

PROTECTION OF PERSONS WITH SPECIFIC NEEDS



KEY MESSAGES

- ▶ Within the camp population, certain groups of persons may have specific needs. In order to provide assistance and protection in line with their needs, it is important that all stakeholders are aware of what these needs are. Individuals, within or outside these groups, may be at heightened risk compared to other camp residents.
- ▶ The Camp Management Agency should ensure that the registration/profiling system records disaggregated data on age, gender and other relevant information to identify persons with specific needs at the earliest stages and throughout the displacement cycle.
- ▶ Participatory assessments and the participation of all groups in the camp will help determine which particular groups may have specific needs in any given situation and assist in providing appropriate protection.
- ▶ Displacement may lead to the breakdown of community support structures that would ordinarily care for persons with specific needs. All planning and programmes should integrate the concerns of these groups, by supporting existing coping mechanisms where possible, or by developing alternative interventions.
- ▶ Camp Management Agencies should ensure that a combination of community-based activities and individual case management systems are put in place to identify and respond to the specific protection needs of persons at heightened risk.

INTRODUCTION

GROUPS WITH SPECIFIC NEEDS

This section will briefly review some of the main groups of persons who may, depending on the circumstances, have specific protection needs and to whom special attention must be paid. However, the vulnerabilities and protection needs of the displaced population are context specific, and the groups at risk in any given situation will vary. These can include:

POPULATION CATEGORIES	GROUPS WITH SPECIFIC NEEDS
Boys and girls	Unaccompanied and separated children Children formerly associated with armed forces or groups Child heads of household
Youth	Out-of-school and unemployed youth
Women	Women heads of households, including widows Women without male support Women formerly associated with armed forces or groups Women who are survivors of GBV
Older persons	Older persons without family or community support Grandparent-headed households
Persons affected by sickness, disability or trauma	Sick persons without family or community support Persons with physical disabilities Persons with mental disabilities Persons living with or at risk of HIV/AIDS Survivors of torture

Persons in these categories may have specific protection needs which must be addressed. In many cases it is the family or the community that provides the support that these individuals require. However, this is not always the case. Where appropriate care is in place, capacities are often stretched and resources limited. In the absence of family or community support, members of these groups face heightened protection risks within the camp.

Specific Needs in a Camp Setting

Persons with specific needs may be more vulnerable to deprivation, harm, exploitation, abuse and violation than other people in a community. If the consequences of their vulnerability are not recognised and addressed, it can have serious, sometimes life-threatening consequences for their physical and/or psychological health, and can have a significant impact on their well-being and ability to access their basic human rights. Persons with specific needs may not have access to appropriate communication channels to make their needs known. Likewise they may be unable to speak out due to age, disability, stigma or fear. They may be unable to make their needs known or voice a complaint when they do not have the assistance and protection that they require.

In a situation of displacement, family and community networks are stressed and often fragmented. People with specific needs may not have the same level of care and support from the community in a camp setting that they would otherwise enjoy. Likewise, in a camp setting where fear, deprivation and tensions can lead to breakdowns of cultural and ethical/social values, life can bring additional risks of neglect, violence or abuse, against which the most vulnerable members of the community must be protected.

To address their situation a two-fold approach is required.

- It is important that all programmes and activities are designed in a way that takes into account the presence of groups with specific needs and integrates their concerns. Protection of groups with specific needs is ‘mainstreamed.’
- A targeted response may be needed to ensure protection in accordance with their vulnerabilities and needs. This may be through community-based activities or individual referrals.

The specific needs of individuals may change over time. It is therefore essential that assessments are done to analyse not only the protection risks faced by certain groups, but also by the individuals within the group. For example, a child in the care of a foster family in the camp, may have different needs at the time of return or resettlement. Or an older woman living with her daughter, would have different needs at the time when her daughter marries and goes to live with her husband’s family.

It is essential that the Camp Management Agency ensures camp staff have the training and competencies required to work towards the protection of, and upholding the rights of, all groups and individuals, not least the most vulnerable. In particular, camp staff must be trained in and sign a code of conduct, which provides specific guidelines on ethical conduct and the nature of their behaviour with camp community members. It is particularly important that those staff working with women and children, as well as other groups with specific needs, are familiar with and adhere to a code of conduct.

Vulnerable Groups with Specific Needs in Collective Centres – Voice from the Field

‘There are a high number of vulnerable groups and persons with specific needs in collective centres in Serbia. This includes older persons, single-headed households, the disabled, mentally ill and those with chronic health problems. One NGO here estimates that up to 40% of residents in a collective centre where they are working are on some kind of medication for mental illness. According to those working there, the poor living conditions have a significant impact on vulnerability. There are significant social problems such as conflict among the IDPs, alcoholism, suicide attempts, psychosocial problems, depression and cases of GBV. Many concerns stem from the cramped living conditions, the lack of privacy and the institutionalisation that comes from living in a collective centre.’

KEY ISSUES

BOYS AND GIRLS

Interventions for Children in General

All children – as defined by the *Convention on the Rights of the Child* persons who are below the age of 18 – need special care and attention in order to ensure that their physical, psychological, social and developmental needs are met. They may be dependent on adult support and protection, and are more vulnerable than adults to certain risks such as disease, malnutrition and physical injury. Internally displaced or refugee children may face far greater dangers due to their displace-

ment, the disruption of family and community structures, as well as from the lack of resources which normally accompany such situations. In a camp setting, refugee or internally displaced children may be exposed to risks of violence, sexual abuse and exploitation, forced recruitment or forced labour. They may be denied birth registration and documentation or prevented from attending schools. School environments may be unsafe and expose them to exploitation and abuse.

