What is AGDM?
Mainstreaming age, gender and diversity means that the meaningful participation of refugee girls, boys, women and men of all ages and backgrounds is integral to the design, implementation, monitoring and evaluation of all UNHCR policies and operations. Mainstreaming is a strategy to support the goals of gender equality and the enjoyment of rights by all persons of concern. The strategy also calls for targeted actions to address inequalities and protection gaps. Based on international refugee and human rights law, AGDM empowers those who are discriminated by building their capacity to protect, claim and exercise their rights.

What is Participatory Assessment?
Participatory assessment is a process of building partnerships with displaced and returnee women and men of all ages and backgrounds by promoting meaningful participation through structured dialogue. Separate discussions are held with women, girls, boys and men, in order to understand the specific protection risks they face and identify root causes. Participatory assessment uses a rights and community based approach that recognizes that people of concern have capacities, skills, and resilience that can be mobilized to build relationships and find sustainable solutions. The findings from participatory assessments are used to design UNHCR operations.

What is a Multifunctional Team (MFT)?
Analyzing protection risks, priorities and solutions through a rights and community based approach requires an interdisciplinary perspective. Therefore, UNHCR is promoting the multifunctional team to strengthen age, gender and diversity mainstreaming. The purpose is to engage all members of the community in participatory assessment and in promoting gender equality and the rights of persons of concern, regardless of age or background. The MFT works with the Office and representatives from the community to analyze the participatory assessment findings and to undertake a comprehensive planning process to ensure programmes reflect them. Multifunctional teams are composed at a minimum of protection, programme, and community services staff and partners (governmental counterparts, NGOs and other UN agencies). Ideally, teams should include female and male staff, both national and international. A successful MFT approach requires the strong leadership and commitment of management, especially Heads of Office. MFTs are responsible for ensuring feedback to people of concern on the outcomes and follow up of participatory assessments.

What is the Accountability Framework?
The accountability framework was designed to support managers and provide leadership in AGDM to MFTs. The framework provides clear responsibilities for senior staff at different levels through a cascade up and down effect.
Age, Gender and Diversity Mainstreaming: Summary 2004 - 2007

2004
- 14 countries piloted the methodology of setting up multifunctional teams, undertaking participatory assessment, analyzing the findings and developing work plans. Reporting on participatory assessment findings was incorporated into UNHCR programming instructions in December 2004 and has been maintained since then.

2005
- The methodology was evaluated by the UNHCR Evaluation and Policy Unit, an independent consultant, the Women’s Commission for Refugee Women and Children and the Jesuit Refugee Service in eight countries. The synthesis report entitled “UNHCR’s age and gender mainstreaming pilot project” was presented in April 2005 and used to improve the methodology.
- Multifunctional teams representing protection, program and community services functions were trained as facilitators including some partner staff.
- 41 countries set up multifunctional teams and undertook participatory assessments followed by three-day workshops. The findings were analyzed from an age, gender and diversity perspective.
- The revised version of UNHCR standards and indicators increased the number of indicators disaggregated by sex and age and data relating to diversity. Chapter 4 of UNHCR’s programming manual was revised to reflect age, gender and diversity mainstreaming and a community based approach.
- An accountability framework was tested with representatives from some 20 countries and key senior managers in headquarters under the leadership of the High Commissioner and the oversight of the Assistant High Commissioner for Protection.

2006
- An additional 41 country operations formed multifunctional teams and conducted participatory assessment with populations of concern followed by three-day workshops where the findings were analyzed from age, gender and diversity perspective. 641 multifunctional team members from UNHCR, national and international partners, as well as government counterparts participated in the workshops.
- The age, gender and diversity strategy was reflected in UNHCR’s global strategic objectives.
- Country operation plans from 52 countries were reviewed. Participatory assessment results were reflected in 51 COPs with varying levels of detail. Overall the process was more participatory, although the information analysis and the link to objective setting required improvement.
- An accountability framework was tested with representatives from some 20 countries and key senior managers in headquarters under the leadership of the High Commissioner and the oversight of the Assistant High Commissioner for Protection.

2007
- AGDM roll out was completed by the end of 2007 with the participation of another 12 UNHCR country operations.
- Country operation plans from 55 countries were reviewed. The majority of COPs reflected the participatory assessment findings and strengthened links to the objectives were noted. Targeted actions were planned to address the identified protection risks. Particularly noticeable was the improvement in the level of activities for prevention and response to SGBV.
- The accountability framework was launched globally in May 2007 with the exception of some advocacy focused countries (in Europe, North America and Asia). Representatives will be reporting in December 2007 and senior HQ management in the first quarter of 2008. A separate set of actions was developed and piloted for advocacy countries.

Feedback from UNHCR Morocco

What do you value most about the AGDM strategy?

