the incident was unfolding, particularly your thoughts and feelings.
- As much as possible, try to follow your routines and eat a balanced diet.
- Practice stress management and relaxation techniques, do physical activities, play music, read.
- Attend group debriefings and informational update meetings unless these deeply disturb you.
- Minimize use of alcohol, nicotine, caffeine, other drugs, and sugar.
- Contact staff welfare or visit a mental health professional.

Taking care of others (for managers and colleagues)

- Comfort and console the distressed person.
- Protect him or her from further threats or distress. Protect him or her from the media, onlookers, insensitive colleagues, and emergency workers.
- Meet his or her immediate physical needs and provide practical help.
- Facilitate social support. Provide access to a phone, contact supportive friends and family.
- Listen actively and supportively if he or she wishes to talk about the experience. If he or she does not wish to talk, respect his or her decision.
- Offer access to information, including information about the event. (What happened? Who was affected? How seriously? Where they are now?)
- Try to ground the person. Help him or her to identify specific goals, break tasks down into manageable sub-tasks, encourage a return to routine. At the same time, advise him or her not to undertake a heavy workload, take on demanding tasks, or work long hours, because this will impede the natural healing process.

- Assist him or her to find sources of help and support. Offer access to professional counselling.

5. Links

Headington Institute

Need help?

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Annexes

- Relaxation Techniques for Stress Relief
- Self Care during Deployment
- Stress Symptom Scale
- Stress Management-textbook

Version and document date

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Cash based interventions (CBIs)

Key points

DO

- Analyse the feasibility of cash, and justify the reasons for not using cash.
- Establish SOPs for CBI.
- Agree with partners on a collaborative approach to CBI.
- Establish a multi-functional team to oversee a CBI.
- Involve PoC in all the steps of cash delivery.
- Reach out to CBI experts in house.

DON'T

- Adopt forms of assistance because we have used them in the past.
- Establish cash delivery mechanisms in a silo (separate from partners and government).
- Think that you can deliver cash without sufficient resources and expertise.
- Stop advocating for CBI if the government is not in favour.
- Leave cash delivery to the cash focal point; it is a multi-functional operation.

1. Overview

This Entry provides guidance to field operations when they consider the introduction of cash based interventions (CBIs), including multi-purpose cash grants (MPGs).

A '**cash-based intervention**' is any intervention in which cash or vouchers for goods or services are provided to refugees and other persons of concern (PoC) either as individuals or as representatives of a community.

Note. Cash or vouchers that are provided to governments or other state actors, or to humanitarian workers or service providers, are not CBIs. The terms CBI, 'cash-based transfer' and 'cash transfer programming' are interchangeable.

Multipurpose cash grants (MPGs) are regular or one-off cash transfers to a household that fully or partially cover a set of basic or recovery needs in different sectors (for instance, for shelter, food, education, and livelihood) and support protection and solutions outcomes. By definition, MPGs are unrestricted cash transfers that put beneficiary choice (the prioritisation by beneficiaries of their own needs) at the centre of programming. They are designed to offer refugees and other PoC as much

dignity, flexibility and efficiency as possible commensurate with their needs and capacities.

Assuming the context is appropriate, the steps and tools for implementing CBIs are outlined below.

2. Protection objectives

- To give PoC the right to choose how they meet their basic needs, taking their changing needs into consideration.
- To boost the host economy and so create a better environment for asylum and co-existence.
- To facilitate PoC access to national services.
- To promote a rights-based, community-based and participatory approach.
- To increase refugees' self-reliance, by combining cash and livelihood interventions.
- To help people to be economically active, and thereby achieve financial inclusion.
- To link humanitarian cash programmes to national social safety net programmes, whenever possible. If this cannot be done at the outset, programmes should mirror existing systems in order to facilitate a smooth transition later on.

3. Underlying principles and standards

CBI policy outlines the following lines of action:

- Embed CBI as a corporate priority.
- Proactively consider cash when you evaluate different forms of transfer.
- Exercise leadership; promote coherence and complementarity.
- Maximize partnership by ensuring that all aspects of CBI programmes are joined up.
- Use direct transfer wherever possible to deliver cash assistance to refugees and other PoC.
- Ensure that CBI programmes are subject to appropriate financial controls.

Do a cash feasibility and response analysis

UNHCR multi-functional teams should employ the *Cash feasibility and response analysis toolkit* to decide whether CBI is feasible in a given operation. Use the toolkit after undertaking a needs assessment and if there is evidence that CBI is an appropriate way to address PoC needs.

To establish the feasibility of CBI, analyse the seven key areas outlined below.

Area of analysis	Key questions and main tools
1. Market access and	Are local, regional, and national markets accessible? Can they provide the goods or services that are required? Can they do so at an appropriate price? If demand

capacity	increases following the introduction of a CBI programme, can markets respond ? Main tool. UNHCR, <i>Market Assessment Companion Guide and Toolkit</i> .
2. Protection risks and benefits	What are the protection risks and benefits of using CBIs compared with alternatives? What are the protection implications for individuals, households and communities? How can these risks be mitigated and managed? Main tools. UNHCR, <i>Guide for Protection in Cash-Based Interventions</i> ; and UNHCR, <i>Protection Risk and Benefit Analysis Tool</i> .
3. Financial risks and benefits	What are the potential financial risks and benefits of using CBIs? How can risks be mitigated and managed? Main tool. UNHCR, <i>Template for country-level standard operating procedures (SOPs) for UNHCR cash-based interventions</i> (CBI intranet).
4. Political context	What is the host government's position on providing CBIs to PoC, nationally or locally? What are other CBI actors, including the Government, doing? What is the regulatory environment? Main tool. Best practice is summarised in UNHCR, <i>Cash feasibility and response analysis toolkit</i> .
5. Transfer mechanisms and delivery options	Which organizations provide financial services? What is their coverage and how reliable is the service they provide? How long might it take to contract and establish the required services? What is the regulatory environment? Main tool. UNHCR, <i>Cash Delivery Mechanism Assessment Tool (CDMAT)</i> .
6. Costs and cost-efficiency	What is the cost of delivering CBIs, relative to alternative options? What are the costs of different transfer mechanisms? Main tool. Best practice is summarised in UNHCR, <i>Cash feasibility and response analysis toolkit</i> .
7. Skills and capacity	What skills are available in the operation that will assist delivery of CBI? What level of commitment is there? Consider a range of functions, including information technology (IT) and budgeting and accounting. What additional internal capacity is needed? Main tool. An overview of the steps required to establish a CBI is attached to this Entry.

4. Protection Risks

Protection risks and benefits

Always prepare a protection risk mitigation matrix when you design an assistance programme. It will help you to identify the potential harmful effects and risks of CBIs, who is at risk, how serious the harms might be, how likely they are to occur, and whether the programme's design can mitigate risks (by selecting particular payment, delivery or feedback mechanisms, for example). An example of a protection risk mitigation matrix can be found on the intranet

• Weigh risks against potential benefits; consider alternative forms of transfer if risks cannot be mitigated. Monitor programmes regularly; establish accountability frameworks with effective feedback and response mechanisms.

In summary, when you assess whether a CBI programme is feasible, ask the following key questions to assess protection risks and benefits:

- Are affected communities included as participants in all phases of the programme cycle?
- Will MPG create or exacerbate protection risks or improve benefits for individuals, households and communities?
- Have individuals with different or specific needs and protection risks been consulted?
- Have two-way feedback mechanisms and focal points been established to ensure regular communication?
- Are we working closely with colleagues in protection and other relevant sectors?
- Have we done a gender, age and diversity analysis?
- Does the MPG design take account of complementary activities and services?

For further information on protection risk and benefits analysis, see UNHCR, *Operational Guidance and Toolkit for Multipurpose Cash Grants*, pp. 33-35.

5. Other risks

Other risks and hazards (security, political, reputational, etc.)

During feasibility planning, it is important to assess the financial and operational risks associated with particular methods of transfer and delivery mechanism, including the harms they might cause, and the probability that harm will occur. Use UNHCR's *Risk Mitigation Matrix* to assess risks, identify who is at risk and the possible harms, and set out mitigating measures. Based on this analysis, assess whether the risks are such that a CBI programme cannot be justified or cannot be implemented. Additional risks

that need to be analysed include legal, political and socio-economic risks. An example of a financial risk mitigation matrix can be found on the intranet.

6. Key decision points

The multi-sectoral nature of UNHCR's refugee mandate makes it sensible to use CBIs because they can address a range of needs cost-effectively, during displacement and on return. Before designing and implementing a CBI response, it is essential to:

- Determine whether to use cash, based on a feasibility assessment and analysis.
- Agree collaboration arrangements with partners if cash is feasible. In refugee settings, UNHCR should coordinate a cash approach with sectors and agencies, as well as with the Government and safety net programmes.

UNHCR's *Guidance on Cash-Based Interventions in Displacement Settings* will help teams to analyse whether CBIs are an appropriate way to achieve protection and assistance goals, and to design suitable programmes.

7. Key steps

To implement a CBI in an emergency, take the following steps:

- Establish a multi-functional team (MFT). Include staff who have expertise in cash management and distribution.
- Establish a CBI focal point who can coordinate with counterparts in HQ, with the MFT, and with partners.
- Link with existing coordination systems and partners who are already implementing CBIs (on advocacy, data collection, targeting, delivery of assistance, etc.).
- Do a rapid needs assessment (or similar programme) to guide your programme design.
- Assess the market (for access, availability of goods, prices, etc.).
- Consider political factors, including support for cash and CBI.
- Consider the relative merits of multipurpose cash grants and sectoral cash grants and decide the value of the grants that will be distributed.
- Identify an appropriate financial service provider or partner who is competent to deliver the services you require swiftly and in an appropriate manner.
- Because it is a priority to facilitate the financial inclusion of refugees, seek arrangements that will enable them to open individual bank accounts.
- Develop standard operating procedures (SOPs) that set out in precise terms how the CBI is to be implemented. Make use of technology wherever it will improve efficiency or access.

The table below indicates how a CBI should be designed and implemented in an emergency.

Note. The sub-steps are not always chronological. These activities can and should happen in parallel.

Engage with stakeholders	<p>Identify a CBI focal point.</p> <p>Establish or activate a multi-functionalteam (MFT) or cash task team (CTT).</p> <p>Contact external stakeholders and find out whether a cashworking group (CWG) is active.</p> <p>Assess the skills and capacity of theMFT and partners.</p> <p>Designand conduct a training for (i) UNHCR staff and (ii) partners (if needed).</p>
Assess needs and determine objectives	<p>Identify and analyse existing CBI assessments and reports.</p> <p>Analyse needs.</p> <p>Determine programme objectives.</p>
Analyse options and choose the best combination	<p>Assesspolitical feasibility.</p> <p>Conduct a market analysis.</p> <p>Assess protection risks and benefits, and safety considerations(macro).</p> <p>Assess delivery options. (Include a macrorisk assessment of the financial sector.)</p> <p>Assess cost efficiency.</p> <p>Assess the skills and capacity ofpotential implementing partners and financial service providers.</p> <p>Determine whether t is appropriate to apply conditionalities.</p> <p>Select a form of transfer or a combinationof forms; and a delivery mechanism.</p> <p>Refineobjectives.</p>
Plan, design and implement the response	<p>Develop the programme strategy. Decide how you will targetbeneficiaries, and the value of the cash transfer.</p> <p>Design and test IT solutions.</p> <p>Assess operational and financialrisks and develop a strategy to mitigate them.</p> <p>Assess protection risks and develop a strategy to mitigate them.</p> <p>Develop a communications andinformation strategy for internal and</p>

	external stakeholders.
	Plan the allocation of resources.
	Draft and publicise terms of reference and a request-for-proposals. Select partners (financial service providers or implementing partners) and finalize contracts.
	Determine criteria for selecting retailers who will participate (if appropriate).
	Select a vendor to create or manage vouchers (if required).
	Develop country-specific SOPs that set out administrative and financial procedures.
	Secure approval for the SOPs.
	Train partners.
	Establish financial arrangements and transfer funds.
Monitor, listen, evaluate and learn	Manage the caseload.
	Monitor the distribution of cash or vouchers.
	Make changes to the CBI as necessary.
	Monitor financial reconciliation and service payments.
	Report.
	Review the programme.

8. Key management considerations

- In line with UNHCR's policy on CBIs, operations will systematically and proactively consider the feasibility of using CBIs as the preferred form of transfer in emergencies.
- Decisions to use only in-kind assistance must be based on solid evidence that this option is preferred by beneficiaries, or is a necessary response to the weakness of markets or financial service providers.
- In inter-agency fora, UNHCR should seek proactively to integrate CBIs in emergency responses and accept a coordination role where CBIs are adopted.
- UNHCR should not allow a position to arise in which it loses cash funding because of the food/non-food division of responsibilities with WFP. Where donors push for a single agency model, UNHCR should seek to be the lead agency for multi-purpose cash, including for food and non-food.
- Where it does not use CBIs in an emergency, notably after the first six months, UNHCR must be able to explain why.

9. Resources and partnerships

- UNHCR will cooperate on CBI with host governments, agency partners, PoC, donors, and private sector actors (particularly if they have expertise or comparative advantages in areas critical to the delivery and effectiveness of cash assistance). Use shared mechanisms accessible to all the humanitarian actors in a response. Do not establish parallel delivery systems for CBI unless there is no other option.
- Wherever possible, transfer cash assistance through a financial service provider.
- If they are to function effectively, CBIs must be supported by an active multi-functional team that includes (at minimum) colleagues from supply, finance, programming, and protection, as well as sectoral colleagues. Each has a role to play in the different phases of a CBI: assessment of needs, markets, and financial service providers; analysis of risks; choice of the transfer and delivery mechanism; procurement and contracting; implementation and monitoring.
- Seek support. The CBI Section at HQ stands ready to offer technical advice, deploy CBI experts, provide training, support the procurement process, communicate CBI achievements, and more.

10. Links

Cash Based Interventions for WASH Programmes in Refugee Settings

Cash for Health: Key learnings from a cash for health intervention in Jordan
CaLP/UNHCR, Review of the Common Cash Facility in Jordan

The Greece Cash Alliance, Meeting Basic Needs through a harmonized Partnership System for Cash Assistance

Cash for education – A global review of UNHCR programs in refugee situations

11. Media

Cash card restores dignity for refugees in Greece

Cash Assistance in Jordan

UNHCRLebanon, Cash Helps Syrian Refugee Buy Medicine

UNHCR Niger, Mobile Money gives Malian refugees freedom of choice

UNHCR Rwanda, Cash assistance for returnees

UNHCR Turkey, Cash assistance programme

Cash Learning Partnership (CaLP), Multipurpose Cash Grants

Need help?

CONTACT Contact the CBI Section in UNHCR Headquarters. At: hqcash@unhcr.org

Annexes

- UNHCR, Policy on Cash-Based Interventions
- UNHCR, Strategy for the Institutionalization of Cash-Based Interventions 2016-2020
- UNHCR, Basic needs approach
- UNHCR-WFP Addendum on Cash Assistance to Refugees to the January 2011 MoU

Version and document date

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Document date: 06.05.2022

Video conferencing and live streaming

Key points

- Do not underestimate the power of video!

1. Overview

The dramatic evolution of software technology and transmission media, and the advent of IP and broadband, have made multiple video-based applications possible, including simple transfer of video files, deferred or live streaming of events, webcasts, video-on-demand (VoD), telemedicine and advanced video conferencing techniques.

In fact, numerous powerful and fully mobile video tools for communication and collaboration have emerged in the last decade. Video is typically used for remote meetings and interviews, RSD,

e-learning, webinars, and live coverage. Audio-visual coverage of remote dramatic events is now at the heart of the information machine and, because it is so powerful, video is widely used by humanitarian organizations.

2. When and for what purpose?

UNHCR's video unit frequently uses video techniques (to cover events, transmit interviews with the High Commissioner, transfer UNHCR field footage to media, etc.). DIST currently supports UNHCR's video unit technically and provides connectivity via MSS (mobile satellite systems) and FSS (fixed satellite systems).

During an emergency, it may be necessary to video-communicate with HQ or partners, to hold a discussion, share information, or broadcast (upload/stream).

3. Description and /or specifics

Video communications include three major elements:

- Connectivity (VSAT, MSS, ISP, etc.)
- A video platform
- An operator

Connectivity. In UNHCR, connectivity is provided by an office-based VSAT or fibre internet access, or (when off-site) by a hand-carried MSS (mobile satellite system) such as BGAN. Recent software enhancement makes it possible to bundle two BGANs, increasing speeds (eventually dedicated) to more than 1 Mbps, which is enough to run video conferences of SD (standard definition) quality. It is possible to achieve HD (high definition) video in a field environment, but it remains expensive in terms of bandwidth requirements.

Video platform. This depends on the application required. Typically, video conferencing sessions are transmitted through Cisco Webex Online Meetings, Microsoft Teams, or Cisco Video Conferencing.

4. How to request / implement / seek support?

Request video conferencing capacity from the local IT expert, the Bureau IT Lead, or directly from DIST IT Operations. If first responders need hand-carried video capacity, DIST is responsible for preparing this. (See 'contact and support' below.)

Which conferencing tool do I use, when?

Callers	Tool	Good for	Features	Access
2 to 250	Skype for Business	Audio & video-calling within UNHCR, and with other organisations that also use Skype for Business	Instant Messaging, Audio calling, Video calling, Presenting/ screen-sharing	All users with a UNHCR email address have access to Skype for Business from anywhere with an internet connection.
2 to 5	Skype	Audio and video-calling UNHCR and non-UNHCR participants	Instant Messaging, Audio calling, Video calling, Presenting/ screen-sharing	Skype is not a corporate tool and requires a skype account. It is accessible from anywhere with an internet connection.
2 to 200	Cisco WebEx and CMR	Audio and video-calling UNHCR and non-UNHCR participants. Includes Collaboration Meeting Room (CMR) video-conferencing	Audio calling, Video calling, Presenting/ screen-sharing. Accessible via website, app, desk phones and smart phones (free app)	Participation in meetings is free, however hosting a WebEx Conference has a cost. Request access through the Global Service Desk. It is accessible from anywhere with an internet connection.
2 to 8	Cisco Video Conferencing	Video-calling UNHCR and non-UNHCR participants from video conferencing units	Direct video calling, Multiparty video conference, Presenting/ screen-sharing	Contact Global Service Desk for multiparty video conferencing.
2 to 64	Nortel Bridge	Audio calling UNHCR and non-UNHCR participants	Audio calling	Contact Global Service Desk to set-up an audio conference using a Nortel Bridge.

5. Links

<https://intranet.unhcr.org/en/support-services/ict-operations/ict-services/conferencing.html>

Need help?

CONTACT Contact the Division of Information Systems and Telecommunications (DIST).

- DIST Global Service Desk: hqussd@unhcr.org.
- UNHCR HQ Video Unit: hqvideo@unhcr.org

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Site planning for transit centres

Key points

- Assess the suitability of transit centres and ensure that they meet basic standards.
- Develop a comprehensive plan. It should make provision for assessments, include scenarios, and establish indicators, as well as a schedule of operations from inception of the transit camp to its closure.
- Avoid very large transit centres where possible.
- Take steps to avoid congestion and very high density.
- Coordinate with other sectors and seek technical support when you need it.

1. Overview

Options for accommodating refugees include planned camps, collective centres (public or private buildings), and reception or transit centres.

Transit centres are used as temporary shelters for new arrivals and to provide short-term temporary accommodation for displaced populations pending transfer to a more suitable, safe and longer term settlement. They provide a habitable covered living space, a secure and healthy living environment with privacy and dignity to people of concern for a short period (2-5 days) while they wait for new settlements to be constructed or until shelter can be found in other accommodation or host villages. These facilities can be used at the very onset of an emergency or within the context of a repatriation operation, as a staging point for return.

Transit centres are usually constructed on land allocated by Government. They should provide adequate protection, access to water and sanitation, hygiene, health services, and nutrition, in addition to shelter.

2. Protection objectives

- To provide a safe environment for new arrivals and increase the chances of survival of persons of concern.

- To improve understanding of the nature and scale of refugee movement.
- To better adapt the response to immediate needs by gathering information on refugee origin, security, points of entry, vulnerabilities, gender and age composition, etc.
- To gain greater understanding of the settlement options preferred by persons of concern and host communities.
- To safeguard social rights and ensure the availability of adequate shelter, food, clean water and sanitation.

3. Underlying principles and standards

Universal Declaration of Human Rights, Article 25 (1)

'Everyone has the right to adequate housing'. This principle applies in all stages of the displacement cycle and is relevant to all people of concern, including women, girls, men, and boys. 'Adequate housing' covers security of tenure, availability of services, materials, facilities and infrastructure, as well as affordability, habitability, accessibility, location, and cultural adequacy.

For practical advice on how to set up, coordinate and manage transit centres in a manner that will satisfy minimum standards and uphold the rights of displaced people, see the section below on *Tools, documents and references*.

4. Protection Risks

Transit centres should not be considered for accommodation longer than 5 unless they offer appropriate support, including privacy, independence, and adequate accommodation. It is important to ensure that smoke from stoves or open fires does not pose a health and disease risk. Transit centres may house a high proportion of older persons, single people, and families. A prolonged period of stay is likely to result in stress and tension, possibly leading to depression, social conflict, friction between or within families, conflicts between clans or ethnic groups, and other individual or psychosocial problems.

Persons of concern in transit centres may face a number of other threats:

- Refoulement
- Arbitrary arrest/detention
- Inadequate shelter, inadequate heat, lack of clothing
- Inadequate food or means to prepare it
- Inadequate water supply (quantity and quality)
- Lack of firewood or fuel
- Epidemics and other threats to public health; poor medical facilities
- Political violence
- Physical violence, sexual and gender-based exploitation and violence, including rape

- Domestic violence, abuse and neglect
- Trafficking

5. Other risks

Where transit centres provide temporary accommodation for population en-route to a further location, they can stall due to a lack of capacity to receive populations at the end of their journey.

6. Key decision points

Transit centres are often located in or on the edge of camps to ensure that persons of concern do not have to live in the open on their arrival. They may also be located closer to the border en-route to a camp. They are especially preferred in situations where more than 150 people arrive per day in a steady flow. Local and national authorities are responsible for site selection, which has important consequences.

Transit centres are primarily a life-saving measure. They should be located in a place that is socially and environmentally appropriate and should meet public health norms. Their layout and whether they are located inside or outside camps can significantly influence the safety and well-being of those who stay in them. Other issues that planners should consider include: water (quality, quantity, and access), sanitation, administration and security, food distribution, health, education, community services, and access to income-generating activities.

Particular care must be taken to include persons of concern as the planning phase to reduce the potential for tension and conflict between persons of concern and host populations, and improve settlement and shelter strategies. Persons of concern must be involved as early as possible in decisions that affect them.

7. Key steps

Management

Managers should take steps to:

- Strengthen coordination between stakeholders.
- Identify (within a short time) the most suitable option or combination of options for refugee accommodation.
- Promote good relations between people within the same transit centre.
- Provide protection and security for residents. (For example, risks of sexual violence may be reduced by providing adequate lighting at night.)
- Provide privacy to residents and make sure they are secure and safe. (Personal spaces should be lockable to increase personal safety. Arrangements should be made for safe evacuation in the event of fire.)

- Ensure registration and issue appropriate documentation to persons of concern.
- Protect the human rights of residents and other persons of concern.
- Assess and monitor exposure to risk. Sexual and gender-based violence (SGBV) may increase in transit centres that lack proper monitoring mechanisms.

Site Planning

Managers and staff should:

- Ensure that appropriate locations are selected. Consider security, accessibility, environmental factors, infrastructure, livelihoods, access to basic services, cultural identity, integration, etc.
- Be ready to adapt and maintain transit centres for long term use if necessary.
- Uphold UNHCR's protection mandate and apply UNHCR's Age, Gender and Diversity Approach.
- Ensure that planning minimise the need for subsequent repair and adjustment.
- Ensure that facilities improve the provision of services (ease of use, cost effectiveness).
- Ensure the most efficient use of land, resources and time.
- Maintain health and safety standards on building sites; make clear who has responsibilities in case of accidents; prepare sites (level, mark out, dispose of construction waste, clear vegetation, lay hard surfaces, provide landscaping, drainage, and utilities, etc.); make arrangements for handover .

8. Key management considerations

It is important to support and protect persons of concern, distance them from danger, and provide them with appropriate and durable settlement options. These objectives cannot be achieved without regularly updating information on the size and composition of displaced populations. Because large-scale emergencies are usually unpredictable and happen quickly, managers should take steps to:

- Assess available resources and request resources as required.
- Request support from other local or international implementing partners and organisations.
- Improve field co-ordination and avoid duplication and inefficiency.
- Support low-cost self-settlement options (if possible), such as accommodation in host communities.
- Adopt temporary emergency arrangements when required, while preparing longer term solutions that meet international standards.

9. Resources and partnerships

- Local or central Government authorities (including military officials).
- Community and religious leaders.
- Host communities.

- National and international NGOs.
- IFRC and ICRC.
- Other UN and international organizations.
- National (particularly local language) and international news media.

10. Links

UNHCR, Guidance Note 12, Coordination and Management of camps and other collective settings
The Sphere Handbook 2018

Need help?

CONTACT Contact the Shelter and Settlement Section (SSS), Division of Programme Support and Management (DPSM). At: HQShelter@unhcr.org

Annexes

- UNHCR, Handbook for the Protection of Internally Displaced Persons, Guidance Note 12, Coordination and Management of camps and other collective settings
- UNHCR, Global Strategy for Settlement and Shelter 2014-2018
- IOM, Collective Centres Guidelines, 2010
- UNHCR, Handbook for the Protection of Women and Girls, 2008
- Sphere Handbook (2018)

Version and document date

Version: 2.3

Document date: 06.05.2022

PPRE contingency planning (refugee situations)

Key points

- The contingency plan is not an end in itself. It sets out planning decisions for an emergency response that all partners have agreed to.
- UNHCR should always lead refugee contingency planning, in support of the host government and in collaboration with UN and NGO partners.
- A good contingency plan is easily converted into a response plan and includes budget estimations for the first three months of the response.
- Contingency planning processes must include a review of key priority preparedness actions, including budgetary requirements for urgent preparedness interventions that will lay the ground for future implementation of a plan.

1. Overview

Scenario-based contingency planning for refugee emergencies is a context-specific (non-mandatory) Advanced Preparedness Action (APA) that defines a response strategy. It takes place after a risk analysis has concluded that a refugee emergency has become more likely.

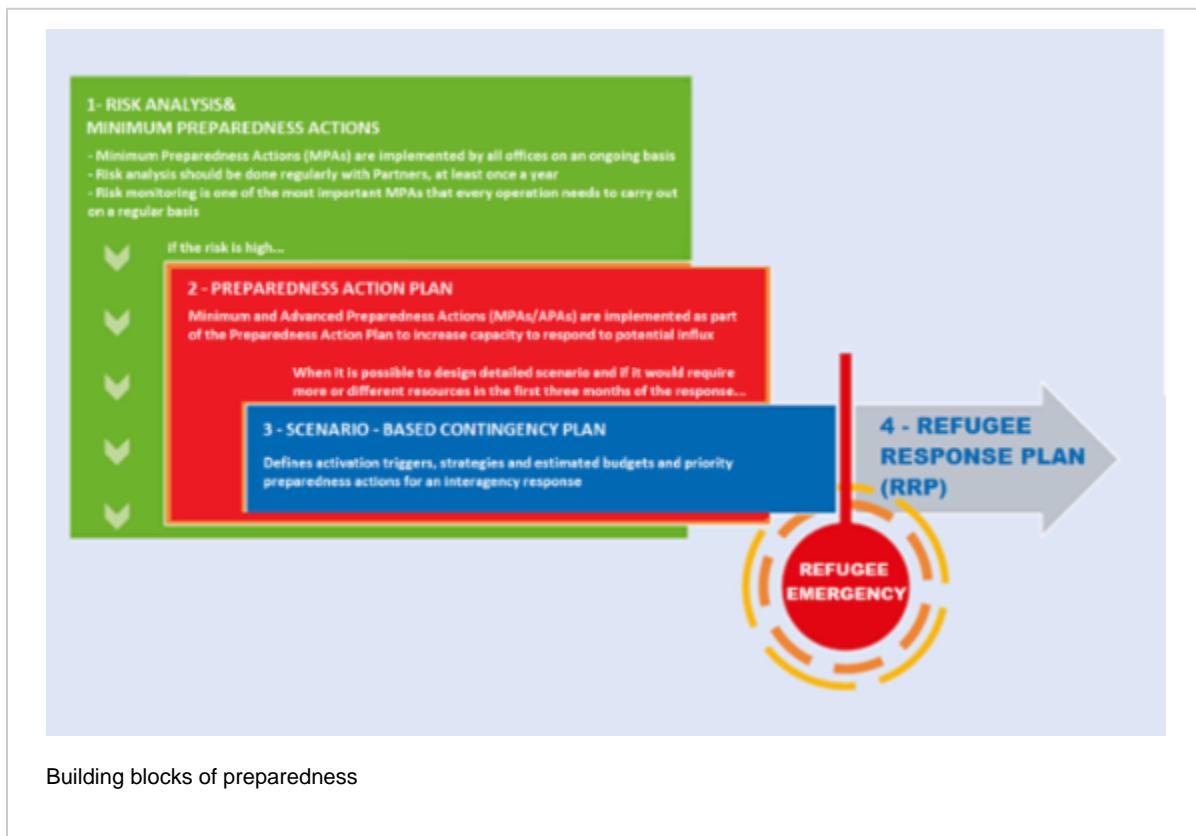
It is defined as 'a concise document that **outlines the interagency response strategy** with actions to be taken, by whom, where, and with what **immediately available resources** during the **initial** emergency response (first 3 months), should a specific risk scenario occur and once pre-identified activating triggers are met'.

2. When and for what purpose

A scenario-based contingency plan:

- Focuses on one very specific risk scenario only. Keep in mind that what matters is to review and implement the Preparedness Action Plan (MPAs /APAs). No planning scenario is perfect, so do not spend too long in debate. Instead, concentrate on the operational consequences for your operation and on response strategies to address those consequences.
- Does not replace other preparedness actions.
- Is a relatively small component of a robust Preparedness Action Plan. It is only one tool among many that can help to save lives by fostering a faster, better prepared response in the first days and weeks of a new emergency.

- Is not an end in itself. It is a record of decisions made during the planning process. It articulates important policy decisions and commitments with regard to future action, and therefore must involve senior decision makers with appropriate authority. Both the process and the product are important.



3. Summary of guidance and/or options

A contingency plan is required if:	It is NOT required if:
<ul style="list-style-type: none"> • The risk ranking exercise shows that risk is high. • It is possible to design a detailed scenario that includes: entry points, geographical areas affected, and realistic population estimates. • A mission has taken place to regions that are likely to be affected, and has identified key partners, local capacities and functioning response networks or mechanisms. • The scenario is predicted to require substantially more (or different) resources in the initial 3 months of an emergency, including establishment of new presences or partnerships in the affected areas. 	<ul style="list-style-type: none"> • The risk ranking exercise determines that risk is medium or low. • The quality of assessment information, capacity to analyse, and confidence in the likelihood of the risk scenario are medium or low. • The risk scenario is an escalation of a current emergency response (implying that partner agencies' roles are already established and coordination structures already exist).

- First steps and commitments for immediate action under the scenario are already known and understood by those responsible.

When elaborating a scenario-based contingency plan, the following considerations are vital:

- **Be practical.** Contingency planning should be practical. It should be based on realistic parameters. Abstract plans are likely to fail and may create a false sense of security.
- **Be flexible.** Contingency planning starts with a scenario that should be sufficiently developed to permit specific planning and preparedness. A scenario should not be over-detailed. Plans should be flexible, recognizing that events will probably not match precisely the assumptions of the scenario.
- **Keep it simple.** Contingency planning should be as simple as possible to do. It should not be a complex task for specialists only; all staff and partners should be able to participate. A realistic plan is one that can be implemented when needed.
- **Give attention to process.** Consult and include. Though written plans are important, a contingency plan based on a poor process is likely to be ineffective, left in the filing cabinet.

Your contingency plan should answer ALL the following questions:

1. What is the current situation in the neighbouring country (potential source of influx) and what scenario will be used for contingency planning?
2. Does the scenario identify entry points and geographical areas affected, and realistically estimate the affected population?
3. What is the expected profile of the population (in terms of age and gender, disability, rural or urban composition, etc)?
4. What number of arrivals (per day/per week) would require substantially more (or different) resources in the initial three months of the response?
5. Organized according to sector, what expected needs will new arrivals have?
6. Organized according to sector, what priority response activities will cover the expected needs in each sector, who will coordinate each sector, who else will respond in each sector, what is the estimated budget of each sectoral response?
7. Is the current operation (all partners involved) ready to implement the activities identified in point 6?
8. If not, what priority preparedness actions need to be implemented? By whom? By when? What additional resources will be required for preparedness?

The response strategy of the contingency plan:

- Refugee protection should be at the core of the response. Start with planning, advocacy and facilitating an open asylum space. The following points should be considered and addressed in the overall response strategy:
 - Access to territory

- Border monitoring.
- Status determination.
- Registration and documentation.
- Freedom of movement.
- Detention issues.
- Adoption of an age, gender and diversity (AGD) approach in all assistance sectors.
- Participatory assessment.
- Community mobilization strategies.
- A strategy for maintaining family unity.
- Child protection.
- The civilian character of asylum.
- Monitoring, preventing and responding to sexual and gender-based violence (SGBV).
- Identifying and assisting persons with specific needs (PWSN).
- The contingency plan should help national authorities to feel comfortable with allowing refugees to enter their territory, by offering UN and NGO support to manage the influx. To the extent that it is possible and appropriate, the response strategy should build on the existing capacity of national authorities, national systems and host communities to provide assistance services.
- If a refugee operation is already present in the country, the strategy should consider adjusting its protection and assistance systems, enabling these to 'switch' to the faster pace required of emergency operations. For example, could household replace individual registration, etc?
- The protection response strategy must include a clear vision for rapid implementation of an emergency refugee registration system that is achievable and appropriate.
- A **refugee shelter and settlement strategy** is also a key component of a protection response strategy. Shelter decisions are particularly hard to reverse. Camps should be considered an option of last resort; look first for alternatives to camps. Consider cultural and socio-economic factors, such as refugees' livelihood patterns. (Are they cattle herders, for instance?)
- **Assistance strategies for camp and non-camp settings differ fundamentally.** In some contexts, the response strategy may need to be two-pronged.
- Depending on the capacity of the host country (for example, available shelter options in the host community) and the pace of the influx, camps may be the only feasible operational option. Where this is so, appropriate locations need to be identified with the host government, as part of the response strategy. Before deciding on any camp location, it is essential to determine whether the site is fit for purpose and sustainable. Such decisions must be based on **field assessments**.

4. How to implement this at field level?

UNHCR will help governments to agree on a comprehensive refugee contingency plan with the involvement of key stakeholders. Partnership is central to a successful contingency planning process.

From the outset, UNHCR planning should involve the host government, and UN and NGO partners in the country, including development actors.

The UNHCR Representative at country level is responsible for initiating and leading timely inter-agency contingency planning. The Representative maintains a strong and constructive relationship with the Resident Coordinator and/or Humanitarian Coordinator, who should be kept informed of actions taken to prepare for a possible refugee influx.

At country level

Country level contingency planning is initiated by the UNHCR Representative, the regional office, or the UNHCR HQ Regional Bureau, depending on the situation.

The best way to kick-start a contingency planning process is to facilitate an interagency workshop. This should aim to: create a shared understanding of the gravity of the risk scenario; mobilize support and firm response commitments (in the event that the scenario occurs); agree priority preparedness actions; and evaluate financial requirements for the initial response.

TIP. Use the guiding tools in the standard template. It includes specific tables that could help do the exercises.

At regional level

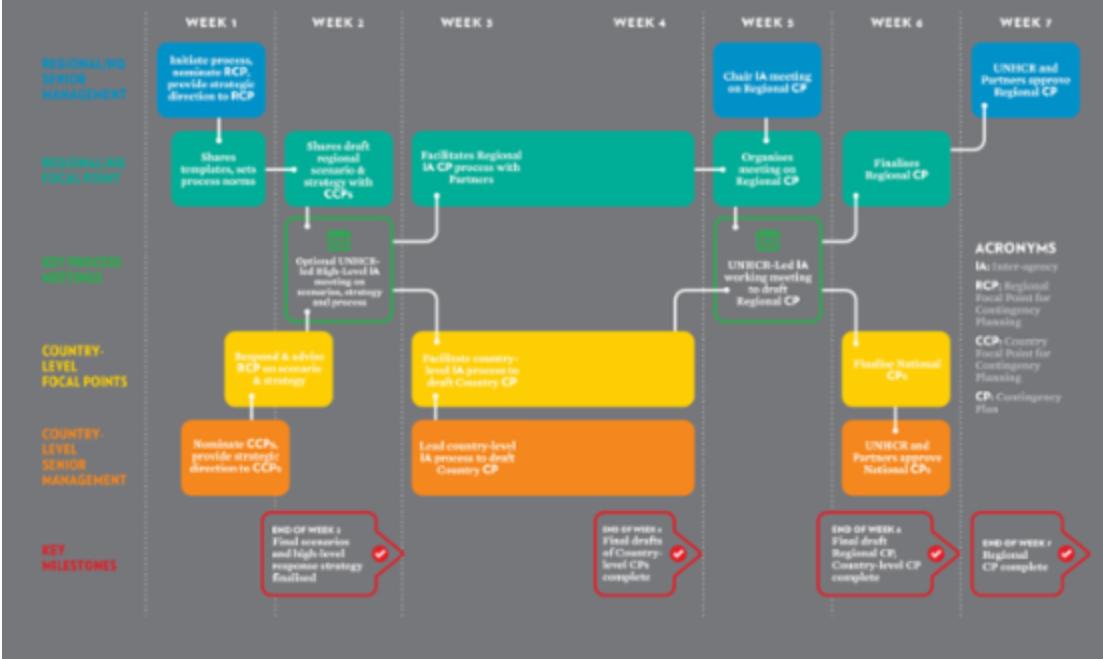
When situations arise that may force refugees to displace to more than one country, operations should enhance their preparedness by coordinating their preparedness strategies with those of other affected countries. These may be consolidated and harmonized at regional level by a regional or situational preparedness support system. However, regional consolidation will always be secondary to the development of effective context-specific national and local preparedness plans. Each country in the affected region is likely to have different dynamics, including but not limited to: forms of government, operational partners, stances on the acceptance of potential refugees, and norms and levels of assistance that can be offered to arriving refugees.

Where no appropriate regional structures exist, or the anticipated emergency is likely to cross regional boundaries, it may be advisable to constitute a light and dedicated-to-purpose system for coordinating national plans.

Key aspects of preparedness that it may be useful to coordinate at regional level include:

- Information sharing, to increase understanding of the risk of refugee outflows.
- Coordination of key messages, including protection advocacy messages.
- The prioritization of risks in the region.
- An efficient international response to emergency logistics needs.
- Normalization of preparedness planning for refugee outflows.

Overview of the Regional CP Process



Overview of the regional CP process

5. Media

High Alert List for Emergency Preparedness (HALEP). Log-in for UNHCR users only

Need help?

CONTACT UNHCR HQ, Division for Emergency Security and Supply (DESS), at:
hqemhand@unhcr.org

Annexes

- TEMPLATE Preparedness Action Plan for refugee emergencies EN (2021)
- Preparedness Package for Refugee Emergencies (2021 version)
- Annex2_ENG_Contingency plan template for interagency response (English)
- Annex2_FR_Modèle du Plan de Contingence des réfugiés (Français)

Version and document date

ERP contingency planning (IASC, IDP situations, natural disasters)

Key points

- ERP contingency planning and ERP Advanced Preparedness Actions (APAs) are inter-agency tools designed to achieve a state of emergency readiness for non-refugee emergencies.
- Their implementation is triggered and led by the RC or HC in the country concerned, with the participation of UNCT or HCT members.
- In the case of an anticipated refugee crisis, UNHCR leads inter-agency contingency planning, and the PPRE contingency planning guidance applies.
- Contingency planning must be implemented when the risk level is 'medium' or higher.
- Throughout the planning process, specific preparedness actions or issues requiring follow-up should be identified and recorded.
- The contingency plan document is not an end in itself; the consultative and inclusive process with all partners is as important. It captures the decisions taken by partners during the planning process.

1. Overview

Note. This guidance forms part of the Emergency Response Preparedness (ERP) approach. In its current form, it reflects the "BETA" version of the ERP, which the Inter-Agency Standing Committee (IASC) Task Team on Preparedness and Resilience released for field testing in 2015. The final version of the ERP may look different, once released.

"Contingency planning is a process, in anticipation of potential crises, of developing strategies, arrangements and procedures to address the humanitarian needs of those adversely affected by crises" (Richard Choularton, *Contingency Planning and Humanitarian Action: A Review of Practice*, HPN

Network Paper No. 59, March 2007). A contingency plan (CP) sets out the initial response strategy and operational plan to meet critical humanitarian needs during the first three to four weeks of an emergency. It reflects the decisions taken by all partners involved in the planning process. If the emergency occurs, it should seamlessly transform into a Preliminary Response Plan (PRP), as foreseen by the IASC's Humanitarian Programme Cycle.

The ERP contingency planning process, usually led by the Resident Coordinator (RC) or Humanitarian Coordinator (HC) at country level, is primarily applicable to inter-agency preparedness for natural disasters and internal displacement (IDP) situations.

For potential refugee crises (where the identified emergency risk specifically relates to the possibility of a refugee emergency), the Preparedness Package for Refugee Emergencies (PPRE), which uses the same approach as the ERP, should be used as a toolkit and for guidance. The PPRE contingency planning guidance is specifically tailored to refugee crises. The UNHCR Representative in the country always leads inter-agency contingency planning for refugee situations, in support of the host Government.

Key principles of contingency planning

- Contingency planning should be simple and easy to carry out. The task should not be confined to specialists: all staff likely to be involved in the response should participate. Ownership and understanding are essential when it comes operationalizing a response.
- The contingency plan needs to be specific rather than generic. It is important to link the plan to risk analysis and monitoring, so that the plan is framed on the basis of specific information.
- Contingency plans should use resources efficiently, effectively and equitably to meet humanitarian needs appropriately.
- Contingency planning should be process-driven. Although written plans are important, in the absence of a sound process contingency planning may simply be ignored and end up shelved or filed away unused. The document itself is not the most important. It is the record of a decision-making process undertaken ahead of time that answers questions and assigns accountability.
- Contingency planning should be realistic. A realistic understanding of response capacity is essential for a realistic plan. In many contingency plans, it is assumed that sufficient response capacity exists or that it can swiftly be put in place. However, insufficient effort is made to determine what this entails. As a result, contingency plans can give the impression that a crisis can be managed when it is likely to far outstrip the response capacity that is available.



2. Purpose and relevance for emergency operations

The IASC system adopts a forward looking 'no regrets' approach to ERP advanced preparedness actions (APAs) and contingency planning, especially when risk thresholds (identified by risk analysis) have been reached. When a risk is categorized as "medium" or higher (a risk ranking score of 8 or more), ERP APAs and contingency planning must be undertaken. See *ERP risk analysis and monitoring*.

The objectives of a contingency plan are:

- To foster a common understanding among all partners involved of the anticipated scope of the emergency, possible humanitarian needs, and the nature and scope of the planned operational response.
- To explain clearly the sector/cluster response strategy for addressing the imminent needs of the affected population in the first weeks of an emergency.
- To identify specific challenges and gaps in the potential response.
- To communicate anticipated funding requirements.

To support prompt drafting of a Preliminary Response Plan (PRP) if an emergency occurs.

3. Underlying process – how does this work?

The triggering and implementation of ERP contingency planning should be led by the RC or HC, with the participation of members of the UN Country Team (UNCT) or Humanitarian Country Team (HCT). Where the risk level remains 'medium' or 'high' for a longer period, or the hazard that instigated the

response worsens, it is recommended that contingency plans should be regularly reviewed.

Step 1. ERP Advanced Preparedness Actions (see *ERP Advanced Preparedness Actions*)

Step 2. Developing a contingency plan

The UNCT or HCT should establish a work plan and timeline for development of the plan. Accountability and deadlines for completing various sections of the plan should be agreed and assigned. Given that the UNCT or HCT, under the leadership of the RC or HC, has overall responsibility for the contingency plan, regular consultation should take place and actions should be guided.

Step 3. Addressing preparedness gaps

Preparedness gaps that are identified during the planning process should be addressed. Again this should be undertaken in a systematic manner and accountability and deadlines should be agreed and assigned.

Step 4. Testing the contingency plan

A schedule for regular testing and reviewing of the plan should be agreed. It should be linked to risk monitoring. Tools such as simulations should be used to test the plan.

ERP contingency plan structure. (See also the attached ERP contingency plan template)

(a) **Situation and risk analysis (including gender analysis).** This section provides a summary of what is likely to happen, its likely impact, and the capacity to respond. It also contains the main planning assumptions used to develop the contingency plan.