In many camp situations, organisations entrusted with child protection, such as UNICEF, are present and implement programmes for children. Some child protection activities, such as psychosocial support, tracing, family reunification, specialised support to former child soldiers, or best-interests determination require particular expertise and should be undertaken by specialised agencies – for example, the International Committee of the Red Cross (ICRC) in the case of tracing.

The Camp Management Agency, however, also has a responsibility to ensure that children are not exposed to protection threats in the camp and that specific children at risk are identified, their needs assessed and that action is taken to adapt or target assistance and programmes accordingly. Some of the actions that a Camp Management Agency would need to take include:

- making sure that boys and girls go to school and have an opportunity to stay in school and not drop out. Education is a right, and it is also a fundamental protection tool. It helps both psychosocial and developmental needs and provides children with skills and capacities to help them make better life choices and protect themselves against exploitation and abuse. Going to school can counter some of the effects of trauma following displacement, and bring a much needed return to routine and normality. Activities to ensure a safe school environment and the participation of all refugee and internally displaced children in the camp in educational activities should be supported by the Camp Management Agency. Obstacles which prevent certain refugee or internally displaced children (such as unaccompanied or separated children, child-headed households, girls – including adolescent girls) from accessing education should be assessed, with an aim of instituting programmes and measures to overcome them. The monitoring of schools and the support of a protective and positive learning environment should be undertaken by the Camp Management Agency in close collaboration with the service providers for education in the camp. In the absence of agencies supporting education, the Camp Management Agency may be required to play a more substantial role in the support of informal schooling and/or the recruitment of voluntary teachers.

►► *For more information see chapter 17.*

- supporting the establishment or the strengthening of a child protection system for prevention of and response to specific risks faced by boys and girls. The exact role of the Camp Management Agency will depend on the presence of child protection agencies and NGOs and their scope of involvement. It should include mechanisms for early identification of children at risk, monitoring of their situation, assigning responsibilities for preventive action and referral systems for follow-up on individual cases requiring specialist support. Families and communities also have a responsibility for the protection and care of their children, and therefore programmes and activities should be designed to support the family and community in fulfilling this duty. Support groups, parents committees, awareness raising, coaching, community mobilisers and information campaigns can all play a role in this.
- promoting and facilitating the establishment of child protection committees, in coordination with protection agencies operating in the camp and where possible with national or local child welfare authorities. Such committees, if gender-balanced and representative of all groups, may be a very effective tool to implement awareness raising activities, but also to monitor and refer boys and girls requiring particular attention to the Camp Management Agency or the responsible protection structure.
- providing information on how and where to direct grievances on violation of rights or on discrimination in access to camp services and facilities. Ensure that feedback and follow-up mechanisms are in place to increase the Camp Management Agency's accountability.
- supporting and facilitating the creation of child-friendly spaces and activities in the camp. Social and recreational facilities and programmes are important for the development of the child. They may also play a central role in reducing protection risks, such as those which may arise from children having to leave the camp in order to play football. Sports, games and recreational space can reduce levels of frustration and aggression, foster community cohesion and help to unite families and communities. Spaces for children to play promote a safer, healthier and more peaceful camp environment.

When dealing with the protection needs of children, the Camp Management Agency should be guided by the principle of the best interests of the child. This means that the best interests of the child should be pursued continuously as the primary objective in any decisions or actions taken affecting children. It should permeate all child protection and care issues. While formal best interests determinations (BID) may need to be taken in certain situations, this would normally be done within the national child protection system, or, if necessary, by the protection agencies operating in the camp or on behalf of its residents. While the Camp Management Agency would not be involved in formal BID procedures, it will have a role in identifying and monitoring the needs of children for whom such procedures are necessary. Involving the child in decision making through consultation and participation is central to best practice.

▶▶ *For more information on BIDs see UNHCR's Guidelines on Formal Determination of the Best Interests of the Child.*

Voice from the Field

"In post-conflict Northern Uganda, in a large camp where the returns process was initiated and where there were still feelings of fear and insecurity about a lasting peace agreement, members of the camp community were moving into what were called 'transition sites'. When we spoke to the elders' committee about these sites, they explained that whilst they were not 'home, home', these sites were areas between the camp and their place of origin which enabled them to begin to rebuild their futures. The sites were close enough to their land to provide them with opportunities to begin cultivation and they were able to conduct 'go and see' visits to their original villages. In situations where they did not feel safe to stay, they were able to come back to the main camp at night knowing that assistance and security was still available there. Whilst the provision of these 'transition' sites had many benefits, there were also some challenges. It was invariably the parents, and most often the men, who lived at least part-time in transition sites. Children and adolescents stayed back in the main camp. This was where distributions took place, where education and other facilities were available and where many of the children had lived since they were born. Without the presence



of their parents however, girls and young women were especially at risk. The elders committee told us that often grandparents were left in charge of the younger generation and that they were unable to provide adequately for them. Displacement had caused the social fabric and the ethical framework of the community to degenerate. Incidents of violence and abuse were common. Young men from within the camp community would rape and defile girls left alone. This pattern of abuse, they told us, was leading to conflict and to forced marriages. Parents of girls and young women were faced with an impossible choice between rebuilding their lives through the use of the transitional sites or remaining in the camp for the protection of their daughters. Conversations with older people in the camp clearly indicated that community based solutions for the adequate protection of girls, and for the support of grandparents need to be found.”

Interventions for Groups of Children with Specific Needs

Certain groups of children, including unaccompanied and separated children, child-headed households, and children who were associated with armed forces or groups, may be more susceptible to certain protection risks, including a heightened risk of military recruitment and (sexual) exploitation, abuse, or violence.

Unaccompanied or Separated Children

! Unaccompanied children are children who have been separated from both parents and relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Separated children are those separated from both parents, or from their previous legal or customary primary care-giver, but not necessarily from their relatives. These may therefore include children accompanied by adult family members other than their parents.

