![UNHCR - The UN Refugee Agency]

# Protection in Emergencies Toolbox

## Protection Checklists

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Division of International Protection
Division of Emergency Security and Supply

# Protection Checklist for Emergencies

Due to evolving and increasingly challenging environments in which UNHCR's protection responses are critical, the Division of Emergency, Security and Supply (DESS) and the Division of International Protection (DIP) are jointly developing tools to enhance and strengthen UNHCR's protection capacity and delivery from the onset of an emergency.

A set of tools (Protection toolbox) in the form of checklists has been designed, providing guidance to emergency field managers and staff in carrying out fact-finding missions to refugee settlements/sites, in identifying protection and assistance needs, prioritizing essential protection interventions, and drawing an initial strategy.

The checklists consist of: a general guidance checklist on conducting interviews aimed at establishing the refugee population's profile and identifying immediate protection issues; the "Initial Refugee Population Profile" (1) and seven thematic checklists setting out mandatory priority interventions to be undertaken within the first two months of an emergency in the areas of Child Protection (2), SGBV (3), Education (4), Older persons (5), Persons with disabilities (6), Relocation (7) and Mainstreaming protection in operations in camp settings (8).

This booklet is available in both English and French, while the electronic version can be accessed through intranet pages of both ECMS and DIP, where all key reference documents/reading and templates are hyperlinked.

Should you wish to share observations and suggestions, please send your feedback to ecmsprt@unhcr.org.

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| 1. INITIAL REFUGEE POPULATION PROFILE | |
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| Themes | Issues to be considered |
| **Profile of the population** | ✓ Numbers / breakdown (by sex and age) if any at this stage / predominant family composition<br>✓ Other information collected, such as ethnicities, key risks faced (vulnerabilities, etc.)<br>✓ Source of the information (Government, UNHCR, other agencies, NGOs, etc.)<br>✓ Methods of data collection<br>✓ What form of documentation (e.g. ID cards) do refugees carry, if any? |
| **New arrivals** | ✓ Ongoing movements, if any<br>✓ Rates of arrival<br>✓ Physical / health condition of new arrivals<br>✓ Do refugees carry belongings?<br>✓ Do they arrive with specific assets (livestock, vehicles, etc.?) |
| **Reasons for flight** | ✓ Places of origin<br>✓ Causes and events leading to flight (provide detailed narratives)<br>✓ Are there persons left behind? (Why? Any particular profile?) |
| **Access to current places of asylum** | ✓ Circumstances of flight, means of travel<br>✓ Any difficulty encountered when crossing the border? (Border crossing points, security incidents, e.g. attack?)<br>✓ Any refugees searched when crossing the border?<br>✓ Any reports of persons denied access or granted access upon condition (e.g. payment of money)? Detained? |
| **Movements of refugees** | ✓ Any return (or back and forth) movement to (and from) country of origin? (Why and where are they returning? Family composition of refugees returning? |
| **Conditions and safety in current place of asylum** | ✓ Refugees' current location: if in the border area, are they in spontaneous settlement or amongst the community? With host families? For how long?<br>✓ Reception conditions / support received:<br>   - material / physical conditions (location, structures)<br>   - by the local authorities<br>   - by the local population<br>✓ Current location's distance from the border?<br>✓ Security conditions? |
| **Civilian character of asylum** | ✓ Are there any – or reports thereof – of combatants, ex-combatants or their families in the group / at the site? (If yes: estimated number and profile; and how does their presence impact the protection environment?)<br>✓ Are there split families including combatants or ex-combatants, with the former of the latter left behind?<br>✓ If presence of (former) combatants, to which armed groups / army do they belong to? Are they being identified and separated? If yes, by whom? Where are they relocated to? If no, is there any scope for them to be separated? What would be the key barriers? |
| **Specific protection concerns** | ✓ Are there any particular groups that face specific risks? Who are they? What are their needs? What are their / the community's suggestions to address those?<br>✓ Quick assessment of situation in regard to child protection:<br>   - are there boys and girls arriving / living alone; are they unaccompanied or separated? Circumstances of separation?<br>   - educational needs (are all / most children / youth enrolled at school? Approximate number of school age children or who were attending school prior to flight?)<br>✓ Quick assessment of SGBV:<br>   - have there been instances of violence or abuse of women, men, girls and boys? If yes, which kind, when / where did they occur, who are the perpetrators?<br>✓ Quick assessment of situation of older persons and persons with disabilities:<br>   - estimated numbers, community's response, if any? |