(b) **Response strategy.** This section outlines what the plan hopes to achieve. Based on the situation and risk analysis, a response strategy is developed. The response strategy contains two main elements. First, objectives are set based on information from the risk analysis. Second, a response or interventions are developed to meet these objectives

(c) **Operational delivery.** While the response strategy defines objectives, this section defines how they will be achieved. Operational delivery defines appropriate interventions and how they will be implemented (for example, by using local NGOs in partnership with local government to distribute relief items), and the steps required (logistics and needs assessments, etc.). This section is presented in the form of **cluster summary plans**, which include an overview of the operational actions needed to meet cluster/sector objectives.

(d) **Coordination and management arrangements.** This section sets out the coordination and management structures that are needed to support the response.

(e) **Operational support arrangements** (common assessment/information management/ response monitoring). This section sets out arrangements for supporting operations. The specific need for operational support will become clear as a CP is developed.

(f) **Preparedness gaps and actions.** This section outlines the preparedness gaps identified during the planning process. Gaps identified should be reviewed and prioritized and responsibilities and timelines

for actions to address the gaps should be assigned.

(g) **Funding requirements.** This section should contain two budgets: an indicative budget for the planned response; and a budget for preparedness actions. Preparing indicative budgets has several benefits. First, it gives both HQ and donors a clear indication of what support is likely to be required and the likely scale of the response being planned. Second, it ensures that, if a response is required, time is not lost issuing budgeted response plans.

Maintenance

The contingency planning process does not end with production of a CP. The plan must be reviewed and updated regularly. It is particularly important to review the plan thoroughly when a change in the situation is signalled by risk monitoring, or when the institutional environment alters (following a significant change in membership or leadership of the HCT, for example). Ongoing involvement in CP follow up should be included in the work plans of participating organizations and individuals.

Simple **simulation exercises** are valuable. They familiarize those who will take part in a humanitarian response with the coordination and response mechanisms envisaged in the plan. They also help to test planning assumptions and response systems. Simulations may be used as part of a regular schedule for reviewing and updating the contingency plan.

4. UNHCR's role and accountabilities

As a member of the UNCT and HCT, UNHCR participates in ERP contingency planning for natural disaster and IDP situations, led by the RC or HC in the country. UNHCR may also lead the development of cluster plans, if the clusters it leads (Protection, Shelter, Camp Coordination and Camp Management) are foreseen by the CP in question and UNHCR's leadership is appropriate. (In natural disaster situations, IFRC leads shelter cluster activities, and IOM CCCM activities.) A Protection Cluster plan should always be included in ERP contingency plans.

ERP is primarily applicable to inter-agency preparedness for natural disasters and internal displacement (IDP) situations. For potential refugee crises (where the identified emergency risk specifically relates to the possibility of a refugee emergency), UNHCR leads preparedness efforts with partners and the Preparedness Package for Refugee Emergencies (PPRE), which uses the same approach as the ERP, should be used as a toolkit and for guidance. The PPRE includes specific guidance for inter-agency contingency planning in refugee crises.

5. Links

Humanitarian Response Info – Preparedness

Need help?

CONTACT UNHCR Division for Emergency Security and Supply (DESS), Emergency Services. At: hqemhand@unhcr.org.

Annexes

- Emergency Response Preparedness July 2015
- ERP Annex X - contingency plan template (draft)

Version and document date

Version: 2.3

Document date: 06.05.2022

Business Continuity Planning

Key points

- BCP is an essential planning tool that reduces operational uncertainty and risk. UNHCR expects Representatives to prepare BCPs before an emergency starts, especially where the security situation is volatile.
- The process of preparing a BCP can be as important as the BCP itself because it makes staff conscious of how to respond in an emergency. Involve partners, persons of concern, and different functional units: they should actively contribute when BCPs are drafted.
- Test the plan, or elements of it, before full scale implementation.

1. Overview

UNHCR documents speak of 'Business Continuity Plans' (BCPs), 'Business Continuity Resilience Planning' (BCRP), and 'Continuity of Operations Planning' (COOP). In this Handbook, 'business continuity planning' covers all three. It refers to the preparation of plans and related management processes that enable UNHCR to maintain critical processes (for the delivery of essential services or products) after a disruptive event. A BCP is a roadmap that enables an operation to continue in adverse conditions (for example, after disruption due to natural or man-made hazards). A Business Continuity Plan (BCP) is a plan for how an office will **continue its most critical functions in the event of a disruption, be it natural, manmade or medical.**

Business Continuity Planning is one of the eight critical components of the Organizational Resilience Management System (ORM), a UN-wide comprehensive system to "*improve the capacity of UN Agencies, Funds, programmes and Organizations to effectively manage the risks of disruptive events*", by ensuring "*health, safety and security and well-being of personnel*", and maintaining "*the continuity of critical processes and capacity to implement mandates and programmes*".

A Business continuity plan must address the threats most likely to affect the functioning of a UNHCR office. Threats of highest impact are typically identified in the corporate risk register completed by all UNHCR operations and in Security Risk Management (SRM) documents developed at country level. All scenarios that could affect any aspect of UNHCR operations (e.g. programmes, human resources, infrastructure, information technology, telecommunications) should be considered, including both internal and external, safety and security incidents (e.g. fires, floods, earthquakes, conflicts, civil unrest, mass protests).

The ultimate aim of Business Continuity Planning is to address the threats to ensure UNHCR objectives (i.e. the protection and assistance to Persons of Concern) can be achieved, when due to exceptional circumstances, such as office closure or damage, relocation or evacuation of staff for security reasons the achievement of the objectives are at stake. Another example is the disruption of UNHCR work during COVID-19, when staff is forced to work from home or multiple staff members are sick.

Business Continuity Planning increases UNHCR resilience in the face of potential disruptions to the agency's ability to operate during crises and emergencies. Business Continuity plans cover all UNHCR offices and staff.

The main objectives of UNHCR's Business Continuity Plans are to:

- Ensure the safety of UNHCR staff, premises and assets.
- Maintain critical UNHCR programmes and operations.
- Ensure UNHCR is able to deliver a swift and effective response during periods of crises.

UNHCR's ability to respond swiftly in a crisis, maintaining critical operations or restoring them as soon as possible, is key to maintaining credibility in the eyes of partners and stakeholders. Business continuity plans bring together all procedures, measures, information, assets and tools necessary for each UNHCR office to achieve the above objectives.

2. Underlying policies, principles and/or standards

UN Policy on the Organizational Resilience Management System (ORMS), CEB/2014/HLCM/17/Rev.1, 2021
Policy for Enterprise Risk Management in UNHCR, HCP/2020/2

3. Good practice recommendations

The following steps are essential when developing an effective BCP.

One: Assemble a business continuity planning team. A multi-disciplinary team coordinates business continuity planning activities before and after a BCP has been activated. Before activation, it develops and updates the BCP, and leads related exercises and training. Led by the Representative or Head of Office, the team should include representatives from the following departments *inter alia*:

- Security.
- Programme.
- Protection and essential services to Persons of Concern
- Finance/Administration / human resources.
- Supply.
- Information Technology.
- Communications.

Members should be experienced international and national staff members who have the capacity to implement critical programme and protection activities through a disruption.

Two: Identify critical processes. Critical functions, processes and services that need to be maintained during periods of crisis must be identified beforehand. Which programme activities must be continued to fulfil UNHCR's overall mission? The office should consider the criticality of each programme and activity for which it is responsible under the Operations Plan (OP). In high risk situations, the UN Country Team (UNCT) may conduct a Programme Criticality

(PC) exercise to determine which programme activities will be prioritized following a serious disruption, and how each will be sustained. [See the Entry on Programme Criticality.]

Identification of critical operations should be based on criteria including:

- Maintenance of essential protection, wellbeing and other services to refugees.
- Critical liaison with the national and local authorities, national commission for refugees, host government and other partners, UN or else.
- Enabling and support functions such as supply, logistics, communications and security.

In high to very high security risk countries, pre-identification of some critical activities and

programmes may have been conducted through joint UN programme criticality assessments. In other settings, it is recommended that a similar methodology be applied to pre-identify and agree on critical services.

As well as listing critical functions, the Business Continuity Plan should provide information on:

- The minimum number of qualified staff required to continue the critical programmes/activities, and their roles and responsibilities. This staff needs to be identified, briefed or trained beforehand on the functions they will perform.
- The minimum resources, including funds and assets, needed to accomplish these functions, such as office, alternative meeting room space and/or ability to work from home, information technology materials, communications systems, vehicles. These resources should be identified beforehand and clearly listed in the BCP.
- The addresses of back-up locations and description of available facilities (workstations, IT, communications equipment, etc.). Additionally, a list of assets that need to be transferred to the back-up location should be provided;
- Pre-arrangements and memorandums of understanding (MOUs) with identified partners or private sector to facilitate UNHCR's rapid access to additional assets, tools and spaces necessary to implement the BCP (office space in UN Agencies, Funds, Programmes and Organizations, or in hotels, additional transport and accommodation, internet connectivity solutions, etc.).

Finally, these should be identified as being either:

- Critical and need to be maintained in the location (at office or alternate location, or residence).
- Critical and can be relocated or performed remotely, be it in the country or abroad.

In the case of SARS-CoV-2 (or COVID-19), operations will also focus on the ability of staff members fulfilling critical functions to perform these tasks from home as teleworking may become a recommended measure.

Personnel. Following a serious disruption, international staff may need to be moved out of the area. A National Staff Plan should determine which staff are vital to the delivery of each essential programme activity. A National Staff Plan should:

- Designate a senior national staff member to take overall charge.
- Take measures to protect the safety and security of national staff.
- Make arrangements for payment of salaries and expenses.
- Determine how logistical support requirements will be met.
- Establish communication protocols and related equipment requirements.

Facilities. Does the activity require facilities (offices, staff accommodation, warehouses, etc.)? Plan alternative facilities or work modalities. Consider a variety of options.

Logistics and suppliers. What transport and equipment does the activity require? Make plans for

emergency sourcing, pre-positioning and take other steps to meet key supply needs.

Partners. Does the activity rely on partners or other actors? In the event of a serious disruption, are they likely to be in a position to continue their work or to carry out activities implemented by UNHCR? Planning assumptions should be checked with partners and other actors.

Communications. What systems and equipment does the activity require? Consider this question alongside plans for alternative work locations and methods.

Information Technology (IT). What systems, services, data and equipment does the activity require? Note that BCPs are separate from, though related to IT Disaster Recovery Plans and Major Incident Management Processes.

Note: While BCPs are separate from other plans such as Security Plan, Critical Incident Management

Plan, IT Disaster Recovery Plan, Mass Casualty Incident Response Plan, Emergency Communications Plan, Medical Evacuation

Plan, etc; It is important to ensure all these plans are harmonized and compatible.

Three: Conduct an impact analysis. When critical processes are disrupted, what will be the effect on programme activities? Estimate effects over time (hours, days, months, etc.) and use the information to prioritize your response actions.

Four: Identify critical process alternatives. If processes critical to the performance of an activity are disrupted, what alternatives are available? For every critical process, identify at least one viable alternative.

4. Considerations for practical implementation

The Division of Emergency, Security and Supply (DESS), in collaboration with the Enterprise Risk Management team (ERM), the Division of Financial and Administrative Management (DFAM) and the Division of Information Systems and Telecommunications (DIST), has developed and launched an online BCP Power Application

in 2020 to facilitate mandatory Business Continuity Planning (BCP) at all field levels. All Country Operations, Multi-Country Offices and Regional Bureaus are requested to update their Business Continuity Plans, at least annually, using the new tool. This online tool simplifies Business Continuity Planning and offers a more user-friendly interface to enter, edit and view data, and supports management analysis and oversight. Managers will be able to more readily review existing critical tasks, how and to whom critical tasks have been assigned and enter additional information related to emergency, security and records management.

As with previous efforts to update and centralize Business Continuity Plans, each operation is to designate a BCP focal point. Regional teams with whom this tool is shared today can now provide user rights to these country focal points in order to allow access. Users of the Power App will thus be granted specific access profiles to allow the fulfilment of their respective tasks and update existing BCPs developed under a different modality in May 2020. Likewise, as was done previously, each Regional

Bureau should identify a multifunctional BCP team to review country submissions and provide feedback on entries and inform HQ about compliance at the regional level.

5. Resources and partnerships

- Business continuity planning should be done by a multidisciplinary BCP Team including representatives from operational sections, security, administration, programmes, protection, ICT, and supply. The senior manager in the operation must be familiar with and must ultimately approve the BCP.
- Partners include appropriate counterparts in the host government and other humanitarian or development agencies, local community leaders, and programme beneficiaries. When partners business are involved in BCP and BCP training, it can enrich the process, generate insights and a better understanding of security problems, and raise the quality of BCP to everyone's benefit.

Performance Indicators

- Plan available (harmonized with other internal and UN-wide plans)
- Coordinated structure established (includes all relevant entities)
- Joint risk register including protection, programme, security, medical and BC risks is available
- Regular maintenance, exercise and review

6. Links

BCP Power App

Need help?

CONTACT Access to the BCP Power App

is to be requested to the Regional Multi-functional Teams or to the Field Security Service at HQFS00@unhcr.org with "BCP Access Request" in the title of the email.

Annexes

- Policy for Enterprise Risk Management in UNHCR, HCP 2020 2

Version and document date

External UNHCR updates and fact sheets

Key points

- In refugee emergency operations, where UNHCR leads the inter-agency response, field operations should produce Inter-Agency Operational Updates and UNHCR-specific updates.
- The first operational updates should be issued within one-two weeks from the declaration of an emergency.
- The appropriate templates should be used without making changes to the structure or visual appearance of the templates (colour, style, logos, Word styles, etc.), except for UNHCR generic and thematic update templates.
- Write in a concise and precise manner; focus on quantifiable information; include specific achievements and highlight the impact of UNHCR's and partners' activities on populations of concern.

1. Overview

UNHCR has established standard templates for external update documents that field operations and regional bureaux produce to provide operational information on the work of UNHCR and partners in a given country or region.

These templates should be used to report on the operational context, identified needs, activities undertaken, number of people assisted, achievements and impact, challenges and funding situation.



KEY FIGURES

XO

XXX

Households provided with cash grants

XOO

10

Total survivors cases w/o

200

People provided with legal
counselling

FUNDING

USD 100

Required for the operation



PRIORITIES

- Operational priority 1 in the coming weeks
 - Operational priority 2 in the coming weeks
 - Operational priority 3 in the coming weeks
 - Operational priority 4 in the coming weeks

COUNTRY NAME

UNHCR OPERATIONAL UPDATE

DD - DD Month YYYY

HIGHLIGHTS

- Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna.
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SOUTH SUDAN SITUATION



Figure 4 shows that health-care providers in Bhopal, PLD-Bhopal, and Bhopal Health Society, Bhopal, India.

Population of concern

A total of **XX** species of mammals



KEY FIGURES

XXX
identified unaccompanied minors

XXX
Households provided with cash grants in year XXX

XXX
NFIs distributed since January

XXX
Shelters distributed since January

XXX
SGBV cases treated since January

XXX
people provided with legal counselling

FUNDING

USD XXX
requested for the operation



COUNTRY NAME FACTSHEET

DD – DD Month YYYY

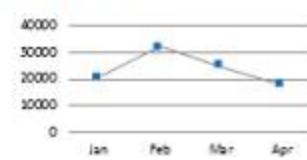


POPULATION OF CONCERN

By country of origin

Country	Total PoC
Country 1	XXX
Country 2	XXX
Country 3	XXX
Total	XXXXXX

Monthly new arrivals in YYYY



UNHCR PRESENCE

Staff:

XX national staff
XX international staff

Offices:

XX offices located in:
XX, XX, XX, XX



WORKING WITH PARTNERS

- Describe in a few words UNHCR's involvement in coordination mechanisms, including in sector groups, working groups and clusters.

1

null


UNHCR
 The UN
 Refugee Agency

KEY FIGURES

XXX
Unaccompanied minors assisted by UNHCR

XXX
Households provided with cash grants in operation 2

XXX
Total WFPs distributed in operation 1 since XX

XXX
Total shelters distributed since XX

XXX
TOTAL SOBV survivor cases who have received support in operation 3

XXX
People provided with legal counselling

FUNDING

USD XXX
requested for the situation



Gaps 79% Funded 21%

PRIORITIES

- Operational priority 1 in the coming weeks
- Operational priority 2 in the coming weeks
- Operational priority 3 in the coming weeks

SITUATION NAME

UNHCR REGIONAL UPDATE

DD – DD Month YYYY

HIGHLIGHTS

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Population of concern for the situation

A total of **XX** people of concern

Category	Population
Refugees in operation 1	500,000
Refugees in operation 2	300,000
IDPs in operation 3	20,000

null

2. When and for what purpose

The most important external updates in the initial stages of an emergency operation are:

- Inter-agency operational update; to be issued when UNHCR leads an inter-agency refugee response.
- UNHCR Operational Update: to be issued for UNHCR's programme.

Emergency operations should start issuing **external operational updates** as soon as possible following the declaration of an emergency (in principle within one-two weeks). They should then be produced on a weekly basis during an emergency's early stages.

The purpose of the external update documents is to inform external audiences, notably donors and other agencies, about the response of UNHCR and partners to a given emergency.

The updates are circulated with Permanent Missions in Geneva and donor capitals and are posted on *Globa Focus website*, *refworld.org* and *UNHCR.org*.

It is important to use the standard templates to ensure harmonized visual identity and content of external documents across the organization.

3. How to use the template?

UNHCR employs **seven** external update templates. The updates can be focused on a specific operation or report on several operations in a region affected by a common emergency. They can report on the broader inter-agency refugee response led by UNHCR, or on UNHCR's operations only.

The templates contain instructions on the information expected in each section. Prior to dissemination the updates should be reviewed by the responsible Regional Bureau and DRRM's Regional Focal Point.

Inter-Agency Operational Update

This template should be used to report on inter-agency activities in a single refugee operation (e.g. inter-agency activities in Lebanon). These updates should contain developments related to all partners engaged in the response: UN agencies, NGOs, governmental agencies, etc.

Inter-Agency Regional Operational Update

This template should be used to report on inter-agency activities for a given regional emergency operation (e.g. inter-agency response to the Syria refugee situation). These updates should contain developments related to all partners engaged in the response: UN agencies, NGOs, governmental agencies, etc.

UNHCR Operational Update

This template should be used for reporting on UNHCR's programme in a specific operation (e.g. UNHCR operation in Burkina Faso).

UNHCR Regional Operational Update

This template should be used for reporting on UNHCR's activities in several operations affected by a common crisis (e.g. UNHCR's response to the Mali situation in Burkina Faso, Mali, Mauritania and Niger) or in several operations that fall within the same region (e.g. West Africa).

UNHCR Fact Sheet Fact sheets are produced by field operations to provide an overview of the operation for external audiences.

UNHCR Thematic Update

Field operations and regional bureaux may produce thematic updates on specific sectors or projects they want to highlight. These updates can refer to activities undertaken in one or several operations (e.g. cross-border activities, education programmes).

UNHCR Generic Update For other briefing documents that provide an update on an operation or a specific activity that do not fall under one of the above categories, UNHCR generic update template should be used.

4. Links

Online most up-to-date templates and instructions

Need help?

CONTACT

- For information on use of external update templates, contact the Donor Relations and Resource Mobilization Service (DRRM) at the Division of External Relations (DER): hqfr00@unhcr.org.
- For information on funding, contact the DRRM's Regional Donor Focal Point at DRRM responsible for your region. The list of focal points is available on Intranet.
- For mapping information and questions relating to population data, contact the Division of Programme Support and Management, Field Information and Coordination Support Section: HQIM@unhcr.org.

Annexes

- UNHCR, Operational Update Template
- UNHCR, Regional Update Template
- UNHCR, Fact Sheet Template
- UNHCR, Thematic Update Template
- UNHCR, Generic Update Template
- Inter Agency Operational Update Template
- Inter-Agency Regional Update Template

Version and document date

Version: 2.0

Document date: 06.05.2022

Settlement in rural areas

Key points

- Attention should be given to laws and regulations governing the use of environmental impact assessments prior to the design and planning of the settlement and shelter programme.
- No one option is ideal. Settlement planning is context specific.
- A sound settlement strategy may combine several settlement options.
- Assess available natural resources and the absorption capacity of hosting areas.
- Ensure that needs assessments evaluate the logistics infrastructure, storage capacity, the availability of construction materials, and the feasibility of setting up supply chains into affected areas.

Environmental considerations must be integrated into physical planning and shelter programmes from the start of an emergency. The location and layout of camps, provisions for emergency shelter, and the use of local resources for construction and fuel, can have significant impacts on the environment.

1. Overview

A human settlement derives from the structured landscape of a territory. It takes into consideration spatial allocation of functions while maintaining equilibrium between the needs of the population, the availability and allocation of resources, economic dynamics, the amelioration of living conditions, the provision of services and enhancing transportation networks, as well as recreational spaces. A settlement must address the needs of the community at large and be designed with the active involvement of persons of concerns, partners, and all sectors.

Settlement refers to the physical spaces and environments in which households are sheltered, and how one shelter relates to others. The term is generally used in the context of displaced populations to describe the temporary or sometimes permanent living arrangements of displaced families. In this context settlements can range from planned camps to dispersed accommodation in host villages/neighbourhoods, collective centres, and spontaneous camps, etc.

A rural settlement is where displaced populations settle on land outside of cities and towns. The population is often dependent on agricultural and pastoral practices, and has fewer community infrastructure systems than in urban settlements. Rural contexts are defined by population thresholds that differ internationally.

This section looks at common rural settlement options and the development of settlement strategies. These require analysis that should be undertaken during the preparedness phase, in which settlement options are identified in collaboration with stakeholders.

Options should be adapted to capacity and available resources. Prior to determining suitable options, ensure that the following information is available:

- Spatial analysis that describe the availability, uses, and suitability of land.
- Evaluation of the absorption capacity of hosting areas and the extent of natural resources.
- Sources of water and their potentially sustainable yield.
- Market assessments, including infrastructure, logistical resources, storage capacity, the availability of construction materials, and the feasibility of setting up supply chains into affected areas.

The most common rural settlement options are host villages and 'camp-like' settings.

Host villages

In host villages, displaced people live with and amongst local households, on land or in properties that local people own. Hosts may be relatives, distant family members, friends or acquaintances, or people previously unknown to those who have been displaced.

Dispersed self-settlement without legal status

Persons of concern may settle in scattered locations across large areas, on land or buildings which they have no approval to occupy. In this form of settlement the displaced population has no assistance or guidance from local Government or the aid community.

Spontaneous settlements

Spontaneous settlements or unplanned camps occur when groups of displaced people populate areas without assistance or guidance from local government or the humanitarian community. Such settlements are located on land the displaced population does not officially have the right to occupy. Some spontaneous settlements can be formalized and upgraded if the site is suitable and approval is granted by the authorities. For more information see entries on spontaneous settlement strategy considerations and managing and supporting spontaneous settlements.

Planned camps

Planned camps are a form of settlement in which refugees or IDPs reside and receive centralised protection, humanitarian assistance, and other services from host governments and humanitarian actors. Planned camps are designed and developed to contain the needed infrastructure to serve its residents, and have formal recognition/approval from the authorities. For more information see entries on camp strategy considerations and site planning for camps.

2. Protection objectives

- To provide a safe and healthy living environment for persons of concern.
- To protect persons of concern from a range of risks, including eviction, exploitation and abuse, overcrowding, poor access to services, and natural hazards.
- To support self-reliance, allowing persons of concern to live constructive and dignified lives.

3. Underlying principles and standards

- UNHCR Master Plan Approach to Settlement Planning Guiding Principles is a key reference when defining a settlement response.
- Settlement and shelter designs should reflect the needs of persons of concern, their cultural habits and their capacities, and should also attempt to build on existing resources and enhance access to infrastructure.
- Settlement and shelter interventions need to be planned and implemented to mitigate, to the extent possible, the impact on the natural environment and to prevent hazard risks such as landslides, floods and earthquakes, among others.
- Inclusive and meaningful participation of persons of concern in accordance with UNHCR's Age, Gender and Diversity approach, is essential to ensure that men, women, girls and boys have their voice heard, identify their needs, and have the opportunity to contribute to the search of adequate solutions.
- Accessibility to land constitutes a fundamental element of the realization of the right to adequate housing, and must also provide sustainable and non-discriminatory access to facilities essential for health, nutrition, security and comfort.
- Durable solutions are the ultimate goal, taking into consideration appropriate technology, capacity-building of both refugees and local communities, and use of local skills, materials, techniques and knowledge.
- Refugees and other persons of concern should be empowered to participate actively in decisions that concern them at all stages. An inclusive approach fosters ownership and acceptance of programmes and improves maintenance of shelters and settlements. It facilitates communication and can generate information and support that may be crucial to a programme's success and sustainability.
- International human rights law and refugee law recognize the right of every individual, including refugees, to move freely.
- Persons of concern should be supported to become self-reliant, enabling them to contribute to their host country and find long term solutions for themselves.
- Settlements policy and decisions should be driven primarily by the best interest of persons of concern.

- Persons of concern should have access to essential services in all types of settlements. These services include water, sanitation, roads and infrastructure, community spaces, shelter, health, nutrition, education, food, and livelihoods.
- Settlements should provide sufficient space for shelter and associated basic services. Though in host situations, for example, it can be difficult to ensure accommodations meet standards, interventions should aim to achieve minimum international or national standards.
- Housing Land and Property (HLP) considerations are fundamental in planning and implementing settlement activities. Mechanisms should be in place to protect persons of concern from forced eviction, exploitation or abuse derived from a lack of tenure security.

4. Protection Risks

- In protracted situations, deteriorating living conditions of families hosting large number of persons might lead to health and psychosocial problems, as well as risks of stigmatization, harassment, economic or sexual exploitation, and violence against the displaced families.
- In areas where refugees are not welcome, both host and displaced families might become targets of retaliation by parties to the conflict or by surrounding communities.
- In dispersed settlement and spontaneous camps persons of concern may not have adequate access to services or humanitarian assistance.
- Those settled spontaneously on private or public land are often under constant threat of eviction by landlords or authorities. Monitoring and responding to harassment and threats may not be achieved in a timely manner if settlements are scattered and legal tenure has not been clarified.
- Prolonged stay in camps or collective centres can result in stress and tensions and can lead to social conflict and friction with host communities, between families, clans or ethnic groups.
- Persons of concern in collective centres often under threat of being evicted by landlords. Those occupying schools, religious, and other public buildings are under increased pressure to leave.
- Relations with the host community as well as within IDP groups might deteriorate over the sharing of limited resources, for example, the depletion of nearby areas for firewood, and the occupation of land by persons of concern or the requisition of land by local authorities for their benefit.
- The presence of an ethnically, culturally, religiously or linguistically different group of people may give rise to tension.
- Despite the fact that a larger group settlement may be more secure for persons for concern than dispersed and exposed shelters, a large group settlement may be easily targeted for forced recruitment and violent attacks.
- A proliferation of high quality shelters in an area where housing standards are low can create tension with local communities.
- High population density significantly increases health risks.

5. Other risks

- Environmental contamination may cause serious health problems for residents and those living in close proximity. Environmental damage especially related to water and sanitation is likely in the immediate vicinity of camps.
- Living in camps can encourage dependency and reduce the ability of persons of concern to manage their own lives. It is vital to ensure that persons of concern are able to play an active role in planning and developing settlement strategies as well as designing and managing governance mechanisms in their settlements. Displacement tends to last longer than expected; camps are rarely occupied for short-term. Planners should always expect that once put in place, camps are likely to exist over a long period of time, i.e. longer than one year. Service provision over that period of time is likely to stay the responsibility of humanitarian actors, and integration with local existing services will be challenging.

6. Key decision points

- Seldom does one settlement and shelter option fit the needs of the entire displaced population. Explore the available options and solutions persons of concern may have already found and agree the most suitable settlement options, and humanitarian assistance plan, with the host government.
- Ensure that all stakeholders have a voice in the decision-making process to determine the appropriate settlement solutions to support.
- Housing, Land and Property (HLP) regulations are often complex and difficult to navigate. Ensure you have the appropriate technical support to clarify HLP issues and processes.
- With partners, local authorities and community-based organizations, discuss the right of persons of concern to stay in local communities and agree how they may be assisted most effectively.
- Analyse settlement patterns, the topography, and the resource base, to reduce adverse impacts on the natural environment. Make use of existing planning processes (where this is possible), and follow best practice, to minimize the risks and vulnerabilities that settlement will trigger.
- Ensure that persons of concern can safely access shelter and settlements locations and essential services.
- Involve local authorities, persons of concern and host communities (by family, or neighbourhood or village groups) in planning of temporary communal settlements.
- Involve development partners as early as possible, notably UNICEF, UNDP, and (where appropriate) the World Bank. Consider how both relief and broader development objectives can be advanced by means of the resources that those who have been displaced will attract.
- Conduct a cost benefit analysis of different settlement options, determine resource requirements, and establish priorities, to ensure that adequate human, financial and material resources will be available.
- Ensure that the specialized technical support required is in place and that physical planners are deployed in a timely manner.

- Seek technical support from the technical department of the host Government and ensure that local authority experts are involved in settlement planning.

7. Key steps

- Ensure UNHCR Master Plan Approach to Settlement Planning Guiding Principles are informing the settlement response.
- Analyse demographic factors, population movement, available resources, protection concerns, and local capacity. Survey available documentation on displacement and what communities can offer, but also specific needs and hazards.
- Obtain information on rules and regulations, building codes, environmental analysis, lists of contractors and material suppliers. Obtain information from local and regional associations of engineers and architects, to help identify potential local partners.
- Determine the suitable settlement solutions for the needs of the displaced population. Determine follow up actions such as: which spontaneous settlements should be upgraded, which populations should be relocated, should planned camps be developed, should host family accommodation be upgraded, etc.
- Identify the range of shelter solutions that are preferred by, and that can be made available to persons of concern.
- Develop a shelter and settlement strategy.
- Assess supply and logistical requirements and constraints; put in place arrangements to address them.
- Monitor the impact and effectiveness of programmes over time.

8. Key management considerations

- Integrate settlement strategies and potential layouts in preparedness planning processes
- Ensure systematic deployment of senior settlement and shelter experts at the onset of emergencies.
- If access is limited, gather essential information from local authorities, NGOs and local civil society organisations, or secondary sources and technology.
- To reduce the risk of conflicts over land, collaborate closely from the start with local authorities' technical departments, and inform yourself of local rules and regulations on land tenure, public works and housing.
- Establish and apply quality assurance measures. These may include training in best practices to build capacity.
- Identify natural hazards (such as flooding, landslides, strong winds). If there are seismic risks, seek specialized technical advice even for the design of a simple shelter.

- Coordinate and liaise with other sectors, including water and sanitation and livelihoods, to ensure solutions are integrated.

9. Resources and partnerships

- Affected populations.
- Local or central government authorities.
- Community and religious leaders.
- Host community.
- National and international NGOs.
- IFRC and ICRC.
- Other UN and international organizations.

Technical experts will generally carry out specific tasks. The table below suggests appropriate experts at different stages.

Planning stage	Who can help	What they can do
Needs assessment; understand PoC' profile and demographics	Sociologist/ecnomist Anthropologist Architects/engineers	Carry out comprehensive surveys, including market surveys. Evaluate information. Gather background information. Analyse traditional practices and cultural habits.
Site selection	Geologist/hydrologist Water/sanitation engineer Civil Engineer Physical planner Protection Environment Logistics	Carry out surveys and topographic studies. Draw contour lines. Assess the capacity of water sources. Evaluate data and conduct risk analysis. Recommend solutions and most suitable settlement options.
Settlement layout	Physical planner Architect Civil engineer Water/sanitatio	Prepare layout and technical plans. Analyse infrastructure (accessibility and conditions). Estimate costs, and resource requirements.

	n engineer Protection experts Environmentalis t Logisticians	
Implementation	Civil engineer Architect Logisticians	Prepare the work programme and risk management plans. Supervise implementation.

10. Links

UNHCR Master Plan Approach to Settlement Planning Guiding Principles

UNHCR Intranet: Shelter and Settlement
 Global Strategy for Settlement and Shelter 2014-2018
 The Sphere Project 2018
 Shelter Centre on-line library
 World Bank, Global Facility for Disaster Reduction and Recovery

Need help?

CONTACT Shelter and Settlement Section (SSS), Division of Programme Support and Management (DPSM). At:
 HQShelter@unhcr.org.

Annexes

- UNHCR 2014, Global Strategy for Settlement and Shelter 2014-2018, United Nations High Commissioner for Refugees, Geneva
- Safer homes, stronger communities. a handbook for reconstructing housing and communities after natural disasters
- Strategies for transitional settlement and reconstruction, Shelter Centre, Geneva

Version and document date

Version: 2.6

Document date: 06.05.2022

Settlement in urban areas

Key points

- No one option is ideal. Settlement planning is context specific and must be adapted to the specific urban context, addressing a variety of environmental, socio-cultural and economic factors.
- A sound settlement strategy may combine several settlement options. Accommodation in collective centres, although not ideal, may be the most common in some urban areas. Camps may not be avoidable, but may be combined with other alternatives.
- Host arrangements in cities can be particularly overcrowded and prolonged shared accommodation may strain relationships with host families. Rental accommodation may be more appropriate.
- Natural resources are scarcer in urban areas; access to water, cooking and heating fuel may be limited and/or be cash based.

1. Overview

A 'settlement' is an environment of household shelters: it is to a community what a shelter is to a household or family. Urban settlement options support settlements in (small and large) towns and cities.

A human settlement derives from the structured landscape of a territory. It takes into consideration spatial allocation of functions while maintaining equilibrium between the needs of the population, the availability and allocation of resources, economic dynamics, the amelioration of living conditions, the provision of services and enhancing transportation networks, as well as recreational spaces. A settlement must address the needs of the community at large and be designed with the active involvement of persons of concern, partners, and all sectors.

Settlement refers to the physical spaces and environments in which households are sheltered, and how one shelter relates to others. The term is generally used in the context of displaced populations to describe the temporary or sometimes permanent living arrangements of displaced families. In this context settlements can range from planned camps to dispersed accommodation in host villages/neighbourhoods, collective centres, spontaneous camps, rental accommodation, etc.

An *urban* settlement is where displaced populations settle within an urban agglomeration such as a town or city. A master plan usually divides towns or cities into zones regulated by norms based on specific sectors such as housing, hygiene, habitat, and environment. Zones are inclusive of residential areas, services and infrastructures, and spaces for administrative, commercial and industrial activities.

Land availability is limited in cities and towns; persons of concern often settle in informal areas or marginalized neighbourhoods which have inherent issues of access, availability of services, lack of sanitation, and limited space for shelters. Displaced population may blend into the urban poor which makes targeted assistance challenging, but ever more important to ensure resources reach the intended recipients.

This section looks at common urban settlement options and the development of urban settlement strategies. These require analysis that should be undertaken during the preparedness planning phase, in which settlement options are identified in collaboration with stakeholders. Responses should take account of the capacity of displaced communities, and resources offered by the city and its communities. Prior to determining suitable options, ensure that the following information is available:

- Spatial analysis that describe the availability, uses, and suitability of land
- Evaluation of the absorption capacity of hosting areas and the extent of natural resources
- Sources of water and their capacity
- Market assessments including - infrastructure, logistical resources, storage capacity, the availability of construction materials, and the feasibility of setting up supply chains into affected areas

Collective centres

A variety of pre-existing buildings or structures may be used as collective centres - community centres, town halls, hotels, gymnasiums, warehouses, unfinished buildings, disused factories. These facilities are seldom fit for habitation and must be rehabilitated and/or upgraded to meet the shelter needs of residents. Collective centres should be used only as short-term accommodation to gain time to provide more suitable shelter.

Considerations:

- Families and communities may be able to be kept together maintaining existing support mechanisms
- If the building is connected to the water and sanitation system it may only require upgrades to achieve adequate standards. If buildings are in good condition, it is very cost effective and can be easily winterized
- Collective centres can get overcrowded; psychosocial problems can arise if displaced individuals remain in collective centres for too long without privacy and independence

- Increased security, fire and communicable disease risk due to the concentration of people

Host neighbourhoods

Displaced people may live with and amongst local households, on land or in properties that local people own. Hosts may be relatives, distant family members, friends or acquaintances, or people previously unknown to those who have been displaced.

Considerations:

- Host arrangements provide immediate shelter for persons of concern.
- Access to spontaneous community support mechanisms can encourage self-reliance, independence and a sense of belonging. Host population may have limited resources; and already living below the poverty line. Absorption capacity maybe limited and competition for resources can be fierce in urban areas.
- Long-term accommodation with host families in dense urban areas can be over-crowded, with detrimental effects to health and welfare of both host and displaced families.
- Housing may already be substandard; host families may be in need of improved shelter.

Short-term tenancy (land, a house, an apartment, a room)

Persons of concern may rent from the local population via formal or informal agreements. As with host neighbourhoods rental accommodation may be available immediately, and persons of concern will have greater independence and self-reliance. However, in a competitive market, refugees, IDPs, and returnees may be vulnerable to discrimination and exploitation by unscrupulous land lords; rental accommodation that is available and affordable is often substandard; the relationship between landlord and tenant may be exploitative.

Dispersed self-settlement without legal status

Persons of concern may settle in scattered locations across large areas, on land or buildings which they have no approval to occupy. Urban land, housing, services, and resources are all limited, and settling without permission in urban areas is extremely problematic for persons of concern; the threat of forced eviction, violent conflict with local populations, exploitation and abuse, and denial of rights is greater in dense urban areas, especially in informal settlements and slums towards which displaced populations are likely to gravitate.

The local population may also need support, for example in ensuring that resources and communal service infrastructure are not overburdened. Full consultation with formal and informal authorities is necessary to avoid conflict with existing inhabitants and plans. It is important that traditional or informal land tenure is recognized and supported to ensure the best protection of the displaced.

Considerations:

- Access to livelihoods may be possible in urban areas
- Persons of concern have some degree of choice on where to settle, and may settle within local communities that share cultural ties with them
- Gathering data from and communicating with persons of concern will be difficult and costly

- Persons of concern are less likely to report security or protection concerns to authorities for fear of eviction or abuse
- Reaching formal agreements to occupy property may be more difficult if HLP legal framework is inadequate, or if the property is in informal settlements which may not have legal recognition from the state and therefore no formal property titles

Self-settled, unplanned camps

Spontaneous settlements or unplanned camps occur when groups of displaced people populate areas without assistance or guidance from local government or the humanitarian community. Such settlements are located on land the displaced population does not officially have the right to occupy. This constitutes the establishment of an entirely new settlement within the boundaries of this land.

Considerations:

- Spontaneous settlements in urban areas will likely occupy undesirable land in high risk areas such as along ravines or hillside slopes, or the limited public areas such as public squares or parks
- Access to adequate supply of water supply, sanitation and other infrastructure is unlikely
- An assessment will be needed in order to determine if the population can and should be relocated to another settlement such as a planned camp or if arrangements can be made in host neighbourhoods
- Some spontaneous settlements, even in urban and peri urban areas can be formalized and upgraded if the site is suitable and approval is granted by the authorities. For more information see entries on spontaneous settlement strategy considerations and on managing and supporting spontaneous settlements

2. Protection objectives

- To provide a safe and healthy living environment for persons of concern.
- To protect persons of concern from a range of risks, including eviction, exploitation and abuse, overcrowding, poor access to services, and natural hazards.
- To support self-reliance, allowing persons of concern to live constructive and dignified lives.

3. Underlying principles and standards

- Settlement and shelter designs should reflect the needs of persons of concern, their cultural habits and their capacities, and should also attempt to build on existing resources and enhance access to infrastructure.
- Settlement and shelter interventions need to be planned and implemented to mitigate, to the extent possible, the impact on the natural environment and to prevent hazard risks such as landslides, floods and earthquakes, among others.
- Inclusive and meaningful participation of persons of concern in accordance with UNHCR's Age, Gender and Diversity approach, is essential to ensure that men, women, girls and boys have their

voice heard, identify their needs, and have the opportunity to contribute to the search of adequate solutions.

- Accessibility to land constitutes a fundamental element of the realization of the right to adequate housing, and must also provide sustainable and non-discriminatory access to facilities essential for health, nutrition, security and comfort.
- Durable solutions are the ultimate goal, taking into consideration appropriate technology, capacity-building of both refugees and local communities, and use of local skills, materials, techniques and knowledge.
- Refugees and other persons of concern should be empowered to participate actively in decisions that concern them at all stages. An inclusive approach fosters ownership and acceptance of programmes and improves maintenance of shelters and settlements. It facilitates communication and can generate information and support that may be crucial to a programme's success and sustainability.
- International human rights law and refugee law recognize the right of every individual, including refugees, to move freely.
- Persons of concern should be supported to become self-reliant, enabling them to contribute to their host country and find long term solutions for themselves.
- Settlements policy and decisions should be driven primarily by the best interest of persons of concern.
- Persons of concern should have access to essential services in all types of settlements. These services include water, sanitation, roads and infrastructure, community spaces, shelter, health, nutrition, education, food, and livelihoods.
- Settlements should provide sufficient space for shelter and associated basic services. Though in host situations, for example, it can be difficult to ensure accommodations meet standards, interventions should aim to achieve minimum international or national standards.
- Housing Land and Property (HLP) considerations are fundamental in planning and implementing settlement activities. Mechanisms should be in place to protect persons of concern from forced eviction, exploitation or abuse derived from a lack of tenure security.

4. Protection Risks

- In protracted situations, deteriorating living conditions of families hosting large number of persons might lead to health and psychosocial problems, as well as risks of stigmatization, harassment, economic or sexual exploitation, and violence against the displaced families.
- In areas where refugees are not welcome, both host and displaced families might become targets of retaliation by parties to the conflict or by surrounding communities.
- Those settled spontaneously on private or public land are often under constant threat of eviction by landlords or authorities. Monitoring and responding to harassment and threats may not be achieved in a timely manner if settlements are scattered and legal tenure has not been clarified.

- Prolonged stay in camps or collective centres can result in stress and tensions and can lead to social conflict and friction with host communities, between families, clans or ethnic groups.
- Persons of concern in collective centres are often under threat of being evicted by landlords. Those occupying schools, religious, and other public buildings are under increased pressure to leave.
- The presence of ethnically, culturally, religiously or linguistically different groups may give rise to tensions.
- A proliferation of high quality shelters in an area where housing standards are low can create tension with local communities.
- High population density significantly increases health risks.

The above protection risks are applicable to rural and urban settlements. Persons of concern will encounter a number of specific risks associated with the urban environment:

- Public areas are scarce in cities; relations with the local community might deteriorate if the persons of concern occupy already limited number of public spaces such as parks or public squares.
- Criminal groups can be prolific in urban areas; persons of concern can be targeted in dispersed or groups settlements.
- Economies in urban environment are primarily cash based; agriculture is nonexistent; water points require payment. Access to food, water, and other necessities will come at a cost, which may force persons of concern to adopt negative coping mechanisms.
- Displaced children in urban areas face great risks. Lack of access to education can be caused by lack of resources, fear of the local community, or the need for children to complement household income. Lack of parental supervision and access to schools, and the overall poverty can lead girls and boys to try and fend for themselves and exposing them to child labour, sex work and theft. For girls especially the risks of early sex, exploitative sex and sex work is greater in cities and towns.
- Persons of concern may be accused and blamed for neighbourhoods' problems such as conflict between families, criminal acts – often despite lack of evidence, thefts, etc. Verbal abuse or accusations can become physical abuse, and persons of concern may not receive protection by the authorities.
- Inadequate housing can forced families to live in overcrowded conditions, or to separate. Children may be sent to live with other neighbours exposing them to neglect and abuse.

5. Other risks

Persons of concern in urban areas tend to settle in high risk areas or hazardous environments such as unused warehouses, factories, unfinished buildings, and the land surrounding those sites. Exposure to contaminants can be high.

The presence of displaced populations, especially in dispersed self-settlement without legal status or spontaneous settlements can become a political factor and their removal a political platform for elected city officials often resulting in forced evictions.

6. Key decision points

- Planned camps are less likely in urban settings; spontaneous camps can appear if no other solutions are available and residents will need similar levels of support as planned camps. At the outset of a crisis, it is advisable to consider a mix of settlement and shelter options in consultation with the host Government. Initial strategies can include the adaptation of unused public buildings, arrangements with community groups, rent support. Water and sanitation services need to be available in all cases.
- In cities and towns rental support can be a viable shelter solution. See entry on rental accommodation strategy considerations for more information.
- Ensure that all stakeholders have a voice in the decision-making process to determine the appropriate settlement solutions to support.
- In cities and towns Housing, Land and Property (HLP) issues will be more complex. Regulations can be difficult to navigate. Most cities develop rapidly and informally and land use plans and ordinances are often out of date. Built up areas of informal settlements may for example still be designated as green belts and housing in those areas have no legal recognition. Acquiring tenure security in those areas for displaced populations will be as, or more, difficult than it already is for its regular residents.
- Ensure you have the appropriate technical support to clarify HLP issues and processes. Informal agreements may be the only agreements possible during the emergency response.
- Analyse settlement patterns, the topography, and the resource base, to reduce adverse impacts on the natural environment. Make use of existing planning processes (where this is possible), and follow best practice, to minimize the risks and vulnerabilities that settlement will trigger.
- Ensure that persons of concern can safely access shelter and settlements locations and essential services.
- Non-formal coordination, decision making, and support mechanisms often exist in neighbourhoods. Make sure all stakeholders are involved, including community groups and associations, in addition to the authorities.
- In heavily centralized countries communication between national and local officials may be inadequate. Always ensure that city officials are represented when planning a response and are involved during implementation.
- Involve development partners as early as possible, notably UNICEF, UNDP, and (where appropriate) the World Bank. Consider how both relief and broader development objectives can be advanced by means of the resources that those who have been displaced will attract.
- Conduct a cost benefit analysis of different settlement options, determine resource requirements, and establish priorities, to ensure that adequate human, financial and material resources will be available.
- Ensure that the specialized technical support required is in place and that physical planners are deployed in a timely manner.
- Seek technical support from the technical department of the host Government and ensure that local authority experts are involved in settlement planning.