Orphans are children whose parents are both known to be dead. In some countries, however, a child who has lost one parent is also considered an orphan.

Being without their primary care structure (normally their parents), unaccompanied and separated boys and girls can face an increased risk of protection problems. Guided by the 2004 *Inter-agency Guiding Principles on Unaccompanied and Separated Children*, the Camp Management Agency should:

- Prevent further child separation by initiating information and awareness sessions for all camp residents on the risks of separation during relocation or repatriation/return, or by certain activities which children may be asked to do outside the camp (i.e. collecting firewood). Residents should also be involved in identifying and implementing measures which can be taken to prevent separation or abductions from occurring, (e.g. monitoring, awareness raising), as well as developing response systems within the camp whereby children would know where to go and what to do if separated from their family.
- Ensure that such children are promptly identified, registered and documented. This should also include mechanisms to identify children who become unaccompanied or separated in the camp (for instance due to death or departure of parents).
- Ensure that services are in place to trace parents or legal or customary primary care-givers with an aim of achieving family reunification as soon as possible. The role of the Camp Management Agency is not to establish such services but to call upon child protection agencies to do so. The ICRC has a mandate and extensive experience in this regard and should therefore be the first organisation to approach. If the ICRC is not present, advice can be sought from UNICEF or UNHCR or from child protection NGOs.
- Pending tracing and reunification, ensure that a system to identify suitable temporary care arrangements is in place, with care by other relatives or foster families being the preferred options. The Camp Management Agency should encourage agencies with relevant expertise to undertake this task. The direct involvement of camp management should be limited to situations where no protection organisations are working in the camp.
- Develop clear selection criteria for foster families and initiate training programmes for those chosen to foster children. It is also recommended to formalise the foster care arrangement through the signing of documentation. Unaccompanied or separated children may also be in households headed by an older sibling. This may, in certain cases, be the most suitable care

arrangement for the family. Such households may, however, face heightened risks of discrimination, exploitation or abuse. Older children who have the responsibility to look after younger siblings may be unable to access educational or other activities.

- Ensure that a monitoring system, which extends to unaccompanied and separated children, is set up by child protection agencies and NGOs. The situation of unaccompanied and separated children must be continuously followed-up and regularly monitored, particularly their temporary care arrangements, as the child may be subject to discrimination or abuse by extended family members or within the foster family. Volunteers among the IDPs or refugees can also be trained as community or social workers to assist in training and monitoring activities.
- Ensure psychosocial care is provided, given the harmful effects that separation can have on a child's psychological well-being. The role of the Camp Management Agency is to promote the establishment of such specialised services in the camp.


Children Associated with Armed Forces or Groups

Boys and girls formerly associated with armed forces or groups will need support with rehabilitation and reintegration into the community. This is essentially the task of specialised organisations, although the Camp Management Agency has a supportive role to play. It should:

- Support organisations in implementing rehabilitation programmes for conflict-affected children. This often includes services such as psychosocial programmes, given that they may have experienced or have perpetrated severe violence, including gender-based violence. Rehabilitation programmes should be community-based and focus on activities such as education, skills training, reconciliation and psychosocial counselling. It is important to ensure that these services are also open to girls who were associated with armed forces or groups.
- Avoid singling out those who were formerly associated with armed forces or groups for special activities, as this may ostracise them. Ensure that programmes are inclusive and address the needs of all children affected by armed conflict. These programmes should be open to and benefit all children in the camp. Isolating particular groups of children for special treatment may impede their integration into the community or may be seen as

rewarding those who were recruited. This is especially the case for girls who were associated with armed forces or armed groups and their children, as actions and activities which identify them as such may increase the stigma attached to their involvement and worsen their situation. There may be a need to proactively look out for these girls.

- In coordination with the organisation implementing programmes for rehabilitation and reintegration into the family and community, take steps to ensure that information about such programmes is made available to all the camp population. It should also be made clear that such programmes are not limited to children who were formerly engaged in fighting, but also to boys and girls who have been otherwise associated with armed groups and that the community should provide support in accessing such activities.

 An international NGO delivering a psychosocial support programme to help address the needs of formerly abducted children and adolescents in northern Uganda, reports:

The programme involves:

Interim care at a reception and reintegration centre. Upon arrival all children receive a medical check-up and required treatment at the local hospital. A psychosocial assessment is conducted for each child to determine the most appropriate course of action for him/her. Children also receive basic care and counselling and participate in activities designed to assist in their recovery.

Family tracing, unification and follow-up. As soon as a child arrives the NGO immediately begins the process of family tracing and reunification.

Community-based psychosocial support. Once a child returns home to his/her family, a caseworker makes regular follow-up visits. Meetings are held with school heads to ensure that the child may resume his/her studies. Children and adolescents are encouraged to take part in NGO-sponsored activities designed to assist all war-affected children and their families. These include community sensitisation; family and peer-group discussions; parent support groups; sports teams; promotion of traditional dance, drama and cultural rituals; adolescent health education and life skills training; vocational skills training and income generation schemes.

OUT OF SCHOOL AND UNEMPLOYED ADOLESCENTS AND YOUTH

! The point of transition from being considered a child to being a young adult, and the definition of adolescent is culturally specific. This is something that the Camp Management Agency should discuss with the community and other service providers in the camp for a commonly agreed definition for camp programmes.

Particularly in situations in which the population is confined to the camp and where education, work and income-generating opportunities are limited, adolescent boys and girls may not attend school and remain idle. In the long run this may create boredom, frustration and anger among some adolescent groups who may become the source of protection risks, including gender-based violence for other camp residents. In some cases this may be further aggravated by alcohol or substance abuse.