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| **Humanitarian assistance and priority needs** | ✓ Is humanitarian assistance being distributed? If yes, by whom, what is distributed?<br>✓ Does the assistance meet all urgent / basic needs?<br>✓ Have problems been experienced with distribution of humanitarian assistance (e.g. access to food distribution, water, shelter, etc.)? What kind of problems?<br>✓ Is there provision for separated children, older persons, persons with disabilities and other who may have difficulty accessing assistance? *(If yes, what is in place? If no, what are the key barriers?)* |
| **Community organisation and capacity** | ✓ Has the community been able to organise itself?<br>✓ How? (Structures, committees?) What are they taking charge of?<br>✓ Any strong political / administrative authorities of CoO amongst the population?<br>✓ What capacities (professions, skills – e.g. teachers) exist within the community that can be leveraged to improve the protection environment?<br>✓ What form of support – if any – would be required? |

| 2. Child Protection | |
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| **Priority interventions in emergencies** | |
| Priority interventions | Activities |
| Identification and screening of children with specific needs<br><br>→ *Screening and identification of Unaccompanied and separated children (UASCs) and other vulnerable children (OVC)*<br><br>→ *Registration of UASCs and OVC (proGres Level 2)* | ✓ Assign UNHCR Protection and/or Community Services staff to (pre-) registration points and ensure clear referral pathway for vulnerable children<br>Or<br><br>✓ Establish ASAP a specific desk for vulnerable children at the registration point (pre-registration or Level-1 registration), manned by a person trained in child protection |
| | ✓ Provide clear guidelines as regards the screening of vulnerabilities (categories) and quick interview guidelines |
| | ✓ Provide training and guidance to registration staff on the identification and the recording of children with specific needs; child-friendly procedures and communication with children<br>✓ Ensure that the vulnerabilities/specific needs of children are systematically and accurately entered into proGres. Ensure children without parental care are registered as unaccompanied **or** separated, not as both (i.e. unaccompanied **and** separated)<br>✓ Regularly update and cross-check UNHCR data on USC and OVC with IPs (Implementing partners) and OPs' (Operational partners) data |
| Child protection (CP) case management<br><br>→ *Addressing the immediate needs of UASC and OVC identified at Level 1 registration phase*<br><br>→ *Upon Level 2 registration, children at risk are systematically identified and referred to necessary services in compliance with the best interest principle* | ✓ Jointly with Programme, map partners (OPs if no IP yet) with relevant expertise who can provide an immediate response in respect of identified needs (care arrangement, shelter, psycho-social counselling) and individual follow up. Agree on initial referral pathways and responsibilities (to be later formalised in SOPs)<br>✓ Liaise with national child protection authorities and ICRC and establish clear referral mechanisms for tracing purposes (capital and/or field level)<br>✓ Best interest assessments (template) to be systematically conducted for UASC and OVC<br>✓ In the absence of a Level 2 registration, devise practical / ad hoc mechanisms for recording individual cases (in particular referrals) for the purpose of follow up |
| | ✓ Support the establishment of a CP coordination / case management group, which will include partners, national child protection authorities and the community (when possible)<br>✓ In consultation with key partners, establish a referral mechanism for UASC and OVC and develop SOPs<br>✓ Set up a BID panel (see BID report form) and establish SOPs but initially prioritise BIAs |
| Prevention of family separation<br><br>→ *Further family separation is prevented* | ✓ Take required measures so as to ensure that aid procedures do not put children at risk of being separated from caregivers or siblings (e.g. draft quick SOPs for relocation, medical transfers, etc.) and ensure that parents know where to report missing children (UNHCR, partner, child protection desk in camp/settlement) |
| Prevention of sexual violence and other forms of harm, abuse and exploitation against children<br><br>→ *During the emergency response, children are protected from additional harm against them* | ✓ Ensure that measures to prevent sexual violence take into account the situation of children (e.g. identification of risk factors specific to children) - See checklist for SGBV<br>✓ Response and referral mechanisms adapted to the needs of children (e.g. ensure provision of continued and appropriate psychosocial support) |
| | ✓ Train UNHCR & partners' staff, national authorities on CoC, PSEA and international child protection policies |