7. Key steps

- Analyse demographic factors, population movement, available resources, protection concerns, and local capacity. Survey available documentation on displacement and what communities can offer, but also specific needs and hazards.
- Obtain information on rules and regulations, building codes, environmental analysis, lists of contractors and material suppliers. Obtain information from local and regional associations of engineers and architects, to help identify potential local partners.
- Determine the suitable settlement solutions for the needs of the displaced population. Determine follow up actions such as: which spontaneous settlements should be upgraded, which populations should be relocated, should family accommodation be upgraded, etc.
- Identify the range of shelter solutions that are preferred by, and that can be made available to persons of concern.
- Develop a shelter and settlement strategy.
- Assess supply and logistical requirements and constraints; put in place arrangements to address them.
- Monitor the impact and effectiveness of programmes over time.

8. Key management considerations

- Integrate settlement strategies and potential layouts in preparedness planning processes.
- Ensure systematic deployment of senior settlement and shelter experts at the onset of emergencies.
- The physical information on cities available at planning offices is often out of date. Determine the appropriate technology needed to accurately map settlements (open street map, drones, etc) or consider low tech rapid mapping exercises if the overall picture is more important than the accuracy of the mapping (for example social mapping).
- Consider how the settlement and shelter response can boost the local economy in marginalized neighbourhoods. Try to gain an understanding of the informal economy and how persons of concern can access income generating activities.
- To reduce the risk of conflicts over land, collaborate closely from the start with local authorities' technical departments, and inform yourself of local rules and regulations on land tenure, public works and housing.
- Establish and apply quality assurance measures. These may include training on best practices to build capacity.
- Identify natural hazards (such as flooding, landslides, strong winds). If there are seismic risks, seek specialized technical advice even for the design of a simple shelter.
- Coordinate and liaise with other sectors, including water and sanitation and livelihoods, to ensure solutions are integrated.

9. Resources and partnerships

Numerous actors become involved following the arrival of a large number of displaced people. To achieve a well-coordinated response, it is vital to clarify and distinguish their different roles and responsibilities, and to understand the structures and procedures of the local and national authorities.

Technical experts will generally carry out specific tasks. The table below suggests appropriate experts at different stages.

Planning stage	Who can help	What they can do
Needs assessment; understand the persons of concern's profile and demographics	Sociologist/ economist Anthropologist Architects/ engineers/ Protection experts	Carry out comprehensive surveys, including market surveys Evaluate information Gather background information Analyse traditional practices and cultural habits
Settlement analysis and planning	Urban planner Physical planner Architect Civil Engineer Water/sanitation engineer Environmental engineer Geologist/hydrologist	Determine possible upgrades to urban infrastructure Map hazards and identify settlements which face unacceptable levels of risk Carry out surveys and topographic studies Assess the capacity of water sources Recommend solutions and most suitable settlement options Estimate costs, and resource requirements
Implementation	Physical planner Urban planner Civil engineer Architect Logisticians	Prepare the work programme and risk management plans Supervise implementation

10. Links

UNHCR Master Plan Approach to Settlement Planning Guiding Principles
UNHCR Intranet: Shelter and Settlement

Handbook for the Protection of Internally Displaced Persons:

Shelter Centre on-line library

ALNAP. Strengthening humanitarian action through evaluation and learning, Responding to urban crises

World Bank, Global Facility for Disaster Reduction and Recovery

Need help?

CONTACT Shelter and Settlement Section (SSS), Division of Programme Support and Management

(DPSM). At:

HQShelter@unhcr.org.

Annexes

- Global Protection Cluster working Group 2007, Handbook for the Protection of Internally Displaced Persons, Geneva
- UNHCR 2014, Global Strategy for Settlement and Shelter 2014-2018
- Shelter Centre 2010, Shelter after disaster. Strategies for transitional settlement and reconstruction, Shelter Centre, Geneva
- The World Bank, Open Knowledge Repository, Safer homes, stronger communities. a handbook for reconstructing housing and communities after natural disasters

Version and document date

Version: 2.2

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Alternatives to camps - response in urban and rural settings

Key points

- When the refugee emergency risk is medium or high, always undertake contingency planning and advanced preparedness actions.
- Prioritise registration, assessment, profiling and information management from the start, to ensure effective delivery of core protection functions.
- Identify local partners, including local municipalities and community-based organisations, and build an outreach and referral network as soon as possible.
- Do not set up camps or parallel delivery systems. Wherever possible, mainstream refugees into national systems and structures.
- Seek efficient and adapted delivery mechanisms. Prefer cash-based approaches; draw on new technologies and innovative approaches. Focus on what refugees want.
- Activate coordination mechanisms at once. Do so in a transparent and well-documented manner.
- Invest in market-based livelihood strategies early on in the emergency.
- Consider that spatial planning and design can serve as a critical enabler and platform for aligning coordination and prioritization efforts in preparing for a refugee / IDP influx and addressing their needs in short, medium and long term.

1. Overview

Millions of refugees have settled peacefully in rural and urban areas, living on land or in housing that they rent, own or occupy informally, or benefiting from hosting arrangements in communities or families. For refugees, such settlements present obvious advantages over camps: they can be anonymous, can earn money, and construct a future. They also present dangers: refugees often live in the poorest areas, may lack legal documents, are vulnerable to exploitation, arrest and detention, and can find it difficult to find safe livelihood opportunities.

During a refugee influx, national and local authorities have a primary role in ensuring that refugees are protected and assisted and can find durable solutions. UNHCR should encourage all states to exercise this responsibility and provide the necessary support. In an emergency situation, however, states are often in greater need of operational support by the humanitarian community to fulfil this responsibility. In such context, UNHCR must pursue proactive and innovative approaches that strengthen the protection

of all age, gender and diversity categories within a refugee population to settle safely outside of camps, whenever possible, and that support access to adequate shelter, basic services (health, water, sanitation and education) and safe and decent jobs. This can only be achieved in an enabling protection environment through a high degree and new forms of collaboration with governments, civil society, development actors as per UNHCR global compact and partners aimed at building on the capacity and independence of refugees themselves.

In this entry, 'urban and rural' refers to all populations living outside planned / managed camps, including those who live in cities and rural areas.

2. Context characteristics and risks associated

- Host governments may lack an enabling national legal and policy framework (permitting freedom of movement and the right to work, for example).
- Host governments are concerned about national security, and the economic and social impacts of a refugee presence, as well as the costs and impact of eventual solutions. For these reasons, they often tend to restrict refugees to camps.
- Refugees may place a strain on local services (education, healthcare and infrastructure, including housing), which are often already under strain. They may arrive in rural areas which lack infrastructure, land and basic services.
- In urban areas displaced persons are often subjected to low incomes (if any), low levels of access to housing, water, sanitation, education & health services and malnutrition.
- Creative approaches (to registration and protection, monitoring, support, and services) are required in order to know where and who refugees are, bring hidden problems to light, and resolve them.
- Refugees often find it difficult to access basic services, such as health care and education. Giving them documents that attest their identity and status can enable them to move freely, obtain access to basic services, protect themselves from exploitation and abuse, and gain access to justice.
- Refugees in urban areas may be subject to xenophobic attacks and treated with mistrust by host communities. UNHCR and partners need to adopt a comprehensive approach that includes working with host communities.
- When refugees decide to settle outside camps, they may face new threats, including the risk of detention. These may cause them to avoid contact with UNHCR (the hidden displaced). Protection risks are particularly acute when refugees are officially excluded from urban areas and the labour market.
- It is often assumed that refugees in urban areas enjoy easy access to UNHCR. This is not necessarily the case. Refugees are often concentrated in slum areas, shanty towns or suburbs, which are usually a long and expensive journey away from the nearest UNHCR office.
- In large-scale emergencies, the number of different actors potentially involved in programming may make it difficult to coordinate a refugee response effectively and transparently.

- Coordinating a refugee response outside camps is particularly complex. Refugee needs and the humanitarian response need to adopt a comprehensive and integrated approach, taking into consideration the needs and absorption capacity of host communities and families.
- Coordinating the refugee response outside of camps is more complex and requires situating UNHCR's work within the broader framework of national development, international development cooperation, and the humanitarian response to different populations living in the same area, rather than addressing humanitarian and development concerns in an entirely separate and "stove-piped" manner.
- Efforts to provide, protect, and promote livelihoods for refugees must create and build links with the local economy, and avoid undermining local livelihoods and growth.
- Finally, refugee needs and the associated humanitarian response can seem less visible in a non-camp situation, which can impact on international interest and donor support.

3. Context-specific protection objectives

- Refugees live in an enabling protection environment where the legal, policy and administrative framework of the host country grants them freedom of movement and residence, permission to work and access to basic services and social safety nets.
- Refugees are not exposed to refoulement, eviction, arbitrary detention, deportation, harassment or extortion by the security services or other actors.
- Refugees enjoy harmonious relationships with the host population, other refugees and migrant communities.
- Refugees reside outside camps and are in a position to take more responsibility for their lives and for their families and communities.
- Refugees have access to employment and education and, with greater mobility, enjoy more opportunities to build their livelihood assets and skills and send home remittances.
- Refugees retain their independence, retain and increase their skills, and develop sustainable livelihoods, thereby strengthening their resilience and their ability to overcome future challenges, whatever solution is available to them.
- Refugees are able to benefit from voluntary repatriation, local integration, and resettlement programmes.
- Refugees of all ages, genders and diversity categories are consulted and have the opportunity to describe their situation, their problems and needs, and suggest possible solutions.
- Refugees enjoy police protection and can obtain justice.
- Housing, Land and Property (HLP) rights for displaced persons is a vital issue for consideration. If not they can be a triggers for discontent between displaced and host communities and are vitally important when considering matters of self-determination and peaceful co-existence.

4. Principles and policy considerations for the emergency response strategy in this context

The emergency response strategy should be anchored in the objectives of policies set out in:

- UNHCR, Policy on Refugee Protection and Solutions in Urban Areas, 2009.

Cities are legitimate places for refugees to reside and exercise their rights; protection space for urban refugees and humanitarian organisations that support them should be maximized.

- UNHCR, Policy on Alternatives to Camps, 2014.

Commits UNHCR staff to pursue alternatives to camps, whenever possible, while ensuring that refugees are protected and assisted effectively. Wherever possible, field managers should respond to refugee needs without establishing camps and, where camps must be established, they should be phased out as soon as possible or become sustainable settlements. This policy extends the principal objectives of urban refugee policy to all operational contexts.

Consider referencing the following: DESS to decide what's relevant for this revised entry and include as appropriate:

- SPHERE 2018 Edition.

The entire Handbook was reviewed from an "urban response" lens. The premise remains that the Sphere standards are applicable in all contexts, including urban settings. Where appropriate, specific guidance was added in the technical chapters.

- Global compact on Refugees (December 2018) / New York declaration.

Consider incorporating implications as per GCR to act as a basis for predictable and equitable burden and responsibility sharing

- Sustainable development Goals

Particular interest SDG # 11 'to make cities inclusive, safe, resilient & sustainable'.

When responding to refugee needs in emergencies, the following key principles should be respected:

Refugee rights. Refugees are entitled to protection and solutions wherever they live and must be able to exercise the human rights to which they are entitled under international law.

State responsibility. UNHCR should encourage states to fulfil their responsibility to protect refugees.

Partnerships. In particular a non-camp response requires UNHCR to establish effective working relationships with a wide range of different stakeholders.

Age, gender and diversity. All aspects of the response must be based on Age, Gender and Diversity (AGD) approach.

Equity. UNHCR should ensure that all refugees are protected and treated in a consistent manner by UNHCR.

Community orientation. UNHCR must apply a community-based approach, strengthen the capacity of refugees and their communities, and foster harmonious relationships among them.

Interaction with refugees. UNHCR must meet refugees regularly, regardless of distance and any problems locating them.

Self-reliance. UNHCR will make every effort to ensure that refugees have access to livelihood opportunities, which are a condition of finding durable solutions.

5. Priority operational delivery mode and responses in this context

- When the risk of a refugee / IDP emergency is medium or high, always prepare contingency plans in close association with Government, development actors and partners. Focus on national legal and policy frameworks; and assess the extent to which communities, the national economy and infrastructures, administrative structures, service delivery systems, and housing, land and other resources, can manage or absorb a refugee influx. Identify key interventions needed to increase preparedness.
- Develop projects and deploy teams to assess the situation of the refugee population. Adopt approaches that are appropriate for complex urban and rural environments (home visits, vulnerability and socio-economic assessments).
- Operationalize protection from the beginning. Identify local partners at an early stage and build an outreach and referral network that will make case management effective.
- Mainstream refugees in national, local and community-based systems and structures (health care, education), and adopt efficient and appropriate delivery mechanisms (such as cash-based interventions).
- Prioritise registration, assessment, profiling, and information management to ensure that core protection functions are delivered effectively. Use biometric and registration approaches adapted to urban contexts, such as mobile registration teams.
- Use a wide range of media to communicate, collect data and ensure accountability (mobile technology, crowdsourcing, mapping). Do not collect unnecessary data. Triangulate information with local and national sources.
- Activate coordination mechanisms. Do so transparently; keep records. Consider deploying specialized staff to coordinate large-scale emergencies.
- Explore partnerships with a wide range of non-traditional partners, such as the private sector, municipalities, local community associations, and religious groups.

- Develop advocacy strategies to explain why everyone will benefit if refugees are self-reliant and have freedom of movement. Focus on outcomes and adopt an evidence-based approach.
- Build on the strengths and capacities of refugees, displaced people and host communities. Develop market-based livelihood strategies that will enable refugees to take advantage of employment and self-employment opportunities.
- Encourage local and regional mobility, wherever possible.
- Work with national authorities at all levels to make sure that legitimate security and protection concerns are addressed.
- Combine the skills and resources of UNHCR and partner activities to make the best use of resources available in cities and rural areas. All activities should be in line with government plans and build long-term resilience.
- If resources are tight, target spending. Prioritize support to refugees who are most at risk.
- Consider that spatial planning and design can serve as a critical enabler and platform for aligning coordination and prioritization efforts in preparing for a refugee / IDP influx and addressing their needs in short, medium and long term.

6. Priority actors and partners in this context

- Work in synergy with national development planning and international development cooperation. Pursue integrated approaches that integrate the refugee response in national and local development efforts. To ensure that expenditure has long term value, activities should strengthen urban resilience.
- Develop strong, broad-based partnership models. Expand collaboration with national line ministries, municipal and local government authorities, national and international NGOs, community-based organizations and other civil society actors, the private sector, development-oriented UN agencies (including UNDP, WFP, UNICEF, UN-Habitat, WHO, ILO, FAO, IFAD), the World Bank, and bilateral and traditional donors, globally and nationally.
- Partnerships should be consistent with UNHCR's Refugee Coordination Model and should complement, reinforce and create synergies with UNHCR's protection and assistance programmes.
- Consider also the IASC Global coordination mechanisms of particular interest when UNHCR has lead role in activated clusters e.g. Shelter, Protection, CCCM.

7. Links

Information Management Toolkit

Good practice for Urban Refugees

Urban Refugees Website

Global Shelter Cluster

UNHCR Emergency Portals

Settlement Information Portal

UNHCR, IFRC, UN-HABITAT - Shelter Projects (2008, 2009, 2010, and 2011-12)
UNHCR - Global strategy for settlement and shelter (2014-2018)

Global compact on Refugees (December 2018) / New York declaration
Sustainable Development Goals

8. Media

Film from Niger - Fresh Thinking on Alternatives to Camps

Need help?

CONTACT The Division of International Protection and the Division of Programme Support and Management are working to improve the toolbox on out of camp responses and reinforce expertise in this area.

For technical advice, support missions or tools and guidance, contact: HQATC@unhcr.org.

Annexes

- UNHCR, Policy on Protection and Solutions in Urban Areas
- UNHCR, Policy on Alternatives to Camps
- Sphere Handbook (2018)

Version and document date

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Document date: 06.05.2022

Camp Strategy considerations

Key points

- A defining characteristic of camps is that they often limit the rights and freedoms of refugees such as their ability to move freely, choose where to live, work or open a business, cultivate land or access protection and services and their ability to make meaningful choices about their lives.
- Pursuing alternatives to camps means working to remove such restrictions so that refugees have the possibility to live with greater dignity, independence and normality as members of the community, either from the beginning of displacement or as soon as possible thereafter.
- Programme design, including advocacy priorities, will be determined by the particular circumstances of each operation. Wherever possible, work to find alternatives to camps and toward the removal of obstacles for persons of concern to the exercise of rights and achieving self-reliance.
- Site selection for planned camps is a critical factor in the ability to provide a safe and healthy environment for persons of concern. Developing an inappropriate site or failing to develop a site to standards can result in further displacement causing unnecessary further loss and distress to refugees and may put some people/groups at further risk.
- Camps require significant investments in infrastructure and systems for the delivery of basic services. The running costs for maintaining and operating these dedicated facilities and systems are also considerable and often must be sustained for many years or even decades.

1. Overview

Suitable, well-selected sites and soundly planned refugee settlements with adequate shelter and integrated, appropriate infrastructure are essential from the early stages of a refugee emergency as they are life-saving and alleviate hardship. Accommodating refugees in emergencies may take the form of host families/communities, mass accommodation in existing shelters or collective centres, or organized camps. It is of upmost importance to identify the most suitable option or combination of options for accommodating persons of concern appropriate to the context in which displacement is taking place.

UNHCR has developed the Master Plan Approach to settlement planning which provides a framework for the spatial design of humanitarian settlements. It establishes a unique response vision aligned to national, sub-national and local development plans and facilitates efforts to link humanitarian responses with long-term development efforts.

Through effective settlement design, the Master Plan Approach seeks to:

- Facilitate the achievement of long-term, area-based, development priorities through the development of humanitarian settlement plans which are in alignment with national development plans and policies;
- Provide an enabling environment for the sustainable integration of displaced populations within host communities through improved, equitable and safe access to basic services, including comprehensive health, education, and economic opportunities; and
- Mitigate risks to the protection of displaced people, peaceful coexistence of communities and sustainable local development.

Camps are a form of settlement in which refugees or IDPs reside and receive centralised protection, humanitarian assistance, and other services from host governments and humanitarian actors. These settlements can be planned and developed on land allocated by the Government, or created spontaneously when persons of concern settle on land which has not been designated to accommodate them.

The layout, infrastructure and shelter of a camp will have a major influence on the safety and well-being of its residents. Therefore, other vital sectors such as water (good quality, quantity and ease of access), sanitation, administration and security, food distribution, health, education, community services, and income-generating activities should be taken into consideration during the humanitarian response.

Initial decisions on the location of the camp should involve the Government as well as local authorities and communities. Likewise, layout should involve its residents. This approach is necessary to avoid long-term protection issues such as conflict with local communities and to ensure a safe environment for persons of concern and the delivery of humanitarian assistance. (See entry on Site planning for camps for more general information on camps and camp standards.)

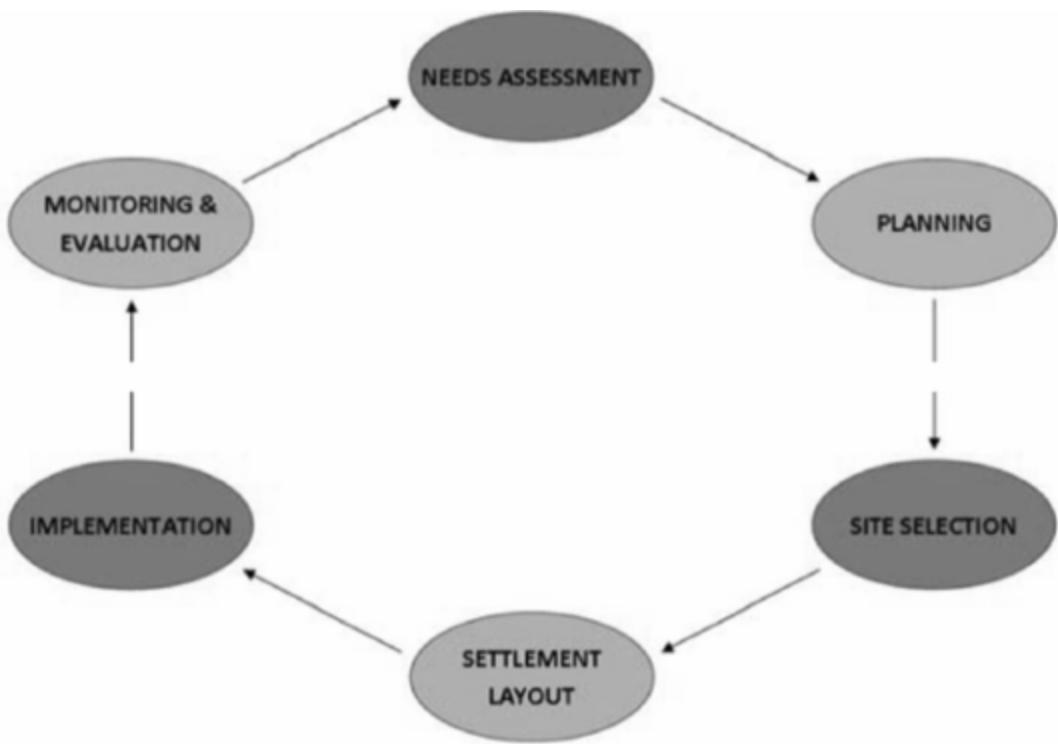


Figure 1. Camp settlement cycle

2. Context characteristics and risks associated

When a refugee emergency occurs, the first question to ask is whether or not a camp is the most appropriate settlement option for the displaced population. All other options should be considered as they may be more appropriate to the nature of the displacement. If displaced groups are lodging with host families or have self-settled within local communities that share cultural ties with them for example, consider these options and determine if these alternatives are more appropriate. Some of these alternatives to camps can promote self-reliance within the uprooted community; however such measures require the willingness and consent of the host government and the host communities themselves.

Camps should normally be considered as the last option. If accommodation in camps is necessary, avoid large settlements and high population density in settlements and in shelters and seek technical support as initial decisions on site selection and camp planning are very difficult to reverse. In addition to meeting the immediate needs, planning should take into consideration the long-term provision of services even if the situation is expected to be temporary.

Camps are often established for security reasons and to ensure that humanitarian agencies can easily monitor the situation and deliver humanitarian assistance. However, camps may not always offer better protection to refugees and the internally displaced. The closed environment of camps is particularly conducive to exploitative and manipulative activities by people who seek to gain from the vulnerable nature of the residents – especially during an emergency.

The specific nature of threats to the security of refugees and the internally displaced in camps may take a number of forms such as theft, assault, domestic violence, forced marriage, cattle rustling, vandalism and civil disputes; child abuse, rape and other sexual forms of sexual and gender-based violence, robbery (armed and otherwise); arson, fraud, forgery, aggravated assault, murder, forced prostitution, kidnapping, human trafficking, smuggling of people and arms, forcible recruitment into armed forces, extortion, enslavement, torture, war crimes, and withholding humanitarian assistance. The size and the design of camps can contribute to the maintenance of a peaceful environment and the security for refugees and local residents.

The design of camp layouts should be comprehensive and aspects defined in a master plan. The size and growth of planned camps should be contained and no camp should be larger than 20,000 people, to minimize their environmental impact, facilitate camp management, and create a better social environment for camp residents. Camps must have adequate fire prevention strategies and firefighting capacity in place. Communal areas and/or central points should be provided with night lighting and shelters and/or layout designed with the participation of women, men, girls and boys.

3. Context-specific protection objectives

Conflict, violence and persecution continue to cause large-scale displacement in many parts of the world. To provide international protection, and ensure that the rights and dignity of persons of concern are respected, UNHCR must act in a variety of ways, which include the provision of adequate shelter and settlement. When developing an operational response, the following key protection issues should be considered:

- To provide a secure and healthy living environment with privacy and dignity to persons of concern.
- To protect persons of concern from a range of risks, including eviction, exploitation and abuse, overcrowding, and poor access to services. Close ethnic and cultural affinities between refugees and their host communities should be identified at an early stage. Settlement planning and responses should aim to mitigate friction and reduce potential tensions between refugee and host communities and reduce other security risks.
- To support self-reliance, allowing persons of concern to live constructive and dignified lives.
- To recognize, and encourage other actors to recognize, that every person, including every refugee, is entitled to move freely, in accordance with human rights and refugee law.
- To assist refugees to meet their essential needs and enjoy their economic and social rights with dignity, contributing to the country that hosts them and finding long term solutions for themselves.
- To ensure that all persons of concern enjoy their rights on equal footing and are able to participate in decisions that affect their lives. (AGD approach)
- To ensure security and protection of refugees. Camps should be located at a reasonable distance from international borders and other sensitive areas (such as military installations).

4. Principles and policy considerations for the emergency response strategy in this context

Camp development consists of three main phases: set-up, care and maintenance, and camp closure. Each phase requires considerable input from site planners, technical staff, national authorities, the camp population and the host community.

The camp's location, size, design and duration are context specific. The location and plan of a camp can significantly impact the protection of residents and their access to assistance, and can also affect decisions about camp closure and phase out. Settlement planning is not a merely technical process. It can promote community cohesion, and efficient and affordable access to services, mitigate disaster risks (flooding and disease), and enhance living environments, allowing families to enjoy a better quality of life.

Consider the following principles:

- Decisions on camp location should involve national and local government as well as host and refugee communities.
- Because decisions on site selection are difficult to reverse, seek and make use of technical support from the beginning.
- Most refugee operations last longer than expected. Take this into account when selecting a site, planning the camp, and estimating resources and staffing. The footprint of early planning assumptions may endure for decades.
- Prepare a plan for camp decommissioning from the start.
- Locate camps at a reasonable distance (at least 50 km or one day's travel) from national borders and from other potentially sensitive areas such as military bases.
- Avoid very large settlements. (No camp should be larger than 20,000 people.)
- Site planning should take into account topography, land use, climate, soils, geology, hydrology, vegetation, infrastructure and key natural and cultural resources.
- An adequate supply of water throughout the year is vital. The settlement's sanitation strategy should reflect the specific soil type at the site.
- Bear in mind that natural features of the site will reduce or affect the amount of usable space.
- Adopt a 'bottom up' approach to planning, beginning with the smallest social units, preserving traditional social arrangements and structures as far as possible. Reflect the wishes of the community as much as possible.
- Develop a comprehensive master plan with a layout based on open community forms and community services, such as water points, latrines, showers, cloth washing facilities and garbage collection to promote ownership and maintenance of the services.
- UNHCR neither rents nor purchases land for refugees.
- Policies and programmes must systematically apply an Age, Gender and Diversity (AGD) approach to ensure that all persons of concern have equal access to their rights, protection, services and resources, and are able to participate as active partners in the decisions that affect them.

5. Priority operational delivery mode and responses in this context

The table below outlines some operational priorities in each phase of the camp life-cycle:

P h a s e	Operational response consideration
1 S et -u p	<p>Consider consultations with multiple stakeholders such as:</p> <ul style="list-style-type: none"> • National authorities. • Camp Management Agency. • Diverse representatives of the refugee and host population, including men, women, boys and girls. • Representatives from other sectors (health, WASH, shelter, security, logistics, education, livelihoods, protection) and from appropriate government ministries, UN agencies, or NGOs. <p>Technical experts (surveyors, Geographic Information System(GIS) experts, hydrologists, public health engineers, land tenure or customary land tenure experts).</p>
	<ul style="list-style-type: none"> • Analyse and document the advantages and disadvantages of different site options. Consider protection risks, safety and security, social and cultural factors, location and condition of the land (size, access, distance from border, available resources) • Consider whether sites could be extended in the future; and whether phased development is an option
	<ul style="list-style-type: none"> • Consider how housing, land and property rights(HLP) affect site use, including access to water and pastoral and agricultural activities.
	<ul style="list-style-type: none"> • Consider whether sites could be extended in the future; and whether phased development is an option.
	<ul style="list-style-type: none"> • Plan the camp in accordance with international best practice and standards.
	<ul style="list-style-type: none"> • Consider the environmental impact and take steps to reduce harmful impacts.
	<ul style="list-style-type: none"> • Adopt a 'bottom up' approach. Build the plan from individual household level. Pay special attention to persons or groups with specific needs.
	<ul style="list-style-type: none"> • Self-settled/ spontaneous camps - where refugees or IDPs have formed a camp-like settlement on their own initiative. Re-designing or improving the site will be necessary or residents may need to be relocated as early as possible to a well suited site.

	<ul style="list-style-type: none"> Where the living conditions of camp residents are better than those of a host community, consider implementing Community Support Projects (CSPs) or sharing goods and services.
	<ul style="list-style-type: none"> Install a public address system to facilitate information sharing.
	<ul style="list-style-type: none"> From the start, prepare plans to phase-out and close the camp. Plans should consider land agreements, service contracts, documentation storage and confidentiality, asset management, and evaluation of durable solutions.
2 C a r e a n d m ai n te n a n c e	<ul style="list-style-type: none"> Put in place a monitoring system for the camp's general and technical operations; make sure monitoring is always on-going.
	<ul style="list-style-type: none"> Convene meetings regularly with all stakeholders to identify gaps and problems and resolve them.
	<ul style="list-style-type: none"> Ensure that residents are consistently involved in decisions regarding care and maintenance.
	<ul style="list-style-type: none"> Make sure that shelters, infrastructure and facilities are regularly maintained, and upgraded when required, in consultation with the camp population.
	<ul style="list-style-type: none"> Effective camp governance and community participation / mobilization mechanisms should be in place. These mechanisms will provide maintenance of camp infra-structure, data collection and sharing, monitoring of service delivery with the participation of the community and of other providers in accordance with agreed standards, in order to avoid the duplication of activities and emergence of protection and assistance gaps, and will ensure community complaints mechanisms are established and known to all. For further and specific information refer to Camp coordination, camp management (CCCM)

3 C lo s u r e	<ul style="list-style-type: none"> Plans to phase out, close and decommission camps should be prepared from the start.
	<ul style="list-style-type: none"> Ensure that residents have accurate, objective and up-to-date information on the situation, logistics and other procedures.
	<ul style="list-style-type: none"> Support and protect persons and groups who are most at risk throughout the process.
	<ul style="list-style-type: none"> Introduce administrative procedures that ensure that all documents are returned to residents before they leave, or held by (sector/cluster/protection) lead agencies or NGOs, or destroyed.
	<ul style="list-style-type: none"> Develop a monitoring process that ensures that returning refugees do so safely, in security and with dignity.
	<ul style="list-style-type: none"> Ensure service contracts and agreements are modified or terminated appropriately (including lease agreements with respect to housing, land and property assets).
	<ul style="list-style-type: none"> Develop a plan for fair and transparent disposal, distribution or handover of assets or infrastructure. Hand responsibility for care and maintenance of infrastructure to national authorities or others(as appropriate).
	<ul style="list-style-type: none"> Ensure latrines, rubbish pits, and washing facilities are safely decommissioned.
	<ul style="list-style-type: none"> Ensure the site is returned to its previous condition, unless alternatives plans have been developed and agreed by national authorities and surrounding communities
	<ul style="list-style-type: none"> Prepare a list of environmental concerns and prepare plans to address them.
	<ul style="list-style-type: none"> Ensure the site is returned to its previous condition, unless alternative plans have been developed and agreed by national authorities and surrounding communities.

Figure 2 - Priority operational responses.

6. Priority actors and partners in this context

- Consult relevant authorities, operational partners (UN, NGOs, and community organisations) and the affected population at all phases of camp development.
- For strategic decisions which require high-level advocacy, consult with concerned partners, including UN agencies, NGOs and donor representatives, as appropriate.
- From the start, collaborate closely with the technical offices of local authorities, and study local rules and regulations concerning land tenure, public works and housing, in order to reduce the risk of conflicts over land and ensure compliance with local building regulations.
- Develop and train site development and camp management committees.

7. Links

UNHCR Master Plan Approach to Settlement Planning Guiding Principles

The SPHERE Handbook 2018

UNHCR, IFRC, UN-HABITAT - Shelter Projects

Camp management toolkit

UNHCR emergency portals

UNHCR's information management portal

Shelter Cluster

Need help?

CONTACT Shelter and settlement section, Division of Programme Support and Management. **At:** HQShelter@unhcr.org

Annexes

- UNHCR - Global strategy for settlement and shelter (2014-2018)
- UNHCR - Policy on alternatives to camps (UNHCR HCP 2014 9)

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Collective centre strategy considerations

Key points

- Provide support that enables the authorities to assume their responsibilities effectively.
- Provide necessary protection to displaced people and look after their welfare.
- In all collective centres, from set up to closure, strive to ensure that residents find durable solutions at the earliest possible opportunity.
- Ensure the participation of residents in decision making. Provide platforms for inclusive participation, build their confidence, and promote their involvement.
- Through an AGD approach, ensure the persons of concern are adequately represented and included in governance structures of collective centres.
- In both long-term and short-term collective centres, identify residents' needs and assist residents to address them.
- Ensure that residents of collective centres are informed of the services that are available to them and how to access them.
- Minimize the risk of violence, abuse and exploitation by ensuring that distribution points and mechanisms are secure, safe and accessible.
- Prepare contingency plans for a variety of possible displacement scenarios.

1. Overview

Persons of concern may seek temporary accommodation and protection in pre-existing buildings or structures commonly known as collective centres. These are generally defined as planned or self-settled, depending on the circumstances in which they were established.

- They are planned when a responsible authority (for example, a State) designates them as a space to be used by displaced populations. Such buildings may or may not have been prepared for use as temporary shelters. Planned centres include pre-designated or purpose-built shelters such as cyclone, hurricane, storm and flood shelters.
- They are self-settled when displaced people occupy them at their own initiative, without formal approval or coordination with the authorities or owners.

A variety of facilities may be used as collective centres - community centres, town halls, hotels, gyms, warehouses, unfinished buildings, disused factories. These facilities are seldom fit for

habitation and must be rehabilitated and/or upgraded to meet the shelter needs of residents.

Collective centres can be an adequate temporary solution as long as they are appropriately serviced and maintained. The life span of collective centres varies widely and in many cases depend on when the building if due to return to its original purpose. Collective centres should generally be used only as short-term accommodation to gain time to provide more suitable shelter.

2. Context characteristics and risks associated

Persons of concern may be displaced for many years. It is therefore vital to ensure that settlement options within the shelter and settlement strategy are soundly planned and that the assistance they provide promotes as much self-sufficiency as possible. Persons of concern should play an active role in planning and developing settlement strategies and establishing governance and management mechanisms in their settlements.

Collective centres have certain advantages:

- They can accommodate refugees immediately without disrupting accommodation in the host area.
- Services such as water and sanitation are likely immediately available, although they may be inadequate or insufficient for the number of people using them.
- No new buildings need to be constructed specifically for persons of concern.

However, they also have disadvantages:

- They can quickly become overcrowded.
- Sanitation and other services can become overburdened.
- Equipment and structures may be damaged or in state of disrepair.
- The buildings are not used for their original purpose which may disrupt services to the host population.
- They often lack family privacy and protection risks increase.
- They lack flexibility and adaptability to changing or increasing needs of persons of concern.
- Collective centres may cause environmental problems often related to water and sanitation and solid waste management. Environmental contamination may cause serious health problems for the residents and those living in close proximity.

3. Context-specific protection objectives

Both planned and self-settled collective centres should provide a secure and healthy living environment with privacy and dignity and protect their residents from internal and external hazards. Achieving this is often challenging particularly due to overcrowding and the unsuitability of the structure for habitation.

Violence, drug abuse, sexual and gender-based violence may occur regularly. External hazards can include proximity to international borders, environmental contamination, or natural hazards such as flooding.

4. Principles and policy considerations for the emergency response strategy in this context

When it responds to refugee emergencies, UNHCR and partners should adapt settlement assistance to the context, notably the situation in host areas, and should take account of environmental, socio-cultural, and economic factors.

Inclusive and meaningful participation of all residents – men, women, boys and girls, is essential to ensure that persons of concerns have their voice heard, identify their needs, and have the opportunity to contribute to the search of improvements and solutions.

Assessments must be conducted to determine the conditions of the buildings and for how long they may be used. Be aware that UNHCR never offers rent, no matter who owns a building.

See UNHCR, *Global Strategy for Settlement and Shelter 2014-2018*.

5. Priority operational delivery mode and responses in this context

- Collective centres are categorized by type - planned or self-settled, and by lifespan - short-or long-term.
- Public buildings should only be used as short-term accommodation while more suitable shelter is arranged.
- Infrastructure and utilities should be well maintained from the onset.
- UNHCR's and Sphere shelter standards should be applied.

6. Priority actors and partners in this context

- Governments and their technical departments (planning, infrastructures, public works, housing, civil protection)
- The UN system (notably UN-Habitat, IOM, UNWRA)
- Non-governmental organizations
- ICRC and IFRC
- Relevant academic institutions
- Relevant private sector organizations

7. Links

UNHCR Intranet: Shelter and Settlement

Need help?

CONTACT Shelter and Settlement Section (SSS), Division of Programme Support and Management (DPSM).

e-mail: HQShelter@unhcr.org

Annexes

- UNHCR, Handbook for the Protection of Internally Displaced Persons, Guidance Note 4
- UNHCR, Global Strategy for Settlement and Shelter 2014-2018
- UNHCR-IOM, Collective Centres Guidelines, 2010
- Coordination and Management of camps and other collective settings- Guidance Note 12

Version and document date

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Getting ready for your emergency deployment

Key points

- Honestly assess your physical and psychological readiness for deployment.
- Contact UNHCR's staff welfare section for psychological preparation unless you have attended a WEM recently

- Discuss the deployment with your partner and friends. If you have children help them to understand what you will be doing.
- Before you leave, ask a few close friends to be regularly in touch with you.
- Prepare a realistic self-care plan.
- Ensure that your private financial and administrative affairs are in order and taken care of.
- Ensure that you have a reliable back-up at work in case of your absence
- Take care of your health – do not procrastinate the medical and dental appointments
- Ensure your travel documents are in order.
- Learn about the operation
- Keep a positive attitude and open mind towards your role in the operation.

1. Overview

Preparing for your emergency deployment usually requires you to consider three areas. This Entry discusses:

- Psychological preparedness – for you, your family, and friends.
- Practical readiness, including your personal and professional affairs, and what to pack.
- Situational preparedness. You should study and understand, as far as possible, the operational context in which you will be working.

You may be called to deploy to an emergency at short notice. (Members of UNHCR's internal emergency roster have committed to deploy within 72 hours.) You may have little time to make yourself ready and deployment will dramatically interrupt and change what you do currently.

An emergency assignment also challenges your wellbeing: the working hours, especially to start with, will be long; working conditions will not be ideal; living conditions may be spartan; security may be a concern; your sleep is likely to suffer. You can be effective in such conditions, but you are likely to manage the stress of your deployment much better if you are well prepared.

Emergency missions can also create anxiety in those around you. Deployments can easily disrupt our relationships with partners, spouses, children and friends. All may have concerns, and it is important to find ways to include them as you prepare to deploy.

2. Underlying policies, principles and/or standards

Psychological preparedness

Since 2012, psychological preparation is offered as a matter of course to all staff assigned to D and E duty stations. It covers potentially broad range of subjects.

- Personal and family issues.

- Practical and logistical arrangements at home or at base.
- Practical preparations for deployment.
- Psychological preparation.

When you prepare psychologically, you attune your inner resources to the coming situation. A person who is psychologically prepared expects certain challenges, foresees their impact, understands how he or she will react, is able to identify his or her inner resources, and knows where and how to seek support when needed.

People differ in the degree of preparation they need. Some prepare very thoroughly. Their preparation is planned and detailed. Others are happier to go with a flow. Find what level of preparation suits your personal needs.

Attitude is an important factor, and will influence your ability to succeed in the demanding and chaotic environment of an emergency. What qualities are required of members of an emergency team?

- To be professional.
- To be a team player.
- To be flexible and understanding.
- To have a sense of humour!

Practical readiness

The underlying principle is that you should not delay your deployment, because the emergency response operation will need you. A few days in a fast moving operation can make a big difference.

Members of UNHCR's internal roster are typically recommended to avoid important commitments (weddings, pregnancy, paternity leave) during the period of their standby commitment (9 months). Your current professional environment should be willing to approve your departure at short notice. Plan in advance what you will pack, though this of course depends on the context.

Situational Preparedness

While you can and should actively research the country and operational context to which you will deploy, it is well understood that you cannot prepare deeply if you are deployed within a few hours or days.

3. Good practice recommendations

Psychological preparedness

Create a mental picture. Think about the upcoming deployment and compare it to previous deployments. Develop this into a structured preparation by reflecting on what was helpful to you in similar contexts and what you would have done differently. Ask what aspects of the new deployment are likely to be the most challenging for you, professionally and personally.

This exercise will help you to identify the challenges you are likely to face and the resources you will draw on to cope and deal with them.

Assess your current psychosocial wellbeing. It may be difficult to assess your own state of mind. Nevertheless, try to give yourself some honest feedback on how you have functioned in recent months. Have you slept for enough time and well? What has been your level of energy? What has been your prevailing mood? Have you consumed more alcohol than usual, or other substances? What level of social support have you received from others? Have you been able to support people close to you? Are you running away from anything?

The answers to these questions may help you identify areas to which you should give attention. A conversation with a Staff Welfare Officer (SWO) may help you to identify such issues faster and to develop a plan for addressing them. If the exercise makes you unsure about your deployment, contact a SWO for a confidential conversation.

Familiarize yourself with typical stress and trauma reactions. When we experience psychological disturbances, if we do not understand what they are linked to, we can feel as if our body or mind has let us down. If you are familiar with the neurobiological symptoms of stress and trauma, you will be able to recognise stress reactions faster and will be more likely to address them constructively. (See Entry Coping with Stress and Dealing with critical incidents and trauma)

Develop your personal indicators of fatigue. Being aware of our stress reactions is a first step towards building resilience. When we are in the middle of a difficult situation, it is hard to step back and decide what we need to do to change our situation. Put down how you feel, think and behave when you are close to the edge or extremely tired. Discuss your list with friends who know you well; ask them to comment on it and add their observations of you.

The 'buddy system'. It has been shown that the support of close friends helps to sustain people who are working in stressful conditions. Ask a few trusted friends or family members to check on you regularly while you are deployed. If possible, discuss how they will 'watch over you' and what warning signs they will look for. Make use of your personal indicators of fatigue.

Prepare a self care plan. (See Entry Coping with Stress.) Think what normally relaxes you (music, books, sport, etc.). Keep such items ready: prepare your kindle and music, food, photographs, exercise equipment (skipping rope, pilates' ball, football). Design a realistic self-care plan that you know you can implement.

Take care of your relationships. Emergency deployment will disrupt your relationships. That does not mean they will dissolve, but you need to pay attention to how they are affected. Observation suggests that relationships survive best when everyone is involved in preparing for deployment. This may seem counter-intuitive: you may be tempted to conceal dangerous or ugly aspects of the operation from those you love. In fact, by giving them a role, you help those close to you to prepare themselves; and they often feel fulfilled by supporting you. The connection between you can become stronger as you foster inter-reliance. If those close to you become very anxious, contact a SWO for advice and support.

Help your children to understand. Today it is harder and harder to keep information away from children. Try to understand how they imagine your world. Help them to understand where you will be

going, what you will be doing, and how you will keep in contact. Be aware that your children may well have heard or read news about the place to which you will deploy.

Practical Readiness

Sort out your affairs. It is important to put your financial, legal and daily affairs in order before you leave. Once you are on mission it is unlikely that you will be able to settle bills, pay the rent, or take care of other aspects of your life at home. Plan for this in advance and make sure that affairs at home are taken care of or can wait.

Health. Do your medical check-up and, if necessary, obtain medical clearance.

Passport. Make sure your passport (and UNLP if applicable) are at hand, and will remain valid for at least 18 months (or for at least six months after the end of your planned mission).

Your current work. If you need to take absence from your current job, make sure that back-up arrangements are in place, and that you have agreed with your supervisor how outstanding projects and activities will be managed while you are away.

Situational Preparedness

As far as possible, obtain and read the documents below, for the country to which you will deploy. If you are deployed through UNHCR, the DESS emergency service (or possibly the relevant country desk) may be able to obtain them for you.