To prevent increased protection risks from adolescents, the Camp Management Agency should:

- Make sure such young people are not overlooked in needs assessments and understand the reasons why they are not attending school. Ensure that their needs are reflected and their capacities utilised in the daily activities and programmes in the camp.
- Ensure that sufficient focus is given to the needs of adolescent boys and girls by advocating with humanitarian organisations for the establishment of special programmes for them such as sports and recreation, life, vocational and skills training and psychosocial support. Based on a participatory process with adolescent girls and boys, the Camp Management Agency can assist in identifying and implementing appropriate opportunities for these groups.
- Ensure that adolescents are aware of their rights within the camp and the services and facilities available and how to access them. Provide information on how and where to direct grievances on violation of rights or discrimination in access to camp services and facilities.
- Find ways to engage them actively for the benefit of the community. One possibility is the establishment of youth groups entrusted to deal with some aspects of camp life which are of particular relevance to them, such as HIV/AIDS and environmental awareness activities.

! A youth committee comprised of either or both camp and host community youth is often one of the most challenging committees to initiate, especially if the youth committees are not centred on sports teams and events. For inclusive participation reasons, focusing youth activities and committee start-up solely on sports can be somewhat problematic. Often sports initiatives are not fully embraced by the female youth population in the camp (and female youth from nearby host communities are often not granted permission by family members to travel into the camp to attend collective sports events with other youth, most notably male youth). Focus on sport can further marginalise vulnerable and differently-abled young people without intending to.

▲ Tips for Establishing Youth Committees: Voice from the Field

“1. Promote women’s committees first if possible and let the youth committees’ development follow. Often when mothers, grandmothers and aunts experience the benefits (and skills acquired)) of joining a camp committee they will in turn support, promote and even maintain certain aspects of the youth committee/s. In addition, female-headed or supported families often communicate information to family members, including young people.

2. Develop a male-centred youth committee that is closely connected to any men’s committees/activities in the camp for skills promotion, as well as a sports network so that young males can stay busy and not be idle and often unemployed.

3. Investigate youth structures in the surrounding host communities, first, to see how they are organised. Seek to gather useful youth information and common best practices. All too often, youth committees are promoted by adults who have little knowledge of or have lost touch with the local youth culture.”

! Youth committees may require a different structure to other camp committees. It is suggested that youth committees have ‘double’ roles (two co-chairs, two note-takers, two treasurers, etc.) as well as members who attend meetings regularly. This is because inevitably some youth will lose interest and/or will drop out due to disinterest or other duties (such as care of family members, livelihoods and/or educational opportunities). If the youth committee ‘doubles’ all aspects of structure then it is likely that the committee will stay intact and functioning even when membership ebbs and flows.

WOMEN WITH SPECIFIC NEEDS

Not all women in the camp are at risk, and certain categories of men may also face particular risks (for instance those demobilised may risk exclusion by the community).

Women may however be exposed to particular protection concerns due to their gender, legal status or socio-economic positions. They may be less able to exercise their rights, and specific action in their favour may need to be taken to ensure that they enjoy protection and assistance on the same basis as men. Whether during the displacement itself, or after arrival in the camp, women may face a range of threats, including threats to their lives or physical safety, or an inability to access life-saving humanitarian assistance or livelihood activities.

Experience has shown that certain groups of women have specific needs to which special attention must be paid. These include unaccompanied single women and single female-headed households, including widows. They may face heightened security risks in a camp setting where shelter often offers little or no protection and limited physical privacy and security. They may be exposed to discrimination, harassment, sexual exploitation or abuse. Such women may also face difficulties in accessing humanitarian assistance. The fact that single female-headed households are managing their family needs on their own, may prevent them from taking part in learning, skills training, social, or income-generating programmes. The children of such households may also be at increased risk of abuse and exploitation.

Widows may face harmful traditional practices, such as forced remarriage. They may be denied inheritance rights or custody of their children by local laws or practices, including by the deceased husband’s family. Justice mechanisms may offer no protection to this group.

Women and girls who were associated with armed forces or groups may also face heightened protection risks, including risk of re-recruitment or abduction, risk of discrimination or abuse, including sexual abuse and exploitation. They may also have psychosocial needs due to their experiences. Their opportunities for family life may decrease, or their children may be shunned by the community.

The Camp Management Agency has to play a central role in ensuring that women with specific needs are identified, their specific needs are assessed and that action is taken to involve them, and to adapt or target assistance and programmes accordingly.

►► *For further guidance on activities for the prevention of and response to GBV, see chapter 10.*

While certain response mechanisms will need to be put in place by agencies with relevant expertise, the Camp Management Agency plays a pivotal role in minimising risk factors for women and in monitoring the effectiveness of responses. Actions required by Camp Management Agencies include:

- individual registration and documentation of refugee and IDP women. Measures must be in place to identify groups of women with specific needs. Individual registration should be complemented through participatory assessments to ascertain the risks which certain groups of women face and their protection priorities, as well as their resources and capacities
- designing the camp in a manner which ensures women have safe access to facilities such as latrines and showers
- assessing activities and services, such as the distribution of relief items, to ensure that everyone has equal access, and that the mechanisms in place do not put women at risk of sexual exploitation
- providing refugee and IDP women with information on their rights under international and national law as well as the services available to them in the camp
- ensuring the full participation and active involvement of women in camp governance structures as well as in decisions affecting their lives and communities. It is essential that the Camp Management Agency promotes and facilitates the full and active participation of refugee and IDP women in planning, implementation and monitoring, including the identification of targeted responses for certain groups of women
- promoting activities which strengthen women's leadership, skills and capacities; this will contribute to their empowerment, and in turn will improve their protection situation within the camp

- addressing, in cooperation with the competent authorities and protection agencies, the physical security needs of individual women at heightened risk in the camp setting
- providing information on how and where to direct confidential grievances on violation of rights or discrimination in access to camp services and facilities.