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| Birth registration<br><br>→ *New borns are issued with birth certificates* | ✓ Pre-existing arrangements with Government - if any - on issuance of birth certificates to refugee children (LoU, support/assistance provided to Govt, etc.) should include new arrivals<br>✓ Coordinate with local health centres, health NGOs, in order to establish systematic linkage between birth and registration (through e.g. the use of delivery notifications - NB: this is not an official birth certificate but facilitates official birth registration at a later stage) |
| | ✓ Raise awareness of the refugee community on the need and benefits to register new births and practical steps to do it |
| Alternative care arrangements<br><br>→ *Safe and adequate care arrangements are in place and meet existing needs* | ✓ Identify existing actors (e.g. Govt, NGO, community) and existing care arrangements (e.g. foster families, ad hoc care arrangements) that can be relied upon during the emergency phase<br>✓ Set up a system for regular follow up visits to children in alternative care (Protection or CS Officer, partner staff or community-based focal person )<br>✓ Seek to understand the community traditional practices in this regard: are community based arrangements safe, effective and reliable? What is their absorption capacity? Seek the community's views as regards their ability to fulfil this responsibility and the complementary support potentially required (counselling, equipment, CRIs, etc.) |
| | ✓ Assess current and predicted needs for alternative care in light of rate of new arrivals<br>✓ Identify the type and suitability of alternative care placements to use (foster care preferably when relevant, group care, supported child-headed households) on a longer-term |
| Psychosocial support and recreational activities<br><br>→ *Immediate response is available in respect of children's psychosocial needs* | ✓ Map partners with expertise in psychosocial support programmes<br>✓ Establish child friendly spaces (CFS) in consultation with the community, to be manned by partners with expertise in child protection and psychosocial support. Alternatively, engage UNICEF to take responsibility for that activity.<br>✓ Explore with partners (incl. UNICEF) availability of recreational kits for CFS |
| Advocacy<br><br>→ *Continued sensitisation and involvement of the communities in monitoring children's safety and security*<br> → *Advocate with the Government so that national authorities/services assume overall responsibility for the well-being of children (countries signatories of the CRC may have developed legislation and good practices)* | ✓ Engage traditional leaders, women's groups, community-based organisations (CBOs); build on their experience (practice in country of origin)/capacity and seek their views on needs, best approaches, etc.<br>✓ Establish community-based child protection network/mechanism (e.g. women group) for the identification of children at risk, referrals and follow up |
| | ✓ Engage the relevant Government departments (e.g. national child protection authorities) so that existing services / resources can also benefit refugee children<br>✓ Support to build their capacity (training, targeted material support)<br>✓ Liaise with national and international NGOs working with the Government and use existing network if adequate |
| Mainstreaming of child protection in other sectors<br><br>→ *Issues and risks affecting children are mitigated through specific measures* | ✓ Review with Programme/Operations that all sectors of assistance are implemented in compliance with specific SPHERE standards<br>✓ Issue UASCs with their own ration card<br>✓ Inform children (through e.g. youth groups discussions) that they are not expected to give anything in return of aid (Prevention of Sexual Exploitation and Abuse) |
| | ✓ Ensure there is Age & Gender sensitive information available about reception, registration and other procedures (work with schools, youth groups, women groups, for dissemination of such information to children) |

■ For immediate implementation (4-6 weeks) ■ Following phase, and within 2nd to 3rd month

| 3. Sexual and Gender-Based Violence<br>Priority interventions in emergencies | |
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| Priority interventions | Activities |
| *The actions below aim at supporting the <u>immediate establishment of a system for the identification and the referral of SGBV cases</u>.* | |

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| **Coordination framework**<br><br>→ *To ensure collaborative approach and coordinated response amongst existing actors so as to maximise response effectiveness* | ✓ Identify and list partners and respective SGBV focal points<br>✓ Determine coordination mechanisms and responsibilities (to be formalised in SOPs as soon as possible) |
| | ✓ Coordinate SGBV trainings (include UNHCR's guidance on Men and Boys survivors of SGBV)<br>✓ Advocacy for SGBV prevention and response<br>✓ Where applicable, include SGBV activities in inter-agency strategies and appeals |
| **Identification of service providers**<br><br>→ *To enable the provision of immediate and adequate responses* | ✓ Mapping at capital and local levels of service providers:<br>  - health: health centres or hospitals where initial medical examinations and treatment can be conducted and follow up care provided<br>  - safety and security: involve refugee leaders/the community, law enforcement authorities; look at physical protection options (e.g. safe house, which requires a) the individual's consent and b) the development of a longer term plan/exit strategy)<br>  - psycho-social support: UNHCR and NGO partners, community - map and inform about available services (e.g. livelihood support)<br>  - access to justice |
| **Assessment**<br><br>→ *To enable the provision of immediate and adequate responses* | ✓ Conduct individual interviews with refugees (it is unlikely focus group discussions will yield much information in this regard, in particular at the early stage of the emergency), local NGOs, health centres, etc., to gage the extent of SGBV incidences (in both CoO (pre-flight) and CoA). |
| **Response – Individual case management**<br><br>→ *Protection (prevention and response)* | ✓ In cooperation with a/m service providers, develop clear referral mechanisms (see sample, "Referral pathway")<br>✓ Develop a common incident reporting form (also see consent form)<br>(The above mentioned forms are extracted from the GBVIMS tools, an Inter-agency initiative created with a view to harmonising data collection on SGBV in humanitarian settings.)<br>✓ Security : identify from the options above the most appropriate response according to the specificities of the case<br>✓ Establish and maintain a comprehensive confidential database |
| | ✓ Strengthen the community's capacity through information dissemination, trainings, ensuring refugees are aware of measures in place to help in preventing and responding to SGBV (include youth and male refugees where adequate and feasible). In camp settings, ensure information reaches refugees settled in host communities<br>✓ Promote the provision of legal assistance (including victim support and witness protection schemes) |