- Your terms of reference for the mission.
- An administrative brief on the operation. (This is often provided on arrival in the country.)
- The most recent situation reports.
- Recent information on the country operation, if one already exists. Look at UNHCR Global Appeals or the Global Report chapter on UNHCR's website.
- For refugee situations, look at the relevant UNHCR data portal; for IDP situations, look at the OCHA situation page.
- Operation planning documents: the contingency plan, the Refugee Response Plan (RRP, rrefugees), the Preliminary Response Plan (PRP, IDPs), or Strategic Response Plan (SRP).
- Media reports and analysis of the situation.

4. Considerations for practical implementation

Do not leave preparation for the last minute. Some things can be done much earlier. In particular, follow the advice provided in the sub-section 'Psychological preparedness' above.

Packing tips

- Make a checklist at once, before any decision on your deployment.

- Adjust it to take account of conditions in the place to which you are deployed.
- Start packing early; do not wait until the last minute.
- Have small and large bags.
- Pack essential food and medical items that are not standard and may be unavailable.
- Pack personal items that will give you comfort.
- Shop for camping equipment, clothes, etc.
- Prioritise light, essential items. Be ready to adapt packing to actual conditions (cold, hot, humid etc.).
- Find out what you are expected to bring, and what will be available when you arrive (laptop, specialised equipment, etc.). UNHCR usually provides ICT equipment for those it deploys. (See Entries ICT emergency preparedness.)
- Take an inventory with you in case your bag gets lost.

SOME PACKING IDEAS FOR DEEP FIELD LOCATIONS...
Mosquito net dome, treated with repellent, freestanding.
Sleeping bag, full zip, treated with repellent.
Fleece blanket and mattress (including repair kit).
Your favourite pillow, ear plugs, sleeping mask.
Tarpaulin, solar shower, fire blanket.
Water purification bottle with integrated filter.
Micropur tablets.
Kitchen utensils(Camp-A-Box),thermos.
Multi tool, LED lamp, whistle.
LED lamp.
Compass, fire steel lighter, sewing kit, waterproof matchbox.
Set of cleaning sponges.
TSA approved padlock with code.
Refreshing tissues, germicide.
Mosquito coils with holder.
Dynamo torch, working gloves.
Batteries.

Greg's Tips for Emergency Missions

- I figured out a long time ago that nothing goes well for me without a decent night's sleep. I always sort out sleeping arrangements from the beginning, and don't go anywhere without my trusty pillow. I don't need fancy - just a clean space where I can be certain of rest without, for example, being bitten to pieces by mosquitoes. In the tropics, don't move without a net or mosquito dome.
- Having good coffee to start the day is not something to mess with. I always travel with a small cafetière, a stash of good quality ground coffee, and a small cup.
- I also don't go anywhere without my ipod, earphones, and a small speaker. Having my own music is non-negotiable and grounds me.
- Exercise is critical to feeling good. I travel with my running shoes and exercise bands, which allows for a good workout anywhere on earth.
- I find that coordination and teamwork is often smoothed by a stock of decent beverages. I always leave room in my bag, no matter how small, for a good bottle or two of something that goes down well at the end of a long day. To be enjoyed with discipline, of course!

Greg Garras is a Senior Officer at UNHCR. He has worked in many humanitarian emergencies, including Bosnia and Herzegovina, Tanzania, Sri Lanka, Indonesia, and Timor Leste.

5. Resources and partnerships

UNHCR has posted staff counsellors in Islamabad, Amman, Nairobi, Juba, Kinshasa, Geneva, Beirut and Dakar, who are available for psychological preparation. (See 'Need help?' below).

If you prefer to discuss your preparation with an external mental health professional, a SWS can refer you to one, free of charge for UNHCR staff. If you select your own psychological adviser, you will be expected to pay his or her fee, which will not be reimbursable.

6. Links

Headington Institute
Anatares Foundation
Centre for Humanitarian Psychology
International Crisis Group
Humanitarian Response
UNHCR website
UNHCR data website

Need help?

CONTACT The Emergency Service, UNHCR DESS. At: HQECMDPL@unhcr.org

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Annexes

- Psychological preparation for hardship assignments and missions, June 2012
- People in Aid, Code of good practice in management and support of aid personnel, 2003
- Antares Foundation, Managing Stress of Humanitarian Workers - Best practice guide, 2005
- Self-assessment tool
- UNSSC, Mission readiness. Preparing for Field Work, 2004
- UNHCR, Basic Stress Management for Difficult Assignments. Notes for Staff Assigned to Emergencies, 2009

Version and document date

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National, ethnic, religious and linguistic minorities and indigenous peoples

Key points

- Actively but responsibly identify persons of concern who belong to minority and indigenous groups.
- Consult minorities and indigenous peoples on the risks they face and the best way to meet their needs and build their capacities.
- Do not say that a person belongs to a minority or indigenous group until he or she has said so.
- Do not design programmes or carry out protection activities that might have the effect of further isolating minorities or indigenous peoples or might cause tensions between them and other refugees or host communities.
- Familiarise yourself with the socio-economic situation of each minority or indigenous community represented in the population you work with.

1. Overview

Due to the variety of situations in which they exist, no definition has been agreed internationally on what constitutes a **minority**. For UNHCR the term refers to an ethnic, religious and linguistic group, fewer in number than the rest of the population, whose members share a common identity. Members of minorities commonly share ethnic, religious, linguistic and/or cultural characteristics that differentiate them from the majority, and generally seek to maintain these distinguishing identities. At the same time, the characteristics that define minorities vary widely from one context to another.

Similarly, no single definition of 'indigenous people' has been agreed. Generally, **indigenous peoples** occupied land in a territory before it was invaded or colonized by currently dominant cultures. Indigenous peoples can generally demonstrate a historical continuity with pre-invasion or pre-colonial societies, in terms, for example, of occupation of ancestral land, ancestry, language, or cultural beliefs and practices. The term 'first peoples' reflects this claim. Like minorities, indigenous communities tend not to be dominant. In some countries, they enjoy specific rights, including the rights to practise customary law and protect their traditional knowledge, intellectual property and cultural heritage. The term 'peoples' generally denotes communities whose identity connects them to their ancestors.

Why do we need to pay specific attention to minorities and indigenous peoples?

Minorities and indigenous peoples are often discriminated against and in some societies are marginalized socially, economically, politically and culturally. Persons of concern who are members of minorities or indigenous peoples are therefore likely to be affected both by events before and during their displacement and by their legacy of discrimination. They may be victims of severe human rights violations, violence, conflict, ethnic and/or religious persecution, and in extreme cases, genocide. They often depend on natural resources that they have used sustainably for generations. Climate change, and programmes of conservation and development, are particularly likely to affect them and have forced some groups to leave their ancestral lands. For all these reasons, minorities and indigenous people may represent a high proportion of those seeking international protection.

In addition to the human rights principles that prohibit discrimination and assert the equality of all persons, minorities and indigenous peoples have specific rights under the international human rights framework and also under some regional and national laws. These affirm their rights to participate, to be included, enjoy their own culture, profess and practice their own religion, and use their own language.

An emergency response should fully include minorities and indigenous peoples. To address their protection concerns, the response should dedicate resources to their protection and support, and plan and implement specific activities in close consultation with the persons concerned and service providers. These activities should ensure that:

- Minorities and indigenous peoples do not suffer discrimination and participate fully in decisions that affect them.
- All aspects of a response take into consideration the specific needs and capacities of minorities and indigenous peoples.
- Minorities and indigenous people have safe spaces to practice their religion and traditions, and receive information in their own language.

2. Underlying principles and standards

- UNHCR, Policy on Age, Gender and Diversity (2018)

Explains the objective, rationale, and core commitments of an age, gender, and diversity (AGD) approach. Defines areas of engagement and core actions for mainstreaming AGD.

- UNHCR, Working with National or Ethnic, Religious and Linguistic Minorities and Indigenous Peoples in Forced Displacement (Need to Know Guidance, 2011).

Practical guidance for staff and partners on how to ensure that the rights of minorities and indigenous peoples who are of concern to UNHCR are respected, and prevent discrimination.

- UNHCR, Understanding Community-Based Protection (Protection Policy Paper, 2013).

Sets out key lessons of community-based protection and advises UNHCR staff and partners how to integrate community-based approaches to protection in their humanitarian work.

3. Protection Risks

- Minorities and indigenous peoples are among the most marginalized communities in many societies. They are often excluded from participation in social, cultural and economic affairs, may not have access to political power, and are frequently prevented from expressing their identity. These obstacles are exacerbated during displacement, increasing the protection risks they face.
- Due to discrimination and marginalization they usually have limited access to education, health and documentation. These issues may require special attention in situations of displacement.
- Members of minority and indigenous groups can be at risk of harm from the surrounding or host population, or from their own family or community.
- If they were displaced because they were targets of violence, minority or indigenous communities may also face violence in their countries of asylum. Children and women are particularly vulnerable to attack; community leaders, and men and youth who are perceived to be potential combatants, are also at risk.
- Because minorities and indigenous peoples often experience chronic poverty, they may be more at risk of becoming victims of trafficking, including sexual exploitation. This risk increases in situations of displacement and is particularly acute for minority and indigenous children, young adults, and women.
- Minority and indigenous people may be at high risk of sexual violence, and may experience weaker community protection than more dominant social groups.
- Minorities and indigenous peoples may lose important elements of their individual and collective identity through displacement, especially if they have strong cultural ties to territory. The effect can be particularly harmful for people who have experienced distressing events or must adjust to new surroundings.
- Minorities and indigenous peoples may not speak frankly if interpreters are from a different community in the country of origin or country of asylum. In addition, members of minorities and indigenous peoples may only speak a minority or indigenous language.
- Individuals may not feel that it is safe to identify themselves as members of minorities or indigenous peoples. Culturally appropriate outreach measures will be required if they fear discrimination and prefer to stay hidden.
- Minorities and indigenous peoples are often disproportionately affected by statelessness. This is sometimes due to discriminatory nationality and citizenship legislation, sometimes because the various States to which minorities and indigenous peoples have ties apply different nationality laws, and frequently because of misconceptions about what constitutes legal status.
- Minorities and indigenous peoples often have rights to land and territories that do not coincide with political borders; as a result, they often cross borders fluidly. In conflicts or crises, this may put them at risk of being caught up in violent situations or separated from the groups to which they belong.

- Some minorities and indigenous groups practice harmful traditional practices that may negatively affect certain age and gender groups, particularly girls and women.

4. Other risks

- UNHCR runs a reputational risk. If it fails to protect minorities and indigenous persons of concern, this will harm its credibility and authority and undermine its mandate.

5. Key decision points

- Make sure that minority and indigenous persons are identified and registered. Always uphold the principle of self-declaration and ensure that self-declaration or recording of minority status, ethnicity or religion does not put those who self-declare at risk.
- Identify the decision-making structures, cultural practices, and customary laws of minority and indigenous peoples, to ensure they are properly included in decision-making and can participate in determining the appropriateness and acceptability of services and other protection measures, and in relevant activities.
- Put in place appropriate systems to prevent and respond to violence, exploitation, or abuse of minorities and indigenous peoples.
- Ensure that all programmes include minorities and indigenous peoples. Make sure they receive information and messaging about the programmes they are entitled to access.
- Involve relevant national services, where these exist. Consider providing support to strengthen the capacity of national services if these do not adequately meet the needs of persons of concern from minority and indigenous groups.,
- Identify suitable partners qualified to work with indigenous and minority communities and work with them. This is especially relevant if reliable national services are not available.

6. Key steps

Support services and care arrangements

- Map partners as well as local organisations led by indigenous or minority groups. Set up referral mechanisms. Assess the community's capacities.
- Take appropriate measures to ensure that, if they wish, displaced minority and indigenous communities can remain together to maintain their cultural heritage and identity.
- Be mindful of the traditions, practices and customary laws of minorities and indigenous peoples.
- Involve persons of concern from minority and indigenous groups in decision-making processes.

Identification and assessment procedures

- Apply an age, gender and diversity (AGD) perspective to assess the situation of minority and indigenous groups.
- Ensure that security is such that persons of concern feel comfortable about identifying themselves as members of a minority or indigenous group. Make sure that data protection measures are in place and that persons who do not wish to self-identify are not forced to do so, especially if they may be at risk. Where persons were displaced because of their minority or indigenous status, ensure that adequate measures are in place for their security.
- Enter the specific needs of minority and indigenous persons in ProGres.

Access to services

- Be prepared to intervene on behalf of persons of concern who are exposed to risk because they lack identity documents, could be stateless, face discrimination, or cannot access services and assistance on the same basis as others.
- Ensure that all information about services is easily comprehensible and accessible to persons from minority and indigenous groups. The presence of a translator or interpreter may be necessary to enable minority and indigenous people to access relevant services
- In consultation with them, make sure that minority and indigenous persons have space to practise their cultural traditions.
- Take steps to understand the specific rights of minorities and indigenous peoples. Rights may be conferred by international human rights law, and also regional or national laws. A range of actors, including government authorities, may be responsible for protecting the rights of minorities and indigenous persons and for providing specific services to them.

Prevention of abuse and exploitation

- Monitor the occurrence of harmful traditional practices and seek opportunities to address them in close consultation with the affected community. Work with the community to identify alternative practices that uphold its values without violating rights.
- Ensure that appropriate systems are in place to prevent and respond to violence, exploitation and abuse of minority or indigenous groups. Establish monitoring mechanisms to this end.
- Every effort must be made to protect minority and indigenous persons of concern from cross-border attacks or attacks by other persons of concern or members of host communities. Be prepared to provide safe accommodation or to offer evacuation in extreme circumstances.

Inclusion and information sharing

- Make sure that all programmes include minorities and indigenous peoples.
- Make sure that information and messaging about programmes are provided in accessible formats and languages.
- Encourage the involvement and meaningful representation of minority and indigenous women, LGBTI persons, persons with disabilities, older persons, and other groups at risk, provided this can be done safely.

Awareness raising and advocacy

- Make sure that staff, partners, and local and national authorities understand and know how to respond to the specific needs of minorities and indigenous peoples. This requires sensitization and training.

Encourage and assist communities to learn about and share their cultures. Involve the host community, persons of concern from majority communities, and minority and indigenous persons of concern.

7. Key management considerations

- Make sure that sufficient staff and resources are available to enable UNHCR to understand the communities it seeks to protect, and to address the specific needs of minorities and indigenous peoples. This might require research or advice by anthropologists.
- Assess programmes regularly; ensure that all analysis is AGD-sensitive.
- Establish protection monitoring mechanisms and monitor the level of protection enjoyed by indigenous and minority persons of concern.
- Encourage national services and partners to continue to support programmes that protect and assist minority and indigenous persons of concern.
- Ensure that the needs of minorities and indigenous peoples are included in all relevant programmes and services.

8. Resources and partnerships

Staff

Protection; health; mental health and psychosocial support; community-based protection; interpreters.

Financial resources

Sufficient resources should be available to meet the needs of minorities and indigenous peoples.

Partners

These include, in particular, national NGOs, government institutions, and national human rights institutions that work with minorities and indigenous peoples. Minority Rights Group International (MRG International) is the best-known international NGO working for minorities and indigenous peoples. (At <http://minorityrights.org/>).

9. Links

Office of the High Commissioner for Human Rights (OHCHR), Minorities United Nations Permanent Forum on Indigenous Issues (UNPFII)
MRG International, World Directory of Minorities and Indigenous Peoples
Center for International Development and Conflict Management, Minorities at Risk (MAR) project. MAR

monitors the persecution and mobilization of ethnic groups worldwide
Center for International Development and Conflict Management, All Minorities at Risk (AMAR) project.
AMAR constructs a list of socially relevant ethnic groups undefined by any political criteria (including being 'at risk', as in the original MAR dataset)

CBP Community of Practice

10. Media

Minorities Voices newsroom

Minority Rights Podcast

MRG International, Say my name. Filmed in Rwanda, Botswana, Kenya and the Dominican Republic, this video tells the stories of people on the outside of society who face extreme discrimination

Need help?

CONTACT As first port of call, contact the UNHCR Deputy Representative (Protection), the UNHCR Assistant Representative (Protection), or the Senior Protection Officer in the country. Alternatively, contact the UNHCR Head of Protection, or the Deputy Director (Protection) or the Regional Assistant/Deputy Representative (Protection); or the Senior Protection Officer or the Senior Community-based Protection Officer in the regional bureau.

The person you contact will liaise as required with the relevant technical unit at UNHCR DIP

Annexes

- UNHCR, Policy on Age, Gender and Diversity (2018)
- Working with National or Ethnic, Religious, and Linguistic Minorities and Indigenous Peoples in Forced Displacement
- MRG International, Minority and Indigenous Trends (2019)
- Pew Research Center, The Pew Forum on Religion and Public Life, The Global Religious Landscape
- UNDP, Marginalised Minorities in Development Programming a Resource Guide and Toolkit
- UN Development Group, Guidelines on Indigenous Peoples' Issues

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Persons at heightened risk

Key points

- Do not assume that persons with specific needs are visible; actively identify them.
- Consult persons with specific needs to assess their needs and capacities and identify shortcomings in protection and assistance programmes.
- Consult persons with specific needs in order to decide what their food and non-food assistance packages should contain, and to make sure they can access distribution mechanisms.
- Keep in mind that individuals and groups with specific needs are often the least likely to come forward to make their needs known.

1. Overview

In every emergency, some refugee or IDP groups or individuals face heightened protection risks because of their circumstances or the context. Those at higher risk include persons commonly known as 'persons with specific needs' who face specific barriers due to discrimination, their identity, or other factors that prevent them from fully enjoying their rights or accessing services they need. (See UNHCR, *Guidance on the Use of Standardized Specific Needs Codes*.)

The term 'person with specific needs' is often used in UNHCR, but should be avoided to the extent that it has a disempowering connotation. It is important to note that not all persons categorized as having specific needs require specialized assistance. For example, persons with disabilities experience obstacles when they try to access their rights, but in many cases the challenges they face are primarily due to social, cultural, physical, economic, or political discrimination.

In non-emergency situations, social services and community structures meet most of the needs of those at risk. In an emergency, however, many of these safety and support networks break down or even become a source of new risk. An emergency response can also overlook or fail to identify groups or individuals who need specific forms of protection. It is therefore vital to take steps to promptly identify all groups and individuals at heightened risk, and provide them appropriate protection and assistance.

Individuals in the following categories are generally considered to be at heightened risk: girls and boys , including unaccompanied and separated children; persons with serious health conditions; persons with special legal or physical protection needs; single women; women-headed households; older persons ; persons with disabilities; and persons of diverse sex, sexual orientation or gender identity (LGBTI individuals).

It is important to remember that not every individual in the above categories has specific needs. Moreover, their needs may alter over time and will be influenced by the environment they are in. Rather than target 'labelled' groups with a standard package of assistance, it is essential to understand how age, gender and diversity characteristics intersect in shaping individuals who are unique in their capacities, risks and needs. UNHCR staff should therefore analyse the protection and assistance risks that individuals and groups face and assess their needs by means of a targeted protection assessment, a needs assessment, or both.

It is also important not to limit the scope of protection and assistance to the above-mentioned groups. All persons should receive appropriate protection and assistance according to their needs, in consultation with the individuals and communities in question.

2. Protection objectives

- To identify systematically individuals and groups at heightened risk at the start of an emergency and ensure their needs are regularly assessed using participatory approaches.
- To set up mechanisms that quickly identify and refer persons at heightened risk, particularly those who are less visible to humanitarian actors, in cooperation with communities and their structures.
- To design and implement protection responses and assistance programmes jointly with persons at heightened risk and their communities.
- To prioritize individuals and groups at heightened risk, with the urgency required, in all protection and assistance responses (including reception, registration, refugee status determination, and resettlement).
- To develop partnerships and referral mechanisms with other protection and assistance actors (including national partners) who have relevant expertise and adequate capacity to support groups and individuals at heightened risk.
- To establish and maintain a confidential individual casemanagement system (using the proGres database) to register and track persons at heightened risk, and record the protection and assistance they require and receive. For more information on recording specific needs in proGres 4, please see Baseline SOP for the Registration Module

Note. Operations should decide which specific needs they want to track, and how to record them most efficiently and safely in proGres. If an individual's specific needs are not recorded in the Specific Needs (SPN) entity of the Registration Module, or if a user does not have access to SPNs, he or she will not be

able to consider these needs or prioritize individuals in SPNs.

For persons with specific needs who require individual case management, protection incidents and interventions can be recorded in the proGreslegal and physical protection module, the child protection module, or the SGBV module. Bear in mind that information recorded in the SGBV and child protection modules is not accessible to Registration, RSD, Resettlement or any other programmes that do not work on child protection or SGBV.

When deciding on access levels or where to record what, the operation should take into account, adopt the security design related to CP/SGBV and SPNs.

Aggregated information can be accessed on all individuals whose specific needs have been recorded via reports generated from the database.

3. Underlying principles and standards

- UNHCR, Policy on age, gender and diversity (AGD), 2018.

The policy reinforces UNHCR's commitment to ensure that people are at the centre of all what we do. It consolidates commitments to a strong AGD orientation, accountability to affected people (AAP) and to women and girls. It defines six areas of engagement and ten mandatory core actions for all UNHCR operations and headquarters.

- UNHCR, Understanding community based protection, Policy Paper, 2013.

Sets out key lessons learned from implementing community-based protection programmes. Advises UNHCR personnel and partners how to integrate community-based approaches to protection in their humanitarian work.

- UNHCR, Manual on a community based approach in UNHCR operations, 2008.

This manual argues that, if people of concern are put at the centre of operational decision-making and protection strategies are built in partnership with them, they will be better protected, and in a better position to identify, develop and sustain solutions, and resources will be used more effectively.

4. Protection Risks

- If groups or individuals with specific needs are not identified early in an emergency, they may face heightened protection risks including discrimination, abuse, violence or stigma.

- If mechanisms to identify persons at heightened risk are not effective, some individuals in need of specific protection may not be identified, particularly if their specific needs are not visible.
- If protection and assistance gaps for groups or individuals with specific needs are not addressed early on, they may become more severe over time.
- Communities play an essential role in identifying and supporting persons at heightened risk, including those with specific needs; they help to design and implement protection and assistance programmes. However, they can also sometimes be a negative force and the source of harm. Harmful traditional practices may (re-)emerge during displacement; marginalized and vulnerable groups may face more extreme exclusion or exploitation; power imbalances can be exacerbated, etc.
- Systems that simplistically favour persons with specific needs may generate needs artificially and may create tensions in the community. For this reason, regularly review specific needs and their prioritization as the emergency context evolves.

5. Other risks

- If specific needs are not identified and addressed promptly, the situation of persons of concern may deteriorate, causing further harm, loss of life, etc.
- Late or ineffective responses may create security risks.
- If UNHCR does not fulfil its protection responsibilities to particular groups, its credibility and authority may be damaged, and its mandate undermined.

6. Key decision points

- Respond at once and adequately when specific needs are identified, and ensure day-to-day support is made available as required, including through community-based support mechanisms.
- Make sure that persons with specific needs are identified and registered as early as possible.
- Take steps to ensure that services and infrastructure are physically accessible to those with limited mobility.
- Establish confidential referral systems to ensure that persons with specific needs have access to relevant service providers.
- Put in place appropriate systems to prevent, mitigate and respond to violence (including SGBV), as well as exploitation and abuse.
- Make sure that programmes include persons with specific needs. Ensure that persons with specific needs receive information about programmes that concern them through a variety of accessible communication channels.
- Ensure that staff, partners and public authorities recognize and know how to respond to specific needs.
- Particularly in non-camp settings, identify partners and establish an outreach programme to ensure that individuals with specific needs are identified and informed of their entitlements.

- Ensure feedback and response systems are in place and that persons with specific needs can access them, and act on feedback received.

7. Key steps

- Take steps to ensure that groups with specific needs are fully informed of protection and assistance measures that they are entitled to access, notably distribution systems.
- Identify groups or individuals with specific needs who require immediate attention. Prioritize unaccompanied and separated children, the sick and malnourished, and unaccompanied persons with disabilities. Also identify those whose needs require medium-term follow up.
- Involve the community.

Communities play a critical role in identifying and responding to the protection needs of persons with specific needs. This is especially so in areas that humanitarian workers cannot access.
- Identify active community structures and community self-protection mechanisms and take steps to address negative coping mechanisms.
- Identify and work with organizations of persons with disabilities, and other structures of groups with specific needs. Ensure they are included in broader community leadership structures.
- Ensure that persons with urgent medical needs and chronic medical conditions are referred to health care providers for immediate treatment.
- Take account of specific needs when you craft your communication messages. Children, and people who are sick, elderly, or have disabilities, will not necessarily obtain the information they need through everyday channels. Adapt your communication strategy to meet such needs.
- Provide a 'fast-track' queuing system for groups or individuals with specific needs, so that they can register and receive assistance and protection promptly. Prioritize them according to the gravity and urgency of their needs. In larger operations, you might ask a member of the reception team to monitor the reception area (and outside it) with the aim of pre-identifying and giving priority to persons with specific needs.,
- Groups or individuals with specific needs should receive prompt protection and assistance: they should be prioritized at reception, registration, refugee status determination, and resettlement, and in other response mechanisms and processes. See chapter 5.1 of UNHCR's Guidance on Registration and Identity Management on prioritization of persons with specific needs at registration
- Train reception and registration staff to identify and refer persons with specific needs as appropriate. For more information on identifying specific needs codes and making referrals, see UNHCR's Guidance on Registration and Identity Management, specifically chapter 5.2 on Registration as an Identity Management Process, and section 4 on identifying specific needs and referring concerned individuals according to SOPs

- It is a good idea to create a curated, shorter list of key specific needs codes that are most relevant and applicable to the situation, and to train staff to identify and record these codes rather than the whole list. Screening questions can also be provided to help staff with identification.
- Enter details of persons with specific needs into proGres. (If pre-registration is paper-based, flag specific needs in the physical record.)
- Ensure that UNHCR personnel who work in protection, child protection and community-based protection are present at reception/registration facilities to assess immediately persons with specific needs who are referred by registration staff.
- Establish and maintain up-to-date records in the proGres database. Establish a simple periodic reporting system (by generating reports from proGres). Focus on the needs identified, the services provided, and statistical data.
- Jointly with affected groups or individuals, as well as communities, establish mechanisms or processes to provide basic services, monitor their delivery, and implement follow-up actions.
- Ensure that groups or individuals with specific needs are able to access assistance distribution points and are not neglected in the delivery of goods and services.
- If necessary, arrange separate queuing systems or deliver goods to persons who cannot attend distributions. Monitor the distribution of goods to groups or individuals with specific needs to ensure they do not suffer discrimination and are not exploited.
- Remember that some groups may be subject to violence and abuse by other members of their community. If necessary, arrange for separate distribution and counselling hours.
- If individuals are unable to collect assistance on their own, designate and record an alternative collector. Monitor such cases to make sure the assistance reaches the individuals for whom it is intended. Consider community-based approaches.
- Monitor the construction of shelter, water and sanitation facilities to ensure that these are adapted to the needs of individuals with specific needs. When designing facilities, involve individuals with special needs.
- Provide transport for individuals with physical disabilities, frail older persons, women in late pregnancy, and persons in severe psychological distress who need transport to access medical and other services. Ensure that those who travel are accompanied by a responsible attendant (usually a relative) and that clear meeting points are identified to prevent separation from family members.
- Take steps to make sure that interviews are not repeated unnecessarily. This can jeopardize confidentiality as well as increase the stress of those interviewed. To this end, ensure that case records are transferred whenever individuals with specific needs are moved.
- Identify and strengthen local institutions that have facilities for care and treatment (clinics, schools, hospitals, recreational facilities, etc.).
- Undertake participatory assessments with groups or individuals with specific needs and take account of their opinions in operational planning. Make sure they can attend meetings, or conduct home visits to gather their views. Diversify your participatory methods and adapt them to the needs of the different groups you target.

- Where possible, provide vocational training and livelihood opportunities for those with specific needs, or their families, to help them to support themselves and find longer term solutions.

8. Key management considerations

- Resources and sufficient staff need to be in place to meet specific needs.
- Assess programmes regularly to ensure that age, gender and diversity (AGD) policies are implemented and that programmes are inclusive of all.
- Establish a monitoring mechanism and monitor all key steps.
- Establish a confidential feedback and response system and ensure it is accessible to persons with specific needs. The system should enable them to report protection concerns, including about sexual exploitation and abuse.
- Establish national partnerships to ensure that programmes and support for persons and groups with specific needs can be sustained.
- Implement community-based protection and work with communities (including host communities) to identify and respond to the needs of persons with specific needs.

9. Resources and partnerships

Staff

- Key sectors include protection, community-based protection, and mental health and psychosocial support.

Financial resources

- Should be sufficient to plan and implement necessary services, programmes, and interventions.

Partners

- National NGOs and government institutions, including relevant ministries.

10. Links

UNHCR's online community-based protection practitioners community
 UNHCR, Guidance on Registration and Identity Management
 UNHCR, PRIMES Support
 UNHCR, Guidance on the Use of Standardized Special Needs Codes

UNHCR, Understanding community-based protection (2013)

CBP Community of Practice

Community-based outreach outside of camps.

Community centres

Effective and respectful communications in forced displacement.

Community-based protection and mental health and psychosocial support.

Working with persons with disabilities in forced displacement

Working with lesbian, gay, bisexual, transgender, intersex persons in forced displacement

Working with national or ethnic, religious and linguistic minorities and indigenous peoples in forced displacement

Working with older persons in forced displacement

Working with men and boys survivors of SGBV

11. Media

Introduction to Community-Based Protection

Need help?

CONTACT As first port of call, contact the UNHCR Deputy Representative (Protection), the UNHCR Assistant Representative (Protection), or the Senior Protection Officer or Senior Community-based Protection Officer in the country.

Alternatively, contact the UNHCR Head of Protection, or the Deputy Director (Protection), or the senior Protection Coordinator, or the senior Protection Officer, or the senior Community-based Protection Officer in the Regional Bureau.

The person you contact will liaise as required with the relevant technical unit at UNHCR DIP.

Annexes

- UNHCR, Guidance on the Use of Standardized Specific Needs Codes, Annex 1 and Annex 2, IOM 030-FOM 030-2009
- UNHCR, Guidance on the Use of Standardized Specific Needs Codes Annex 2 IOM 030-FOM 030-2009
- Standardized Specific Needs Codes - French
- Mental Health and Psychosocial Support Programming for Refugee Operations, 2013
- UNHCR, The Heightened Risk Identification Tool, 2010
- UNHCR, Tool for Participatory Assessment in Operations, 2006

- Guidance on the Use of Standardized Specific Needs Codes (English)

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Persons with disabilities

Key points

- Do not assume that disability is visible. Seek to identify individuals with disabilities proactively, including those with psychosocial and intellectual disabilities.
- Consult persons with disabilities and their families to identify their needs and capacities and understand what barriers impede the effectiveness of protection and assistance programmes.
- Inclusive disability programming is not just about providing ramps and wheelchairs.
- Make sure the language you use to describe persons with disabilities respects their dignity and humanity. (Speak of 'persons with a disability' rather than 'the disabled' or 'handicapped people').
- Consult persons with disabilities when you decide the content of food and non-food assistance packages, to ensure that distribution arrangements are accessible.

1. Overview

The Convention on the Rights of Persons with Disabilities and its Optional Protocol (CRPD, 2006, A/RE S/61/106

) defines persons with disabilities to "include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

In situations of forced displacement, persons with disabilities have the same rights and basic needs as others and face the same challenges. However, they face numerous additional barriers. They face particular protection risks, including a heightened risk of violence, exploitation and abuse, and high levels of stigma. They have difficulties accessing humanitarian assistance, education, livelihoods, health care and other services. They may be denied certain legal rights, and are often excluded from decision-making processes and leadership opportunities.

Persons with disabilities are not a homogenous group. They face multiple and compounding forms of discrimination, on the basis of disability but also on other grounds, which may lead to situations of exclusion.

The World Health Organization estimates that about 15% of the world's population has a disability. In situations of forced displacement, the incidence of disability is usually higher because a larger proportion of people have injuries, lack access to medical services, and face barriers in their environment.

2. Protection objectives

- To identify and assess the needs of persons with disabilities, from the start of an emergency and throughout.
- To provide an immediate and adequate response to specific needs and ensure that protection and assistance programmes are accessible to persons with disabilities on an equal footing with other persons of concern.
- To create conditions in which people with disabilities do not suffer discrimination, and participate in decisions that affect them.
- To ensure that all responses take account of and include persons with disabilities, by applying an age, gender and diversity lens and considering their specific needs. Persons with disabilities must be enabled to participate as actors in the protection of their families and communities.
- To ensure that appropriate systems are in place during an emergency to prevent and respond to violence against persons with disabilities and their families, or their exploitation or abuse.

3. Underlying principles and standards

UN Convention on the Rights of Persons with Disabilities
and its *Optional Protocol*
(2006).

Article 11 of the CRPD refers to the safety and protection of persons with disabilities in conflict and emergency situations.

Handicap International, *Disability Checklist for Emergency Response*,
2010. In braille and large print.

UNHCR Executive Committee, *Conclusion on refugees with disabilities and other persons with*

disabilities protected and assisted by UNHCR

, 2010.

Reaffirms UNHCR's responsibility and commitment to upholding the rights of persons with disabilities in accordance with Executive Committee Conclusions, international conventions, and relevant United Nations General Assembly resolutions. Outlines recommended actions by UNHCR, its partners, and States.

UNHCR, *Need to Know Guidance: Working with Persons with Disabilities in Forced Displacement*, 2019.

Provides practical guidance on issues that must be considered to ensure that the rights of persons with disabilities of concern to UNHCR are fulfilled without discrimination.

UNHCR, *Policy on Age, Gender and Diversity*

(AGD), 2018.

The policy reinforces UNHCR's commitment to ensure that people are at the centre of all we do. It consolidates commitments to a strong AGD orientation, accountability to affected people (AAP) and commitments to women and girls. It defines six areas of engagement and ten mandatory core actions for all UNHCR operations and headquarters.

4. Protection Risks

- Persons with disabilities may experience difficulty in moving, hearing, seeing, communicating or learning. Their disabilities may include injuries or chronic illnesses.
- Persons with disabilities face a variety of barriers: these may be physical and environmental; attitudinal; policy; or in communication.
- Persons with disabilities are more likely to experience violence, including: sexual and domestic abuse; exploitation by family members; discrimination; and exclusion from access to humanitarian assistance, education, livelihoods, health care, a nationality, and other services. Women, older individuals, children, and LGBTI persons who have a disability are doubly exposed to such risks.
- Persons with disabilities are likely to be more at risk in dispersed rural and urban settings and recent displacement sites, because communities in these locations are less cohesive and community protection mechanisms may be weaker.
- Adolescents and youth with disabilities are frequently excluded from peer group activities and social networks that can help to protect them from violence, including sexual and gender-based violence (SGBV).
- Children with disabilities may suffer stigma, bullying or discrimination (including harassment) at the hands of their peers or teachers, harming their educational opportunities.
- Persons with psychosocial and intellectual disabilities tend to be less identifiable than persons with physical and sensory disabilities. As a result, programmes are less likely to address their needs and registration procedures are more likely to overlook them.

5. Other risks

- Persons with disabilities will be particularly at risk if UNHCR or its partners fail to protect the security of populations of concern.
- The reputation of UNHCR and its partners will be put at risk if they do not fulfil their responsibility to protect all populations of concern

6. Key decision points

- At the start of an emergency, consider disability when designing shelter and settlement options, selecting sites, planning and designing infrastructure, and setting access standards. Make sure that arrangements for emergency aid distribution address the access needs of persons with disabilities.
- Take immediate steps to ensure that the response deals adequately with the specific needs of persons with disabilities.
- Ensure that persons with disabilities are identified and registered and that their needs are assessed.
- Make sure that services and infrastructures take account of and include those with physical, hearing, visual, intellectual and psychosocial disabilities
- Establish referral systems to ensure that persons with disabilities reach relevant service providers.
- Put in place systems to prevent and respond to violence, exploitation and abuse.
- Ensure that programmes include persons with disabilities, and that persons with disabilities have access to information and messaging about programmes that concern them.
- Ensure that staff, partners and local and national authorities recognize and know how to respond to the specific needs of persons with disabilities.
- Ensure persons with disabilities can participate in protecting their families and communities.
- In non-camp settings, take steps to identify potential partners and establish an outreach programme, to ensure that persons with disabilities are identified and receive information they need.

7. Key steps

Identification and assessment procedures

- Assign community workers, UNHCR protection staff or community-based protection staff to (pre-)registration points or places of arrivals, to identify and register persons with disabilities.
- Integrate the Washington Group short set of disability questions or other relevant tools in data collection mechanisms to identify persons with disabilities.
- Appoint community workers or partners' staff to identify and register persons with disabilities who may not have been present at (pre-)registration. (This is often due to barriers at access registration points.) Persons with disabilities and their representative organisations may be useful sources of information.

- During rapid and participatory assessments, include specific questions about the experience of persons with disabilities. Do so to identify specific protection risks, specific needs, and barriers that prevent people from obtaining assistance.,
- Consult persons with disabilities to determine which referral mechanisms and which forms of assistance they find most appropriate and accessible.
- Train registration staff and provide guidance on how they should identify and record persons with disabilities who have not yet been registered in ProGres.
- Enter in ProGres the specific needs of persons with disabilities.

Access to services

- Identify families that include persons who have difficulty moving; in consultation with the families, locate them close to facilities and services when assigning plots and shelters.
- Train partners and local service providers in disability inclusion and build their capacity to implement it.
- In consultation with persons with disabilities, adapt medical centres, distribution sites, water sources, latrines, schools, shelters, and other infrastructure, to make them safe, accessible and appropriate for persons with disabilities. (Avoid barriers or tripping hazards, include ramp access, large doorways, handrails on stairs, space to turn a wheelchair, non-slippery floors, etc.).
- Ensure food and other distributions are accessible to persons with disabilities by establishing a distribution monitoring system. Where appropriate, consider separate queues, transport support, smaller parcels, or home delivery systems. Work with health and nutrition partners to identify specific dietary needs of persons with disabilities and people with chronic health issues.
- Consult persons with disabilities to identify what specific protection risks they face, and whether cash-based assistance programmes need to be adapted.
- Consult persons with disabilities when designing new infrastructures and deciding what items distributions should include (for example, lighter jerry cans). Consult early to avoid expensive adjustments later.
- Work with school authorities and communities to improve the inclusion of children with disabilities. Adapt education programmes where necessary. Include children and parents in consultation.
- Consult persons with disabilities to identify barriers they face in accessing health services. (Include public health, sexual and reproductive health, maternal and child health, etc.)

Support services

- Map service providers and potential partners (at community, local and national level, and camp level if applicable) who provide specialized services, such as rehabilitation and assistive devices. Check that their services can be accessed by refugees.
- In consultation with persons with disabilities, identify service providers, agree on coordination mechanisms, and establish referral mechanisms for access to services.

- Prioritize persons with disabilities in reunification efforts. Do not separate persons with disabilities from their family members or support persons, or from their assistive devices, adaptive aids, or medication (for example, during relocation or transport).
- Consult persons with disabilities and the wider community to assess the community's capacity to support persons with disabilities who are alone and need support.
- Identify persons with disabilities who are living in institutions, and ensure that protection staff and partners follow up.

Prevention of abuse and exploitation

- Ensure that all programmes to prevent and respond to sexual exploitation and abuse (PSEA) and sexual and gender-based violence (SGBV) include persons with disabilities.
- Through community workers and other partners, establish systems for monitoring and following up the situation of persons with disabilities who are at heightened risk of abuse or exploitation. Implement appropriate referral mechanisms.
- Train persons with disabilities, their families, SGBV prevention and response partners, and community workers, in how to recognize, prevent, and report instances of violence, exploitation and abuse.

Inclusion and information sharing

- Prepare all key messages to displaced populations in a variety of formats (radio, word of mouth, information booklets in 'easy to read' format, texts with symbols and images, etc.).
- Make sure your methodologies for consultation include persons with disabilities and their households. Involve them in decision-making and programming, including the design, assessment, monitoring and evaluation of activities.

Awareness-raising and advocacy

- Inform staff and partners of the rights of persons with disabilities. Emphasize that responses need to be designed in consultation with persons with disabilities to ensure they are inclusive and accessible.
- Train UNHCR and partner staff on practical steps they can take to improve accessibility and inclusion. Local organizations of persons with disabilities can be an important training resource. Encourage the authorities to include persons of concern with disabilities in national policies and programmes, including national social protection programmes.

Participation

- Include persons with disabilities in education and livelihood activities. Identify opportunities and training for them, corresponding to their experience and abilities.
- Include persons with disabilities in community-based governance mechanisms, such as refugee committees. Ideally, persons with disabilities should have their own structures and be represented in all community-based structures as well.

- Engage persons with disabilities in leadership roles in the community, as community volunteers, facilitators, etc. To achieve this, you may need to adapt selection criteria and tasks, or provide support.

8. Key management considerations

- Put in place enough staff and resources to enable the operation to address the gaps and barriers faced by persons with disabilities.
- Assess programmes regularly and ensure they are AGD-inclusive.
- Establish monitoring mechanisms for all key steps.
- Establish national partnerships to ensure that government services and other national partners are fully engaged. This is essential if programmes and support for persons with disabilities are to be sustainable.

9. Resources and partnerships

Staff

Protection; community-based protection; mental health and psychosocial support.

Partners

Partners include UN entities, INGOs, national NGOs including organisations of persons with disabilities (OPDs), and government institutions and ministries that work on disability or provide services to persons with disabilities. The latter are often able to provide mental health and psychosocial support services.

Resources

Financial resources will be required to plan and implement relevant services, interventions and programmes.

10. Links

Handicap International

HelpAge International

Source (an International online resource centre on disability and inclusion)

Women's Refugee Commission

UNHCR Learn & Connect

Disability Rights Fund

UNICEF, Guidance on Including Children with Disabilities in Humanitarian Action (2017)

Charter on Inclusion of Persons with Disabilities in Humanitarian Response (2016)

Age and Disability Consortium, Humanitarian Inclusion Standards for older people and people with disabilities (2017)

IASC, Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

11. Media

Introduction to Community-Based Protection

UNHCR Video, The end of a long, silent journey. Two Eritrean refugees in Libya
UNHCRVideo, Iraq: Blind Boy's Love of Music

Need help?

CONTACT As first port of call, contact the UNHCR Deputy Representative (Protection), the UNHCR Assistant Representative (Protection), or the Senior Protection Officer or Senior Community-based Protection Officer in the country.

Alternatively, contact the UNHCR Head of Protection, or the Deputy Director (Protection), or the senior Protection Coordinator, or the senior Protection Officer, or the senior Community-based Protection Officer in the Regional Bureau.

The person you contact will liaise as required with the relevant technical unit at UNHCR DIP.

Annexes

- Disability among refugees and conflict-affected populations
- Women's Commission for Refugee Women and Children, Resource Kit for Field Workers, 2008
- UNHCR, Heightened Risk Assessment Tool, 2010
- UNHCR, Protection in Emergencies Toolbox. Protection Checklists, 2013
- UNHCR, Need to Know Guidance - Working with Persons with Disabilities in Forced Displacement, 2019
- UNHCR, Community-based Protection and Mental Health & Psychosocial Support, 2017

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Rental accommodation strategy considerations

Key points

- Ensure rented accommodation meets standards.
- Support an increase and/or upgrade of rental stock.
- Support livelihood activities that will increase persons of concern's self-reliance. Minimize the impact of speculation on the rental market.
- Ensure that tenancy agreements protect tenants from discrimination, abuse and exploitation and forced eviction.
- Consider the protection situation in the area of displacement, including security conditions and specific needs and risks, such as child protection and SGBV.
- Consider the national and local economy and the opportunities for persons of concern to become self-reliant, build sustainable livelihoods and contribute to the community. Consider how the influx will impact the host populations' ability to access livelihoods or services.

1. Overview

Rental accommodation is a settlement option that is more commonly used in urban settings. It is most feasible when displaced populations have the necessary resources available (funds, in-kind, etc.), and the host community has appropriate accommodation to rent.

When possible, displaced people may seek refuge in familiar areas where friends or relatives may be established and can provide informal support. Others prioritize economic opportunity when they decide where to settle.

Enabling refugees to reside in communities lawfully, peacefully and without harassment, whether in urban or in rural areas, supports their ability to take responsibility for their lives and for their families and communities.

Humanitarian support for this settlement option usually focuses on ensuring that rented accommodation is adequate and affordable. It needs to be affordable so that more households can obtain rented shelter; it should be adequate in terms of standards and quality. Strengthened protection outreach and monitoring will be required as with any alternative to camp approach.

2. Context characteristics and risks associated

To rent, an affected household needs to be able to acquire a short-term lease on a rural or urban property. Rent may be paid in cash or in-kind.

Conflicts and natural disaster often reduce the availability of land, housing or apartments to rent and households that are impoverished by conflicts and natural disasters are often unable to pay rent.

In a competitive market, persons of concern may be at risk of discrimination and exploitation by unscrupulous land lords. Frequently they do not have enough money for a deposit or lack necessary references. Regulations requiring proof of residence or citizenship may restrict their access to formal tenancy arrangements. Rental agreements may not be formal or enforced, leaving persons of concern lacking security of tenure and vulnerable to abuse.