Specific Needs of Men

While the specific needs of women, children, those with disabilities and other groups are largely recognised, the specific needs of men should also not be underestimated by the Camp Management Agency. Camp settings can be particularly stressful for men, because camp life often changes the nature of men's (traditional) primary role in many cultures – providing for their families and leading the community. Men in camps will likely be unable to continue with their primary livelihood activities and will be at least somewhat reliant on outsiders to provide their families with food, shelter and household items. While leadership structures will still exist in the camp, there will be additional actors – such as the national authorities and Camp Management Agency – and therefore a degree of their autonomy may be lost.

The loss or partial loss of these important functions can leave men idle and/or alienated and feeling degraded, inadequate and without purpose – even depressed. By comparison, women's likely primary activities of taking care of the household and children probably continue. Resentments can also arise if women in the camp are somewhat more empowered than they traditionally have been.

Promoting active participation and livelihoods opportunities (see chapters 3 and 18) has an important psychosocial function.



Innovative and Inclusive – Voice from the Field

“An income generating programme for female-headed households was not going well. Attendance was poor due to issues concerning care of their children whilst they attended classes or workshops. In search of a solution, they started with a coordination initiative between women – some women provided child care whilst the others attended class, and then they would switch.

Then came the new ‘twist,’ and the innovation. The older members of the camp were invited to come and do story-telling for the children. This was a terrific idea because it not only provided entertainment and education to the children by passing on traditions and legends. It also gave older people a sense of purpose and belonging that had been missing. It allowed for better communications with older people, especially those who were more mobile, and helped projects to deliver better targeted assistance.”

OLDER PERSONS

Older persons are another group within the IDP or refugee community who may be vulnerable and have specific protection needs. The World Health Organisation defines “older person” as an individual above the age of 60. Nonetheless, factors such as life expectancy and health and economic conditions are relevant in considering who is old.

Challenges facing older persons may include difficulty in accessing food and non-food items, water, health services or participation opportunities due to decreased mobility. Older persons may have special dietary needs which are overlooked when designing supplementary feeding programmes. They may be at risk of being robbed or assaulted. Older women, who tend to make up larger proportions of IDP or refugee camp populations than older men, may be at increased risk of physical and sexual abuse.

Certain people within older groups may face increased protection risks. These include unaccompanied older persons, grandparent-headed households, older persons with health or mobility problems and older persons who have limited mental or physical capacity or limited literacy. As indicated above, it is vital that the Camp Management Agency and other protection organisations ensure that participatory assessments include older persons and that all programmes and activities are analysed from a gender, age and diversity perspective.

Unaccompanied older persons may be unable, for example, to protect their belongings and be at increased risk of theft. Shelter conditions may force them to live with strangers, who may resent having to accommodate an older person. Some unaccompanied older persons may face difficulties in collecting and carrying water and non-food items. They may be at risk of isolation, loneliness and depression.

! In many cultures ‘elders’ or older persons are highly respected, and play an important role at social and religious ceremonies and rituals within the community. They are often important at births, marriages, deaths and initiation rites – such as a girl’s first menstruation. Traditionally valued for their wisdom and good counsel, in many cultures elders also play a central role in traditional justice systems and in conflict resolution. They may have a particular role to play in guiding younger generations on issues of traditional cultural values and ethics. Their knowledge of their community and its traditions, coupled with their awareness of challenges that the community is facing in displacement, can be very useful to a Camp Management Agency seeking to understand and appropriately protect a camp population.

International NGOs working to promote the rights of older people in emergencies advocate for a greater awareness of the problems older people face in an emergency situation and they highlight:

- lack of mobility – affects the ability of older people to flee from crises and access humanitarian services
- chronic poor health – immediate health issues during crises are characterised and compounded by the effects of pre-existing chronic ailments, discrimination at the hands of health staff and lack of accessible, appropriate response services
- nutritional needs – in a rapid survey carried out in Darfur in 2006 by HelpAge International it was found nearly 40 per cent of older people were at risk of malnutrition
- isolation – a psychosocial needs assessment conducted in September 2006 found that mental health concerns were more prevalent among older Pakistani survivors of the 2005 earthquake. These concerns included isolation and feelings of being a burden, intergenerational conflict, and the reality that major losses will not be restored in their lifetimes.

The Camp Management Agency should:

- Understand the role played by older persons in the community prior to displacement and recognise that older persons are a resource to the community and that they have something to contribute to community life. They can be a resource for education, communication, conflict resolution and leadership within their families and communities. They may have useful skills and abilities which can aid the community. Active older persons should therefore be included in skills training and income-generation programmes. They should be encouraged to participate in community committees and to take an active part in community life, which could include involvement in dispute resolution mechanisms, child care activities, traditional birth services and the continuation of community traditions, unless these violate the rights of others.
- Involve older persons, both men and women, in participatory assessments as well as in the planning and delivery of services and design of programmes and activities for camp residents. The creation of measures to ensure their equal access to services rather than the creation of separate special services should be the goal for the majority of older persons in the camp.
- Family tracing should be instituted for unaccompanied older persons with a view to reuniting them with family members as soon as possible. Pending reunification, community care initiatives and links with supportive neighbours and families should be promoted to ensure that those on their own are able to access appropriate shelter, programmes and services and have some community-based psychosocial support to help combat loneliness, bereavement and depression.
- Ensure that households headed by grandparents are regularly monitored and that targeted responses are put in place to support them. Households headed by grandparents may face additional problems. The grandparent may be dependent on young children for his or her survival, including the collection of food, water, and fuel or undertaking economic activities for the survival of the family. This can expose the children in such households to additional protection risks, like leaving the camp to collect firewood.