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| **Information dissemination and sensitisation toward local authorities and law enforcement forces**<br><br>→ *Support the Government in fulfilling their protection responsibility in regard to SGBV* | ✓ Review national legislation, policies and enforcement realities<br>✓ Advocate with the local authorities, law enforcement forces, the judiciary, for the need to combat impunity and bring perpetrators to justice - establish regular contacts |
| | ✓ Conduct trainings on SGBV<br>✓ Identify traditional justice systems, their legal status in the CoA, and their handling SGBV cases (illegal in e.g. instances of statutory rape) |
| **Monitoring and reporting**<br><br>→ *Identification of SGBV incidences and of factors contributing to SGBV* | ✓ Conduct regular participatory assessments with the population in order to better understand SGBV-related issues (probe the population on their security concerns, risk factors, population/men's occupation, etc.) and for appropriate planning purpose |
| | ✓ Record data in GBVIMS if implemented locally |
| **Internal coordination**<br><br>→ *Ensure programming is inclusive of SGBV sensitive considerations* | ✓ Women's and girls' specific needs are taken into account in the response planning and the provision of assistance in line with SPHERE standards (e.g. material assistance, shelter, access to services/facilities, firewood/food ration collection, etc.)<br>✓ Minimize risks of SEA (Sexual Exploitation and Abuse) of beneficiary communities by humanitarian actors, local authorities, peacekeepers, etc. - (Information dissemination: clearly explain processes/procedures for accessing services; decentralise sources (staff / "incentive" or "volunteer" workers) of information or "perceived" power; selectively increase female staff) |
| | ✓ Training of staff on CoC, SGBV and PSEA<br>✓ Develop a complaints mechanism (see also model complaint form) |

▨ For immediate implementation (4-6 weeks)

▨ Following phase, and within 2nd to 3rd month

## 4. Education
### Priority interventions in emergencies

| Priority interventions | Activities |
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| Coordination and response strategy<br><br>→ Effective *coordination of education activities* | • Identify and develop strategic partnerships with actors who have appropriate capacity and expertise (Government/Ministry of Education, local authorities, national or international NGOs, UN agencies, community organisations, etc.), and agree upon coordination mechanisms.<br>• Wherever possible, engage UNICEF (and seek HQs' support as required) so they undertake the implementation of education activities |
| | • Establish an inter-agency education coordination committee with terms of reference, including national education authorities as appropriate.<br>• Define which educational system should be followed. The general approach is integration of refugee children within national host country systems where possible and appropriate and as guided by on-going consultation with refugees.<br>• Identify and link refugees with existing systems of teacher training, learning assessments, and certification. |
| Assessment of needs and capacity<br><br>→ *Determine existing needs, available resources and additional assistance required* | In close consultation with the refugee community, undertake an initial joint rapid education assessment including:<br>• Number of school-age children (sex and age disaggregated), including number of children who would benefit from early childhood education (ECE), between 3-5 years<br>• Number of out-of-school children and the reasons why (e.g. language, uniform fees, distance, etc.)<br>• Whether refugee children can attend local schools and current / potential barriers (in consultation with local authorities)<br>• Number of temporary primary and secondary classroom/learning spaces and equipment necessary (based on numbers and geographic locations)<br>• Number and condition of existing school structures<br>• Teachers (male and female) among refugee population who could be hired or volunteer as teachers in (temporary) refugee schools, or as support for local schools and training needs |
| Access to education and learning facilities<br><br>→ *Ensure access to quality education for school age children* | • Negotiate with local authorities the possibility for refugee children to attend local primary and secondary schools, and provide initial support (personnel, materials, and infrastructure) to these schools as required. |
| | • Identify temporary learning spaces and begin planning for semi-permanent school structures where existing facilities are not present or attendance at local schools is not possible or insufficient.<br>- *Ensure the following issues are appropriately addressed in an AGD sensitive manner: water/sanitation with separate facilities for boys and girls, learning and teaching equipment/materials, school feeding, disabilities, etc.*<br>- *Avoid using schools as communal shelters in emergencies, as this can prevent or delay the delivery of education activities and causes damage to school infrastructures.* |
| | • Find out from community workers, women's groups, children, etc. whether some children are discriminated against when seeking enrolment in school (for lack of documentation, on the basis of sex, social, ethnic or religious background, etc.).<br>• Determine the need and capacity for Child Friendly Spaces (CFS), and mobilise the community and relevant partners accordingly (See checklist on Child Protection) |

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| Teacher training<br><br>→ *Build teachers' capacity* | • Hire teachers or volunteers from the refugee community for "refugee" school if applicable<br><br>*Agree on the level of teacher compensation, which should be harmonized with other sectors. Consider non-monetary compensation, such as provision of material, food, certified training, etc.* |
| | • In coordination with specialist support (NGO, MoE, UNICEF, etc.), ensure training tailored to teachers' needs is conducted (including Code of Conduct, Prevention of Sexual Exploitation and Abuse, psychosocial support). |
| Non formal education<br><br>→ *Widen access to education opportunities beyond formal basic education* | • Through community workers, women's groups, identify uneducated youth, early married girls, young single mothers and others with the aim of providing basic literacy, numeracy and life skills. |
| | • Assess the potential for skills training, linked to work opportunities. |
| Protection<br><br>→ *Ensure provision of quality services that provide protection* | • Set up mechanisms (through teachers, parents' committees) for the identification of children with specific protection needs; define clear criteria and work out with partners appropriate referral mechanisms, including for psychosocial support. |
| Monitoring and evaluation<br><br>→ *Monitor education activities and evaluate progress against set objectives and minimum standards* | • Gather baseline information and set clear education objectives. |
| | • Agree with all stakeholders on a set of indicators measuring access, protection, safety and learning outcomes. |
| Community participation and outreach<br><br>→ *Ensure community members are engaged in and informed about all education activities* | • Involve refugees, community members and local authorities in analysis, planning, design, implementation, monitoring and evaluation of education responses, including representation of vulnerable groups in community education committees, as well as children and youth themselves. |
| | • Conduct information campaign within refugee community to promote school attendance, for boys and girls, as well as children with disabilities and specific needs. Spread the information using different media (posters, leaflets, radio, etc.), in the relevant language(s) and through various groups (youth, women, etc.) |