Rent inflation and speculation may occur if the demand for rented property is high. Rental accommodation that is available and affordable is often substandard. It may take a long time to reach agreement with Government, local authorities, or property owners on the use of available land or property.

3. Context-specific protection objectives

- To provide safe and healthy living environment for persons of concern.
- To protect persons of concern from a range of risks, including eviction, exploitation and abuse, overcrowding, poor access to services, and unhygienic living conditions. To support self-reliance, allowing persons of concern to live constructive and dignified lives.

4. Principles and policy considerations for the emergency response strategy in this context

It is important to understand the opportunities and constraints for host populations who accommodate displaced populations in their dwellings or on their land. Income may be generated by renting a house or land to displaced people who want to settle. If the property rights of smallholders are protected, they are more likely to invest in the land and other productive assets.

Host governments may be reluctant to support rental accommodation as an alternative to camps for security reasons or concerns that refugees will compete with nationals for limited economic opportunities and scarce resources such as water or land. Host governments may also consider that allowing refugees to settle in communities and participate in the economy makes it less likely that they will return home in the future. A thorough analysis of the national laws, policies and practices in relation to the protection of refugees, including restrictions on the exercise of rights and freedoms should be conducted.

Shelter and housing programmes should also analyse the socio economic environment of residential areas to determine affordability and availability of rental accommodation.

Adequate accommodation in sufficient numbers may not be available from the outset. Upgrades or repairs to rental units may be needed and this may not happen quickly enough to respond to shelter needs early in the response. Consult relevant authorities, partners and persons of concern in order to establish a fair and coherent level of rent and rent support that will not disrupt the local rental market.

From the start, collaborate closely with the technical offices of local authorities, and study local rules and regulations concerning land tenure, public works and housing, in order to reduce the risk of conflicts over land and ensure compliance with local building regulations.

5. Priority operational delivery mode and responses in this context

- Explore cash support options to help refugees pay for rental accommodation.
- Technically assess the quality of rental accommodation to make sure it meets minimum standards.
- Facilitate access to basic services, including water, sanitation, health and education.
- When necessary and appropriate, support the upgrades of repairs to ensure that rental accommodation meets standards.
- Analyse the Housing, Land and Property (HLP) environment, laws and their enforcement, and identify practices that may render persons of concern in a position of vulnerability to discrimination, exploitation or abuse.
- Shelter assessments can include an analysis of the rental market, especially in urban displacements. This assessment should include an analysis of available rental stock, prices, conditions and needed rehabilitation, access to basic facilities, legal and protection issues, etc.

6. Priority actors and partners in this context

- Local or central Government authorities.
- Community and religious leaders.
- Host communities.
- National and international NGOs.
- IFRC and ICRC.
- Other UN and international organizations.
- National (particularly local language) and international news media.

7. Links

Shelter Cluster

UNHABITAT - Housing policy

The Sphere Handbook

Need help?

CONTACT Shelter and Settlement Section (SSS), Division of Programme Support and Management (DPSM). At:
HQShelter@unhcr.org

Annexes

- UNHCR, Global Strategy for Settlement and Shelter 2014-2018
- Sphere Project, the Humanitarian Charter and Minimum Standards in Disaster Response, (2011). Shelter Centre, Shelter after disaster
- UN Habitat, Rental Housing. An essential option for the urban poor in developing countries
- World Bank, Open Knowledge Repository, Safer homes, stronger communities
- UNHCR- Policy on alternatives to camps (UNHCR-HCP-2014-9)

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Emergency information management strategy

Key points

- Ask the IMO in your operation for the IM strategy.
- Involve IMO staff at the beginning of any data collection exercise.
- Ask for technical advice on collection, processing and analysis of data in your operation.
- IM staff must be involved in assessment initiatives. Contact them early in the process for best results.
- Ask for support when you establish monitoring systems.

1. Overview

An information and data management strategy is a plan that defines the purposes, outputs, time frames and responsibilities of all operational information services in an emergency.

A strategy should be developed in the first two weeks of a refugee or IDP emergency and maintained through all its phases.

The strategy should provide a broad overview of how information systems relate to one another and which organizations are stakeholders in each system, allowing the information manager to better coordinate information. It also helps to identify information gaps and redundancies across systems.

In terms of consensus-building, the strategy provides an opportunity for managers and operational staff to agree on reporting frequencies and data ownership. On a practical level, it details how information systems will operate. It is also a starting point for budgeting information management costs (implementing partner agreements, data-entry staff, mobile data-collection devices, laptops).

Defining and implementing an explicit strategy will help to deliver information more predictably and more reliably.

2. Associated risks

- Information and data management requires the coordination and dissemination of reports and operational information throughout UNHCR and with our partners. By doing this in a regular and predictable manner, guidance and information management products will improve coordination among first-phase refugee emergency responders.
- If an IM strategy is not in place, embedded in the strategic plan, valuable IM services may focus on the wrong operational priorities.
- An IM strategy is a communication tool but can also help UNHCR and partners to focus strategically. If IM functions are not well targeted and understood, they may be misallocated.

3. Steps to be taken

Step 1. Preparing and coordinating an IM strategy

To develop an information and data management strategy, information managers need to answer the following questions:

- What information gaps exist?
- What types of analytical products are needed?
- Who are the focal points responsible for implementing each system?
- What methods should be used to obtain required data?
- What human resources are required to run the systems?
- What is the frequency of reporting that each system requires?
- When should each system be implemented?

Step 2. Considerations during planning

During planning, information managers need to consider some of the following factors, which will affect the design of information management systems:

- **Contingency plans.** How is the emergency most likely to evolve? How might information systems need to change in the future?
- **Programme and intervention plans.** Which sectors are now, or likely to become, the most active? Do some sectors have exceptional information management needs?
- **Displacement pattern.** Is the displaced population moving en masse or is it scattered? Is there secondary displacement? Is the population stable or is new movement occurring? What is the scale of the displacement?
- **Physical access.** Is the population of concern accessible? Is remote monitoring required? How will the logistics of data collection influence the choice of information systems? How will the logistics of data collection affect the frequency of information products?
- **Security issues, humanitarian space and the Government's stance.** Do security conditions make it hard to obtain certain data from the population? What constraints limit the dissemination of information? What kinds of information are subject to these constraints?
- **IM activities of other partners.** Which data management activities should be undertaken by UNHCR, and which by implementing partners, operational partners, the Government? What IM activities should be undertaken jointly?
- **Internet connectivity and other IM technology.** Given the context, are website and e-mail dissemination systems the best option? Should burned DVDs and hardcopies of information be shared with partners who have no Internet access? How will data from deep field locations be transmitted to the operational hub?

Step 3. Set IM objectives and reporting lines, produce initial IM products

Before drafting a strategy, information managers will need to discuss IM objectives and products with the Representative and senior managers, including programme, protection and sector leads. Discuss what type of information decision-makers in the office need to know, what level of detail is necessary, and why they need the information in question. It is important to set up a regular and clearly communicated weekly dissemination schedule, so that colleagues and partners know what type of information products they can expect and when to expect them.

The Information Manager, Representative and senior managers should ensure that IM is included in coordination meetings or that IM coordination meetings are established, and agree a plan for preparing the following standard IM products during the first four weeks of a refugee emergency:

- An IM strategy.
- A review of secondary data available from other sources and situational analysis.
- Initial rapid population estimates.
- A contact list of operational partners.
- An initial needs assessment report.
- Maps, including security, situation, and 3W maps.
- Web portal deployment.

The Representative and other senior managers, the emergency team leader (if deployed), sector leads, and the information manager will need to agree on clearance procedures and a dissemination schedule for the above products. The information manager should also help (as needed) to develop IM strategies for producing sector-specific reports, a process that includes dissemination of sector-specific information products.

To do the above, information managers should do the following on arrival at the emergency:

- Ask to see the operation's contingency plan, or (if one does not exist) ask management to describe (scenarios) how the emergency is most likely to evolve.
- Ask colleagues whether any information management preparedness activities have been undertaken, such as a needs assessment.
- Find the standard geographic data being used by the humanitarian community and learn the process for updating this. (If no process has been agreed, the information manager should create one.)
- Meet the protection officer to clarify what the operational protection risks and constraints are, and to understand what types of information are sensitive.
- Search for pre-emergency baseline data (in the country's annual statistical report, UNHCR's Global Focus Insight at gfi.unhcr.org, the Government statistical office, from development actors, etc.).

- Identify UNHCR and partner staff who can assist with data collection and analysis, because the skills that are available will influence the adoption of more or less complex information systems. Design an information management strategy that is realistic and sustainable in terms of operational capacity.
- Determine SOPs for clearance and release of IM products.

Step 4. Include IM in coordination meetings

With the agreement of the Representative, the information manager should ensure that IM is included as an agenda item for discussion at all inter-agency coordination meetings in the field and in capital.

Immediately attend inter-agency coordination meetings and begin reaching out to partners. Post contact lists on the UNHCR web portal and circulate them at meetings. Always bring information products, population figures, maps and contact lists to meetings, to strengthen relations with partners and identify information needs.

Step 5. Establish a contact list and weekly meeting schedule

Information managers should immediately start work with a UNHCR administrative colleague (designated by the Representative) to create and track a contact list of all operational partners. The list may be circulated to partners. The information manager should be the focal point for all changes made to the list, and should remain its custodian, unless otherwise agreed. If available, it is good practice to keep a copy of the contact list on a shared drive, so that all UNHCR staff have access. The information manager should always keep a backup copy of the master contact list, saved each day on his or her personal drive.

Selective contact lists may be extracted from the master contact list and used for specific purposes. For example, the WASH sector contact list includes only staff members in that sector, and can serve as a sign-in sheet at coordination meetings. This enables colleagues to make sure that their contact information is correct, and reduces the time spent on tracking meeting attendance.

It is also useful to circulate a list of technical experts (UNHCR protection colleagues, programme colleagues, sector leads for WASH, health and shelter, etc.). A sample template for contact lists is included in this section as Annex 4: IM Strategy Template; tab 2: E-mail Dissemination List. A contact list by sector may be produced by filtering the master contact list by activity.

Step 6. Secondary data and situational analysis

Within two days of arrival, information managers should start work with the protection officer on a joint analysis of secondary data and production of a situational analysis.

'The situation analysis is undertaken through a desk review of existing information, including data gathered about the population. It also involves identifying the different stakeholders to learn about their interests and priorities, and mapping their activities, resources and expertise.' (UNHCR, *A Community Based Approach in UNHCR*, 2007, p. 27.)

When compiling the situational analysis, identify what types of camp administration (if any) have been set up by the refugee community, and note refugee coping mechanisms at camp level. The situational analysis should describe the host Government's involvement and response to the refugee situation, and

track developments in camp coordination and host Government assistance.

UNHCR's Protection Gaps Framework of Analysis Tool may be adapted for emergency situation analysis (see UNHCR, *Handbook for Emergencies*, 2007, p. 28). The tool is available online at www.unhcr.org/refworld/pdfid/430328-b04.pdf.

Step 7: Analyze emergency registration and population statistics

Information managers should work with the registration officer to compile and triangulate population figures. A Population Reporting Template should be completed and maintained for triangulation/analysis of population figures. One may be found in the Population Statistics section of the Emergency Information Management Toolkit.

- If emergency registration has been done, begin compiling a cross-sectoral analysis based on population figures, taking account of any operational coverage of specific locations based on information compiled in the 3W and survey of surveys.
- If emergency registration has not occurred, consult the Registration in Emergencies section (Section 4) of the Emergency Information Management Toolkit for guidance on emergency registration and related IM considerations.
- If emergency registration is not possible in all areas, use rapid population estimation techniques (see Section 5 of the Emergency Information Management Toolkit for guidance).

Information managers should work closely with other information specialists in the operation. Include those employed by UNHCR and by other organizations, to ensure that all data collected, analyzed and released observes UNHCR's standards for age and sex demographics.

Information on age and sex should be included in all standard IM products. Share demographic profiles of the refugee population with partners on a daily or weekly basis (depending on the situation), via the UNHCR web portal and by other means.

Step 8. Who does what where (3W)?

Information managers should continuously involve sector leads and new organizations and partners on the ground. Throughout their assignment, they should establish and track 3W information, using the 3W tool included in the 3W section of the Toolkit, to ensure that operational coverage and emergency needs continue to be well understood.

Refugee emergency: weeks three and four

Step 9. Survey of surveys

It is important to compile a survey of the surveys and assessments that UNHCR and partners have carried out. UNHCR management, programme and protection colleagues will be in a position to identify partners and contacts who can help with this task. The survey of surveys template (included as an annex in this section) requires information on the organization involved in each assessment, its type and name, its location, the start and end dates of fieldwork collection, and the type(s) of population(s) assessed.

Official UNHCR population types are: refugee, person in refugee-like situations, returned refugee, asylum-seeker, internally displaced person, person in an IDP-like situation, returned IDP, stateless person, and other person of concern. For a complete definition, see UNHCR, *Annual Statistical Reporting Guidelines* (2012, p. 37, at: <http://www.unhcr.org/4fd6f87f9.html>.)

As soon as all major partners have been contacted and an inventory of surveys and assessments has been compiled, begin an initial analysis to identify information and knowledge gaps. These may concern population groups that have not been assessed, locations that are difficult to access, locations that have not been covered, etc. In addition, report if particular geographical or sectoral areas are being over-assessed by several organizations. Coordinate this process with partners (NGOs, UN agencies, Government offices) so that the outcome is shared and owned by partners.

If information managers recommend an emergency needs assessment (ENA), based on analysis of the survey of surveys, this topic should be discussed in plenary at the next coordination meeting with partners. For guidance on ENAs, see the ENA section (Section 7) of the Emergency Information Management Toolkit.

Step 10. The Refugee Information Management Working Group (RIM WG)

The RIM WG is an IM service that UNHCR provides partners in refugee operations. With the participation of IM focal points outside UNHCR, the information manager sets up and leads a RIM WG. Though in many partner organizations no staff member will be responsible specifically for information management, each should be asked to provide at least one focal point to participate in the RIM WG. RIM WG terms of reference (TORs) are included as an annex in this section.

A RIM WG coordinates IM activities at inter-agency level between partners in refugee operations. Coordination is important to make sure that organizations cross-analyse and harmonize the data they hold, prevent data systems from duplicating or competing with each other, facilitate information sharing, and make the best use of humanitarian information resources. Information managers should map the resources available to the operational hub and in the capital. The map should indicate which organizations have datasets and monitoring systems in place; and which organizations employ data collectors, database administrators, translators, and data analysts who can assist IM projects.

Information managers should ensure that a RIM WG:

- Maps and harmonizes datasets across all operational partners. Information managers should track the locations, coordinates, Pcodes, common operational datasets (CODs) and fundamental operational datasets (FODs) (at <http://cod.humanitarianresponse.info/terms-use> in an Excel database). Contact the local OCHA office for area-specific Pcodes. Share the Excel database of Pcodes, CODs and FODs with all operational partners, to ensure they use the same units of assessment to analyse data.
- Lliaises with implementing and operational partners on data quality issues and data standards; participates in or organizes inter-agency data groups at field level; and, where necessary, advises partners on methodological issues and promotes timely reporting, to agreed standards, of data for which they are responsible.

- Ensures there is agreement on initial population figures, and that partners are updated regularly on registration activities and changing population demographics.
- Distributes information products, CODs and baseline data that all partners should use.

Step 11: Set up web portal and information kiosk Information managers should:

- On approval by the Representative/senior managers, contact web portal administrators to initiate an emergency web portal. (For guidance on how to initiate a web portal, see the Web Portal section, section 17 of the Emergency Information Management Toolkit.) Working with senior managers, define how frequently IM products are to be updated on the web portal, and begin drafting clearance SOPs for updating and maintaining web portal content.
- Begin populating the web portal with products supplied by information managers. Meet the Representative and the external relations officer to discuss the web portal's needs (news highlights, uploading requirements, dissemination schedules).
- Set up and maintain an information kiosk in the UNHCR office, and ensure that hardcopies of information products become available as they are developed and cleared.
- Use a range of dissemination channels to share information products and analysis (e-mail lists, SMS, meetings), both in the office and with partners.

Refugee emergency: weeks five and six

Step 12. Gather data from sector specialists and understand sectoral information needs

By the beginning of the fifth or sixth week (or sooner), information managers should meet programme and sector specialists to discover what sector-specific information systems are in place and what information needs sectors have. They should assist sector specialists to cross-analyse and build or adjust sectoral data management and tracking tools. (For protection and sector-specific IM, see the Minimum Sectoral Data sections (Sections 9-14) of the Emergency Information Management Toolkit.) Information managers should:

- Meet the programme officer to understand whether a shelter and core relief item (CRI) distribution monitoring system is working, and what current needs have been identified. If no tracking system is in place, establish one. (For guidance on tracking systems, see Minimum Sectoral Data: C. Core Relief Items, Section 11 of the Emergency Information Management Toolkit.)
- Work with the protection officer to gather protection monitoring or needs assessment reports on matters that may affect the protection status of persons of concern (security, coping strategies, population movement patterns, etc.).
- Gather health, food security, WASH and mortality reports and analyses from sector specialists.
- Where a vulnerable person case tracking system is operating, factor available information into the cross-sectoral analysis. (For information on registration, see Registration in Emergencies, Section 4 of the Emergency Information Management Toolkit.)
- Notify sectoral leads if information that sectors submit to the cross-sectoral analysis is conflicting or inconsistent, so that discrepancies can be resolved.

When these steps have been completed, incorporate sector-specific cross-analyses into information products, with the Representative's agreement.

In camp situations, camp profiles should be produced, to coordinate humanitarian activities across camps and to disseminate multi-sectoral information about particular camps.

Step 13. Identify IM needs, production of information products, contingency planning

Continue to monitor minimum sector data reports from the sector leads and identify other emergency IM needs as they arise. Include this information and analysis in standard emergency IM products. Present the most compelling sectoral information visually, as an info-graphic.

It may be necessary to move information from information systems established at the start of the emergency to systems that are sustainable over a longer period of time or permit more detail. For example, rapid population estimations may be replaced by an emergency registration.

4. Resources / inputs required

- Content management focal points for the data and information dissemination plan.
- Meeting schedule focal points for each meeting.
- 3W data focal points per sector/cluster.
- Needs assessment and monitoring focal points by sector/cluster/inter-agency initiative.

5. Related UNHCR management system(s)

Related UNHCR management system(s)

- Focus. Sometimes, when an operation preceded an emergency, sectoral data on protection and sectors may be gathered from Focus.
- proGress. Registration and case management staff working with proGres make a vital contribution.
- MRSP. Staff working in MSRP for logistics and human resources should coordinate closely with IM staff.
- Twine and GBVIMS. Sector and cluster systems (Twine for health, GBVIMS for gender based violence monitoring) make essential contributions to the overall response.

6. Links

UNHCR, A Community Based Approach in UNHCR,2007

UNHCR, Annual Statistical Reporting Guidelines,2012

UNOCHA, Humanitarian Response, Common and Fundamental Operational Datasets Registry, 2011

Need help?

CONTACT FICSS in Geneva. At: HQIM@UNHCR.org

Annexes

- Information Management Officer Terms of Reference
- Senior Regional Information Management Terms of Reference
- Refugee Information Working Group Terms of Reference (RIM WG)
- IM Strategy Template and E-mail Dissemination List
- Survey of Surveys
- Weekly Meeting Schedule Template
- Sample ToRs - refugee information management working group
- Guidance Note on Information Management in Emergencies 2012

Version and document date

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Document date: 06.05.2022

Multimedia content gathering

Key points

- Take photos and short videos to document what you see. A small glimpse of your daily reality can help audiences round the world to care about the people you serve.
- Focus on an individual or a family and share their story. Consider the protection and security of those you interview or film. Respect their dignity and seek their consent. Do not disclose details that might put them at risk. Explain that the image(s) or story could be

seen all over the world on internet, television, radio, etc. Discuss whether to change names or other details to ensure their protection.

- Think of the audience. Ask yourself: why will a reader or viewer living far away find this story interesting? Explain unfamiliar details and avoid jargon.
- Use social media to share up-to-the-minute content in real time.
- Share your content with the Multimedia Content Section, which can help edit and distribute it to a wider audience.

1. Overview

The term 'content' refers to all the editorial material that we publish on our websites, post to social media platforms, or share with external media partners. It includes news and feature articles, tweets, blogs, newsletters, photos, videos, podcasts, infographics and in-depth reports.

Obtaining good content is especially important when major conflicts or natural disasters erupt. Their impact on civilians is often eclipsed by political and military issues, but strong, timely content helps UNHCR to humanize a distant conflict and call attention to the plight of civilians in need of protection and life-saving assistance. Content enables us to raise awareness of the rights and needs of persons of concern, advocate for open borders, humanitarian access and other favourable policies, and mobilize much-needed donor support.

The Global Communications Service often deploys multimedia content producers to capture stories about individuals and families displaced from their homes, but field staff make a vital contribution, especially in the first hours and days of an emergency before the international press corps has arrived, as well as after the press corps has moved on.

2. Underlying policies, principles and/or standards

- When we share up-to-the-minute content, it helps UNHCR to lead the narrative by showing, that we are on the ground, well-informed, and ready to engage with journalists.
- Content about an emergency can help generate empathy in ways that advance UNHCR's advocacy and fundraising objectives.
- Protection is paramount. Never share content that puts someone at risk.

3. Good practice recommendations

Focus on individuals. Stories and images that focus on an individual are almost always more engaging and memorable than general stories or images of a crowd. Find a sympathetic individual who can articulate his or her experience. Ask what life was like before he or she was displaced. Look for ways in which people exhibit resilience, and ways in which host communities are showing generosity. Look for the unexpected – details or themes that add an element of surprise to the story. When writing, vary the

length of your sentences, avoid jargon, and omit unnecessary words. Start at a dramatic moment to hook the reader's interest and fill in context and backstory as you go along. Consider this example from a UNHCR story about desperate journeys on the Mediterranean (please see the first photo below).

Photographs. When taking photos, try to establish eye contact with the subject. Collect detailed captions with names, ages and direct quotes. If possible, take pictures in the early morning or early evening, when the light is often best. Take many photos and choose the best ones later. Take some in portrait format (vertical), which works well for report covers and Instagram stories, but take most in landscape (horizontal) because they fit most of our other online platforms better. Rather than put the subject in the centre of the frame, consider the rule of thirds. (Please see the second photo below.)

Sometimes, nevertheless, images of a crowd can powerfully capture a newsworthy situation – like the below iconic photo of Syrian refugees crossing into Iraq (please see the third photo below).

Video. When shooting video with a smartphone:

- Hold your phone parallel to the landscape (think of a wide movie screen) so that we can distribute your footage to broadcasters – unless you are intentionally shooting clips for Instagram stories or TikTok.
- Keep it still (try to brace against a stationary object, like a tree or vehicle).
- Try to capture a sequence, three related shots that give continuity or compress time. This could be a wide, medium and close-up shot of the same subject, or the beginning, middle and end of an action (putting a kettle on to boil, pouring hot water over the tea leaves, pouring a cup for a visitor).
- Hold each shot for about 10 seconds.
- Do not pan (move from side to side), do not tilt (move up and down), do not zoom.
- Let the action move through the frame, rather than follow it with your camera.
- If someone is speaking, get as close as possible and try to minimize wind noise. Better still, use a lav mic.

See media sample below – UNHCR's Vivian Tan with newly arrived Rohingya refugees in Bangladesh

Share photos, videos and written pieces with the Global Communications Service in Geneva. You can send large video files with shotlists to <http://www.wetransfer.com> and upload photographs directly to Refugees Media, UNHCR's searchable online distribution platform, at: <http://media.unhcr.org>

As water began to fill the boat, Thamer and Thayer, two brothers from Syria, sat and prayed to be rescued. If help did not come soon, they knew they would be swallowed into the depths of the Mediterranean Sea.

The one-way voyage had cost them US\$ 2,000 each. Over 200 others had paid the same and squeezed on board. Nobody guaranteed they would make it to Europe alive.

Now, off the coast of Italy's Lampedusa island, the journey turned into a nightmare – the second of two shipwrecks last October in which hundreds of people drowned within sight of the shore.

Back in Syria, before the violence and bloodshed, the brothers lived in a small, tight-knit community they describe as "serene." Life was simple, and the streets were safe and clean. Then war broke out, uprooting innocent civilians from their homes.

[image: in-medias-res.png]



[image: rule-of-two-thirds.png]



[image: iraq-bridge-gubaeva.jpg]

Rohingya refugees flee to Bangladesh - Voice of Vivian Tan, UNHCR spokesperson

Rohingya refugees flee to Bangladesh

Voice of Vivian Tan
UNHCR spokesperson

We saw dozens of boats on the sea and people just streaming off them.

0:04 / 0:34

A video player interface showing a woman speaking. The video frame shows people walking on a beach near the water. A subtitle at the bottom of the video frame reads: "We saw dozens of boats on the sea and people just streaming off them." The video player has a play button, a progress bar, and other standard controls.

null

4. Considerations for practical implementation

- Show what the subjects' lives were like before they were displaced.
- Capture the moment when they realized they had to flee. What went through their minds?
- Describe their flight to safety, their current situation, and their hopes and plans.
- Record interviews. Quote the interviewee directly. Let the reader hear his or her exact words.
- When writing, start at the most dramatic point in the story and add context and backstory as you go along.

5. Resources and partnerships

- Key staff including communicators working in emergency operations should be issued smartphones, so that they can create content themselves and share it quickly with social networks and the Global Communications Service in Geneva.

6. Links

[Refugees Media](#)

[UNHCR Official Website](#)

[UNHCR on Twitter](#)

[UNHCR on Instagram](#)

[UNHCR on Facebook](#)

[UNHCR on Youtube](#)

7. Media

Rohingya refugees flee to Bangladesh - Voice of Vivian Tan, UNHCR spokesperson

Need help?

CONTACT Contact the Global Communications Service:

- Chris Reardon, Chief of Multimedia Content Section, reardon@unhcr.org
- Gisella Lomax, Head of Social Media Unit, lomaxg@unhcr.org
- Suzy Hopper, Head of Photo Unit, hopper@unhcr.org

- Michelle Hoffman, Head of Video Unit, hoffmanm@unhcr.org
- Tim Gaynor, Global Web Editor (English), gaynor@unhcr.org
- Adrian Edwards, Officer in Charge, Global Communications Service, edwards@unhcr.org

Annexes

- UNHCR Guidelines on Engagement with the Media
- UNHCR Guidelines on the Personal Use of Social Media

Version and document date

Version: 2.6

Document date: 06.05.2022

Collective centre rehabilitation

Key points

Complete and retain all relevant documents during the adaptation of a building into a collective centre. These include:

- The scope or works (Statement of works).
- A master plan containing survey and construction details.
- An implementation plan, including a bill of quantities (BoQ), detailed technical working drawings, and specifications of what materials will be used and their quality.
- Local or national permits and owner agreements.

- Local or international building codes and standards.
- Communications with local authorities, the local community, contractors, implementing partners or other organisations, and donors.
- Procurement and contractual documentation (tendering, accepted bids, payment arrangements, etc.).
- A quality assurance plan (including safety measures with respect to the building site, specifying responsibilities in case of accidents).
- Prepare the site (levelling, vegetation clearance, marking out, water and utilities connections, storage of topsoil, etc.).
- Monitor progress and prepare an evaluation plan, including a site book and photographs.
- Make arrangements for completion and handover by the contractor.

1. Overview

Collective centres are pre-existing buildings and structures where large group of displaced people find shelter for a short time while durable solutions are pursued. A variety of facilities may be used as collective centres - community centres, town halls, hotels, gymnasiums, warehouses, unfinished buildings, disused factories.

A thorough assessment must be conducted to determine the conditions of the building and for how long it may be used. Be aware that UNHCR never offers rent, no matter who owns a building.

In all cases – regardless of the services, and utilities they offer, collective centres should be rehabilitated and/or upgraded to meet the shelter needs of their residents, including facilitating the provision of basic services. They should be managed and maintained from the onset and throughout the period persons of concern live in them.

An exit strategy is essential. Determine whether after they cease to be collective centres buildings will return to their original function or use.

2. Protection objectives

- To provide a safe environment with dignity to persons of concern while durable solutions are pursued
- To safeguard social rights such as adequate shelter, water and sanitation
- To provide mechanisms to access services for persons with specific needs

3. Underlying principles and standards

Collective centres host persons of concern in buildings that are not designed for accommodation. Although the physical space may appear adequate, the living conditions they offer often fail to meet minimum standards and do not ensure a life of dignity. Individuals may stay in collective centres for an undetermined period of time and vulnerable groups tend to settle in them and can become isolated from mainstream society.

Collective centres should be rehabilitated and upgraded to meet the shelter needs of their inhabitants, including access to basic services. They should be managed and maintained throughout the period refugees live in them.

They should provide privacy - personal spaces should be lockable to increase personal safety, independence, and adequate accommodation. It is important to ensure that smoke from stoves or open fires does not pose a health and disease risk.

For practical advice on how to set up, coordinate and manage collective centres in a manner that will satisfy minimum standards and uphold the rights of displaced people, see the section on *Tools, Documents and References* below.

4. Protection Risks

Collective centres should not be considered for longer-term accommodation. Due to the high concentration of persons of concern in collective centres, safety and security become important issues. Violence, drug abuse, sexual and gender-based violence may occur regularly. Long term residence in a collective centre is likely to cause stress and tension, possibly leading to depression, social conflict, friction between or within families, conflicts between clans or ethnic groups, and other individual or psychosocial problems.

Long term collective centres can increase their residents' vulnerability to attack, especially for older and single people and other vulnerable groups.

The supporting infrastructure of the building (water, electricity, sanitation) can deteriorate quickly from concentrated use, to the extent that living conditions can become dangerously unhealthy.

5. Other risks

Collective centres may cause serious and often long-lasting problems, especially those related to water and sanitation and solid waste management, for residents and those living in close proximity

Furthermore, since the normal use of the building has to be suspended with various social and economic consequences, both local and national governments are reluctant to transform public buildings into humanitarian shelter. Their prolonged use may also cause tensions with the host community as the occupation of these facilities may limit the delivery of public services.

6. Key decision points

The ruling principle when setting up collective centres should be 'a fit structure on a suitable site'. With this in mind, managers and staff should ensure that collective centres are safe for occupation, can be upgraded to meet standards, are secure, and that their location minimizes exposure to threats to its residents.

Existing public buildings or facilities that can become collective centres provide a short-term shelter option, especially when the weather is cold or very rapid action is required. Short-term becomes the key characteristic. A fast deteriorating infrastructure and building decay due to continued use will pose serious risks to the health of the residents. It is vital to maintain collective centres and their services adequately to protect the health of the residents, reduce the economic risks they generate for the host government, and limit their impact on local society and the environment.

Local and national governments may be reluctant to license or adapt public buildings for use as humanitarian mass shelters. Even after approval is given, durable solutions should be sought quickly because approval may always be revoked if the building must return to its original use.

7. Key steps

Setting up collective centres should be implemented by means of the following steps.

- Consult the Government to identify suitable buildings. Involve representatives of persons of concern, and host communities, in order to avoid unrealistic expectations.
- Conduct a thorough assessment of the site and structure including safety, access, facilities, location, proximity to hazards, etc. Avoid using buildings that contain asbestos.
- Calculate the cost of rehabilitation work that will be required to provide an appropriate level of comfort and privacy. (To enable residents to store their belongings safely, for example, and avoid fire hazards, etc.). Ensure that local building codes are met.
- Identify the owners of collective centres and sign an agreement (or a protocol of understanding), indicating maximum occupancy, arrangements in case of emergency, and the condition in which the building will be left after its use as a collective centre.
- Ensure that infrastructure, a water supply and facilities are available in the collective centre; or that adequate facilities are available externally, with the permission of the host community.
- Establish contingency plans for possible displacement scenarios.
- Make arrangements to upgrade the building as required (scope of works, design documents, tendering, pre-selection of local contractors, etc.), as well as manage it (pre-selection of organisations or staff to run and maintain the facility, etc.).
- Work with relevant programmes to identify and appoint implementing partners. Project partnership agreements (PPA) may be appropriate.
- Develop and deliver maintenance and exit plans.

- Provide timely support, monitor service delivery, and prepare and disseminate effective advocacy messages.

8. Key management considerations

- Evaluate the composition and compatibility of ethnic and religious groups in the collective centre.
- In the selection of collective centres consider: security, accessibility, environmental factors, available infrastructure, access to livelihoods, and access to basic services.
- Sphere standards should be followed when upgrading, and facilities should meet the needs of residents. Be mindful of the cost, appropriateness and maintenance needed by the upgraded infrastructure. For example, do not install an expensive heating system if funds will not be available to fuel or maintain it.
- Lighting, and heating (in cold climates), must be sufficient and safe to avoid fire. This may be expensive to install or rehabilitate, and electrical and fuel charges may also be expensive for residents.
- Buildings should be fit to resist climatic and environmental hazards and structurally sound to accommodate the proposed number of displaced people.
- Buildings used as collective centres will deteriorate. Maintenance and rehabilitation costs can be high. Always agree early with the building's owner how the building should be returned after its use.

9. Resources and partnerships

- Local or Central Government authorities (including military officials).
- Community and religious leaders.
- Host communities.
- National and international NGOs.
- IFRC and ICRC.
- Other UN and international organizations.
- National (particularly local language) and international news media.

10. Links

UNHCR, Guidance Note 12, Coordination and Management of camps and other collective settings

The Sphere Handbook 2018

UNHCR Share Point Settlement Information Portal (SIP) / Guidelines

Need help?

CONTACT Shelter and Settlement Section (SSS) – Division of Programme Support and Management (DPSM). At: HQShelter@unhcr.org.

Annexes

- UNHCR, Handbook for the Protection of Internally Displaced Persons, Guidance Note 12, Coordination and Management of camps and other collective settings
- UNHCR-IOM, Collective Centres Guidelines, 2010
- UNHCR, Global Strategy for Settlement and Shelter 2014-2018
- UNHCR, Handbook for the Protection of Women and Girls, 2008
- Guidelines on emergency sheltering for refugees in Germany

Version and document date

Version: 2.5

Document date: 06.05.2022

Preparedness Package for Refugee Emergencies (PPRE)

Key points

- Refugee emergency preparedness should always be undertaken in partnership with the host government, UN, NGOs, and other relevant partners.
- UNHCR and the host government co-lead refugee emergency preparedness.

- The PPRE approach requires the implementation of minimal preparedness, including emergency risk analysis, wherever UNHCR is present. Heightened risk of an emergency triggers the implementation of advanced preparedness measures, some of which are context specific.

1. Overview

The objective of emergency preparedness is to ensure that the strategic direction and required building blocks for an eventual emergency response are in place. Experience has shown that starting the delivery of emergency aid, especially at scale, takes significant lead time. By undertaking preparedness measures, operations frontload preparatory actions before a crisis occurs. Preparedness includes: a context analysis, planning, gap identification, training and capacity building, partnership development and coordination, and perhaps resource pre-positioning. Good emergency preparedness lays the foundation of an emergency response.

The Preparedness Package for Refugee Emergencies (PPRE) sets standards for preparing for refugee emergencies. It guides users to implement risk analysis

, and minimum

and advanced

preparedness actions, including scenario-based contingency planning

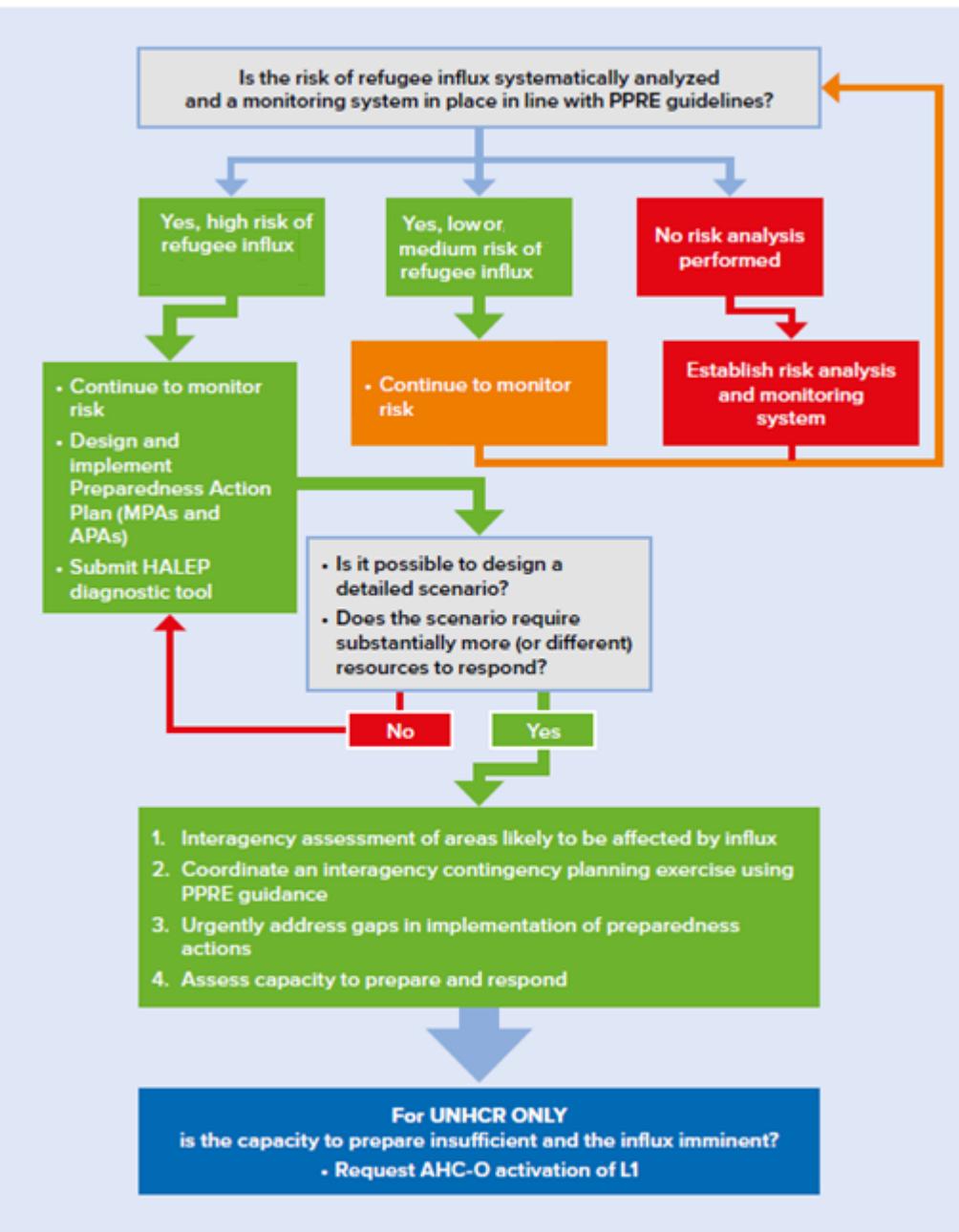
. It is designed for use by UNHCR in coordination and collaboration with all relevant actors, including government, the UN, NGOs, and other partners who are involved in preparing for potential refugee influxes or mass cross-border movements (for example, forced repatriation).

Conceptually, emergency preparedness actions align to a framework that has three pillars:

1. **ANALYSIS: knowing why, where, when and how to get ready.** Actions focus on knowledge management and involve collecting, mapping and monitoring information related to the potential emergency and the population of concern.
2. **PARTNERSHIP: preparing to respond, particularly at the local level.** All elements of preparedness require a joint approach with partners. Actions under this pillar promote discussion, coordination and inclusive decision-making, in which information is processed, plans are jointly produced and decisions are taken.
3. **DEVELOP CAPACITY: responding faster and better in the field.** By mapping and analysing gaps in their capacity to respond, partners in all relevant sectors become more robust as they implement preparedness actions ahead of a potential crisis.

2. When and for what purpose

All refugee operations must undertake emergency preparedness. Some PPRE components are triggered at specified levels of risk (see the flowchart below). The PPRE provides a framework for preparing systematically.



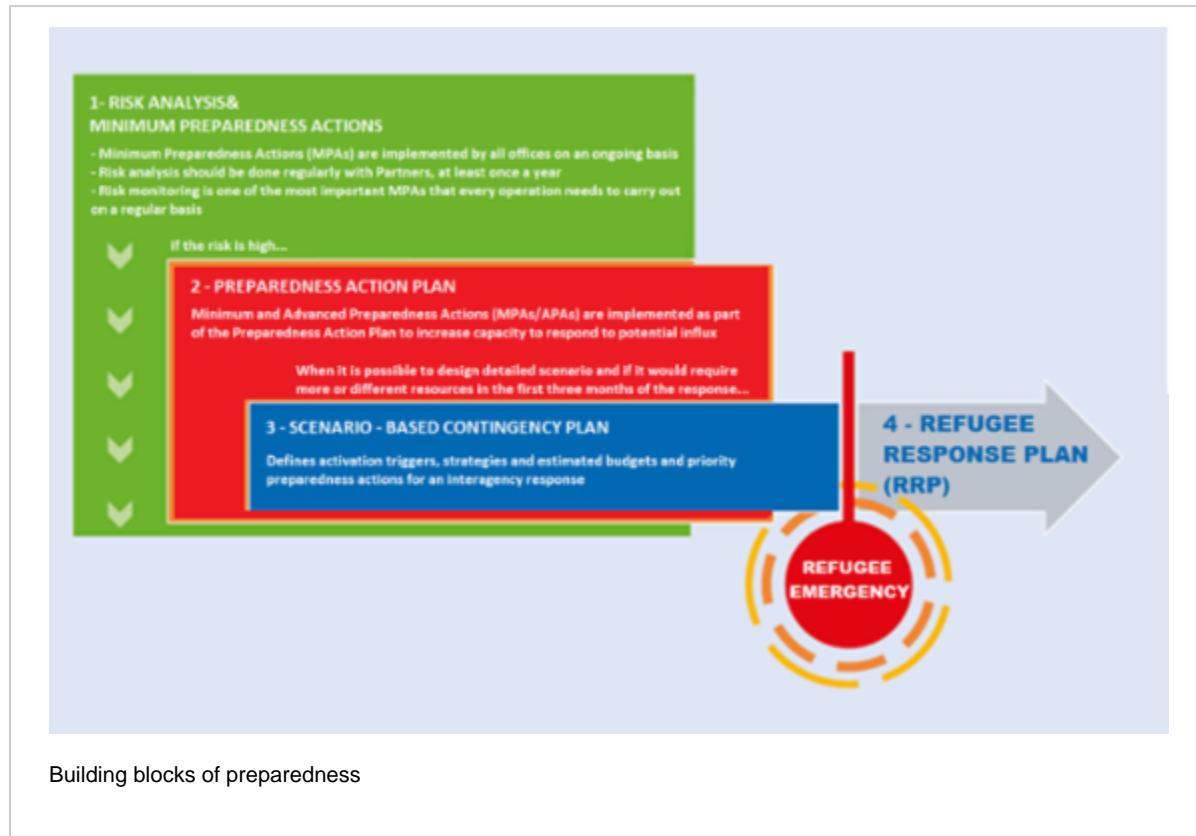
Preparedness flowchart

3. Summary of guidance and/or options

The PPRE is a practical guide that sets standards on how to:

1. **Perform risk analysis** for refugee emergencies systematically each year in every country and regularly monitor the evolution of the risks identified.
2. **Implement Minimum Preparedness Actions (MPAs)** to ensure a minimum level of preparedness at country level.

3. **Develop a Preparedness Action Plan** for high risk countries that identifies critical Minimum and Advanced Preparedness Actions (APAs) in each context. Preparedness Action Plans include an inter-agency scenario-based contingency plan when appropriate.



4. How to implement this at field level?

Coordination

Designed to align with the Refugee Coordination Model (RCM), the Comprehensive Refugee Response Framework (CRRF) and other coordination mechanisms established in agreement with governments, the PPRE promotes an inclusive strategic planning process to 'ensure that the multi-sector response is coordinated and delivered smoothly'.

Partnerships and inclusion in Preparedness

The activities described in the PPRE are to be undertaken in partnership with governments (including local authorities and line ministries), refugees already in country, host communities, UN agencies, development partners and private actors, local, national and international NGOs, and other relevant stakeholders. The inclusion of donors at all phases of preparedness helps to ensure that preparedness and early action are adequately understood, supported, and (when required) funded. It is essential to make every effort to consult potential host communities and to capitalize on networks of local NGOs and private sector actors. These partners have invaluable inside knowledge of cultural, socio-economic and power dynamics in local communities, and well-developed support networks, which make them valuable allies during a refugee emergency response. Adopting an inclusive approach from the preparedness phase onwards will help to foster ownership and acceptance during an emergency.

Mixed situations

In mixed situations, the Joint UNHCR-OCHA note (the Note) applies. Under the terms of the Note, UNHCR ensures that the refugee preparedness action plan is consistent with and reinforces the ERP and ongoing humanitarian responses. When determining operational coordination at field level, as part of preparedness, a location specific approach should be adopted that takes account of the nature of the expected population influx. The Note's purpose is practical: it recognizes that, where IDPs and refugees reside or are expected to reside in the same locations, preparedness planning can be streamlined and jointly coordinated with respect to common protection and sectoral concerns.