- Ensure that older persons with health or mobility problems have equal access to medical services and relief items. The mechanisms for distribution of relief items should be assessed to ensure that older persons are not inadvertently discriminated against in their access to relief items, and that they are not at risk of theft, intimidation or assault while in the process of obtaining them.
- Ensure that older persons are aware of their rights within the camp, and of the services and facilities available and how to access them. Provide information on how and where to direct grievances on violation of rights or discrimination in access to camp services and facilities.
- Design information about programmes and services in such a way as reach persons with limited literacy. Knowledge about their rights as well as the services present in the camp will empower older persons.

! An international NGO has four core recommendations to promote the rights of older people in emergencies:

1. Protect older people by including them as a vulnerable group in all relevant areas of humanitarian law and practice
2. Include older people by breaking down data by age and gender, and ensuring older people's participation in all stages of the project cycle
3. Mainstream older people's concerns into organisation policies and train staff in ageing issues
4. Resource practical programmes and research in order to provide appropriate support

Raising Awareness – Voice from the Field

“Here in northern Sri Lanka many of the long-term displaced who live in camps are well organised into committees and are very helpful to agencies doing assessments and distributions. What we found missing was attention to persons with specific needs, who were more vulnerable during distributions. We asked the camp committee to identify older people and those with disabilities and to put their ration cards at the top of the pile, so that they could get help and assistance first and not have to stand in the sun; and also so they could get the help of neighbours to carry things home for them.

By insisting that these people should have priority in the queue, and pushing the community to help them, it has created better awareness – among both children and adults. This now seems to be spilling over into other areas as well. In our monitoring activities people have asked us to include ‘elder-friendly’ items – like a scoop for bathing from a bucket; sweaters and shawls because older people feel the chill and flasks so that tea and soup remain hot for longer.”

SICK PERSONS AND PERSONS WITH DISABILITIES

The *United Nations Convention on the Rights of Persons with Disabilities* defines persons with disabilities as: “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.”

Sick persons and persons with physical, mental or other disabilities among the camp population may face heightened risks, particularly when the family and community is absent or unable or unwilling to care for them. Disability may be seen as a “punishment” within a family or community leading to the ostracism and marginalisation of adults and children with disabilities. Protection problems may range from obstacles in accessing humanitarian assistance, including access to appropriate housing and communal services, to increased exposure to sexual abuse and exploitation. Children with disabilities may also have problems in accessing educational opportunities, may face abuse or isolation at home or discriminatory treatment by the community. Women with disabilities may face double discrimination due to their gender roles.

! Simple technical interventions can have a positive impact on helping to meet the needs and rights of people with physical disabilities:

- handles at convenient heights on latrine doors
- bars and support rails to hold onto around shelter and in washing areas
- a cushion to support a correct sitting position
- a shady and comfortable sitting spot close to a shelter block, allowing easy access to and contact with the wider community
- a path which allows wheelchair access.

These solutions often cost very little, but they require planning and an awareness of what is required. Using community participatory assessment methods like focus groups, can help a Camp Management Agency to support appropriate and specific solutions to meet the needs of those with physical disabilities.

Particular risks may be faced by persons living with HIV and by groups at risk of HIV, such as for instance persons involved in sex work, homosexuals and substance users. They may face discrimination and stigma, including from within their own family and community. Ensuring confidentiality for HIV status persons is therefore critical.

A Camp Management Agency should:

- Include persons with disabilities in participatory assessments to ensure that their protection needs, concerns and capacities are properly identified. They and other members of the community should take part in developing prevention and response actions aimed at reducing their protection risks and in meeting their particular needs.
- Establish community-based support mechanisms for the delivery of assistance, monitoring their situation (including through home visits by volunteers) and working with their care-givers to ensure their specific needs, concerns, capacities and resources are taken into account when identifying protection risks and responses. The needs of carers and their support should also be accounted for through community-based programmes.

- Initiate cooperation with specialised organisations or rehabilitation services for persons with disabilities, including the provision of wheel chairs and crutches.
- Adapt camp services, such as latrines and showers to ensure that persons with disabilities are not hindered in their access. Their access to services and relief items must be evaluated and if necessary, mechanisms should be put in place to deliver such services to them.
- Promote the rights and dignity of persons with disabilities, including mental disabilities, within the community, and ensure that people with disabilities have appropriate access to information about their rights and the services available to them in the camp, including access to education.
- Advocate for and monitor health services in the camp (and access to host community services as appropriate), including referral systems to specialists and clinics.
- Provide information on how and where to direct grievances on violation of rights or discrimination in access to camp services and facilities. The Camp Management Agency should take care to ensure that information is presented in an accessible manner taking into account any communication barriers, or lack of mobility which some persons may face.
- Be attentive to discrimination and stigma on the basis of HIV/AIDS and advocate with health service providers and social and community workers to ensure that services to persons living with HIV/AIDS (PLWHA) are provided in a manner that does not reveal their HIV status to the community.
- Advocate with health service providers that groups at risk of, or living with, HIV/AIDS have full access to confidential HIV prevention and treatment programmes, and ensure that they are not isolated or criminalised.
- Ensure that vulnerability reduction programmes are established for sex workers and substance users.


HIV/AIDS Mainstreaming in Camp Closure Programming in Liberia

During camp closure programming in Liberia, the Camp Management Agency incorporated specific questions about HIV/AIDS issues in the information tool (registration form linked to a database) used to register camp populations for travel to areas of origin or desired area of return.

The questions focused on context specific issues including:

- HIV/AIDS awareness
- cultural attitudes to HIV/AIDS
- use of condoms
- access to HIV-related prevention and treatment during displacement in the camp setting.