▬ For immediate implementation (4-6 weeks)

▬ Following phase, and within 2nd to 3rd month

| 5. Older persons<br><br>Priority interventions in emergencies | |
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| **Priority interventions** | **Activities** |
| Support services and care arrangements<br><br>→ *Provide immediate and adequate response to specific needs and ensure day-to-day care is made available.* | Map service providers/potential partners at camp, local and national level with specific expertise (medical, psychological, social support that can provide immediate response. |
| | In consultation with older persons, identified service providers/partners, agree upon coordination mechanisms and establish clear referral mechanisms for access to support services. |
| | Prioritize older persons in reunification efforts.<br><br>*Do not separate these persons from family members and support persons, or from assistive devices, adaptive aids or medication (e.g. during relocation/transport).* |
| | Consult with the refugee community and identify existing systems and capacity for appropriate support arrangements for older persons who are alone (e.g. no other family members), or caring for children, other older persons and/or persons with disabilities. |
| | Identify volunteers in the refugee and/or local community (community workers) to 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<br><br>→ *Older persons with specific needs are identified and their needs evaluated.* | Assign community workers, UNHCR Protection and/or Community Services staff to (pre-) registration points or areas of new arrivals to monitor for older persons with specific needs (long-term physical, mental or sensory impairments; injuries; chronic illnesses). |
| | Appoint community workers and/or partners' staff to screen camps/settlements for older persons with specific needs who may not have been present at (pre-) registration (often due to their condition). Already identified older persons may be another source of information. |
| | Include specific questions about older persons in Rapid (and Participatory assessments )to identify obstacles and specific needs, and consult with older persons on the most appropriate form of assistance and accessible referral mechanisms for them. |
| | Provide training and guidance to registration staff on the identification and recording (ad-hoc) of older persons with specific needs (e.g. those who have not yet registered in ProGres). (See checklist HelpAge/Older persons.) |
| | Enter specific needs of older persons into ProGres (during Level 2 registration). |
| Access to services<br><br>→ *Make services and* | Identify families with older persons and, in consultation with them, locate them close to existing facilities and services when assigning plots/shelters. |
| | In consultation with older persons, adapt existing infrastructure, (medical centres, distribution sites, water sources, latrines, schools, shelters) to be safe, accessible and |

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| *infrastructure physically accessible, in particular to those with limited mobility* | appropriate (e.g. clear of barriers or tripping hazards, ramp access, large doorways, hand rails on stairs, non-slippery floors etc.) – requirements would be close to some extent to those applicable to persons with disabilities. |
| | Ensure food or CRI distributions are accessible to older persons by establishing a distribution monitoring system and consider separate queues, transport support, smaller parcels, or "home delivery" as appropriate. |
| | Consult older persons in the design of new infrastructure (this can avoid expensive changes in the future) and when deciding what items should be included in distributions (e.g. smaller jerry cans). |
| Prevention of abuse and exploitation<br><br>→ *Appropriate systems are in place to prevent and respond to violence, exploitation and abuse.* | Integrate older persons throughout PSEA and SGBV prevention and response mechanisms (see SGBV checklist). |
| | Through community workers and other partners, establish a system to monitor and follow-up with older persons at heightened risk of abuse or exploitation (including referral mechanisms). |
| | Inform and train persons with disabilities, their families, their caregivers and community workers on how to recognize, avoid and report instances of violence, exploitation and abuse. |
| Inclusion and information-sharing<br><br>→ *Programming is inclusive of older persons, and they have access to information and messaging about this programming.* | Prepare key messages to refugee populations (e.g. timing of food distribution, health outreach, etc.) in multiple formats such radio, information booklets and signs (using both text and symbols/images) and through the community (word of mouth). |
| | Consult with and involve older persons and their caregivers in decision-making and programming; including in the design, assessment, monitoring, and evaluation of activities. |
| | Include older persons in livelihood activities, identifying opportunities and training in line with their experience and abilities. |
| Awareness-raising and advocacy<br><br>→ *Staff, partners and local/national authorities recognize and know how to respond to the specific needs of older persons.* | Inform staff and partners of the rights of PDOP, and the need to design all responses in consultation with persons with disabilities so that they are inclusive and accessible. |
| | Provide training for UNHCR and partner staff to raise awareness and how to integrate the specific needs of older persons into programming and activities. |
| | Advocate for the inclusion of older persons in national policies and programmes. |

▮ For immediate implementation (4-6 weeks)

▮ Following phase, and within 2nd to 3rd month

| 6. Persons with disabilities |
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| Priority interventions in emergencies |