“One added value of the process has been to start working with refugees in partnership and to discuss with them how they could be part of the solutions to these issues and how UNHCR could assist them in community based responses. UNHCR also took time to review all the activities which could have a positive impact on the living conditions of refugees which did not necessarily require additional budgets. UNHCR Rabat also started to liaise with other UN agencies – UNICEF, UNIFEM and UNDP. We put in place a UNDP funded program with a local community centre where skills, training, language classes and cultural events are being organized for and with refugees and asylum seekers.”

In terms of the future of mainstreaming age, gender, and diversity within UNHCR, what would you like your team/office to achieve over the next couple of years?

“The AGDM strategy will be shared and discussed more widely with new partners and the mainstreaming should be an ongoing exercise. There is a need for refugees to see concrete results of their feedback; otherwise they will be less enthusiastic about sharing their concerns with no follow up. Although part of the exercise demonstrated that refugees can already improve their condition by using community resources, many activities need funds in order to achieve demonstrable results and allow UNHCR to maintain and further develop the newly won trust of the community. It should be noted that UNHCR Morocco is piloting a new approach to self-reliance, which would set a model for the Maghreb region. The AGDM dimension is a key element of this approach.”

The AGDM Team
97 Facilitators Trained
(64 Women and 33 Men)
1343 Multifunctional Team Members Participated in AGDM Workshops
(737 Women + 606 Men)
55 Workshops Carried Out
109 Country Operations Completed the AGDM Roll Out
Percentage of Camps By Region Performing Participatory Assessments in 2006

- **Central Africa** (Great Lakes): 77.8% (36 Camps)
- **East Africa** (Horn of Africa): 61.6% (31 Camps)
- **Middle East** (North Africa): 100.0% (7 Camps)
- **Asia Pacific**: 42.4% (59 Camps)
- **Southern Africa**: 80.0% (5 Camps)
- **West Africa**: 87.5% (16 Camps)

**AGDM Roll Out Progress Report**

- **2004: 15 Countries Completed**
  - Colombia
  - Ecuador
  - Egypt
  - Indonesia
  - Zambia
  - Greece
  - Venezuela
  - Guinea
  - India
  - Syria
  - Lebanon
  - Iran
  - Jordan
  - Sierra Leone

- **2005: 41 Countries Completed**
  - Benin
  - Etiopia
  - Malta
  - Cyprus
  - Nigeria
  - Uganda
  - Burkina Faso
  - Slovak Republic
  - Kenya
  - Burundi
  - Viet Nam
  - Italy
  - Chad
  - Botswana
  - Philippines
  - Slovenia
  - Rwanda
  - Tanzania
  - Cambodia
  - Hungary
  - Malawi
  - Malaysia
  - East-Timor
  - Costa Rica
  - Zimbabwe
  - Nepal
  - Mexico
  - Poland
  - P. N. Guinea
  - Thailand
  - Panama
  - Libya
  - Bangladesh
  - Algeria
  - Argentina
  - Albania
  - Myanmar
  - Tunisia
  - Brazil
  - Yemen

- **2006: 41 Countries Completed**
  - Sudan
  - DR Congo
  - Kyrgyzstan
  - Romania
  - Liberia
  - Angola
  - Tajikistan
  - Ireland
  - Mozambique
  - Korea
  - Kazakhstan
  - FYR of Macedonia
  - South Africa
  - Eritrea
  - Georgia
  - Serbia
  - Somalia
  - Djibouti
  - Namibia
  - Kosovo
  - Senegal
  - Mali
  - Azerbaijan
  - Croatia
  - C. African R.
  - Giana
  - Montenegro
  - Kuwait
  - Cameroon
  - Gabon
  - Bulgaria
  - Morocco
  - Ivory Coast
  - Japan
  - Spain
  - Bosnia
  - China
  - R. of Congo
  - UK
  - Saudi Arabia
  - Armenia

- **2007: 12 Countries Completed**
  - Afghanistan
  - Switzerland
  - Germany
  - Czech Republic
  - Sri Lanka
  - Sweden
  - Austria
  - Belarus
  - Denmark
  - France
  - Belgium
  - Luxembourg

**MORE EXAMPLES FROM THE FIELD**

In **Syria**, the multinational team adopted a system of rotating the MFT chair depending on the topic. The team found this useful for facilitating team ownership and engagement. Involving staff of implementing partners in the participatory assessment led to a change of their approach from deciding for refugees to deciding with refugees.

In **Angola**, a youth group in Sungui refugee settlement proposed to volunteer inside their own community to train other youths in sport activities. The multinational team linked the youth trainers with the United Nations Development Programme (UNDP) appeal for volunteer projects. The youth presented a proposal for sport activities for girls and boys, which was recently approved for funding.