The Camp Management Agency used this information to help appropriate agencies and government counterparts to develop reintegration programming for HIV prevention in areas of return.

 Access to hospitals and clinics can be a significant challenge for a camp population. Especially if the camp is located some distance from the nearest town or village and members of the community have to walk there to access medical attention. One solution can be to make an agreement with a member(s) of the camp or host community who has a vehicle and is prepared to be available as a hospital taxi/ambulance service. This means that everyone is then aware of who to contact in an emergency, or when a person who is unable to walk requires transport on medical grounds. The community, in consultation with the vehicle owner, need to come up with a way in which he or she can be remunerated or compensated for their services and/or the cost of the fuel.

CHECKLIST FOR A CAMP MANAGEMENT AGENCY

- Camp staff are trained in the protection and care of groups with specific needs, and sign a code of conduct.
- Registration, and data disaggregated by age and gender, identifies persons with specific needs, and information on them is updated regularly.
- The Camp Management Agency advocates with other stakeholders and agencies in the camp for the needs of vulnerable groups and individuals to be integrated (mainstreamed) into sector-specific programmes and the daily life of the camp.
- Camp design and set-up takes into account the protection needs of vulnerable groups within the community, in terms of their safety, security and their access to services and assistance.
- Participatory assessments conducted in the camp are inclusive of groups with specific needs, enabling the Camp Management Agency to understand their vulnerabilities and how they can best be protected.
- Specialised programmes in the camp respond to the needs of specific groups who are more at risk, and provide protection appropriate to their needs.
- The Camp Management Agency works to support family and community care mechanisms for persons with specific needs, to identify gaps in their care and respond accordingly.
- There are safe spaces and opportunities for sport and recreation for children and young people in the camp, including girls.
- Women are well represented, and involved in decision-making processes.
- Persons with specific needs are represented and participate in camp activities.
- There are committees for groups with specific needs in the camp, and those with specific needs are represented on sector-specific committees.

- ❑ Organisations entrusted with child protection work to provide protection for children who may be especially vulnerable – unaccompanied, separated, orphaned, sick or children associated with fighting forces.
- ❑ Children’s right to safe education is monitored and supported by the Camp Management Agency.
- ❑ Training and recreational programmes and opportunities for adolescents to participate and contribute in positive ways to the life of the camp are provided.
- ❑ Promoting the care and dignity of older camp residents and ways of valuing and developing their role in the community are planned.
- ❑ Those who are sick, have disabilities and/or are immobile are ensured access to essential assistance and services and programmes for their protection.
- ❑ The Camp Management Agency advocates for and works closely with health service providers.
- ❑ The camp population can access hospitals, specialists and clinics.
- ❑ There is support in place for those who are carers of persons with specific needs.
- ❑ The Camp Management Agency works to support the protection and confidentiality of those living with or affected by HIV/AIDS.
- ❑ Programmes are in place to reduce the vulnerability of groups at risk from HIV/AIDS.

TOOLS

! Almost all the tools, publications and other documents referred to are available on the Toolkit CD attached to every hardcopy binder. Weblinks are provided for downloadable online resources.

- Guidance on the use of standardised specific needs codes
- **Simple devices to assist the physically disabled**
www.networklearning.org/library/task_cat_view/gid,52/
- **IASC, Protection Cluster, Early Recovery Cluster, 2007. *Protection of Conflict-induced IDPs: Assessment for Action (pilot version for field testing)*.**
www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/clusters%20pages/Protection/P%20R&T/frameworksmallsize.pdf
- **UNHCR 2006, *The UNHCR Tool for Participatory Assessment in Operations*.**
www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/clusters%20pages/Em%20Shelter/Toolkit%20Field/7.2%20Assessment/7.2.2%20Guidelines/7.2.2.8%20UNHCR%20Participatory%20Assessment%20Tool.pdf

READING AND REFERENCES

Action for the Rights of Children (ARC), 2001. *Critical Issues: Abuse and Exploitation*. www.savethechildren.net/arc/files/c_abex.pdf

Enabling Education Network. *Disability and Refugees -The Example of Nepal*. www.eenet.org.uk/bibliog/scuk/refugee.shtml

Jose Eruesto, 2002. “The breakdown of cultures in refugee camps”. *Forced Migration Review*. www.fmreview.org/FMRpdfs/FMR14/fmr14.8.pdf

HelpAge International, UNHCR, 2000. *Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice*. www.helpage.org/Resources/Manals/main_content/1118336526-0-10/bpg.pdf

IASC. Guidelines for HIV/Aids Interventions in Emergency Settings.

www.unfpa.org/upload/lib_pub_file/249_filename_guidelines-hiv-emer.pdf

Inter-Agency Standing Committee (IASC), 2006. Women, Girls, Boys and Men: Different Needs – Equal Opportunities. www.who.int/hac/network/interagency/news/IASC_Gender_Handbook_Workshop_Final_Report.pdf

IASC, 2007. Guidelines on Mental Health and Psychosocial Support in Emergencies. www.humanitarianinfo.org/iasc/content/documents/weekly/200706201345/Guidelines%20IASC%20Mental%20Health%20Psychosocial.pdf

ICRC, International Rescue Committee, Save the Children UK, UNICEF, UNHCR, World Vision International, January 2004. Inter-agency Guiding Principles on Unaccompanied and Separated Children. www.unhcr.org/cgi-bin/texis/vtx/prtect/opendoc.pdf?tbl=PROTECTION&id=4098b3172

IFE Core Group, 2007. Infant and Young Child Feeding in Emergencies. Operational Guidance for Emergency Relief Staff and Programme Managers. www.enonline.net/pool/files/ife/ops-guidance-2-1-english-010307.pdf