**Disabilities:** *Persons with disabilities "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" (Convention on the Rights of Persons with Disabilities and its Optional Protocol (CRPD), 2006). Those disabilities may also include injuries and chronic illnesses.*

*See "Need to know guidance" on "Working with persons with disabilities in forced displacement".*

| Priority interventions | Activities |
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| Support services and care arrangements<br><br>→ *Provide immediate and adequate response to specific needs and ensure day-to-day care is made available.* | Map service providers/potential partners at camp, local and national level with specific expertise (medical, psychological, social support/assisted living, prosthetics, disabled persons organizations, etc.) that can provide immediate response. |
| | In consultation with persons with disabilities, identified service providers/partners, agree upon coordination mechanisms and establish clear referral mechanisms for access to support services. |
| | Prioritize persons with disabilities in reunification efforts.<br><br>*Do not separate these persons from family members and support persons, or from assistive devices, adaptive aids or medication (e.g. during relocation/transport).* |
| | Consult with the refugee community and identify existing systems and capacity for appropriate support arrangements for persons with disabilities who are alone (e.g. no other family members), or caring for children and/or other persons with disabilities. |
| | Identify volunteers in the refugee and/or local community (community workers) to be trained to assist people with disabilities/injuries and their families. |
| | Conduct disability inclusion training and capacity building activities for partners and local service providers. |
| Identification and assessment procedures<br><br>→ *Persons with disabilities are identified and their needs evaluated.* | Assign community workers, UNHCR Protection and/or Community Services staff to (pre-) registration points or areas of new arrivals to monitor for persons with disabilities and specific needs (long-term physical, mental or sensory impairments; injuries; chronic illnesses). |
| | Appoint community workers and/or partners' staff to screen camps/settlements for persons with physical or mental impairments, injuries or chronic illnesses who may not have been present at (pre-) registration (often due to their condition). Already identified persons with disabilities may be another source of information. |

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| | Include specific questions about disabilities in Rapid (and Participatory assessments) to identify obstacles and specific needs, and consult with persons with disabilities on the most appropriate form of assistance and accessible referral mechanisms for them. |
| | Provide training and guidance to registration staff on the identification and recording (ad hoc) of persons with disabilities (e.g. those who have not yet registered in ProGres). (See checklist HRIT/disabilities.) |
| | Enter specific needs of persons with disabilities into ProGres (during Level 2 registration). See definitions. |
| Access to services<br><br>→ *Make services and infrastructure physically accessible to those with limited mobility* | Identify families with movement-impaired members and, in consultation with them, locate them close to existing facilities and services when assigning plots/shelters. |
| | In consultation with persons with disabilities, adapt existing infrastructure, (medical centres, distribution sites, water sources, latrines, schools, shelters) to be safe, accessible and appropriate (e.g. clear of barriers or tripping hazards, ramp access, large doorways, hand rails on stairs, sufficient space to turn a wheelchair, non-slippery floors etc.) |
| | Ensure food or CRI distributions are accessible to persons with limited mobility by establishing a distribution monitoring system and consider separate queues, transport support, smaller parcels, or "home delivery" as appropriate. |
| | Consult persons with disabilities in the design of new infrastructure (this can avoid expensive changes in the future) and when deciding what items should be included in distributions (e.g. smaller jerry cans). |
| | Work with the communities, including children, and school authorities to identify children with disabilities and include them as feasible in education programmes. |
| Prevention of abuse and exploitation<br><br>→ *Appropriate systems are in place to prevent and respond to violence, exploitation and abuse.* | Integrate all persons with disabilities throughout PSEA and SGBV prevention and response mechanisms (see SGBV checklist). |
| | Through community workers and other partners, establish a system to monitor and follow-up with persons with disabilities at heightened risk of abuse or exploitation (including referral mechanisms). |
| | Inform and train persons with disabilities, their families, their caregivers and community workers on how to recognize, avoid and report instances of violence, exploitation and abuse. |

| Inclusion and information-sharing<br><br>→ *Programming is inclusive of older persons and persons with disabilities, and they have access to information and messaging about this programming.* | Prepare key messages to refugee populations (e.g. timing of food distribution, health outreach, etc.) in multiple formats such radio, information booklets and signs (using both text and symbols/images) and through the community (word of mouth). |
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| | Consult with and involve persons with disabilities and their caregivers in decision-making and programming, including in the design, assessment, monitoring, and evaluation of activities. |
| | Include persons with disabilities in livelihood activities, identifying opportunities and training in line with their experience and abilities. |
| Awareness-raising and advocacy<br><br>→ *Staff, partners and local/national authorities recognize and know how to respond to the specific needs of older persons and persons with disabilities.* | Inform staff and partners of the rights of persons with disabilities, and the need to design all responses in consultation with them so that responses are inclusive and accessible. |
| | Provide training for UNHCR and partner staff to raise awareness of disability issues and how to integrate the specific needs of persons with disabilities into programming and activities. |
| | Advocate for the inclusion of refugees with disabilities in national policies and programmes. |