In **India**, following discussions with women of concern from different ethnic backgrounds, the multinational team discovered multiple incidents of violence against women. They initiated a women’s protection clinic to enable women to discuss their problems and help find legal solutions.

In **Kenya**, the team’s approach was to identify the major protection risks and coping mechanisms of urban refugees. The findings of the 2005 participatory assessment had a significant impact on UNHCR’s programming in 2006 and the following new initiatives were included in the country programme:

UNHCR published a booklet to give refugees and asylum-seekers **enhanced information about services** available from various agencies in Nairobi.

As arbitrary harassment and detention was consistently mentioned by refugees as a significant protection risk, UNHCR in cooperation with the Kenya Refugee Department, has embarked upon a program of **training the police trainers**.

An interagency approach was used to **strengthen access to free primary education** for urban refugee children through advocacy with the City Education Department and schools.
POLAND: BEFORE AND AFTER AGDM

In Poland the MFTs learned that many victims of trauma and violence, among them many women, go unassisted, as there is no system in place to identify them. While security is an issue raised mostly by females, men expressed fears about their future and the lack of job perspectives in Poland. Men cited an inability to find jobs because their professional skills do not meet labour market needs. A lack of Polish language skills is another obstacle to employment. Children expressed that Polish lessons provided in the centres were not enough to help them keep up at school, and they also expressed a desire for more leisure activities and playgrounds within the facilities.

- The office of Repatriation and Aliens has signed a contract with the hospital of the Ministry of Interior and Administration to provide psychological services to residents at all reception centers.
- Two projects in reception centers helped increase career choices and improve the social situation of the residents.
- School attendance rate of children of asylum seekers increased substantially from 53% in September 2005 to 83% in September 2006.
- Playgrounds were built in many centers and computer rooms were established.

SLOVAKIA: BEFORE AND AFTER AGDM

In Slovakia, MFTs discovered a grave lack of confidence in the asylum procedure. Asylum-seekers claimed that interviews were carried out in a hurried manner, the transcripts were not accurate and the status determination procedure was prejudiced against them. Some asylum seekers, who are entitled to work, were not familiar with government integration programmes and did not know which kind of assistance they were entitled to receive. Additionally, they requested access to educational training, university education, advanced Slovak language courses, and coaching for job searching.

- UNHCR in cooperation with the authorities is preparing a DVD on protection information for asylum seekers and information pamphlets for recognized refugees with information on integration and naturalization.
- Some asylum seekers who are entitled to work are assisted by social workers while searching jobs.
- Projects in asylum centres provide for additional language, educational and vocational courses.

HUNGARY: BEFORE AND AFTER AGDM

Asylum seekers in all three of Hungary’s reception centers experience their stay as a difficult period in their lives. They constantly crave normalcy for themselves and their children, for improved living conditions and a more sympathetic social environment. Through participatory assessment, MFT discovered that the food at the reception center does not take into consideration their cultural and traditional needs, and that nursing mothers complained that the food for themselves and their babies is inadequate. Parents also reported that their children could not benefit from public education because many elementary schools are unwilling to enroll asylum-seeker and refugee children, due to their limited Hungarian language ability.

- Meals offered in refugee reception centres now respond better to special needs.
- Round tables were organized with local school directors and municipalities to address problems relating to educating children.

ADDRESSING SGBV

In many countries, participatory assessment uncovered a constant theme of sexual exploitation of women and girls. Women’s focus group discussions in Latin America, Europe, Africa and Asia frequently highlighted domestic violence. Under-age marriage was a common theme for girls and sexual harassment and violence against women and girls was widely reported on in relation to collecting fuel and water, and tending to crops and animals in rural areas. Sexual exploitation of women and girls arising from the absence of livelihood opportunities and the desperate need to cover basic requirements such as food, clothing, and educational materials was a major protection problem in almost all areas.

COUNTRY RESPONSES

In Azerbaijan, participatory assessments with women and adolescent female refugees from Afghanistan and Chechnya revealed a serious problem of early marriage and pregnancy among the girls, as well as other forms of sexual and gender-based violence. The UNHCR office in Azerbaijan expanded its awareness program by training the network of social workers and building a community support network. A confidential reporting mechanism for victims was established.

In Chad, men were mobilized into taking action to address SGBV including domestic violence. The formation of a men’s association has been facilitated by UNHCR and partners. Men’s groups in four camps are now receiving training on gender and SGBV.

In Mexico, UNHCR staff found that refugee parents often feel very isolated from the rest of the community and their children lack recreational outlets. This in turn increases the risk of domestic violence. Refugee parents are now being assisted to organize self-support groups with other refugees to find ways to help each other.

In Columbia, domestic violence against women and children was identified as a major protection problem. There is now a training programme for refugee and internally displaced men to examine their concepts of masculinity and work to stop domestic violence.