UNHCR's engagement in emergency preparedness

UNHCR's Policy on Emergency Preparedness and Response

(UNHCR/HCP/2017/1/Rev.1, the Policy) lays out the framework for UNHCR's engagement in situations that risk becoming a humanitarian emergency. It states that 'UNHCR will proactively anticipate, prepare for and respond to emergencies with urgency, speed and nimbleness'. Compliance with the Policy is mandatory and UNHCR Representatives are responsible for ensuring its implementation. The Policy requires UNHCR offices, but not partner agencies and government counterparts, to follow the PPRE methodology and components. UNHCR staff therefore need to use their advocacy and interpersonal skills to encourage others to participate in accomplishing MPAs and developing Preparedness Action Plans that have a genuinely interagency basis. Where governments prepare plans for refugee emergencies and contingencies, UNHCR's preparedness is at once complementary, because it builds on the objective capacity of the government, and distinct, because the office may need to prepare for activities that it undertakes independently of government, such as protection monitoring, communication with communities (CwC), and accountability to affected populations (AAP). Where a Regional UNHCR Representative is present, s/he is responsible for ensuring coordination and for taking steps to manage preparedness in the region.

5. Links

High Alert List for Emergency Preparedness (HALEP). Log-in for UNHCR users only

Need help?

CONTACT UNHCR HQ, Division for Emergency Security and Supply (DESS), at:
hqemhand@unhcr.org

Annexes

- Preparedness Package for Refugee Emergencies (2021 version)
- TEMPLATE Preparedness Action Plan for refugee emergencies EN (2021)

- Annex2_FR_Modèle du Plan de Contingence des réfugiés (Francais)
- Annex2_ENG_Contingency plan template for interagency response (English)

Version and document date

Version: 4.4

Document date: 06.05.2022

Spontaneous settlement strategy guidance

Key points

- Although they may seem chaotic, there may be some reason for why groups have settled in certain locations that may not be immediately apparent, such as division by area of origin or along ethnic lines. It is better to discuss these reasons with the concerned individuals to find a solution rather than forcing people to move.
- The location for a refugee camp and its planning significantly impacts on protection and access to assistance.
- As a priority it should be determined whether or not a spontaneous camp is the most appropriate settlement option for the displaced population
- When addressing an existing settlement, UNHCR should engage in advocacy and plan its operational response in such a way which enables phasing them out as early as possible or facilitating a transition to more integrated and sustainable settlement solution
- Spontaneous settlements should respect minimum international standards and best practice.
- Ensure phase-out, exit and camp closure is considered and planned from the start.

1. Overview

Suitable, well-selected sites and soundly planned refugee settlements with adequate shelter and integrated, appropriate infrastructure are essential from the early stages of a refugee emergency as they

are life-saving and alleviate hardship. Accommodating refugees in emergencies may take the form of host families/communities, mass accommodation in existing shelters or collective centres, or organized camps. It is of upmost importance to identify the most suitable option or combination of options for accommodating persons of concern appropriate to the context in which displacement is taking place.

Camps are a form of settlement in which refugees or IDPs reside and receive centralised protection, humanitarian assistance, and other services from host governments and humanitarian actors. These settlements can be planned and developed on land allocated by the Government, or created spontaneously when persons of concern settle on land which has not been designated to accommodate them. Spontaneous settlements are formed by persons of concern without adequate planning and permissions in order to meet immediate needs. Aside from creating an unfriendly environment, the provision of services may become cumbersome and costly.

Spontaneous settlements occur when displaced groups of people populate areas without assistance or guidance from local government or the humanitarian community. Such settlements are located on land the displaced population does not officially have the right to occupy.

A camp's location, size, design and duration are context-specific. The location of a camp its layout and available services significantly impact on protection and access to assistance. Initial site selection has an impact on decisions throughout the camp life-cycle. Ideally, UNHCR and partners should be involved in site selection and planning of all camps; however, in reality a large number of camps are settled spontaneously before support is available.

Generally, spontaneous camps have more disadvantages than advantages. Re-designing the camp would be necessary (where resources are available) as may be re-location as early as possible, to a well-identified site; especially if there is conflict with local community. The layout, infrastructure and shelter of a camp will have a major influence on the safety and well-being of its residents.

2. Context characteristics and risks associated

As a priority it should be determined whether or not a camp is the most appropriate settlement option for the displaced population. Camps are a last resort, and should be established only when other solutions are not available. If some displaced persons are lodging with host families or have self-settled within local communities that share cultural ties with them for example, consider these options and determine if these alternatives are more appropriate.

Spontaneous camps are often situated on poor and possibly hazardous sites, or situated close to areas of insecurity. Immediately assess whether the camp should be supported in situ, relocated or if the population of concern should be moved to other settlements such as a planned camp or a collective centre. This process and the solution adopted generally require political and economic motivations as well as technical and social aspects.

Spontaneous camps are often very densely populated and arranged with little consideration to communal facilities and infrastructure. They generally require phased upgrading in order to meet international standards and local and international good practices, including introducing fire-breaks,

surface water drainage and infrastructure such as schools, distribution centres, water supplies and recreational areas.

It is also important to determine who has the right to the land (HLP concerns) where the self-settled camp is located and to understand what arrangements, if any, have been put in place to use that land. The permission to settle on these sites is usually informal, often an ad hoc agreement with host community, and requires reconsideration or negotiation with authorities or private landowners.

3. Context-specific protection objectives

- To provide a secure and healthy living environment with privacy and dignity to persons of concern
- To protect persons of concern from a range of risks, including eviction, exploitation and abuse, overcrowding, poor access to services, and unhygienic living conditions.
- To support self-reliance, allowing persons of concern to live constructive and dignified lives.

Urgent consideration should be given to relocation if the site has been judged to be unsatisfactory. Relocation should be done in coordination with the local authorities and government. The difficulty in moving refugees from an unsuitable site increases markedly with time. Even if those already there cannot be moved, divert new arrivals elsewhere.

Conflict, violence and persecution continue to cause large-scale displacement in many parts of the world. To provide international protection, and ensure that the rights and dignity of persons of concern are respected, UNHCR must act in a variety of ways, which include the provision of adequate shelter and settlement. When developing an operational response, the following key protection issues should be considered:

- Ethnicity and culture. Close ethnic and cultural affinities between refugees and their host communities should be identified at an early stage. Settlement planning and responses should aim to mitigate friction and reduce potential tensions between refugee and host communities and reduce other security risks.
- Proximity to borders. To ensure security and protection of refugees, camps should be located at a reasonable distance from international borders and other sensitive areas (such as military installations).
- Freedom of movement. International human rights law and refugee law recognize the rights of every individual, including refugees, to move freely. UNHCR encourages every State to respect refugees' freedom of movement and encourages States that have reservations to lift them.
- Self-reliance. Refugees wish to cater for their essential needs and enjoy their economic and social rights, sustainably and with dignity. UNHCR encourages States to help refugees become self-reliant, enabling them to contribute to their host country and find long term solutions for themselves.
- Best interest of refugees. Settlements policy and decisions should be driven primarily by the best interest of refugees

- Age, gender and diversity. Policies and programmes systematically apply an Age, Gender and Diversity (AGD) approach to ensure that all persons of concern have equal access to their rights, protection, services and resources, and are able to participate as active partners in the decisions that affect them.

4. Principles and policy considerations for the emergency response strategy in this context

The particular way settlements are planned and designed can impact the community cohesion. Good settlement planning can also allow for more efficient and affordable access to basic services, mitigate risks (such as flooding or outbreak of diseases), and enhance living environments; allowing families to enjoy a better quality of life.

Before considering the upgrading of a spontaneous settlement, determine if it is possible to pursue alternatives which can ultimately be more sustainable and cost-effective, they harness the potential of refugees, rationalize service delivery or allow for more targeted assistance to those most in need.

The layout and organization of a spontaneous settlement often reflects the priorities and preferences of persons of concern and should be taken into consideration when upgrading a site or relocating its residents.

If the refugees have spontaneously settled in a scattered manner, they should not be brought together unless there are compelling reasons for breaking their present settlement pattern.

When addressing an existing settlement, UNHCR should engage in advocacy and plan its operational response in such a way which enables phasing them out as early as possible or facilitating a transition to more integrated and sustainable settlement solution.

Spontaneous settlements should respect minimum standards. See entries on Site Planning for camps and Camp planning standards (planned settlements) of this handbook.

5. Priority operational delivery mode and responses in this context

Determine if the spontaneously settled site is viable and should be upgraded. See entry on Camp planning standards (planned settlements) of this handbook.

Determine the need to negotiate existing agreements to occupy the land. UNHCR neither rents nor purchases land for refugees.

Residents make investments to adapt the sites when they settle. Consider and be sensitive to their investment (financial or social) when discussing upgrading plans.

Residents must participate meaningfully in all decisions that affect their current and future

accommodation.

Once the decision has been made to upgrade the spontaneous camp, follow the principles, standards and indicators detailed in entries on camp strategy guidance (planned settlements) and on site planning for camps

6. Priority actors and partners in this context

- Consult with relevant authorities, implementing partners and the affected population at all phases of camp development.
- Consult with spontaneous camp residents and host community prior to making any decisions on upgrading the settlement or arranging relocation.
- Ensure common agreements with humanitarian stakeholders, international donors.
- Establish an immediate link and collaborate with local authorities' technical departments, and study local rules and regulations about land tenure, public works and housing to reduce risk of conflict over land and to ensure compliance to local building regulations.
- Technical staff both shelter and other relevant sectors e.g. WASH

7. Links

UNHCR Intranet: Shelter and Settlement

Shelter Cluster

UNHCR emergency portals

UNHCR's information management portal

UNHCR, IFRC, UN-HABITAT - Shelter Projects (2008, 2009, 2010, and 2011-12).

UNHCR, the Master plan approach to settlement planning

UNHCR, Settlement information portal (SIP)

Camp management tool kit

Need help?

CONTACT Shelter and settlement section, Division of Programme Support and Management. At: HQShelter@unhcr.org.

Annexes

- UNHCR's Global Shelter and Settlement Strategy, 2014-2018

- UNHCR Policy on alternatives to camps
- Sphere Handbook (2018)

Version and document date

Version: 2.5

Document date: 06.05.2022

Managing and supporting spontaneous settlements

Key points

- Reorganizing, relocating or upgrading spontaneous settlements will require expert support and additional operational capacity.
- Prompt assessment of alternative sites is crucial to protect persons of concern from hazards. Determine the appropriate strategy (support, relocate or move) as soon and carefully as possible. Poor decisions made at the start of an operation are difficult to reverse and have significant consequences as settlements evolve.
- Pursue alternatives to camps whenever possible, while ensuring that persons of concern receive effective protection and assistance.
- Involve local authorities and people of concern in the planning process. An adequate supply of water throughout the year is vital. The settlement's sanitation strategy should reflect the specific soil type at the site.
- In all types of settlement, persons of concern should enjoy sufficient space for shelter and associated basic services. Reference Sphere 2018 p. 240 to 286.
- The layout and organization of spontaneous settlements often reflect the priorities and preferences of their residents. These should be taken into consideration when upgrading or relocating.
- They are often densely settled in the centre and sparsely settled on the edge, complicating efforts to establish communal facilities and infrastructure.

- Once spontaneous settlements have been established, it is difficult to upgrade facilities (sanitation, power, etc.). Upgrading usually also causes the settled population to lose some resources and investment.

1. Overview

Spontaneous settlements occur when persons of concern populate areas without agreement, assistance or guidance from local government or the humanitarian-aid community. Such settlements are located on land the displaced population does not officially have the right to occupy.

A camp's location, layout and available services significantly impact on protection and access to assistance. Initial site selection has an impact on decisions throughout the camp life-cycle. Ideally, UNHCR and partners should be involved in site selection and planning of all camps; however, in reality a large number of settlements are settled spontaneously before support is available. Spontaneous settlements are formed by persons of concern without adequate planning in order to meet immediate needs.

Generally, spontaneous settlements have more disadvantages than advantages. Re-designing the camp is generally necessary (where resources are available) as may be re-location as early as possible, to a well-identified site; especially if there is conflict with local host community. The layout, infrastructure and shelter of a camp will have a major influence on the safety and well-being of its residents. Spontaneous settlements include but are not limited to: empty buildings, vacant land, road sidings, etc.

The permission to settle on these sites is usually informal, often an ad hoc agreement with host community and requires reconsideration or negotiation with authorities or private landowners. In the interests of persons of concern and their security, it is important to recognize existence of traditional or informal land tenure arrangements.

2. Protection objectives

- To provide a secure and healthy living environment with privacy and dignity to persons of concern
- To protect persons of concern from a range of risks, including eviction, exploitation and abuse, overcrowding, poor access to services, safe living environment and unhygienic living conditions.
- To support self-reliance, allowing persons of concern to live constructive and dignified lives.

Spontaneous settlements often occupy land that is unsuitable (such as flood plains), mainly because such land is unwanted and available. Urgent consideration should be given to relocation if the site has been judged to be unsatisfactory. Relocation should be done in coordination with the local authorities and government. The difficulty in moving persons of concern from an unsuitable site increases markedly with time. Even if people already in such spontaneous settlements cannot be moved, consideration should be given to diverting new arrivals to alternative more suitable locations.

3. Underlying principles and standards

Before considering the upgrading of a spontaneous settlement, determine if it is possible to pursue alternatives which can ultimately be more sustainable and cost-effective, harness the potential of refugees, rationalize service delivery or allow for more targeted assistance to those most in need.

Persons of concern may not have access to basic services. In all types of settlement, persons of concern should have access to water, sanitation, roads and infrastructure, community spaces, shelter, health, education, food, and livelihoods.

Consider whether the spontaneous settlement should be upgraded and supported in situ, moved to a different location, or persons of concern relocated to a more suitable settlement (such as a planned camp or collective centre/alternative to camp arrangement).

Once the decision to upgrade has been made, the same principles and standards that apply to planned camps will apply to the retrofitting of a spontaneous settlement. SPHERE emergency standards are the key reference to designing settlements. See DEH entry 66. Site planning - planned settlements and camps, and 186. Planned settlements / camp site planning standards.

4. Protection Risks

- The often informal agreements to occupy the land may not protect the persons of concern from abuse, exploitation or forced eviction. The power relationship between landlord and tenant(s) may be unequal.
- The environment of a camp is particularly conducive to exploitative and manipulative activities by people who seek to gain from the persons of concern due to the range of risks they face and specific needs – especially during an emergency. In spontaneous camps it may be even more difficult to identify and protect persons of concern from those elements.

5. Other risks

- Conflict may arise with the host community if the presence of refugees increases strain in local services and makes access to resources such as water more difficult.
- The location, size and the design of camps can contribute to the maintenance of a peaceful environment and the security for refugees and local residents. Spontaneous settlements are often located in high risk areas vulnerable to hazards and tend to have very high density. Overcrowding increases health risks as well as tensions, violence and crime.

6. Key decision points

Take account of the following when you address spontaneous settlements.

- Negotiate with the host Government the best settlement option to ensure persons of concern in spontaneous settlements have equal access to humanitarian assistance.
- Use SWOT analysis to determine the most suitable option to support persons of concern in spontaneous camps. Explore alternatives to camps, relocation of the settlement to a suitable site, relocation of residents, upgrading of the site, rental subsidies, etc.
- Discuss with partners (especially local authorities, communitybased organizations and representatives of persons of concern and the host community) the possibilities for persons of concern to integrate into the host community. Agree how they can be assisted to do so.
- Clarify ownership of buildings and land.
- Ensure that persons of concern can safely access all shelters and settlement locations, and essential services.
- Involve local authorities and persons of concern in planning temporary communal settlements, by family, neighbourhood or village groups as appropriate.
- Ensure adequate fire separation between shelters, in accordance with relevant standards.
- Involve development partners as early as possible.
- Ensure that specialized technical support is in place and that physical site planners are deployed in a timely manner.
- Seek technical support from relevant Government departments and ensure that local authority experts are involved in settlement planning.
- Make use of the settlement's layout and topography to minimize the settlement's adverse impact on the natural environment, and provide adequate drainage.

7. Key steps

1. Determine whether other settlement options are available to persons of concern, such as accommodation with host families or rental support.
2. Determine whether the spontaneous settlement is to be supported in situ or relocated.
3. Put together a team to manage the project; ensure there is good continuity across each phase of the settlement cycle.
4. Work with programmes to identify implementing partners.
5. Conduct a thorough site assessment taking into account topography, land use, climate, soils, geology, hydrology, vegetation, infrastructure and key natural and cultural resources. Conduct soil tests, hydrological surveys, detailed topographical surveys, etc.
6. Acquire a detailed understanding of residents' needs by means of an assessment.
7. Establish coordination mechanisms or working groups with key stakeholders.
8. Consider local guidelines, regulations and practices. Ensure that liaison with local and national Governments is both adequate and effective

and that there is inter-sectoral engagement.

9. Conduct an environmental impact assessment and incorporate its findings into plans.
10. Develop designs into working drawings that include detailed specifications.
11. Establish project management plans, checklists, and operating procedures.
12. Work with programmes and logistics on procurement and awarding of contracts.
13. Establish monitoring and evaluation frameworks for continued monitoring.
14. Establish reporting criteria and project tracking mechanisms.
15. Develop completion and handover certification.
16. Develop maintenance and exit plans.

8. Key management considerations

The following issues should be taken into account when addressing spontaneous settlements.

Setting	For consideration
Rural	<ul style="list-style-type: none">• Opportunities to increase selfsufficiency, if agriculture or grazing is possible.• If many persons of concern move into sparsely occupied areas, they may outnumber the original residents.
Urban	<ul style="list-style-type: none">• If persons of concern are scattered across urban areas, data on them will be hard to gather.• Upgrading existing urban settlements is challenging in the absence of a legal framework.
Rural & urban	<ul style="list-style-type: none">• Persons of concern are unlikely to interact with local communities or authorities or aid organisations if they are considered to be illegal.• Involve persons of concern in strategic planning and construction.• Assist persons of concern to integrate into the local community, and develop positive coping strategies and some autonomy.• If households can choose who they live next to and how they organize themselves, tension between refugees and the host population is less likely.• If persons of concern are forced into illegal work, the incidence of exploitation and abuse will rise.• Take steps to provide access to housing. Too often, persons of concern can only access substandard housing in areas vulnerable to natural hazards, and live in crowded and unsanitary environments.• Take steps to protect persons of concern from eviction.• Be aware that persons of concern become less visible when they are dispersed.• Locating those in need of assistance will take time and resources.

Table 1. Issues to bear in mind when considering spontaneous settlements.

9. Resources and partnerships

- Local or central Government authorities, including military officials.
- Community and religious leaders.
- Host communities.
- National and international NGOs.
- IFRC and ICRC.
- Other UN and international organizations.
- National (particularly local language) and international news media.
- Private sector as appropriate.

10. Links

Global Shelter Cluster

UNHCR emergency portals

UNHCR's information management portal

Camp management tool kit

Master Plan Approach to Settlement Planning Guiding Principles

UNHCR, IFRC, UN-HABITAT - Shelter Projects (2008, 2009, 2010, and 2011-12)
UNHCR, Settlement information portal (SIP)

Need help?

CONTACT Consult the Shelter and settlement section, Division of Programme Support and Management. At: HQShelter@unhcr.org.

Annexes

- UNHCR, Global strategy for settlement and shelter 2014-2018
- Policy on Alternatives to Camps
- Sphere Handbook (2018)

Version and document date

Version: 2.3

Document date: 06.05.2022

Records management

Key points

- It is difficult to forecast the duration of an emergency: plan for the long term. This applies to file planning and physical storage requirements.
- Digitization should not be considered if project planning or resources are not adequate. Digitization of projects must be approved by RAS in advance.
- No records may be destroyed without RAS authorization in advance.
- Use of non-UNHCR approved tools can compromise information security.

1. Overview

Information and records management is vital to an emergency operation, because good information is key to sound, rapid decisions, action, and reporting. Well organized information makes communication and sharing of knowledge easier. Quick and easy access to information optimises work and facilitates audit. Specific concerns in an emergency include:

- Individual case file management and registration.
- Handover of information to new staff.
- Evacuations.
- Accountability.

The Records Management Support team (RAS), based at Headquarters, provides specialized global support and services on electronic and paper recordkeeping to HQ and in the field. A strong recordkeeping system is a foundation of sound governance and UNHCR's accountability

2. When and for what purpose?

When?

A strong recordkeeping system is vital when:

- Setting up new offices in an emergency.
- Expanding operations or services.
- Moving office premises.
- Preparing staff for evacuation.
- Closing an office.

For what purpose?

A strong recordkeeping system makes it possible to:

- Establish efficient office paper filing processes.
- Establish secure electronic recordkeeping systems.
- Meet anticipated physical storage requirements, notably for individual case files.
- Facilitate information handover when staff rotate.
- Protect sensitive information while making information available to staff for operations, including during an evacuation.
- Facilitate audit and accountability functions.

3. Associated risks

Poor recordkeeping generates a range of risks.

- Information chaos. Information that is poorly filed is not available to those who need it for information or action.
- Information breaches. It can lead to inappropriate disclosure of confidential information.
- Data loss. Information can disappear if digital storage is not adequate.
- Fire, flood, theft or loss. All these are more likely to damage physical records.
- Inability to evacuate vital and sensitive records.

4. Steps to be taken

1. **Establish an Office File Plan.** Identify information needed for the smooth running of an emergency operation and create an office file plan. Base your file plan on core functions and the UNHCR Operation File Plan. Make sure it is intuitive and easily understandable. Both the paper and digital environment should mirror the file plan.

2. **Ensure that information is secure physically and digitally.** This can be done by holding files in secure, suitable premises where physical risks (fire, water damage) do not arise.
 - If the office has reliable access to the internet, contact RAS to request a workspace in e-SAFE.
 - If the office does not have access to the internet, create a filing structure in a shared drive using the file plan/structure, ensure that storage is sufficient and that enough sharing tools are available, and put in place adequate back-up procedures for safeguarding digital information. Back up your digital information in at least 2 ways, and store it away from the server. If security permits, create one back up location that is off-site.
3. **Allocate secure storage space for individual case files.** Create secure procedures for retrieval, circulation, general management and protection that cover file movements throughout the office. Make sure the storage space is not subject to fire or flood risks and that rooms can be locked and access restricted.
4. **Identify vital records** without which the office could not continue to operate, and create an evacuation plan for (digital and paper) records of importance.
5. **Create Standard Operating Procedures (SOPs) for recordkeeping.** Ensure that all staff are aware of the systems in place, how to use them, and where they can be found. Ensure that SOPs and the File Plan are updated to enable a smooth handover.

Vital records: example					
Function	Activity	Document name	Current location and format	Target location and format	Responsible [unit and function]
Administration	Organisation	Organigramme	Main Office - physical files		HR
Administration	Property and premises	House and premises plan	Main Office - physical files		Admin
Administration	Security	Risk assessment	Digital		Security
Administration	Security	Security planning	Digital		Security
Administration	Security	Contingency planning	Digital		Security
Administration	Security/Telecommunications	Staff lists (updated)	Digital		Security
Administration	Security/Telecommunications	Dependants list	Digital		Security
Administration	Contracts	To be specified	Main Office - physical files		Admin
Finance	Leases	All the leases	Main Office - physical files		Finance
Human Resources	PerInd	Recruitment documents	Main Office - physical files		HR
Human Resources	PerInd	List of dependants	Main Office - physical files		HR
Human Resources	PerInd	Contracts	Main Office - physical files		HR
Human Resources	PerInd	Certificates	Main Office - physical files		HR
Information Mgt	Digital files	Digital files	Digital files		IMO
Operations	Programme, Field	IP Monthly Progress (Narrative)	Main Office - physical files		Programme
Operations	Programme, Field	FO Weekly Reports	Main Office - physical files		Programme
Operations	Supply	Contracts that are not complete in PO To be defined	Main Office - physical files		Programme
Operations	Supply	Complete files for 2013 and 2014 onward	Main Office - physical files		Programme
Protection	RST	All individual files pending RST	Filing room or RST floor. List would have to be generated from progress.		RST Officer
Protection	Registration	No documents/files needed	All physical files are filed directly to filing room. Soft copies could be generated from back		
Protection	RSD		Template and tools - SOPs- Monthly RSD reports- List of RSD schedule- COI- List of Active Asylum seekers		RSD
Representative	Government	Correspondence with government ministries	Main Office - physical files		Executive Office
Representative	UN agencies	Correspondence with UN Agencies/SMT/UNCT	Main Office - physical files		Executive Office
Representative	Embassies	Correspondence with			Executive Office

Example of a vital records plan

5. Resources / inputs required

- An Officer with overall responsibility for the operation's recordkeeping.
- Focal points with recordkeeping responsibilities in each office and functional area.
- UNHCR-approved electronic recordkeeping tools and user licenses.
- Dedicated physical and digital storage facilities that are secure.

6. Links

RAS intranet page

UNHCR Office file plan

Policy on the management of Records and Archives

Need help?

CONTACT RAS. At: archives@unhcr.org

Annexes

- How to manage confidential records

Version and document date

Version: 2.0

Document date: 06.05.2022

Quality management for Core Relief Items (CRIs)

Key points

- Always sample items from different bales/pallets for inspection, to ensure a wide coverage of the lot.
- Make sure the inspection area is organized to avoid interference in the results.
- If no tools are available, visual checks can be very helpful. In those cases, look for holes, colour consistency, shape, signs of wear and tear and smells. They can all be a sign of non-conformity.
- For goods procured locally, make sure your quality requirements are adequate to the local market and the beneficiaries' needs.
- In an emergency context, it is a good practice to conduct the quality inspection upon receiving the goods. Given the fast rotation of the items, selecting a few items upon receipt will ensure goods are ready to be distributed when required.

1. Overview

The main objective of quality management processes is to ensure that goods procured by UNHCR are of the right quality, fit for purpose, compliant with UNHCR's requirements and do not expose the end-users to any avoidable risks.

The Quality Assurance Unit (QAU) has a Quality Management System (QMS) covering the CRIs and aims to conduct a Pre-Delivery inspection to every consignment that leaves the manufacturing facilities providing UNHCR with these goods; with that, products received in emergencies from the Global Stockpile Management (GSM) have already gone at least to one quality verification by UNHCR.

Considering quality tests covers also stress tests (such as tensile strength for tarpaulins, drop tests for buckets and jerry cans, etc), it can be beneficial in emergencies to ensure goods are still of the expected quality by conducting more visual checks: ensuring the goods' packaging are not tampered with, taking some samples and checking its overall conditions (no holes, not bent, no dust/dirt, etc) is always recommended to ensure goods distributed to beneficiaries are of the required quality and ensuring any goods that have been in stocks for longer periods of time are still adequate for use.

The graphic below describes the Quality Management System for Core Relief Items:

Quality Management System for CRIs



The Quality Management consists of the following main processes: Quality Planning, Quality Assurance, Quality Control and Quality Improvement. All these processes will be discussed in detail in subsequent modules.

2. When and for what purpose?

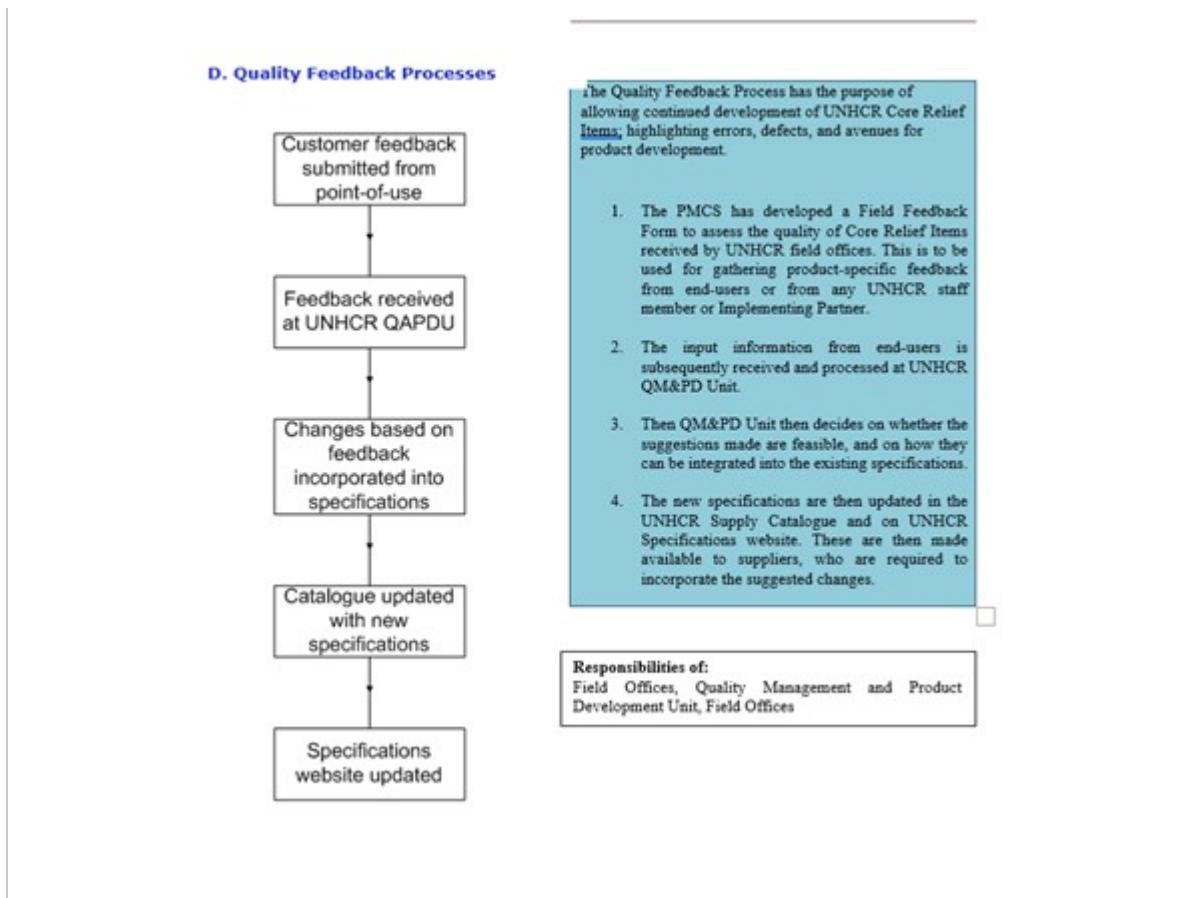
As all items coming from the GSMS were likely to have been inspected at the factory level, it is recommended that the operation receiving the goods conduct at least a visual inspection during the receipt of the goods in the warehouse, before distribution to the beneficiaries.

The QAU has dedicated Inspection Tools for the CRIs, which can be found at QAU's intranet page for assistance; normally emergency operations will not be able to perform all tests, due to lack of expertise or equipment. With that said, we recommend the inspection of CRIs to focus on:

- Visual inspection of the goods and packaging (about 15 to 20% of the consignment) to assess its conditions (colour, UNHCR visibility requirements, dust, dirt, holes, and anything that indicates a perceived low/substandard quality).
- Check the goods dimensions and shape.

Whenever there are goods to be procured locally, the office needs to ensure all the quality-related criteria are included in the tender documents; the responsible technical requestor, together with the Supply staff, should ensure the criteria does not prevent proper competition and enables a proper quality check, with especial consideration to what is critical to achieve the operational goals.

Follow-up with distribution to identify any concerns (post-distribution monitoring) and provide feedback whenever applicable:



3. Associated risks

Not conducting a pre-distribution verification can:

- Expose beneficiaries to either substandard, faulty, or ageing products with lower performance/usability than expected.
- Damage UNHCR reputation, if items are not as expected, UNHCR can be perceived as a distributor of substandard goods/assistance.

In addition, for locally sourced items, not including a quality requirement during tendering might prevent UNHCR to properly assess the quality of the items before distributing, impacting on procurement-related risks as well.

4. Steps to be taken

Step 1. Define specification requirements

The technical specifications of CRIs are available in AQL/Technical Specifications documents (please see Annex). These technical specifications are developed and updated by QAU. As a preventive measure, the Quality Assurance Unit visits the factories of UNHCR Frame Agreement holders with an Audit Services provider to ensure that manufacturers comply with quality management standards of corporate social responsibility (CSR) and environmental management. For this purpose, the QAU has developed a Factory Assessment Tool (please see Annex) and uses a Factory Audit Service provider..

Step 2. Quality control during tendering

During the tendering process, as part of the technical evaluation process, suppliers are requested to submit a sample for laboratory testing. After receiving the laboratory testing results, the bidders submit items to the UNHCR QCC for physical inspections

The results of the laboratory and physical inspections inform a technical evaluation report. This completes the technical evaluation phase.

Upon receipt of the technical evaluation report, PS opens the financial offers (of the technically compliant offers) and decides which supplier will be awarded a Frame Agreement (FA). PS informs the bidder whether it will be awarded a FA or not.

Successful suppliers receive a "Development of Reference Sample" document which is part of the Frame Agreement where the technical non-conformities found during the tender process are stated, and are expected to use this to continuously improve their products and meet UNHCR's requirements.

Step 3. Pre-delivery quality inspection

The pre-delivery quality control is currently done by an independent inspection company commissioned by UNHCR. Selected items are subject to random sampling (in line with ISO 2859-1), physical inspections, and loading inspections. The inspection services provider uses the "Quality Control Inspection Tool" (please see Annex) to record the findings of the pre-delivery inspection. Inspection increases the rigorosity of UNHCR's procurement processes and reduces associated risks.

In cooperation with the International Committee of the Red Cross (ICRC), UNHCR has developed an Inspection Report Tool which improves quality control of CRIs. It standardizes the quality control procedures of UNHCR and external inspections, applying criteria and principles developed in cooperation with ICRC.

Step 4. Quality control during storage and delivery/ Post-delivery inspection

It is important to continue to control the quality of products throughout the delivery chain. Samples are selected at random (or if necessary, from specific batches) at UNHCR warehouses and can be sent for physical inspection at UNHCR QCCs or to UNHCR approved and validated laboratories.

Post-delivery inspections also serve to control the work of the inspection services provider as they will normally do pre-delivery inspections at factories, where there could be errors on their work and where there is the risk of corruption.

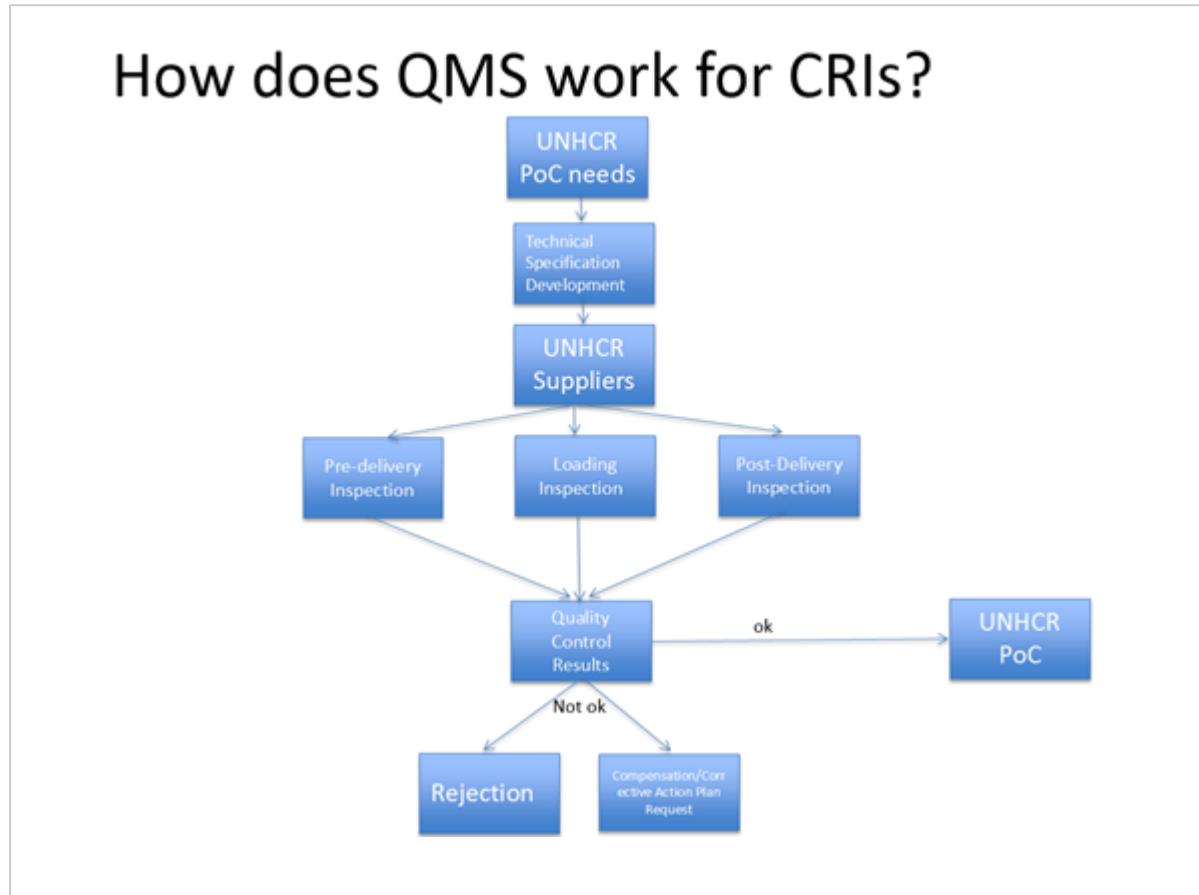
The post-delivery inspection could be decided based on a supplier risk assessment where UNHCR QU could support field operations.

UNHCR has established its own Quality Control Centres in strategic warehouses. and they show that they provide effective quality control.

Step 5. Quality feedback processes

Quality feedback processes promote the continuous development and improvement of UNHCR CRIs. The QAU has developed a Field Feedback Form to assess the quality of the CRIs that UNHCR field offices receive. The form is used to gather feedback from UNHCR staff, implementing partners, and persons of concern.

The UNHCR QAU analyses the forms and provides the feedback to SMS (Order Management unit) who then contacts the supplier for a root cause analysis and Corrective Action Plan.



5. Resources / inputs required

In order to conduct the visual inspections, it is needed to:

- Have trained personnel to conduct the sampling and verification of goods.
- An area where items can be set aside for the inspections.
- Regular measurement tools (such as measuring tape, scale, thickness gauge, etc) to enable verifying the needed critical aspects. Also, helpful to have a camera available (cell phone cameras can be used) to capture/evidence any non-conformity.
- Capture the results in an organized format (such as an Inspection report/template).

Step 1: Define specification requirements. Input is required from QAU technical units, as well as UNHCR partners from the Quality, Social and Environmental Group (UNICEF, ICRC, IFRC, MSF, IOM), and in some cases the private sector.

Step 2: Quality Control during tendering. A Technical Evaluation Committee (TEC) is established to physically evaluate the samples sent by suppliers during the tender processes. Bidders are asked to send CRI samples to reliable and experienced laboratories recommended and validated by UNHCR QU. In order to compare the characteristics of samples sent to laboratory and for physical verification, it is useful to make use of a Technical Evaluation Matrix, similar to the one attached.

Step 3: Pre-delivery inspection. Independent inspection companies are normally required. However not all inspection companies will have the required experience and expertise on CRIs, so you could request advise from the QU on this matter.

Step 4: Quality Control during storage and delivery/post-delivery inspections. Staff and budgets are required to undertake random quality control tests and establish and maintain UNHCR's quality control centres. Quality control during storage and delivery are also the responsibility of UNHCR to guarantee the well-being of UNHCR PoCs. The use of UNHCR QCCs and laboratories are a reliable option.

Step 5: Quality feedback processes. Field offices need to provide feedback on products; the QU is required to evaluate the feedback and contact DPSM to redefine specifications as appropriate.

6. Links

UNHCR intranet: Compliance and Risk Management

Need help?

CONTACT UNHCR DESS PMCS Quality Management , Compliance and Risk Management Unit
Email: hqqapd@unhcr.org

Annexes

- Quality Field Feedback Form for CRIs
- AQL Technical Specifications
- Quality Control Inspection Tool
- Sample Technical Evaluation Matrix - HTB
- Sample Technical Evaluation Matrix -Kitchen Sets

Version and document date

Version: 3.5

Document date: 06.05.2022

Best Interests Procedure

Key points

- In a new emergency, set up mechanisms for BIP that link to registration and screening as soon as possible, ideally using proGres. This will ensure that children who need urgent attention are identified as quickly as possible, and that they are kept track of.
- Provide training and coaching for relevant staff on BIP as soon as possible. Training can be given in short sessions to begin with, but a longer, formal training is also recommended.
- Include government counterparts when you work on BIP. Do so from the beginning. This will ensure government participation and ownership and help to strengthen the system.
- Do not try to impose BIP on partners. Rather, identify existing capacities and establish coordination and training to ensure that BIP standards and processes are understood and met. Remember that the terminology does not matter – a BIA can also be called a child protection assessment, and can be documented in different forms, as long as the quality elements are present.
- Develop criteria for BIP that are well-understood by all staff. This will help to ensure that CP resources are used efficiently and that the most vulnerable children receive help first.
- A pending BID should not stop you from taking urgent action to protect a child. BIDs should not slow actions to protect children and promote their wellbeing. It is UNHCR's responsibility to make sure that best interests procedures are conducted promptly.

1. Overview

The Best Interests Procedure (BIP) is a mechanism that UNHCR uses to ensure that the best interests principle (set out in Article 3 of the UN Convention on the Rights of the Child) is respected in work with individual children. The Best Interests Procedure is UNHCR's framework for child protection case management - it describes the standards and processes for doing individual case management with children at risk.

States are primarily responsible for implementing the best interests principle and best interests procedures. Efforts should be made to integrate with or build on existing national procedures wherever possible, and to involve government child protection authorities when implementing best interests procedures. However, where UNHCR implements and/or oversees individual case management for children at risk, the Best Interests Procedure, as described in the Best Interests Procedure Guidelines (BIP Guidelines), should be applied.

The Best Interests Procedure is a key element in child protection programming for UNHCR and partners. Broadly, the term 'best interests' refers to the well-being of a child. It is determined by a variety of individual circumstances (age, level of maturity, the presence or absence of parents, the child's environment and experiences).

A best interests procedure includes comprehensive child protection case management throughout 6 key steps: identification, best interests assessment, action planning, implementation, follow up and case closure. There are two key procedural elements for making decisions throughout the different steps of case management: best interests assessment (BIA), and best interests determination (BID).

- Best interests assessment (BIA). A BIA is an assessment of an individual child, designed to ensure that the child's best interests are the foremost consideration. A BIA must be conducted by staff with adequate training and with participation of the child in the process. A BIA should take place as soon as a child is found to be at risk; it can be reviewed and updated regularly until a durable solution is implemented. A BIA should be carried out, for example, before tracing occurs or a child is found temporary care. A BIA should be seen as an essential element of case management and general child protection.
- Best interests determination (BID). BID is a formal process with strict procedural safeguards. It determines the child's best interests on the occasion of particularly important decisions that affect the child. A BIA should permit the child to participate, should be conducted by decision-makers with relevant expertise, and should balance all relevant factors to determine the best option. For more information, including the circumstances in which a BID is required, see Chapter 4 of the BIP Guidelines.

2. Protection objectives

- To ensure that girls and boys with specific needs receive comprehensive, quality case management and targeted support.
- To ensure that decisions made on behalf of girls and boys with specific needs support their wellbeing and are governed by the best interests principle.
- To strengthen national child protection systems and make sure that children with specific needs have prompt and appropriate access to a best interests procedure on an equal footing to host community children.

3. Underlying principles and standards

- UN Convention on the Rights of the Child.

The best interests principle is one of four core principles (alongside survival and development, non-discrimination, and participation) at the heart of the Convention. The principle declares that a child's best interests should be the primary consideration in all matters involving or affecting him or her. It is highlighted in General Comment 13 of the Committee on the Rights of the Child, which asserts the

relevance of the principle to a number of specific situations, including decisions on care and custody (see especially, paragraphs 9, 10, 19, 20, 22).

- UNHCR, Best Interests Procedure Guidelines.

Establishes UNHCR's standards for setting up and applying the best interests procedure. The Guidelines are supported by a *training package and toolkit*

- Additional essential principles are that best interests procedures should be child-friendly and child-centred; do no harm; seek informed consent; respect confidentiality; ensure accountability; and empower children and families.
- UNHCR subscribes to the Minimum Standards for Child Protection in Humanitarian Action (SPHERE companion standards), including its core principles and standards for child protection work. The *Minimum Standard on Case Management* (Standard 18) details principles and key actions with respect to case management, including actions relevant to best interests procedures.

4. Protection Risks

- **Children at risk do not receive adequate support targeted to their specific needs.** If a best interests procedure is not in place, children at risk may not be identified or may not receive assistance adapted to their needs, putting them at greater risk.
- **Decisions have profound negative consequences for the child.** If BID safeguards are not followed or the procedure is not well implemented, decisions may be taken that have profound negative long or short term consequences for the child in question.
- **The procedure may be poorly designed or involve unsuitable partners.** When inviting partners to participate in best interest procedures (as caseworkers or panel members), it is important to carefully assess their capacity and the risks for children. Consider political bias and protection risks, and capacity to handle sensitive information.