&#9632; For immediate implementation (4-6 weeks)

&#9632; Following phase, and within 2$^{nd}$ to 3$^{rd}$ month

| 7. Relocation guidelines (from/to site or camp) |
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*International humanitarian law prohibits the displacement of the civilian population, unless it is strictly for the purpose of civilian security or for reasons of military imperative. UNHCR advises refugee settlements be located at a "safe" distance from the border, in order to preserve the civilian character of asylum and camps/settlements. However, for a range of reasons (freedom of movement, livelihoods), camps should be created as a last resort; all efforts should be made in order to enable refugees reside in dispersed settlements amongst the host population. Should the camp option prove unavoidable, the following key considerations should be taken into account at planning and implementation phases.*

*Consultations with the refugee population from the onset of the process as to why, where and how to relocate.*

| Areas of intervention / Objectives | Standards and activities |
|---|---|
| **Choice of relocation site**<br><br>→ *Preserve refugees' coping mechanisms (e.g. existing livelihoods), safety and security. Mitigate impact on environment and local population* | ✓ Safety/security ("reasonable" distance from the border), likelihood and impact of natural disaster (e.g. flooding), availability of water/arable land, accessibility/communication network (e.g. road)<br>✓ Early technical assessment of the site<br>✓ The site should preferably provide opportunities for refugees to carry on with their livelihood activities, i.e. access to local labour, goods markets, possibility of maintaining their livestock if any (negotiate with the Government), etc.<br>✓ Confirm land tenure status: whether public or private land, ensure the Government issues a document attesting to the allocation of the land for the purpose of refugees' settlement |
| **Site planning and preparations**<br><br>→ *Ensure that needs of refugees with protection risks are taken into consideration* | ✓ Ensure the relocation exercise is planned in the framework of a multifunctional team and involves male and female representatives from the Government (whenever feasible) and from different groups within the refugee community and the host community<br>✓ Timely planning in order to avoid improvised, temporary solutions that would create sanitation and health hazards<br>✓ Protection to provide inputs at all stages of the preparations (including the site layout: access to services, WASH,…) in order to ensure specific needs are taken into consideration |
| **Information dissemination /sensitisation of the refugee population**<br><br>→ *To ensure refugees understand and actively participate in the relocation process* | ✓ Consult with and involve refugee communities in developing the relocation plan. Involve the local authorities as well as the host community<br>✓ Organise go & see visits, ensuring an adequate representation of the population in terms of their age, gender and other aspects of diversity<br>✓ Explain the relocation process (including luggage search if applicable), services available at the new site |
| **Refugees' denial to relocate** | ✓ This must be balanced with the following key considerations:<br>  1. Safety/security and risk of militarisation of settlements/camps (which may outweigh voluntariness considerations)<br>  2. Provision of assistance to dispersed and remote locations (access)<br>  and the decision to provide assistance only in the relocation areas must be clearly understood by refugees.<br><br>✓ In any event, the use of force shall be prohibited and the refusal to relocate shall not affect refugees' status<br>✓ It is important to understand the reasons for refusal to relocate, in particular if one group is concerned; consider alternative options if at all feasible. |

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| **Relocation movement**<br><br>**→ Protection (prevention and response)** | Define timeline for the different stages of the relocation movement and assign clear roles and responsibilities to staff, partners' staff, and local authorities, as required (e.g. convoy leader).<br>Ensure communications means (e.g. VHS, GSM) are available throughout the process.<br><br>Pre-departure and movement:<br>✓ Passengers' manifests to be drawn from/checked against registration data or other available records. In the absence of data, a level 1 registration can be carried out if time and circumstances permit, that will form the basis of the manifests. Alternatively, collect basic information (e.g. head of household and family size) that shall serve as "fixing", for subsequent registration upon arrival at the new site.<br>✓ Ensure families are not split, except for compelling reasons requiring e.g. a person to be transported separately (in particular in the second option above)<br>✓ Special attention to be given to UASCs and persons with specific needs, such as persons with disabilities and elderly persons<br>✓ Health screening (pregnant women, specific health condition, etc.) should specific measures be required during the actual movement/medical escort<br>✓ Provision of water and food as required depending on travel time<br>✓ Ensure no force or intimidation is used against individuals (in the event the relocation is opposed by refugees)<br>✓ Ensure convoys are accompanied by identifiable monitors (staff, partners)<br>✓ Arrangements for luggage and, as required, livestock<br>✓ Way stations, as necessary<br><br>Arrival and reception:<br>✓ Reception and information: dedicated team/ interlocutors with clearly defined tasks to receive and orient refugees<br>✓ On the basis of passengers' manifest, proceed with registration (level 1) or check against existing registration data as applicable<br><br><br>✓ Pattern of settlement (e.g. by communities, village of origin, etc.) in the previous site to be maintained. Avoid resorting to criteria as a result of which established links, e.g. communities, would be disrupted; e.g. relocate persons based on pre-existing arrangements rather than by family size, etc.<br>✓ Ensure persons with specific needs are settled nearby services, whilst avoiding creating sectors populated by vulnerable persons only<br><br>Searches:<br>✓ Depending on the context, the relocation may be accompanied by searches of refugees' luggage for weapons, etc. – Ensure this is carried out by Government authorities and that modalities are pre-defined (e.g. search at departure and/or arrival point) and shared with refugees. |
| **Site/settlement closure**<br><br>**→ Ensure the land previously occupied by refugees is returned to its previous condition, prior to refugees' arrival** | ✓ Collapse of houses<br>✓ WASH related activities |