International Disability and Development Consortium (IDDC), 2005. Disability in Conflict and Emergency Situations: Focus on Tsunami-affected Areas. www.iddc.org.uk/dis_dev/key_issues/Final_report.doc

Linnie Kesselly, 2002. “Focusing on older refugees”. Forced Migration Review. www.fmreview.org/FMRpdfs/FMR14/fmr14.6.pdf

Karin Landgren, 2005. “The Protective Environment: Development Support for Child Protection”, Human Rights Quarterly. http://muse.jhu.edu/demo/hman_rights_quarterly/v027/27.1landgren.pdf

Networklearning, 2006. Incorporating Gender into your NGO. www.networklearning.org/index.php?option=com_docman&task=cat_view&gid=43&Itemid=52

UNHCR and Save the Children Alliance, Action for the Rights of Children, A Rights Based Training and Capacity-building Initiative. www.icva.ch/doc00000773.html

Refugee Survey Quarterly, 2004. Refugee Children, Vol. 23, No. 2. <http://rsq.oxfordjournals.org/content/vol23/issue2/index.dtl>

Save The Children, 2004. Separated Children. Care & Protection of Children in Emergencies. A Field Guide. www.savethechildren.org/publications/technical-resources/childsurvival/SEPARATED_CHILDREN_CONTENTS.pdf

Save the Children, 2005. *Protecting Children in Emergencies, Policy Paper, Vol. 1, No. 1.* www.savethechildren.net/alliance/what_we_do/policy.pdf

Save the Children UK, 2005. *Reaching all: Core principles for working with children associated with armed groups and forces.* www.eldis.org/go/display/?id=20100&type=Document

William Spindler, 2001. *The Situation of Separated Children in Central Europe and the Baltic States, Separated Children in Europe Programme, UNHCR/Save the Children Alliance.* www.nominorsindetention.org/download/stc-coparaison-11-pays-est.pdf

David Tolfree, Save the Children Sweden, 2003. *Community-based Care for Separated Children.* <http://www.rb.se/NR/rdonlyres/A9FFDB70-57BD-474FB14E60783D17881D/O/Communitybasedcareforseparatedchildren.pdf>

UN Committee on the Rights of the Child, General Comment No. 6, 2005. *Treatment of Unaccompanied and Separated Children outside their Country of Origin.* [www.unhcr.ch/tbs/doc.nsf\(Symbol\)532769d21fcd8302c1257020002b65d9?Opendocument](http://www.unhcr.ch/tbs/doc.nsf(Symbol)532769d21fcd8302c1257020002b65d9?Opendocument)

UN Convention on the Rights of the Child. www.unicef.org/crc

UN Convention on the Rights of Persons with Disabilities. www.un.org/disabilities/

UNHCR. *10 Key Points on HIV/Aids and the Protection of Refugees, IDPs and other Persons of Concern.* www.unhcr.org/publ/PUBL/444e20f32.pdf

UNHCR, 1991. *Guidelines on the Protection of Refugee Women.* www.unhcr.org/publ/PUBL/3d4f915e4.pdf

UNHCR, 1994. *Refugee Children. Guidelines on Protection and Care.* www.unhcr.org/cgi-bin/texis/vtx/protect/opendoc.pdf?tbl=PROTECTION&id=3b84c6c67

UNHCR, Save the Children, 2004. *Separated Children in Europe Programme. Statement of Good Practice.* www.unhcr.org/cgi-bin/texis/vtx/reworld/rwmain?docid=415450694

UNHCR, 2006. *UNHCR Guidelines on Formal Determination of the Best Interests of the Child.* www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain?docid=447d5bf24

UNHCR, 2006. *Conclusion on Women and Girls at Risk, No. 105 (LVI).* www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain?page=search&docid=45339d922

UNHCR, 2007. *The Protection of Older Persons and Persons with Disabilities.*
www.unescap.org/esid/psis/meetings/ageingmipaa2007/UNHCR.pdf

UNHCR, (forthcoming 2008). *Handbook on the Protection of Women and Girls.*
www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain?page=protection_kit

UNICEF, 2002, *Implementation Handbook for the Convention on the Rights of the Child.* www.unicef.org/emerg/index_32032.html

United Nations Principles for Older Persons, 1991. General Assembly Resolution 46/91. www.un.org/NewLinks/older/99/principles.htm

UN Secretariat for the Convention on the Rights of Persons with Disabilities, *Rights of Refugees with Disabilities.* www.un.org/esa/socdev/enable/discom506.htm

US Committee for Refugees and Immigrants. *Resource Guide for Serving Refugees with Disabilities.* www.refugees.org/article.aspx?id=1965&subm=178&area=Participate&

Jo Wells, 2005. “Protecting and Assisting Older People in Emergencies”. *Humanitarian Practice Network.* [www.reliefweb.int/rw/lib.nsf/db900SID/OCHA6K4GD3/\\$FILE/networkpaper053.pdf?OpenElement](http://www.reliefweb.int/rw/lib.nsf/db900SID/OCHA6K4GD3/$FILE/networkpaper053.pdf?OpenElement)

WFP, 2006. *Getting Started: HIV, Aids and Gender in WFP Programmes.*
www.wfp.org/food_aid/doc/GETTING_GENDER7.pdf

Women’s Commission for Refugee Women and Children (WCRWC), 2005. *Youth Speak Out: New Voices on the Protection and Participation of Young People Affected by Armed Conflict.* www.womenscommission.org/pdf/cap_ysofinal_rev.pdf

World Health Organisation (WHO), 2001. *Declaration of Cooperation in Mental Health of Refugees, Displaced and Other Populations Affected by Conflict and Post-Conflict Situations.* www.who.int/disasters/repo/6986.doc