5. Other risks

- Legal consequences for UNHCR. If UNHCR fails to take adequate care in implementing best interests procedures, it could be vulnerable to legal action. (For example, if a BID concludes that an unaccompanied child should accompany his or her current caregiver into resettlement, but UNHCR does not take adequate steps to trace the child's parents and secure reunification or consent, it could be sued for actions amounting to abduction.)

6. Key decision points

- When designing a best interests procedure, key considerations will include: the capacity of the child protection system; the extent to which best interests procedures apply to refugee situations; the capacity of child protection partners and their familiarity with the best interests procedure; the geographical scale of the emergency and the number of people affected.

7. Key steps

Review existing national best interests procedures and the potential for integration

- Analyse the existing child protection system, including relevant laws, policies and capacities, and national best interests procedures. Note that these could include judicial procedures as well as social work procedures.
- Contact and discuss with the national authorities responsible for best interests procedures to identify capacities and gaps with regards to children of concern, and, wherever possible and appropriate, develop a plan with national authorities to ensure access.
- If it is necessary to implement supplemental or substitute procedures in an emergency (e.g. where a national government is unwilling or unable to avail national procedures for children of concern, or where these procedures are not appropriate), design best interests procedures that link with or build on national procedures, taking into account the political environment.
- Note that wherever UNHCR is operational, we will normally need to implement some aspects of the Best Interests Procedure in the course of the execution of our protection mandate, even if only with regards to internal decision-making on individual cases (e.g. in relation to resettlement).

Take steps to establish the Best Interests Procedure that reflects comprehensive child protection case management

- Conduct a mapping of existing services and partners, and identify capacities and gaps for child protection case management and the Best Interests Procedure.
- Where UNHCR is implementing the Best Interests Procedure, designate roles and responsibilities for UNHCR and partners. A BID supervisor should be appointed in UNHCR (and, if necessary, a partner agency) to oversee the arrangements made and implement the procedure.
- Develop and adopt standard operating procedures (SOPs) for the Best Interests Procedure, in consultation with stakeholders; they can be integrated in the overall child protection SOP. These should include prioritisation criteria, as well as appropriate services and actions for children with different child protection concerns. For guidance on SOP development, see the toolkit.
- Establish or strengthen the coordination mechanism for BIP to ensure that partners are working in a coordinated and harmonised manner. Be sure to link with SGBV colleagues and partners to make sure that roles and responsibilities for child survivors are clear and aligned with capacities.

Build the capacity of UNHCR and partners

- Train relevant UNHCR and partner staff on the Best Interests Procedure. Note that if partners are conducting quality child protection case management, they do not need to change their practice, they only need to be trained on the procedural elements that are necessary for children of concern – e.g. the BID.
- Build the capacity of child protection caseworkers, by means of training and mentoring. A minimum initial training on BIP and related tools (forms, prioritization criteria, etc.) is required.
- Identify mid- and long-term staff and programming requirements. With partners, identify what additional staff, and financial and material resources, might be required to ensure that children's needs are adequately assessed and recommendations properly implemented.
- Provide training for all regular BID panel members and their alternates. UNHCR has a standard BIP training package which can be adapted to context.
- Ensure that all staff involved in the Best Interests Procedure (including caseworkers, interpreters, BID panel members, etc.) have signed UNHCR's *Code of Conduct* and an undertaking of confidentiality, and have received at least basic training in UNHCR's BIP Guidelines.

Use BIAs to screen and prioritize children at risk, including at reception and registration

- Identify vulnerability and prioritization criteria for children at risk and place trained child protection staff (from UNHCR or partners) as focal points at registration or other key points to help identify children at risk. It is recognized good practice to run preliminary BIAs at registration, to make an initial triage and prioritize cases.
- Adapt the BIA form as needed, and have it translated into relevant languages where appropriate so that the form can be used easily by child protection staff. You may need several BIA forms at different stages. (For example, a very short screening form at registration, if numbers are high, and a more detailed form for use later.) Remember that BIA forms can be adapted; the only requirements are that the child should be assessed by a qualified member of staff and that the assessment must be documented.
- Link all BIP processes to case management information management systems, especially proGres and the Child Protection Information Management System (CPIMS) (if used). ProGres V4's Child Protection Modules includes full functionality for child protection case management.

Take steps to establish a BID panel

- It can take time to form a complete qualified BID panel; it may not be possible to do so in the initial phases of an emergency. UNHCR should aim to establish BID panels within 3–4 months.
- Before a BID panel is established, create a process for dealing with urgent cases. You might use an existing national BID panel or convene focal points with child protection expertise on an emergency basis. A simplified BID procedure can also be used.
- At least three and no more than five separate agencies should be represented on a BID panel (one representative per agency). Case workers and experts can be invited to present information on cases, as required.
- It may be necessary to establish one BID panel for a large geographical area initially, then additional panels at local level gradually, as capacity increases. BID panel meetings should not discuss more

than 6-8 cases at one sitting, because each case requires thorough analysis and the full attention of panel members.

8. Key management considerations

- **Legal and policy framework.** Has UNHCR taken into consideration national policies and structures with respect to the best interests principle? Is UNHCR linked to and working with the national best interests procedures?
- **Knowledge and data.** Are measures in place to manage and analyse information collected through BIP? Is the Child Protection Module of proGres V4 or an equivalent system being used to track and monitor children in BIP? Is data on BIP being analysed to improve prevention and response programming for children at risk?
- **Coordination.** Are a coordination structure and referral mechanisms in place, enabling actors involved in the Best Interests Procedure to examine and solve problems that arise? Are BID panel activities coordinated effectively?
- **Human and financial capacity.** Have BIP Supervisors been appointed by UNHCR or UNHCR's operational partners? Are sufficient staff in place and do they have sufficient training to undertake BIP? Have interpreters received the necessary training?
- **Prevention and response.** Is the Best Interests Procedure an integral part of the overall child protection programme, or a standalone component? Do child protection services respond adequately to needs identified through BIAs? Are BID decisions implemented as part of the child protection response or are additional services required?
- **Advocacy and awareness.** Is advocacy required to ensure that all stakeholders participate in BIP processes and implement BIP recommendations? Are all parties sufficiently aware of the best interests principle and associated procedures?

9. Resources and partnerships

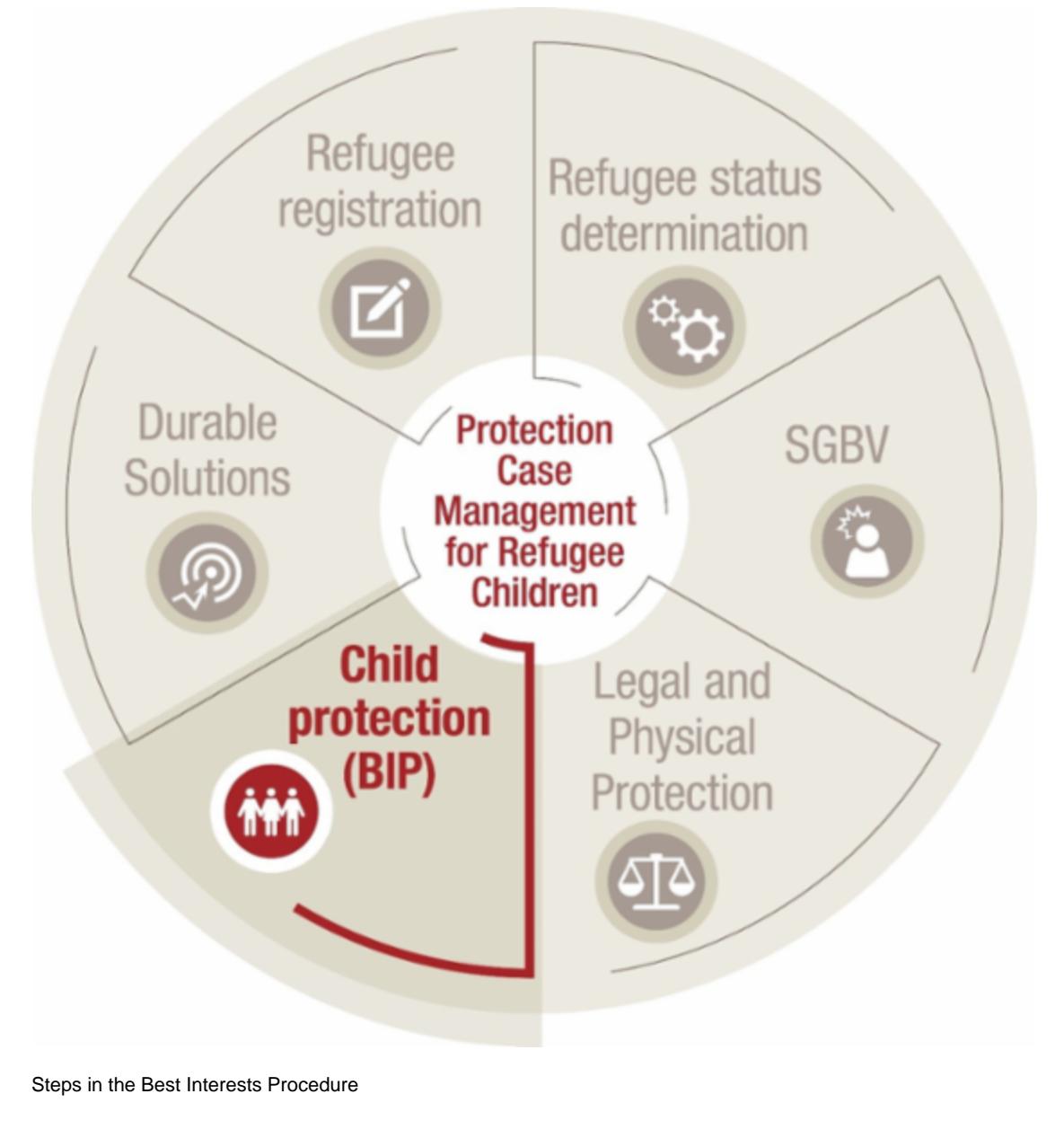
Human resources

- Staffing for the Best Interests Procedure, whether implemented by UNHCR or partners, follows the standards for child protection case management: 1 caseworker for every 25 children in case management, and 1 case manager for every 5-6 caseworkers. Note that usually there are more children who may be in need of case management than there are staff available at the outset of an emergency – in this case, it is better to tighten prioritisation and closure criteria than it is to overwhelm caseworkers with large numbers. Expect to need and plan for more staff at the beginning of an emergency.
- In addition, even where partners are implementing the bulk of BIP, UNHCR itself may need specialised staff at the outset of an emergency specifically to manage BIP. It may be necessary to hire a specialised BID supervisor. In emergencies, it is also advisable to have a UNHCR child protection specialist available to help set up the best interests procedure.

Financial resources

- Significant training and technical support is often required for operations, especially where the population includes a large number of children, or many children at risk (such as separated or unaccompanied children). In addition, resources must be allocated to train and supervise the many new staff who are hired in an emergency. Consider whether translation is needed, if caseworkers cannot work in the same language as panel members or case supervisors.
- A budget should be allocated for BID panel meetings and (if it is not an item in the child protection programme) for implementation of BID panel recommendations.





10. Links

BID E-learning

Need help?

CONTACT As a first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; or the UNHCR Snr. Regional Protection Officer (SGBV/Child or Community-based). The Child Protection and Youth Unit in DIP can also be contacted for technical support.

Annexes

- UNHCR, Guidelines on Determining the Best Interests of the Child, 2008
- UNHCR, Field Manual for the Implementation of the Guidelines on Determining the Best Interests of the Child, 2011
- UNHCR, Child Protection Framework, 2012
- UNHCR, Children at Risk, Executive Committee Conclusion No. 107, 2007
- UNHCR, Heightened Risk Identification Tool and Guide, version 2, 2010
- CPWG, Minimum Standards for Child Protection in Humanitarian Action, 2012
- Inter-agency Guiding Principles on Unaccompanied and Separated Children, 2004
- CPWG, Alternative Care in Emergencies Toolkit, 2013
- IRC and UNICEF, Caring for Child Survivors of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings, 2012

Version and document date

Version: 1.8

Document date: 06.05.2022

ERP Advanced Preparedness Actions (APAs, IASC, IDP situations and natural disasters)

Key points

- ERP APAs are an inter-agency tool designed to achieve a state of emergency readiness.
- Their implementation is triggered and led by the RC or HC in the concerned country, with the participation of UNCT or HCT members.
- APAs must be implemented when the risk level is 'medium' or higher.
- ERP APAs are always implemented in conjunction with ERP contingency planning.

1. Overview

Note. This guidance forms part of the Emergency Response Preparedness (ERP) approach. In its current form, it reflects the "BETA" version of the ERP, which the Inter-Agency Standing Committee (IASC) Task Team on Preparedness and Resilience released for field testing in 2015. The final version of the ERP may look different, once released.

ERP Advanced Preparedness Actions (APAs) are designed to guide a Humanitarian Country Team (HCT) to an advanced level of readiness to respond to a specific risk. Unlike MPAs, APAs are risk-specific. They build on MPAs already in place. The APA checklist includes essential preparedness actions which, though they are not specifically linked to the development of a contingency plan, complement and support the contingency planning process. ERP APAs are always implemented in conjunction with ERP contingency planning.

ERP APAs divide into the following categories.

a) Risk monitoring

The APA checklist outlines key actions that should be taken to ensure that risks are monitored regularly so that preparedness efforts are alert to emerging or developing risks.

b) Coordination and management arrangements

Clearly defined coordination and accountability mechanisms are critical to an effective humanitarian response. A clear understanding of roles and responsibilities enables individuals, teams and organizations to establish working relationships that can make all the difference during a crisis. It is also critical to establish appropriate linkages with Government counterparts and other key partners. APAs under this section identify key activities for ensuring a coherent coordination system in the event of an emergency.

c) Needs assessment, information management, and response monitoring arrangements

A coordinated needs assessment, that prioritizes the needs of women, men, girls and boys, and sub-groups of the population, lays the foundation for a coherent and efficient humanitarian response. It is also critical to establish a system for response monitoring. Response monitoring establishes systems and procedures that measure who receives aid (disaggregated by sex and age), what aid is delivered to them, and what results are achieved. It is underpinned by information management, which is the systematic process of collecting, processing, verifying, and analysing sex- and age- disaggregated data and information, and disseminating relevant information to humanitarian stakeholders, affected populations, and other interested parties. APAs under this section identify the key activities that need to be undertaken ahead of time to ensure these arrangements can be implemented in an emergency.

d) Operational capacity and arrangements to deliver relief and protection

The ability to respond in the immediate aftermath of an emergency depends on the level of operational readiness in place. Experience shows that in most emergencies there is an initial assistance gap because major response operations on average take at least three to four weeks to reach full capacity.

Operational preparedness aims to reduce this gap to the extent possible and indicates the minimum level of readiness that should be in place to deliver humanitarian assistance and protection in a principled and accountable manner. This section is aimed primarily at sectors/clusters. The APA checklist includes actions: to identify the response capacity of sector/cluster partners, including national capacity (Government, local NGOs, and the private sector); the availability and location of critical relief items; and systems for procurement, transportation and distribution of critical relief items.

Key questions

1. Have all relevant actors in the specific cluster/ sector been identified, including the private sector, and is their capacity known and mapped?
2. Are all partners aware of the key principles for humanitarian response including:
 - The centrality of protection.
 - Accountability to affected populations, including effective two-way communication with affected communities.
 - Humanitarian principles.
 - Full mainstreaming of gender equality in humanitarian programmes.
3. Has due consideration been given to the suitable contents of a basic emergency relief package (taking cultural or gender equality implications or preferences into account), including the possible use of cash transfers and vouchers?
4. Have basic supply chain requirements been considered (the location of relief stocks, suppliers, logistics, etc.)?



2. Purpose and relevance for emergency operations

The IASC system adopts a forward looking 'no regrets' approach to preparedness action, especially once thresholds identified through risk analysis have been met. This normally occurs when a risk is categorized as 'medium' or higher (a risk ranking score of 8 or more). See *ERP risk analysis and monitoring*.

APAs have the following objectives:

- To increase the emergency preparedness level of the UN Country Team (UNCT) or Humanitarian Country Team (HCT), in view of the level of risk, to one of emergency readiness.
- To assist the UNCT or HCT and sector/clusters to identify elements that are essential for responding to a potential crisis. The same elements will in turn support preparation of an ERP contingency plan.
- To identify additional resource requirements, both human and financial.
- To feed into emergency preparedness planning by national authorities.

3. Underlying process – how does this work?

The triggering and implementation of ERP APAs and contingency planning should be led by the Resident Coordinator (RC) or Humanitarian Coordinator (HC), with participation by members of the UNCT or HCT. APAs should be reviewed regularly if the risk level remains medium or high for a longer period, or if the hazard that instigated the response worsens.

Step 1. APAs

1.1 Context and gap analysis

As a first step the UNCT or HCT should undertake a gap analysis to establish the current level of preparedness. An ERP includes key questions (see attached) to guide HCTs as they implement the APA checklist. These questions assist the UNCT/HCT or sector/cluster to identify and discuss gaps in preparedness. They are designed to gather essential background information and help to identify special requirements and operational constraints.

1.2 Prioritization

Based on the output of the gap analysis, the UNCT and/or HCT should prioritize the most pressing APAs, to be implemented first. All country teams have constraints on their capacity to implement preparedness. It is therefore essential to ensure that the prioritization process has the backing and buy-in of all those involved in implementing APAs.

1.3 Implementation

The UNCT and/or HCT should develop a work plan to implement the APAs, based on agreed prioritization. The APA checklist (see attachment) serves as a guide for this process.

1.4 Recording actions taken

It is very important to record accountabilities, deadlines and actions taken, so that the UNCT or HCT can clearly monitor the level of minimum preparedness that has been achieved. The APA templates

(see attachment) can be used for this purpose.

Step 2. Developing a contingency plan

The UNCT or HCT should establish a work plan and timeline for developing a contingency plan. Accountability and deadlines for completing various section of the plan should be agreed and assigned. Given that the UNCT or HCT, under the leadership of the RC or HC, has overall responsibility for the contingency plan, regular consultation should take place and actions should be guided.

Step 3. Addressing preparedness gaps

Preparedness gaps that are identified during the planning process should be addressed. Again, this should be done in a systematic manner on the basis of accountabilities and deadlines that have been agreed and assigned.

Step 4. Testing the contingency plan

A schedule for regularly testing and reviewing the plan should be agreed. It should be linked to risk monitoring. Tools such as simulations should be used to test the plan.

4. UNHCR's role and accountabilities

As a member of the UNCT and HCT, UNHCR fully participates in ERP. With respect to preparedness for IDP situations and natural disasters, UNHCR contributes to preparedness efforts led by the RC or HC.

The ERP is primarily applicable to inter-agency preparedness for natural disasters and internal displacement (IDP) situations. For potential refugee crises (where the identified emergency risk specifically relates to the possibility of a refugee emergency), UNHCR leads preparedness efforts with partners and the Preparedness Package for Refugee Emergencies (PPRE), which uses the same approach as the ERP, should be used as a toolkit and for guidance. The PPRE includes a specific inter-agency APA checklist for potential refugee crisis.

5. Links

Humanitarian Response Info – Preparedness

Need help?

CONTACT Division for Emergency Security and Supply (DESS), Emergency Services. At: hqemhand@unhcr.org.

Annexes

- ERP APA checklist template (draft)

- Emergency Response Preparedness July 2015

Version and document date

Version: 2.3

Document date: 06.05.2022

ERP Minimum Preparedness Actions (MPAs, IASC, IDP situations and natural disasters)

Key points

- ERP MPAs, led by the UN Resident Coordinator (RC) or Humanitarian Coordinator (HC), are implemented by UNCTs or HCTs regardless of the level of risk.
- MPAs are a reversed engineered approach. Having determined the core elements of a successful response, they work backwards to identify what preparedness actions are needed to achieve those outcomes.
- Although every crisis is different, initial critical relief needs tend to be very similar: it is therefore possible to develop a standard relief package in advance.

1. Overview

Note. This guidance forms part of the Emergency Response Preparedness (ERP) approach. In its current form, it reflects the "BETA" version of the ERP, which the Inter-Agency Standing Committee (IASC) Task Team on Preparedness and Resilience released for field testing in 2015. The final version of the ERP may look different, once released.

Emergency Response Preparedness (ERP) Minimum Preparedness Actions (MPAs) are a set of activities that every UN Country Team (UNCT) or Humanitarian Country Team (HCT) must implement to establish a minimum level of emergency preparedness within a country. MPAs are not risk or scenario-specific and can usually be accomplished without significant additional resources. They include

risk monitoring, establishment of coordination and management arrangements, preparation of joint needs assessments, monitoring, information management, and establishment of operational capacity and arrangements to deliver critical relief assistance and protection. Their implementation makes a fundamental difference to the quality of an eventual response and makes it possible to respond flexibly to different types of emergency.

ERP MPAs are structured along the below categories.

a) Risk monitoring

The MPA checklist outlines key actions that should be taken to ensure that risks are monitored regularly so that preparedness efforts are alert to emerging or developing risks.

b) Coordination and management arrangements

Clearly defined coordination and accountability mechanisms are critical to an effective humanitarian response. A clear understanding of roles and responsibilities enables individuals, teams and organizations to establish working relationships that can make all the difference during a crisis. It is also critical to establish appropriate linkages with Government counterparts and other key partners. MPAs under this section identify key activities for ensuring a coherent coordination system in the event of an emergency.

c) Needs assessment, information management, and response monitoring arrangements

A coordinated needs assessment, that prioritizes the needs of women, men, girls and boys and sub-groups of the population, lays the foundation for a coherent and efficient humanitarian response. It is also critical to establish a system for response monitoring. Response monitoring establishes systems and procedures that measure who receives aid (disaggregated by sex and age), what aid is delivered to them, and what results are achieved. It is underpinned by information management, which is a systematic process of collecting, processing, verifying, and analysing sex- and age- disaggregated data and information, and disseminating relevant information to humanitarian stakeholders, affected populations, and other interested parties. MPAs under this section identify key activities that need to be undertaken ahead of time to ensure these arrangements can be implemented in an emergency.

d) Operational capacity and arrangements to deliver relief and protection

The ability to respond in the immediate aftermath of an emergency depends on the level of operational readiness in place. Experience shows that in most emergencies there is an initial assistance gap because major response operations take on average at least three to four weeks to reach full capacity. Operational preparedness aims to reduce this gap to the extent possible and indicates the minimum level of readiness that should be in place to deliver humanitarian assistance and protection in a principled and accountable manner. This section is aimed primarily at sectors/clusters. The MPA checklist includes actions to identify: the response capacity of sector/cluster partners, including national capacity (Government, local NGOs, and the private sector); the availability and location of critical relief items; and systems for procurement, transportation and distribution of critical relief items.

Key questions

1. Have all relevant actors in the specific cluster/sector been identified, including the private sector, and is their capacity known and mapped?

2. Are all partners aware of the key principles for humanitarian response?
 - The centrality of protection.
 - Accountability to affected populations, including effective two-way communication with affected communities.
 - Humanitarian principles.
 - Full mainstreaming of gender equality in humanitarian programmes.

3. Has due consideration been given to the suitable contents of a basic emergency relief package (taking cultural or gender equality implications or preferences into account), including the possible use of cash transfers and vouchers?

4. Have basic supply chain requirements been considered (the location of relief stocks, suppliers, logistics, etc.)?



2. Purpose and relevance for emergency operations

MPAs represent a set of core preparedness activities that need to be undertaken to achieve positive outcomes in the initial emergency response phase. Some MPAs may take longer to implement (understanding local shelter options and practices, for example). Others require more continuous effort (risk monitoring, or updating contact lists). MPAs also promote more effective coordination between humanitarian actors that takes into account the perspective of affected populations through situation (baseline) and needs analysis.

The purpose of MPAs is:

- To establish a standard of minimum emergency preparedness, enabling the UNCT or HCT to maintain and measure its level of response readiness.
- To lay the foundation for a rapid build-up of emergency readiness, should a risk become imminent.
- To reach a level of basic operational readiness, so that it is possible to respond to a sudden-onset emergency.

3. Underlying process – how does this work?

ERP MPAs are an ongoing set of activities and should be scheduled into the UNCT and/or HCT work plan. It is recommended that MPAs are reviewed and updated at least once a year, or when risk analysis and monitoring indicate an emerging risk, or when there is a significant turnover of core agency staff.

Step 1. Context and gap analysis

As a first step the UNCT or HCT should undertake a gap analysis to establish the current level of preparedness. An ERP process includes key questions (see attached) to guide UNCTs/HCTs as they implement the MPA checklist. These questions assist the UNCT/HCT or sector/cluster to identify and discuss gaps in preparedness. They are designed to gather essential background information and help to identify special requirements and operational constraints.

Step 2. Prioritization

Based on the output of the gap analysis, the UNCT or HCT should prioritise the most pressing MPAs, to be implemented first. All country teams have constraints on their capacity to implement preparedness. It is therefore essential to ensure that the prioritisation process has the backing and buy-in of all those involved in implementing MPAs.

Step 3. Implementation

The UNCT or HCT should develop a work plan to implement the MPAs, based on agreed prioritization. The MPA checklist (see attachment) serves as a guide for this process.

Step 4. Recording actions taken

It is very important to record accountabilities, deadlines and actions, so that the UNCT or HCT can clearly monitor the level of minimum preparedness that has been achieved. The MPA templates (see attachment) can be used for this purpose.

4. UNHCR's role and accountabilities

As a member of the UNCT and HCT, UNHCR participates fully in ERP. With respect to preparedness for IDP situations and natural disasters, UNHCR contributes to preparedness efforts led by the RC and/or HC.

ERP is primarily applicable to inter-agency preparedness for natural disasters and internal displacement (IDP) situations. For potential refugee crises (where the identified emergency risk specifically relates to

the possibility of a refugee emergency), UNHCR leads preparedness efforts with partners and the Preparedness Package for Refugee Emergencies (PPRE), which uses the same approach as the ERP, should be used as a toolkit and for guidance.

5. Links

Humanitarian Response Info – Preparedness

Need help?

CONTACT UNHCR Division for Emergency Security and Supply (DESS), Emergency Services. At: hqemhand@unhcr.org.

Annexes

- ERP MPA checklist template (draft)
- Emergency Response Preparedness July 2015

Version and document date

Version: 2.5

Document date: 06.05.2022

PPRE Minimum Preparedness Actions (MPAs, refugee situations)

Key points

- MPAs are mainly implemented by UNHCR offices and are mandatory.

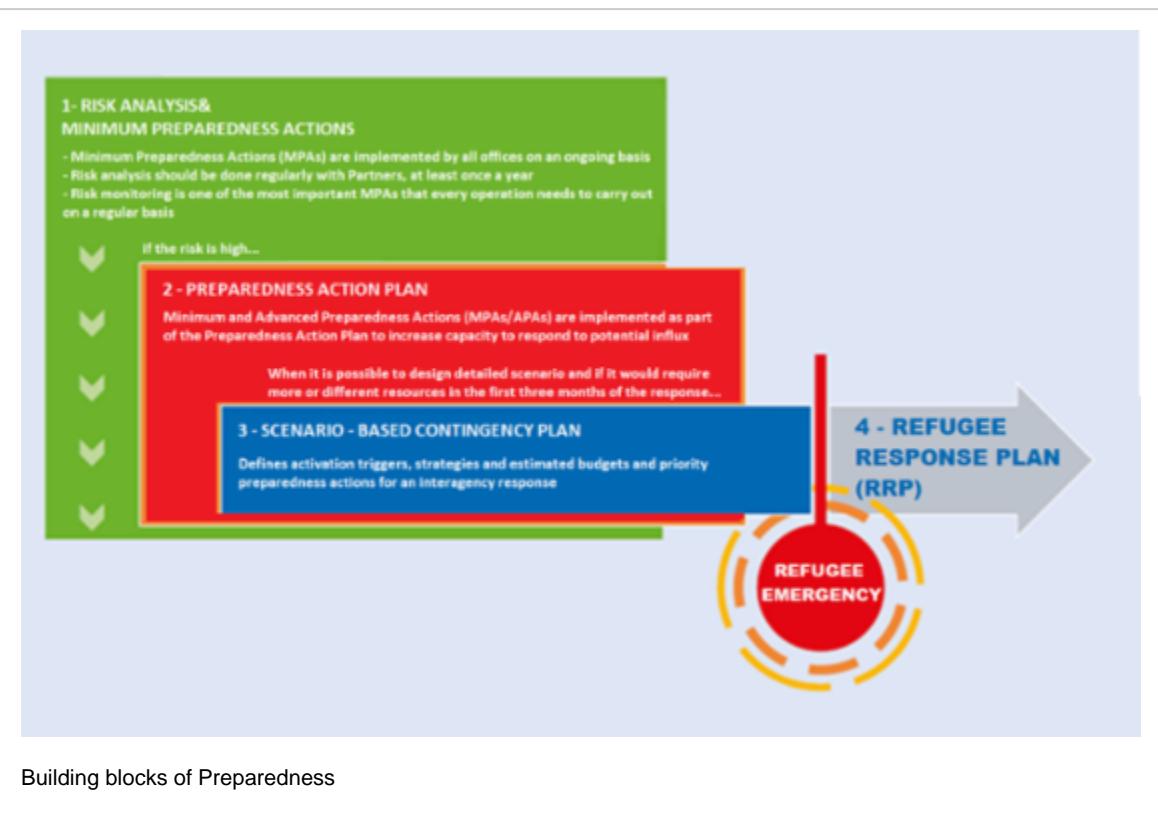
- MPAs include emergency risk analysis, monitoring, and early warning.
- Develop a procedure for deciding when to trigger Advanced Preparedness Actions (APAs).
- MPAs are not resource intensive.
- MPAs should enable an office to prepare itself for the minimum demands of an emergency response.

1. Overview

Every country is required to establish a minimum level of preparedness for potential refugee emergencies.

Minimum Preparedness Actions (MPAs) are mandatory actions that enable a country operation to make itself ready to trigger advanced processes when the risk of an influx increases. MPAs are a routine part of UNHCR's work and are not risk- or scenario-specific. Implementation of MPAs does not require significant additional resources. It should be planned and budgeted for as part of the annual operations management cycle.

The Preparedness Action Plan checklist includes all Minimum Preparedness Actions (MPAs).



2. When and for what purpose

MPAs are mandatory at all times for all UNHCR country offices. The purpose of an MPA is to make a country operation ready to trigger advanced processes if the risk of an influx increases.

Some MPAs may take longer to implement (understanding local shelter options and practices, for example). Others may require more continuous effort (risk monitoring or updating contact lists). In most cases, MPAs can be integrated in regular office management activities.

3. Summary of guidance and/or options

Country level

Most MPAs require the collection of updated information, and analysis of the context. The UNHCR Representative should designate a focal point for each thematic area on the checklist. (See the Preparedness Action Plan checklist.

)

Senior management and external relations

MPAs include early warning for refugee emergencies. Offices should monitor how likely it is that a refugee emergency might occur. UNHCR should at all times take the lead and be a dependable partner when analysing the risk of a refugee emergency.

Protection

A national office should keep an up-to-date record of the country's asylum policies, maintain contact with relevant government authorities and protection actors, strengthen the capacity of partners as required, and familiarize themselves with the standard for emergency refugee registration.

Programme and basic needs

A national office should develop a good understanding of the country's emergency response capacity (taking account of government capacity and partners' capacity), the presence of relevant facilities and services, possible refugee settlement options, cultural and contextual factors that might influence shelter options, and the feasibility of cash-based interventions.

Procurement and supply

An operation should keep an updated record of relief items that UNHCR holds in-country, assess the market for local procurement of relief items and other relevant services, keep track of local procurement frame agreements, and understand the country's customs procedures.

Administration, human resources, security and safety, and ICT

A national office should maintain an updated briefing kit (available for emergency employees), understand visa procedures, maintain contacts with relevant authorities, and identify office and accommodation options for staff and employees in potential operational areas.

4. How to implement this at field level?

MPAs are implemented primarily by UNHCR. When feasible and appropriate they are implemented together with partners. UNHCR Representatives are responsible for implementing MPAs at country level, supported by regional offices and HQ Regional Bureaux. Country offices and HQ Regional

Bureaux share the primary responsibility for monitoring the risk of refugee movements, and decisions to trigger contingency planning. MPAs may be implemented remotely in cooperation with the host government in countries where a clear need has been identified but UNHCR has no office.

UNHCR offices should:

- Identify one staff member (the preparedness focal point) who is responsible for managing and keeping track of compliance with the Preparedness Action Plan worksheet.
- Use the Preparedness Action Plan worksheet as a management tool and assign responsibilities for each thematic group to specific individuals.
- Ensure that a risk analysis is carried out at least once every year.
- Share early warning information with UNHCR offices in countries that might be affected, as well as with UNCT/HCT partners and UNHCR HQ regional bureaux.
- Take stock regularly of MPA implementation and possible gaps.

5. Links

High Alert List for Emergency Preparedness (HALEP). Log-in for UNHCR users only

Need help?

CONTACT UNHCR HQ, Division for Emergency Security and Supply (DESS), at:
hqemhand@unhcr.org

Annexes

- Preparedness Package for Refugee Emergencies (2021 version)
- TEMPLATE Preparedness Action Plan for refugee emergencies EN (2021)

Version and document date

Version: 3.8

Document date: 06.05.2022

Emergency priorities and related indicators

Key points

- Track emergency protection priorities using protection-specific indicators and sectoral indicators that are proxy indicators for protection.
- Apply UNHCR's standard indicators, adapting them to your context.
- Ensure that protection priorities are captured in the protection and solutions strategy as well as in your performance and impact monitoring.
- Collect and analyse data on health problems and risks with the aim of targeting major causes of excess mortality and morbidity.
- Prioritize and implement appropriate, feasible and effective health services, to reduce excess morbidity and mortality.

1. Overview

Emergency priorities assist UNHCR and its partners to frame the humanitarian response provided to refugees and other persons of concern, including during assessment, planning and monitoring. Emergency priorities are guided by UNHCR's Protection and Solutions Strategy articulated in the first few months of an emergency response. Emergency priorities reflect key principles of international refugee law and international human rights law as well as recognized humanitarian standards such as SPHERE standards. They are also informed by UNHCR's Global Strategic Priorities (GSP) and UNHCR's experience that these areas need concerted attention from the start of an emergency if the rights of persons of concern are to be fulfilled.

Emergency priority indicators are also a measurement tool that

- Establishes the gravity of a crisis (scope and prevalence).
- Monitors UNHCR's response and protection outcomes in an emergency.

2. Emergency standard

Overview: Emergency priorities, priority indicators and related interventions

Protection priorities	Priority indicators	S	Related priority interventions
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		ta n d a r d s: U N H C R / S p h e r e	
Favourable protection environment. Ensuring safe access to territory, asylum protection, and protection against return.	<p>Access to asylum facilitated.</p> <p>Border is open (to all categories; to some categories; to no categories).</p> <p>Distance of settlement from border of origin.</p>	<p>S t a n d ar d: y e s</p> <p>S t a n d ar d: y e s</p> <p>T o b e d</p>	<ul style="list-style-type: none"> Establish presence in border areas; undertake border monitoring and protection monitoring. Establish links with law enforcement agencies. Ensure access to territory. Establish links with government entities on asylum. Ensure coordination on protection. Define protection strategies (for UNHCR, the response or a protection cluster, depending on context)

		et er m in e d.	
	Civilian character of asylum maintained.	S t a n d ar d: y e s	
	Number of cases of <i>refoulement</i> .	S t a n d ar d: 0	
	Number of persons of concern detained for illegal entry/stay.	S t a n d ar d: 0	
	Incidents of threat to life, security and safety.	S t a n d ar d: 0	
Documentation and registration. Securing registration, civil documentation and birth registration.	Percentage of persons of concern registered individually. (Global Strategic Priorities, GSP.)	S t a n d ar d: 1	<ul style="list-style-type: none"> • Do level 1/2 registration (including IDPs). • Do profiling and movement tracking (IDPs). • Do status determination, if not <i>prima facie</i> recognition.

	<p><i>O O % C rit ic al : 0- 7 9 %</i></p>	<ul style="list-style-type: none"> • Facilitate issue of civil documentation. • Establish link between registration and birth registration. • As part of registration and/or profiling identify persons who have specific needs or are at risk.
	<p>The extent to which reception conditions meet minimum standards.</p> <p><i>S ta n d ar d: 1 0 0 % C rit ic al : 0- 3 9 %</i></p>	
	<p>The extent to which persons of concern can obtain identity documentation.</p> <p><i>S ta n d ar d: 1 0 0 % C rit ic</i></p>	

		<i>a/ : 0- 3 0 %</i>	
Security from violence and exploitation. Reducing protection risks of women, men, boys and girls, notably risks related to sexual and gender-based violence (SGBV) and specific risks faced by children.	Known survivors of SGBV receive appropriate support(GSP).	<i>S ta n d ar d: 1 0 0 %</i> <i>C rit ic al : 0- 4 0 %</i>	<ul style="list-style-type: none"> Identify service providers and implement referral pathways for access to services. Coordinate information dissemination about services; include sub-working groups. Provide or facilitate child protection (CP) and SGBV case management. Facilitate/ put in place family tracing and prevention of family separation. Facilitate identification and screening/Identify and screen children who have specific needs or who are at risk.
	Percentage of unaccompanied and separated children(UASC) for whom a best interest process has been initiated or completed.	<i>S ta n d ar d: 1 0 0 %</i> <i>C rit ic al : 0- 2 9</i>	

		%	
	Percentage of identified children of concern with specific needs who are assisted.	S ta n d ar d: 1 0 0 % C rit ic al : 0- 7 4 %	
Basic Needs and services. Reducing mortality and contributing to the fulfilment of international standards for shelter, nutrition, water, sanitation, health and education.	Crude mortality rate (per 10,000/day).	< 1	<ul style="list-style-type: none"> • Ensure access to primary health care • Communicable disease surveillance and disease control • Monitoring of nutrition situation and ensuring of timely response.
	Under-five mortality rate (per 10,000/day)	< 2	
	Consultations per clinician per day	< 5 0	<ul style="list-style-type: none"> • Ensure access to primary health care • Provide health care services if needed (identify needs, partner, resources)
	Deliveries attended by skilled birth attendants.	1 0 0 %	<ul style="list-style-type: none"> • Ensure access to maternal and newborn care are part of essential health care • Ensure timely referral and access to confidential and
	Proportion of eligible	1	

	rape survivors receive PEP within 72 hours	0 0 %	private medical care including PEP treatment
	Global Acute Malnutrition rate (GAM)	< 1 0 %	<ul style="list-style-type: none"> Implement appropriate screening and programming for the treatment and prevention of malnutrition
	Severe acute malnutrition rate (SAM)	< 2 %	<ul style="list-style-type: none"> Establish WASH infrastructure to provide sufficient quantity and quality of water and sanitation facilities
	Litres of water/person/day. (GSP)	> 1 5	<ul style="list-style-type: none"> Conduct proper site assessment and site planning and set up shelter priorities and strategies.
	Number of persons/latrine.	< 5 0	
	Covered shelter space per person (m2).	> 3. 5	
	Percentage of women with sanitary supplies.	S ta n d ar d: 1 0 0 % C rit ic al : 0- 3 9 %	
	Percentage of children	S	

	of primary school age enrolled in primary education. (GSP)	ta n d ar d: 1 0 0 % C rit ic al : 0- 5 9 %	<ul style="list-style-type: none"> • Ensure access to education and learning facilities (formal and non-formal). • Provide material support to schools. • Coordinate with all partners, especially national ones.
Community based protection. Promoting participation of people of concern in the emergency response.	The extent to which persons of concern are represented in the leadership of management structures.	S ta n d ar d: 9 5 % C rit ic al : 0- 3 0 %	<ul style="list-style-type: none"> • Involve persons of concern when identifying needs, capacities and priorities. • Support persons of concern to establish leadership and management structures. • Undertake participatory assessments, set up feedback and complaints mechanisms). • Support peaceful co-existence. • Strengthen self-protection mechanisms.
	Percentage of active female participants in leadership and management structures.	S ta n d ar d: 5 0	

		% C rit ic al : 0- 1 9 %	
Solutions-orientation: Laying the foundation for solutions at the onset of the emergency	Out of camp criteria applied.	S t a n d ar d: y e s	<ul style="list-style-type: none"> • Ensure links to and integration in local, national and existing services. • Facilitate emergency resettlement. • Identify opportunities for self-reliance. • In situations of internal displacement, involve early recovery actors (including Government and civil society) in developing a solutions perspective from the onset of an emergency.
	Access to national and existing social and administrative services.	S t a n d ar d: y e s	
	Percentage of persons of concern submitted for emergency resettlement' who have been accepted for resettlement.	S t a n d ar d: 1 0 0 % C rit ic	

		al :0 -7 4 %
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Key considerations

Emergency priorities

Emergency priorities set overall priorities for the response framework that UNHCR applies in an emergency. They can be operationalized via processes associated with needs assessment, planning, programming and monitoring.

- Needs assessment. Emergency priorities can be set on the basis of needs assessments. Needs assessments may also be shaped by response priorities where evident priorities have been defined before a full needs assessment can occur.
- Strategic planning. Emergency priorities should be guided by an initial protection and solutions strategy developed within two weeks of an emergency. (See Protection and solutions strategy.) They are confirmed in a protection and solutions strategy produced 3 to 6 months later, which lays out the overall protection priorities of the emergency response and forms the foundation of key inter-agency planning documents (such as the Strategic Response Plan or Refugee Response Plan).
- Programming. Emergency priorities should be included in UNHCR's programming cycle and reflected practically in objectives, outputs and allocation of resources.
- Monitoring. Emergency priority indicators should be used to monitor the progress of emergency response priorities, over time and in different areas of the response.
- Evaluation. Emergency priorities, as reflected in strategic planning documents, are evaluated during UNHCR or inter-agency evaluations

Emergency priority indicators

Emergency priority indicators are the primary measurement tool used to identify and track progress towards achieving protection and assistance priorities. They also indicate the scope and gravity of displacement and the situation in specific sectoral areas. To the extent possible, emergency priority indicators should always be used to measure both the gravity of an emergency and the response to it, reflecting UNHCR's focus on response and results.

Priority indicators in an emergency should be directly linked to response priorities, to ensure that data collection and analysis inform response planning and implementation. When selecting from among the list of suggested indicators below (see table), take account of your context and your response priorities. Emergency priority indicators should be linked to your performance and impact monitoring, in order to facilitate data collection and reporting and ensure that data collection and performance measurement are consistent.

Indicators in the table may also need to be contextualised to take account of the specific urban or IDP situations in which you are working.

Priority interventions

The priority interventions listed in the table are complemented by technical guidance elsewhere in the Emergency Handbook. They focus on actions that should be taken by UNHCR in the first six months of a humanitarian response, should be adapted to the specific context, and developed in accordance with key programme principles.

- Programme design, implementation and monitoring should take into account age, gender and diversity, and address specific inequalities and vulnerabilities.
- Men, women, girls and boys of concern should participate throughout the programme cycle.
- Programmes should complement and build on the capacities of Government authorities at central and local level, as well as those of local NGOs and community-based organizations.

Centrality of protection

Priorities and priority indicators in an emergency response need to reflect the centrality of protection. This commitment can be operationalised by:

- Programming and resourcing specific protection interventions and services.
- Mainstreaming protection in all sectors.
- Ensuring that programmes do not harm inadvertently.
- Ensuring that the overall vision and purpose of the response is based on and guided by clear protection and solutions outcomes.

If protection priorities and priority indicators need to be context-specific, the overarching emergency priorities help guide the response of UNHCR and partners towards core areas of protection and support in the course of coordinating sectors and clusters. They recognize that the rights of refugees and other persons of concern can only be met by well-integrated action in a range of operational areas, including shelter, nutrition, health, water and sanitation, education, and protection.

Priority emergency indicators therefore include protection-specific indicators, while sectoral indicators are used as proxies to measure overall protection outcomes.

Ownership and partnership

While emergency priorities are designed to assist UNHCR operations to take reliable and prompt action to further the protection and wellbeing of refugees and others of concern, their realization can only be achieved by collaborating and engaging with a wide range of actors, and depends on many factors including the availability of resources and the operating environment. UNHCR's engagement is developed taking these external realities into account, notably the capacities of others, including Government, other local actors, civil society, UN agencies, NGOs, and persons of concern themselves, in line with UNHCR's responsibilities for leadership, coordination and partnership.

Responsibilities

UNHCR Representatives are responsible for putting in place a framework for developing UNHCR's engagement in priority areas, from the onset of an emergency and in collaboration with partners. Representatives must also ensure that data collection and monitoring systems are established early on in an emergency, to facilitate tracking and reporting on UNHCR's progress towards its priorities, including the collection of age- and gender-disaggregated data.

3. Links

UNHCR Public Health
Emergency Information Toolkit
iRHIS
The SPHERE Project

Need help?