| 8. Operations checklist for mainstreaming protection in camp settings |
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General:
- Recognize the Government as the primary actor responsible for protection and assistance
- Recognize that assistance causes tension within the camp and also with the host community – a clear policy on use of assistance in the camp by the host community should be developed and disseminated
- Active consultation with and participation of the refugee population (AGD balanced) throughout the programming cycle and implementation
- Consultations with Protection (inclusive of Community Services) and subsequent recommendations have been taken into consideration
- Needs and capacities of refugees are taken into consideration in service delivery
- All staff, including those of partners, have been trained on the Code of Conduct and Prevention of Sexual Exploitation and Abuse

| Activities | Actions taken | Constraints / Follow up |
|---|---|---|
| ***Beneficiary communication*** | | |
| Ensure information pertaining to services (services available, free of charge or payment of a fee and how much, etc.) is effectively conveyed, taking into consideration mobility of persons, literacy, languages understood and/or read | | |
| Understand the composition of the refugee community (e.g. clans, tribes, groups -  would prefer to live together), which will affect the site layout, communication means, assistance activities, etc. | | |
| ***Site planning*** | | |
| Choice of site location – see Checklist on Relocation in regard to communication with authorities and host community | | |
| Areas located away from actual or potential threats such as risk of SGBV, flooding & other potential natural disasters, landmines, military attacks,… | | |
| Mechanisms for site surveillance (police patrols, community watch guards); control movements of non-camp residents in/out of the camp | | |
| Fencing should be discouraged; if meant to protect the population from external threats, attempt to mitigate the latter (see above) | | |
| Lighting | | |
| Communal areas and collection points at a safe distance from individual shelters | | |
| Areas are (made) accessible to persons with disabilities and older persons | | |
| Ensure available space for future activities such as child-friendly spaces, safe houses, etc. | | |
| ***Shelter*** | | |
| Shelters are built bearing in mind accessibility for persons with disabilities or older persons | | |
| Identify adequate locations for persons with specific needs, e.g. single women, persons with disabilities,… without "clustering" effect | | |
| Minimum space standard between and within individual shelters | | |
| Partition and door-locks in individual shelters when feasible | | |
| Where feasible, adopt local construction practice | | |

| WASH | | |
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| Ensure sufficient number of WASH facilities in each area | | |
| Sanitation areas are accessible to persons with disabilities and older persons | | |
| Separate showers and toilets for men and women, in well-lit areas, adapted locks for all categories of the population | | |
| Women shower areas to be constructed large enough as they have to cater for children or someone who needs assistance | | |
| Design of pit latrines to take into consideration specific needs of children or older persons | | |
| *Access to/distribution of assistance* <br> • *Women are registered on their own whenever feasible* <br> • *UASCs are registered on their own* | | |
| Appropriateness of assistance provided (as per standards, needs and culture/tradition): are items distributed eventually sold and why? | | |
| Post-distribution monitoring (jointly with Protection): items stolen or confiscated, extortion of fees or tax by camp leadership or criminal gangs? | | |
| Quantity and type of assistance (food and non-food) distributed to be displayed in an appropriate manner so beneficiaries are aware of their entitlements (appropriate and mass / targeted information dissemination channels). For food distribution for instance, use visibly identical measuring containers. | | |
| Provision of cooking fuel that mitigates the impact on the environment as well as protects refugees' physical safety when collecting firewood (SGBV, host community) | | |
| Distribution points are located away from actual or potential threat | | |
| The needs of persons with disabilities and older persons have been factored in assistance distribution modalities; specific provisions in place | | |
| Systems in place to assist those who cannot carry their food/non-food items, including water from distribution points, avoiding potential exploitation or abuse by those who assist them | | |
| Safe spaces for women and other persons with specific needs at distribution points / separate times for distribution to men and women as required (timing) | | |
| Placement of female staff to oversee offloading, registration, distribution and post-distribution | | |
| Personal data and lists of recipients are restricted to specific counterparts / objectives | | |
| Clear information on the fact that no services (including payment) or favours are to be provided in exchange for assistance | | |
| Measures to prevent, monitor and respond to intimidation, coercion, extortion, violence and sexual exploitation associated with distribution, including | | |

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| from within the community itself (e.g. inter-ethnic/tribe/clan) | | |
| Set up accessible and confidential complaint mechanisms, staffed with both men and women | | |
| **Activities** | **Actions taken** | **Constraints / Follow up** |
| Establish and implement monitoring mechanisms: periodicity, format (i.e. observation *in situ*, discussions with refugees (applying AGD), internal and/or partners' repors,…), recommendations for remedial actions. | | |