CONTACT Contact

- The Senior Protection Officer in your operation.
- As first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; or The UNHCR Regional Asst./Dep Rep (Protection) and/or Snr. Regional Protection Officer at the regional office (if applicable); or The Snr. Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who in turn will liaise as required with the parent unit at UNHCR DIP. Your country Public Health Officer (if available in your operation).
- Your country, regional and headquarters technical experts, as appropriate (public health, nutrition, WASH).
- The Department of Programme Support and Management (DPSM), Public Health Section (PHS). At unit mailbox: hqphn@unhcr.org.

Annexes

- UNHCR, Global Strategy for Safe Access to Fuel and Energy, 2014
- UNHCR, Action Against Sexual and Gender based Violence, An updated Strategy, 2011
- UNHCR, Global Strategy for Settlement and Shelter 2014-2018
- UNHCR, Global Strategy for Settlement and Shelter 2014-2018
- UNHCR, Global Strategy for Livelihoods 2014-2018
- UNHCR, Child Protection Framework 2012

- The Sphere Project – Humanitarian Charter and Minimum Standards in Humanitarian Response
- Operational Guidelines for UNHCR's Engagement in Situations of Internal Displacement – UNHCR OG 2016 2

Version and document date

Version: 2.4

Document date: 06.05.2022

Emergency shelter standard

Key points

- Ensure minimum standards of covered living space per person are respected
- Shelter solutions should be adapted to the geographical context, the climate, the cultural practice and habits, and the local availability of skills as well as accessibility to adequate construction materials in any given country.
- The provision of core relief items is inherently linked to the adequacy of settlement and shelter. Core relief items may include shelter-related materials, as well as other domestic items.
- Consider the life span of shelter materials as they deteriorate with time. Further to the initial distribution, replacement, reinforcement or maintenance may be required.
- Individual family shelter should always be preferred to communal accommodation as it provides the necessary privacy, psychological comfort, and emotional safety.
- Whenever possible, persons of concern should be empowered to build their own shelters, promoting a sense of ownership and self-reliance.

1. Overview

This section will provide guidance on the expected standards when providing emergency shelter. A shelter is defined as a habitable covered living space providing a secure and healthy living environment

with privacy and dignity. Persons of concern to UNHCR have the right to adequate shelter in order to benefit from protection from the elements, space to live and store belongings as well as privacy, comfort and emotional security.

Individual family shelter should always be preferred to communal accommodation as it provides the necessary privacy, psychological comfort, and emotional safety. It also provides safety and security for people and possessions and helps to preserve or rebuild family unity.

Emergency shelter needs are best met by using the same locally available, sustainably sourced materials and construction methods as would be normally used by the refugees themselves or the local hosting population. Only if adequate quantities cannot be quickly obtained locally should emergency shelter material be brought into the country. The simplest structures, and labour-intensive building methods, are preferable. Materials should be environmentally friendly and obtained in a sustainable manner. That said, plastic sheeting has become the most important shelter component in many humanitarian response operations often in combination with rigid materials, as they offer flexibility and can be used in a variety of ways in both urban and rural settings.

Regardless of the type of emergency shelter used the following principles generally apply:

- Shelters must provide protection from the elements, space to live and store belongings, privacy and emotional security.
- Blankets, mats, and tarpaulin must be provided as needed.
- Refugee shelter should be culturally and socially appropriate and familiar where possible. Suitable local materials are best, if available.
- Shelter must be adequate regardless of seasonal weather patterns, if not it should be adapted accordingly.
- Wherever possible, persons of concern should be empowered to build their own shelter, with the necessary organizational and material support. This will help to ensure that the shelter will meet their particular needs, promote a sense of ownership and self-reliance, and reduces costs and construction time considerably

Each type of emergency shelter has advantages and disadvantages depending on the context in which it is used. Consider the following points when deciding on the emergency shelter or combination of shelter types to be used in any given response:

Shelter solution	Pros	Cons
Family tents	Traditional relief tent; lightweight; proven design; good headroom; can be winterised; large	inflexible; may be unstable in high winds or heavy snow, difficult to heat. Where tents are used for long durations, provisions for repair materials should be considered.

	production capacities.	
Plastic sheeting	Most important shelter component in many relief operations; UV-resistant; heavy duty; lightweight, flexible; large production capacities. .	Collecting wood for shelters' support frames or stick skeletons can considerably harm the environment if collected from surrounding forests. It is therefore important to always consider sustainable sources of framing material which is sufficient to support plastic.
Materials and tools for construction (shelter kits)	Suitable local materials are best, if available, and must be suitable for variance in the seasons, culturally and socially appropriate and familiar.	Required time and training
Prefabricated shelter and containers	Permanent or semi-permanent structures; long lasting.	High unit cost; long shipping time; long production time; transport challenges; assembly challenges; inflexibility; disregard cultural and social norms.
Rental subsidies	Greater sense of independence; greater integration in a community; influx of income to host community.	Difficult to monitor that shelter meets standards; competitive market may result in exploitation and abuse; inflation and speculation may occur; upgrades or repairs may be needed.



A snapshot of shelters worldwide



null



null



null



null

2. Emergency standard

At the beginning of an emergency, the aim should be to provide sufficient material to the refugees to allow them to construct their own shelter while meeting at least the minimum standards for floor space as follows

- Minimum 3.5m² covered living space per person in tropical or warm climates, excluding cooking facilities or kitchen (it is assumed that cooking will take place outside).
- Minimum height of 2m at the highest point.
- Minimum 4.5m² to 5.5m² covered living space per person in cold climates, including kitchen facilities as more time will be spent inside the shelter (cooking, eating, and livelihoods). 2m ceilings to reduce the heated space.

The design of shelter should, if possible, provide for modification by its occupants to suit their individual needs.

Cold climates where cold weather with rain and snow prevails over extended periods (3 to 5 months) demand that people live primarily inside. In particular, persons with specific needs will require heated, enclosed spaces. Shelters which are sufficient to withstand cold conditions have to be of a high standard and are complex and expensive to build. The following should be considered:

- Structural stability (to withstand snow- and wind-loads)
- Wind protection of walls, roofs, doors and windows
- Protected and heated kitchens and sanitary facilities
- Provision for heating.

To help people survive the impact of cold weather in an emergency, a strategy should focus on the following:

Individual survival. It is extremely important to protect the human body from heat loss. Particularly during sleep, it is important to be able to keep warm by retaining body heat with blankets, sleeping bags, clothing and shoes. Heat can be generated by providing food with high calorific value.

Living space. It is very important to concentrate on a limited living space and to ensure that cold air can be kept out of this space. This can be done by sealing the room with plastic sheeting and sealing tapes. Windows and doors should be covered with translucent plastic sheeting and stapled on window and door frames. Walls, ceilings and floors of the living space should be designed to insulate from cold air and to retain warm air as efficiently as possible.

Heating. Keeping the inside of a shelter at a comfortable temperature (15 to 19° C) depends to a large extent on the outside temperature, the type of construction, the quality of the insulation, the orientation of the building, and on the type and capacity of the stove. Depending on conditions, a stove with 5 to 7 kW performance should have the capacity to heat a space with a floor area of 40 to 70 m² in most cold areas. When the stove for heating is used for cooking as well, particular attention should be given to its stability.



3. Longer-term standard

The SPHERE standards (2018) referenced above remain the **minimum** internationally recognised quantifiable standards applicable throughout all operational phases. Nevertheless, it must be emphasized that these remain **minimum** standards and that it is imperative to consider the next stages of the sheltering process as early as possible in the response. An approach that is able to breach the division between emergency, temporary, and permanent shelter and that links relief, rehabilitation and development should be sought.

While it may be difficult during an emergency to look beyond the provision of life saving shelter support, it is imperative to keep in mind that persons of concern should be supported to reach durable solutions. Within and beyond the emergency phase shelter solutions should be adapted and contextualized according to the following elements:

- geographical context
- climate
- cultural practice and habits
- local availability of skills
- access to adequate construction materials

Standards to be applied to temporary and/or permanent shelters will be depend on the context in which they are applied and will be commonly defined by shelter partners and in close coordination with government authorities and development partners.



E.Dorfman/2013/Lebanon/Syrian refugees being hosted in Lebanon

4. Links

NRC, Urban Shelter Guidelines

UNHCR Emergency Information Management Toolkit – Shelter and Settlement
UNHCR, Settlement Information Portal (SIP)
Global Shelter Cluster

UNHCR, Global strategy for settlement and shelter 2014-2018

UNHCR, Policy on alternatives to camps, UNHCR/HCP/2014/9

UNHCR, IFRC, UN-HABITAT - Shelter Projects (2008, 2009, 2010, and 2011-12)

UNHCR, Settlement information portal (SIP)

UNHCR, Shelter design catalogue

The Sphere Project, Humanitarian Charter and Minimum Standards in Humanitarian Response, 2018 edition. Shelter and settlements chapter (p. 240 to 286).

UNHCR, the Master plan approach to settlement planning

Need help?

Annexes

- Sphere Handbook (2018)

Version and document date

Version: 2.5

Document date: 06.05.2022

Risk analysis and monitoring - refugee emergencies

Key points

- Operations should undertake refugee emergency risk analysis regularly (at least once a year). The result should be recorded and kept on file.
- Advanced Preparedness Actions (APAs) must be implemented when the emergency risk is high.
- Where risk is high, record the preparedness status on HALEP (log-in only for UNHCR users)
-

1. Overview

Systematic analysis of risk helps operations to decide what preparedness actions are required in each situation. Risks related to new refugee emergencies or the deterioration of existing ones need to be analysed at least once a year, through inclusive consultation with stakeholders, or whenever a

situational change warrants a review. Refugee emergency risk analysis must always be done in collaboration with other partners.

Refugee risk analysis is a process that helps determine whether advanced preparedness activities are required. It uses scenarios to measure the likelihood of a refugee influx and the impact of a potential influx on the capacity of the country to respond.

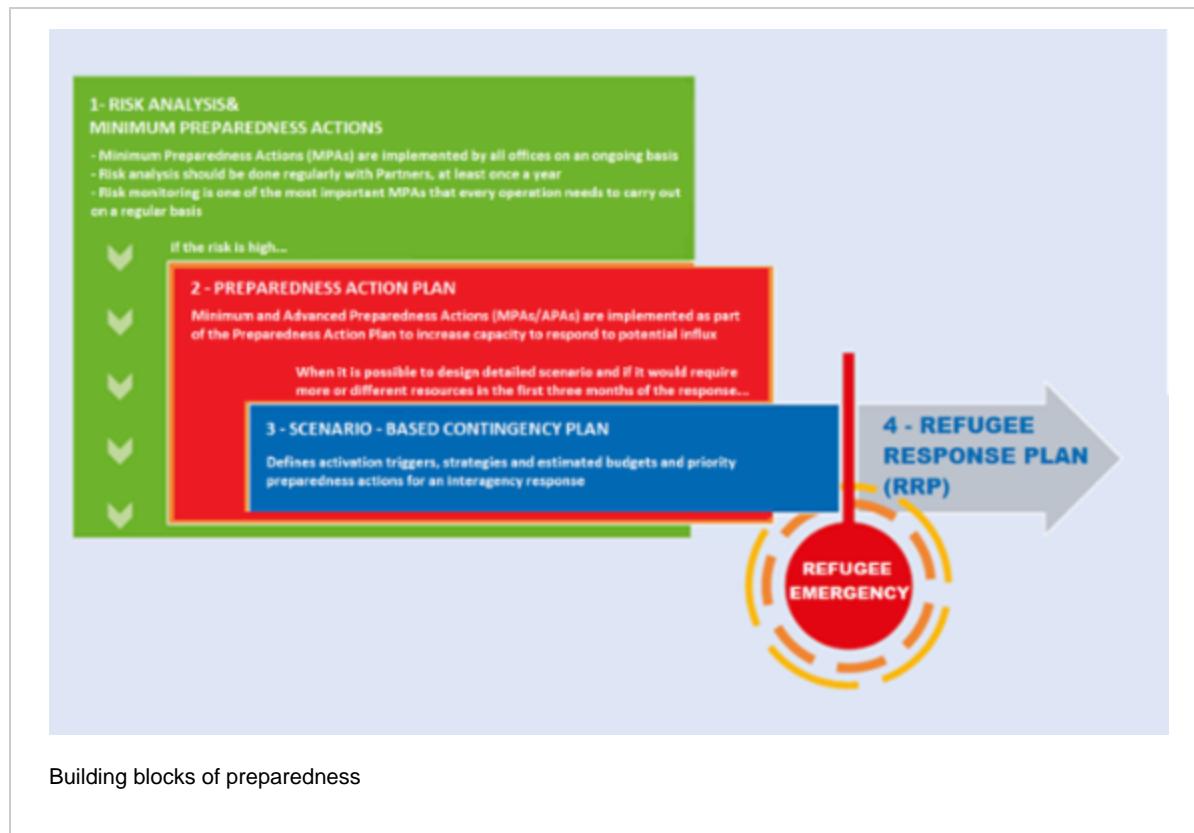
The Preparedness Package for Refugee Emergencies

(PPRE) promotes a standard methodology for risk analysis that follows three steps:

1. Step 1. Scenario(s) identification.
2. Step 2. Risk ranking.
3. Step 3. Risk monitoring and early warning.

Terminology

- **Hazard.** An event, process, phenomenon or human activity in one country that may cause forced cross-border displacement to another country.
- **Refugee emergency scenario.** A description of the cross-border displacement caused by the hazard.
- **Likelihood.** An estimate of the probability that a scenario will occur.
- **Impact.** The perceived negative consequences of a scenario on the country of asylum's capacity to respond.
- **Risk.** The likelihood of a scenario and the impact of the scenario combined.



2. When and for what purpose

All refugee emergency risk analysis should be undertaken by UNHCR country operations in association with governments and partners in the country and in close coordination with UNHCR regional bureaux, regional offices, and other UNHCR offices in the country of origin of the refugees in question.

Risk analysis generates early warning information, which country operations and regional bureaux rely on when they take advanced preparedness actions to address specific risks. Early warning information will only be useful if it connects to action.

	1. SCENARIO IDENTIFICATION	2. RISK RANKING	3. RISK MONITORING AND EARLY WARNING
WHY?	To identify potential refugee scenarios.	To take stock of the likelihood and impact of different scenarios and to decide which scenario to use for planning.	To track the evolution of risks in case these require additional preparedness actions.
WHO?	UNHCR staff, together with government, key partners, refugees already in country, and host communities.		Establish an interagency team as appropriate.
WHEN?	Annually as part of planning processes (or when an existing crisis deteriorates, or a major change occurs).		Once a month, or quarterly, depending on the context and indicators.
WHERE?	At country level with coordinated inputs from field, country, regional and HQ levels.		Monitored at field and country levels. Information is coordinated with country of origin, regional offices and HQ.
HOW?	Involve partners who can contribute expertise and knowledge. Document potential refugee scenarios (see examples below). Organize or facilitate a workshop to share findings, validate scenarios, and jointly rank risks. Use risk ranking to decide which scenario to use when drafting the preparedness action plan.		Select indicators. Determine thresholds and linked actions. Hold periodic consultations with the network to track indicators. Implement actions when thresholds are reached.

Table 1 - Risk analysis

3. Summary of guidance and/or options

Step 1. Scenario identification

To identify scenarios in a meaningful way it is essential to base the exercise on extensive research of secondary data. Sources of information that may help to define the hazard and the scenario include:

- Existing research on conflict analysis and early warning. (This might include trend monitoring of internal displacement from the Global Protection Cluster; Emergency Response Preparedness (ERP) analysis from the Humanitarian Country Team in the country of origin; IASC Early Warning Early Action and Readiness analysis; International Crisis Group reports; or reports by human rights organizations.)
- Data from the country of origin on populated areas close to the border.
- Historical information on displacement routes and trends (ProGres, PopStats, etc.).
- Information shared between country offices.
- Interviews with refugees or asylum seekers who are already in the country of asylum.
- Information from media, academics, researchers, publishers.
- Key informant interviews organized with relevant national or local actors, including local NGOs and communities.

Scenario identification begins by identifying the hazards that may cause forced cross-border displacement from a neighbouring country. Focus on the following hazard categories:

1. Conflict

- Armed Conflict. Fighting between two or more parties that have standing military capacity and a relatively strong hierarchical organization, internally and internationally.
- (Inter)Communal conflict. Fighting between groups that lack conventional military capacity and have a relatively weak hierarchical organization. Includes inter-ethnic conflict.
- Electoral violence. Violence between political rivals in the period around an election.

2. Violations of human rights or international humanitarian law

- Human rights violations. Serious violations of human rights committed by State or non-state actors that control a territory. Forced displacement may rise if human rights violations increase significantly.
- Discrimination. Discrimination increases the vulnerability of individuals and population groups and exposes them to a higher risk of violations of their human rights. Discrimination means any distinction, exclusion or restriction on any grounds (religion, belief, gender, sex, age, descent, ethnicity, sexual orientation, other grounds) that has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise of human rights. It is important to examine the impact of multiple and intersecting forms of discrimination.

- Weak rule of law. Domestic legislation or the government's policies and practices are such that the State fails to prevent or halt violations of due process and human rights, heightening the risk that violations will occur.
- Impunity. Individuals and authorities who violate the rights of individuals or groups are not held accountable for those violations; victims receive no redress or reparation. Impunity increases the likelihood that violations will continue in the future.
- Political instability. Situations of political instability can make a State more prone to respond in ways that violate human rights.

Refugee emergency risk analysis relies primarily on identifying the above types of hazard. However, analysis of other hazards may contribute to scenario building. Additional hazard categories that may be relevant include:

3. Economic hazards

- Price increase. Significant and atypical (non-seasonal) consumer price increases of important goods and services make it harder for people to purchase essential goods, increasing insecurity. Areas with high poverty rates are at special risk. Hyperinflation is a specific risk.
- Loss of income. Significant and atypical (non-seasonal) falls in wages or income opportunities, including the fall of subsistence income and income from sale of own products, would cause household income to decline or collapse. Income crises may be caused by any shock (including conflicts or natural hazards) and prevent people from being able to purchase essential goods.

4. Natural hazards

- Hydro-meteorological. Floods, landslides, cyclones, droughts.
- Epidemics and pandemics. Locusts, plant diseases and pests, human diseases, livestock diseases and pests.
- Geophysical. Earthquakes, volcanic activity, tsunamis.

5. Environmental hazards

- Chemical or biological. Hazards created by environmental degradation or physical or chemical pollution in the air, water or soil.

Once a hazard has been identified, it is necessary to develop at least three Refugee Emergency Scenarios for each hazard. Scenarios should be summarized in a short sentence that specifies the hazard and the potential scale of the refugee influx in a determined period of time. (See the example below.)

Step 2. Risk ranking

In this step, each of the identified scenarios is assigned a rank in terms of its likelihood and its impact. As described in the table below, risk ranking applies the following equation: **Risk = Impact x Likelihood**

LIKELIHOOD	IMPACT
Very low (1) There is a remote chance that the scenario will be realized in the next one year (0-5%).	Insignificant (1) Emergency response capacities (of UNHCR, the government, UN, NGOs, and host communities) are high in comparison to the impact of the predicted scenario.
Low (2) The scenario has a low chance of being realized in the next one year (5-15%).	Minor (2) Emergency response capacities (UNHCR, the government, UN, NGOs, and host communities) are fairly high in comparison to the impact of the predicted scenario.
Medium (3) The scenario has a viable chance of being realized in the next one year (15-30%).	Moderate (3) Emergency response capacities (UNHCR, the government, UN, NGOs, and host communities) are partially sufficient in comparison to the impact of the predicted scenario.
High (4) The scenario has a significant chance of being realized in the next one year (30-50%).	Major (4) Emergency response capacities (UNHCR, the government, UN, NGOs, and host communities) are insufficient in comparison to the impact of the predicted scenario.
Very High (5) The scenario has a positive chance of being realized in the next one year (over 50%).	Disastrous (5) Emergency response capacities (UNHCR, the government, UN, NGOs, and host communities) are highly insufficient in comparison to the impact of the predicted scenario.

LIKELIHOOD. What is the estimated probability that the scenario will be realized in the next 1 year?

Assign a rank from 1 to 5 (as described in the table above).

NOTE. Likelihood is measured on a continuous scale from 0% to 100%, where 50% is not a neutral condition but represents the threshold at which an event becomes more likely to occur than not. This is why a scenario is considered very likely when the probability that it will be realized rises above 50%.

IMPACT. What impact would the scenario have on the country's current capacity to respond?

Assign a rank from 1 to 5 (as described in the table above).

The impact in each scenario measures the capacity of existing structures and systems to absorb and respond to the estimated arrival figures. The impact ranking takes into consideration every aspect of response capacity:

- The geographical, urban, rural, security and other characteristics of area(s) that may receive arrivals.
- The impacts on host communities (taking account of both their capacity and their willingness to host arrivals).
- Accessibility and logistics (roads, warehouses, ports, airports).
- Existing infrastructures for reception and service provision (hospitals, schools, services for persons with specific needs, referral mechanisms).
- The presence of emergency response capacity at local and national level (government, NGOs, UN).

Likelihood x Impact = RISK

Multiply the scenario scores to define whether the risk is low, medium or high.

- **GREEN = Low risk**
- **YELLOW = Medium risk**
- **RED = High risk**

When all the scenarios have been ranked and their risk level has been identified, the results of the **ranking are placed on a Risk Matrix** to determine whether **advanced preparedness actions** need to be implemented to mitigate the impact of the scenario (should it occur).

If any scenario appears the red boxes on the matrix (See image below), advanced preparedness actions are required.

Step 3. Risk monitoring, early warning and early action

Risk monitoring is one of the most important minimum preparedness actions that every operation needs to carry out regularly, ideally with key partners. Regular monitoring is necessary because numerous changeable factors in the country of origin influence the likelihood that a scenario may be realized. It is the responsibility of the receiving country to undertake risk monitoring, and to liaise with both the country of origin and regional structures.

Risk monitoring follows four basic steps:

1. **Select early warning indicators.** Identify a few indicators that can be objectively and regularly monitored, ideally by an interagency group. Indicators will vary according to the type of situation that is being monitored. Useful indicators for early warning are observable events in the country of origin that may cause or trigger population displacement.
2. **Determine frequency and sources.** For each indicator define how often each indicator will be monitored and what sources will be used for monitoring.
3. **Determine early warning thresholds.** Thresholds determine a specific level of the indicator value that, when crossed, requires an early warning to be issued or specific actions to be taken. Action might include revising the likelihood ranking on the risk analysis.
4. **Take early action when thresholds are reached.** Thresholds must be connected to actions. Actions may be generic, such as 'start implementing APAs', or more specific, such as 'launch a needs assessment', or 'train a registration team for deployment to border areas'.

In the case of low risk scenarios, thresholds may trigger a new risk ranking exercise or re-define or re-position scenarios on the risk matrix.



4. How to implement this at field level?

- The UNHCR Representative is responsible for undertaking refugee emergency risk analysis, together with partners, and for coordinating with possible countries of origin, UNHCR HQ and regional bureaux.
- Based on the result of risk analysis, a preparedness action plan should be put in place and implemented .
- UNHCR contributes its analysis of refugee emergency risks to the multiple risk analysis prepared by UN Country Teams and Humanitarian Country Teams.

Example. Scenario identification and a risk ranking exercise

An interagency workshop has been organized in country Y to perform the yearly risk analysis. The PPRE was used to determine the risk level of three scenarios in the coming 12 months. The exercise will give the interagency team a shared understanding of risk levels, and help them decide what preparedness actions need to be implemented.

Beforehand, the UNHCR office in country Y looked closely at hazards in neighbouring countries. It

identified that upcoming elections in neighbouring country X were a potential cause of cross-border displacement. '**Hazard description.** Presidential elections are scheduled in the next six months in country X. During the period before and after the elections, social unrest and internal conflict may force populations to cross the border into country Y in search of international protection.'

The office's preparatory research enabled it to develop three realistic scenarios of influx into country Y from country X. Each scenario has been given a ranking for likelihood and impact, as instructed in the PPRA chapter on risk analysis. The result is placed in the table below:

Scenario	Estimated influx scale in country Y	Li k el ih o o d	I m p a ct	Ri sk S c or e
Describe scale and extent in 1 sentence	Insert estimated daily or weekly figures of arrivals	In s er t sc or e e arrivals o n 1- n 1- 5 sc al e	In s er t sc or e e o n 1- n 1- 5 sc al e	In s er t sc or e e 1- 25 sc al e
1. Security forces of Country X arrest opposition party members in main opposition strongholds before the elections. Those who feel they are at risk of arrest or being directly targeted cross the border into Country Y with their families.	20-50 per day. 150-350 per week.	V er y hi g h (5)	In si g ni fic a nt (1)	L o w Ri sk (5)
2. The pre-election period in Country X sees violent episodes in the main towns. The government and security forces crack down on opposition. There are mass arrests of protesters, youth, journalists and others accused of destabilizing the country. People flee the main towns and cross the border into Country Y with their families.	50-100 per day. 350-700 per week.	Hi g h (4)	M aj or (4)	Hi g h Ri sk

				(1 6)
3. Conflict erupts throughout Country Y. Government and opposition forces control different areas.	100+ per day. 700+ per week.	M e di u m (3)	Di s a st ro u s (5)	Hi g h Ri sk (1 5)

Table 5

Table 5 shows that two scenarios are assessed as HIGH RISK.

High risk scenarios require the implementation of a preparedness action plan and, if relevant, development of a contingency plan as described in the following chapters of the PPPE and in figure 1.

The team performing the risk analysis would need to decide on which scenario would be chosen for preparedness and contingency planning. In the case of the example above, the second scenario represents the highest risk level.

Example of risk monitoring

Indicator	Sources	Fr eq ue nc y	B as eli n e	Threshold	Action
Number of violent incidents reported	Media, ACLED.	M on thl y	10	+20%	Confirm scenario
Reports of armed mobilization	Media, human rights reports.	M on thl y	N o re po rts	New reports	Enhance border monitoring. Share information with key partners.
Border crossings closed/open	Media, immigration.	M on thl y	O pe n	Change	Liaise with the authorities to keep the border open for asylum seekers.
Reports of internal	OCHA, UNHCR,	M on	N o	New reports of internal displacement in	Enhance border monitoring. Activate interagency

<i>displacement</i>	media.	thy	re po rts	bordering regions.	coordination and rapid response.
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Table 6.

Table 6 is only an example. The PPRE does not require development of a risk monitoring table. However, it underlines that it is extremely important to monitor risks constantly.

5. Links

HALEP

International Crisis Group

ACAPS Global Emergencies Overview

ACLED

Need help?

CONTACT UNHCR HQ, Division for Emergency Security and Supply (DESS), at:
hqemhand@unhcr.org

Annexes

- The Preparedness Package for Refugee Emergencies (PPRE) (updates 2021)
- TEMPLATE Preparedness Action Plan for refugee emergencies EN (2021)

Version and document date

Version: 4.7

Document date: 06.05.2022

PPRE Advanced Preparedness Actions (APAs, refugee situations)

Key points

- APAs are a UNHCR tool, designed to be implemented with partners, that increases readiness to respond to refugee emergencies.
- APAs are coordinated by UNHCR or the government with all partners, including local communities, refugees themselves, and other actors in areas likely to be affected by the influx.
- Mandatory APAs must be implemented when the risk ranking exercise indicates that the risk of a scenario occurring is assessed to be 'high'. Some APAs are mandatory while others are context-specific.
- Identify priority actions that will facilitate the initial phase of an emergency response.
- Preparation of an inter-agency scenario-based contingency plan is a context-specific APA.

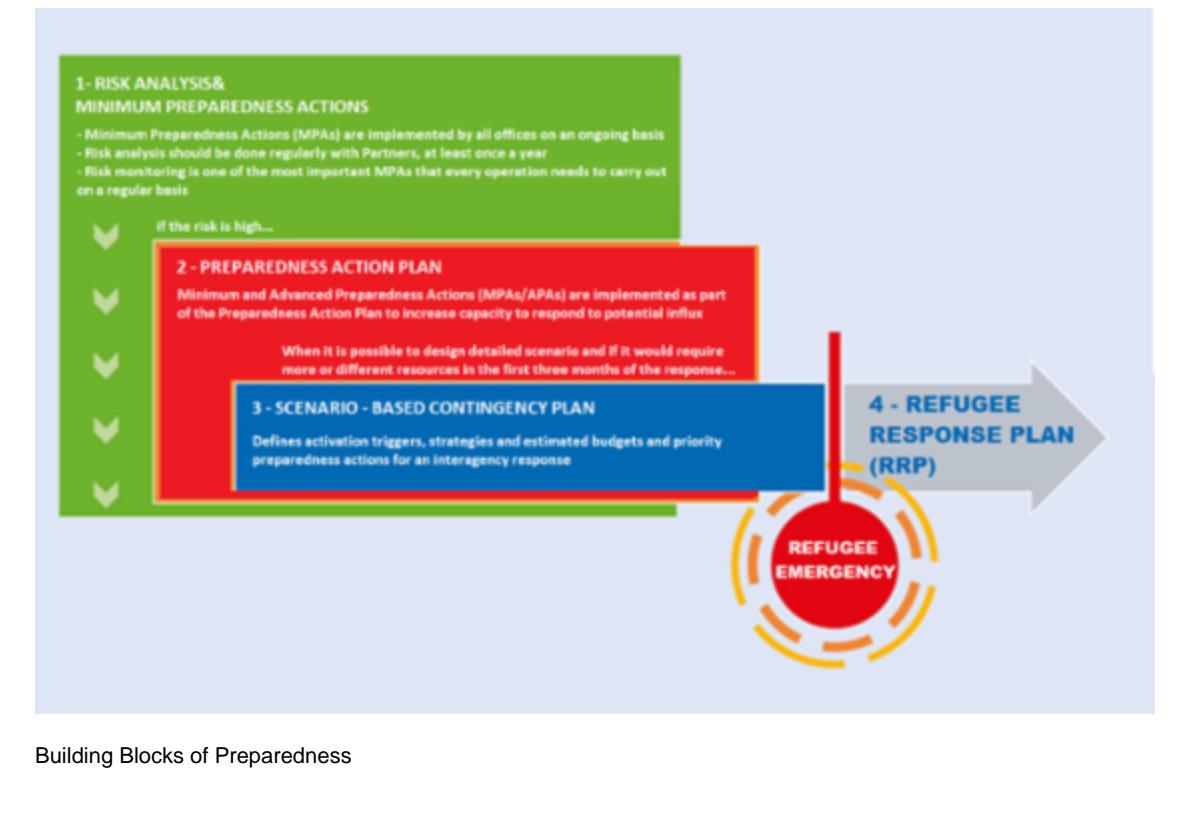
1. Overview

Advanced Preparedness Actions (APAs) are actions that enhance the level of preparedness for a possible refugee crisis. They must be implemented when a risk ranking exercise suggests that the risk of a refugee crisis is 'high'.

Some APAs are mandatory while others are context-specific. This permits an operation to prioritize and tailor its preparedness actions to the situation on the ground. The actions selected should be achievable in a determined period of time with the current level of resources.

The Preparedness Action Plan

checklist includes all APAs and distinguishes between mandatory and context-specific APAs.



Building Blocks of Preparedness

2. When and for what purpose

APAs are mandatory when a risk ranking exercise

determines that a scenario is high risk.

APAs are kept up to date and reviewed every 6 months, or according to the timeframe for implementation set out in the Preparedness Action Plan.

Progress on implementation is reviewed regularly (at least every 6 months) and in line with risk monitoring.

3. Summary of guidance and/or options

Country level

The staff focal points that have been designated for each thematic checklist should continue to review the implementation of Minimum Preparedness Actions (MPAs) while selecting relevant APAs for implementation. Focal points should also establish deadlines for implementation, the individuals who are responsible, and budgets (if required).

Senior management and external relations

Mandatory and context-specific APA actions in this area focus on the establishment of coordination mechanisms with key stakeholders to ensure effective local and national preparedness. These actions should encourage UNHCR staff, the government, and other key stakeholders to increase their readiness for the onset of an emergency. The scenario-based contingency plan is one of the context-specific APAs in this section. If a contingency plan is necessary, it should be

developed in partnership with the government and partners.

Protection

A national office should reinforce the capacities of its staff, partners and other stakeholders while they prepare to meet potential protection-related needs. Decisions should be taken on key strategic issues, including a border monitoring system, emergency registration procedures, and a sourcing strategy.

Programme and basic needs

A national office should identify key programme components, including potential hosting locations, the presence and capacity of infrastructure and services, partners' sectoral capacities, and an initial response strategy for saving life. Each sector (health, shelter, food, WASH, etc.) should develop a specific strategy for sourcing and an initial emergency response. The offices should be aware of the capacity of hosting locations as all programme options.

Procurement and supply

An operation should be familiar with emergency supply procedures, including local supply options, and should establish a sourcing strategy for the outset of an emergency. It should establish relief item stocks in-country for the initial response.

Administration, human resources, security and safety, and ICT

An office should assess its potential administrative needs (for vehicles, visibility materials, staff field accommodations, the establishment of new offices, etc.). Human resources should list staff capacity and potential staffing needs in an emergency situation. Security briefing material should be kept up to date and made available to staff. Security and safety mechanisms and equipment in potential refugee-hosting locations should be assessed. Potential ICT providers, staffing and equipment should be identified.

4. How to implement this at field level?

APAs are a UNHCR tool but should be implemented with all relevant UNHCR partners. UNHCR offices and the host government (co)lead APAs in refugee situations. Internally, the operation's Preparedness Focal Point assigns each thematic areas on the Preparedness Action Plan checklist to a specific member of staff. The staff focal points are required to indicate deadlines and set budget requirements for each action.

UNHCR offices should:

- Establish and (co)lead an inter-agency refugee contingency planning task force.
- Assign responsibilities for each APA to specific persons and agencies, using the Preparedness Action Plan worksheet as a management tool.
- Ensure that the Preparedness Action Plan contains reasonable timelines for implementing actions.
- Regularly assess APA implementation and possible gaps, with the involvement of the Preparedness Focal Point, and share updates with the UN Country Team or Humanitarian Country Team, the Resident Coordinator or Humanitarian Coordinator, and UNHCR HQ.

- Ensure that APAs are kept up to date and reviewed every 6 months, or according to the timeframe for implementation set out in the Preparedness Action Plan.
- Record APAs that have been undertaken, and share this information regularly with HQ regional bureaux, regional offices, and the Division for Emergency, Security and Supply (DESS).

5. Links

High Alert List for Emergency Preparedness (HALEP). Log-in for UNHCR users only

Need help?

CONTACT UNHCR HQ, Division for Emergency Security and Supply (DESS), at:
hqemhand@unhcr.org

Annexes

- Preparedness Package for Refugee Emergencies (2021 version)
- TEMPLATE Preparedness Action Plan for refugee emergencies EN (2021)

Version and document date

Version: 4.1

Document date: 06.05.2022

Advocacy in emergencies

Key points

- Be clear what your key messages are. Be clear about the purpose of your advocacy. What do you want to achieve?
- Incorporate advocacy in your overall protection strategy.
- Adjust your strategy to what you want to achieve. If a small (closed door) intervention suffices to reach your goal, no need to go public with an advocacy campaign ["Ladder of options" approach].
- Consult extensively and cooperate with others. Wherever possible, avoid competitive advocacy. Seek to work with others to achieve advocacy that is complementary.
- Manage risks proactively to avoid surprises. Consider possible unintended consequences of your advocacy, at field and global level, on the humanitarian response on the ground and on UNHCR's oversight responsibilities.
- Make sure that all advocacy products are evidence-based, fact-checked, and proofread. Make sure you are honest.
- Make sure that all your advocacy messages are consistent, internally and over time.
- Be concise. Avoid jargon wherever you can. If you have to use jargon, explain what it means.

1. Overview

'Advocacy' is a set of coordinated activities (ideally contributing to a broader strategy) that seeks to ensure the protection of persons who are of concern to UNHCR by promoting changes that bring policy, practice or law into line with international standards. UNHCR and its partners undertake advocacy of various kinds, including media campaigns, public speaking, commissioning and publishing research, and lobbying. In emergencies, (evidence-based) advocacy plays a vital role in efforts to influence decision makers and stakeholders to adopt practices and policies that will protect refugees, internally displaced people, stateless persons and other affected populations. It is and should remain a central element of comprehensive protection and solution strategies.

Combined strategically with other protection activities (information dissemination, monitoring, negotiation), advocacy can help to transform attitudes, systems and structures that put populations of concern at risk. Advocacy messages must have clear objectives and target audiences.

2. Protection objectives

- To end human rights violations and encourage respect and positive observance of human rights by encouraging stakeholders to fulfil their protection responsibilities (including among others States, and peacekeeping missions).
- To ensure that stakeholders deliver humanitarian assistance to persons of concern in a safe and dignified manner, on the basis of humanitarian needs and without discrimination of any kind.
- To ensure that stakeholders make funds and resources available to meet the needs of persons of concern.

- To bring policies, practice and laws into compliance with international standards (notably refugee law, humanitarian law, human rights law, guiding principles on IDPs, international standards on prevention of statelessness and protection of stateless persons).
- To promote greater acceptance of persons of concern by host communities and to combat discrimination and xenophobia.

3. Underlying principles and standards

- **'Do no harm'.** Ensure that advocacy does not negatively affect access to or protection of persons of concern, the credibility of UNHCR, access to UNHCR or partners for relevant populations, or partnerships.
- **Impartiality and neutrality.** Preserve these values of humanitarian actions, at field level and globally, in order to foster dialogue, access, and open channels of cooperation.
- **Public or restricted dissemination of advocacy messages**

Decisions on the status of advocacy messages should be determined case-by-case, weighing the risks. Will publicizing a statement disrupt an important dialogue with key stakeholders in the field? Or persuade key stakeholders to open vital areas to humanitarian access? Or heighten the risks faced by persons of concern or humanitarian staff? Decisions should always be made in the best interest of affected populations. This interest is best understood by affected populations themselves and (wherever possible and relevant) they ought to be asked whether or not advocacy messages should be made public.

4. Protection Risks

Safety of persons of concern

- Host authorities may restrict access to persons of concern if they object to advocacy messages.
- Individuals may be endangered if advocacy messages divulge confidential personal information.
- Inappropriately framed messages can stir up prejudice against vulnerable individuals or groups.
- Ill-advised advocacy can have unexpected indirect consequences. Calls to stop sexual and gender based violence which are not carefully formulated and contextualized, may, for example, simply cause families to keep girls at home.

Data Protection

In principle, personal information should remain confidential and should not be used for advocacy purposes. Personal data may be shared with third parties only for specific purposes; often, the person(s) concerned must grant prior consent (see UNHCR's Data Protection Policy and Associated Guidance).

5. Other risks

- **Security of staff and assets.** If authorities or non-state actors take issue with advocacy messages issued by UNHCR or partner organizations, they may react negatively to or harm staff, offices, or assets in retribution or to stop further similar messages. Decisions on adjusting or mitigating agreed advocacy approaches for reason of security-related concerns will need to be taken in close coordination with HQ (Bureau, Division of International Protection, Security). A proper balance between efforts to mitigate such risks and advocacy for protection priorities must be achieved.
- **Reputational risk.** The reputation of UNHCR or partners may be harmed if they issue information that is incorrect, conflicts with operational priorities or UNHCR's global mandate, or is of poor quality.
- **External contributions and partnerships.** Relationships, cooperation and financial support may be undermined if advocacy statements antagonize partners or donors.
- **Access.** If access is denied to UNHCR or its partners as a result of advocacy, this may directly affect their capacity to work in the country and protect people of concern.

6. Key decision points

Key decisions on advocacy should be based on a contextual analysis of risks and opportunities. This analysis, and the advocacy strategy as a whole, should be developed in collaboration with partners, and should consider the following questions:

- **Define your objectives. What do we want to say?** What issues require advocacy? What is the purpose of the intervention? What do we want to achieve? What are the key messages? Answers to these questions should emerge from a well-informed, evidence-based analysis. Do not build advocacy messages on rumours or unconfirmed information. In an emergency setting, nevertheless, it may sometimes be appropriate or necessary to initiate advocacy before detailed evidence has been gathered and confirmed. (For example, it might be appropriate to issue an advocacy message on SGBV, certain that incidents have taken place but before comprehensive evidence is available.) Objectives should take into account the short- and long-term impacts that are desired.
- **Select the target audience.** Your target audience may be organizations, decision-makers, individuals or allies, or actors whose actions raise protection concerns. Adopt an approach appropriate for the actor you seek to influence.
- **How will you communicate the message? Who will say what? Where and when?** All options can be considered at this point. Messages may be public or restricted; and disseminated via meetings, reports, photos, videos, statistics, maps, infographics, case studies, or press release. Decisions should be based on the context, standard operating procedures (SOPs), and the advocacy strategy. Always consider the impact a chosen channel will have, the need for confidentiality, and the potential to harm your sources of information, persons of concern, partners or UNHCR. Think practically. Who will do what? When? What channels will be used (email, websites, social media, newspapers, posters, interviews, news media, etc.)? Establish clear responsibilities and an action plan.
- **Build links.** Advocacy activities should be joined up with other forms of influencing (information dissemination, reporting, monitoring, negotiation, conferences, etc.).

- **Monitor implementation.** Monitoring should be part of the action plan and advocacy initiatives should be reviewed, and adjusted when required, in the light of their impact and effectiveness.

7. Key steps

1. Work with existing coordination structures to identify key problems that require advocacy. Develop an advocacy strategy and set priorities; decide how best to disseminate key messages; identify the roles and responsibilities of relevant actors. In doing so, use a "ladder of options", escalating the advocacy efforts as required from "quiet diplomacy" to a full-fledged public advocacy campaign.
2. Collect and validate evidence continuously. Use the means available to monitor the situation and collect information; link the information you gather to programming as well as advocacy. Take steps to fill gaps in evidence.
3. Involve partners, persons of concern and other sources of information in drafting advocacy messages and delivering them. Advocacy is often more effective when a variety of partners reinforce the message. Remember that persons of concern, including children and young people, are often the best advocates for their protection and concerns. In some settings, for example, it can be effective to convene meetings at which minority groups can talk directly to local authorities.
4. Advocacy messages normally include three elements: a brief description of context, key protection or other concerns, and recommendations or 'asks'. Consider products that will reinforce and support your message (maps, infographics, case studies and testimonials, open or private letters, statements by key actors and influential persons, etc.).
5. Ensure your message is formatted correctly. In addition, ensure it cleared (as appropriate) by the Country Office, Regional Bureau, Division of International Protection (DIP), Division of External Relations (DER), or inter-agency structures such as UNCT/HCT/cluster as applicable. Proofread and fact-check.
6. Disseminate in accordance with agreed methods (hard and soft copies, list of recipients, public domain release or restricted circulation). Ensure that dissemination strategies consider a range of formats and media.
7. Monitor the impact and adjust strategy as required.

8. Key management considerations

- Consult and clear with experts (in advocacy, PI methods and strategy, other content) at country, regional or global level (as appropriate).
- Clear draft advocacy statements and proposed initiatives with UNHCR management at field, country, regional or global level (as appropriate).
- Revise your advocacy strategy as required, taking account of feedback, impact, and changes on the ground.
- Comply with internal policies and procedure with respect to updates, research materials, and branding.

9. Resources and partnerships

Advocacy budgets depend on the scale of the strategy (local press release or global campaign), the profile and size of the target audience (local partner organization, Government minister, global TV audience), and the dissemination method (social media, e-mail text, video documentary, global TV campaign).

The following resources are likely to be relevant:

- Staff time, in cooperation with partners, to collect and validate evidence-based information, prepare advocacy materials, implement initiatives, and follow up.
- Information management staff and technical resources, to produce properly designed and formatted information products.
- A budget to travel, and to organize meetings with interviewees and workshops with partners.
- Resources for printing, recording, marketing, etc.

10. Links

Guidelines on Donor Visibility

UNHCR Protection Manual, Chapter on Protection in Mass Influx / Emergency Response (internal)
Global Protection Cluster (GPC)

OCHA advocacy guidance

UNHCR, Administrative Instructions for the Standardization of External Updates, UNHCR/AI/2014/10

Need help?

CONTACT As first port of call, the UNHCR Dep. Representative (Protection), UNHCR Asst. Rep. (Protection), and/or Snr Protection Officer in the country; or The UNHCR Regional Asst./Dep Rep (Protection) and/or Snr. Regional Protection Officer at the regional office (if applicable); or The Snr. Regional Legal Advisor in the respective UNHCR regional bureau, covering the respective country region, who in turn will liaise as required with the parent unit at UNHCR DIP.

UNHCR Division for External Relations (DER), PI service.

Global protection Cluster (GPC)Support Cell: gpc@unhcr.org

Annexes

- Global Protection Cluster (GPC), Standard Operating Procedures on Public Advocacy Messaging
- IASC, The Centrality of Protection in Humanitarian Action, 2013
- UNICEF, Advocacy Toolkit. A guide to influencing decisions that improve children's lives
- United Nations, Due Diligence Policy on United Nations Support to non-United Nations Security Forces
- Information note - UN Human Rights Due Diligence Policy and its relevance and application in UNHCR operations

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