



## Designing appropriate interventions in urban settings:

Health, education, livelihoods, and registration for urban refugees and returnees

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Division of Programme Support and Management (DPSM)  
CP 2500  
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## Designing appropriate interventions in urban settings: Health, education, livelihoods, and registration for urban refugees and returnees

Cities are legitimate places for refugees and returnees to reside and to exercise the rights to which they are entitled. At the same time, refugees (and, possibly to a lesser extent, returnees) who live in urban areas are often confronted with a wide range of legal, administrative, financial, cultural and social barriers in the exercise of such rights and in their efforts to live a dignified and productive life despite the shocks and losses they have gone through. The support UNHCR and other humanitarian organizations provide, either directly or indirectly, to those refugees and returnees must be calibrated to complex urban environments, which present both specific opportunities and specific challenges. The purpose of this summary brochure, based on lessons learned in current operations, is to outline some of these challenges and opportunities, and to suggest appropriate UNHCR interventions in a few critical sectors of assistance and protection for urban refugees and returnees. The Division of Programme Support and Management is pleased to submit it within the context of the High Commissioner's Dialogue of December 2009, in the hope that it will stimulate interest in, and debate on, the practical implementation of UNHCR's policy on refugee protection and solutions in urban areas.

Division of Programme Support  
and Management

UNHCR Geneva





UNHCR / S. Holbak / 2006  
Malaysia. Refugee man receives  
medication at mobile clinic.

# Urban Refugee Health

## 1. THE ISSUE

Many of the health strategies, policies and interventions for refugees are based on past experiences where refugees are situated in camp settings and in low-income countries. In such situations, existing Government health services are often insufficient to meet the needs of their nationals. Refugees are located in remote and isolated areas where the only practical alternative is parallel health services provided and implemented by non-governmental organisations (NGOs), and coordinated and monitored by UNHCR. This situation leads to a relatively confined population that is often dependent upon most services including food aid and health care. An exacerbation of existing communicable diseases often punctuated with epidemics and acute malnutrition are the most common illnesses; these are often aggravated by water and sanitation issues and poor shelter. Numerous guidelines for interventions have been developed to address this situation together with various indicators and standards.

However, recent UNHCR studies have found that almost half of the world's refugees now reside in non-camp settings including urban areas. Furthermore, a larger proportion of refugees are now fleeing from middle income countries. In the latter setting, the demographic and epidemiologic profiles are that of an older population with chronic diseases. These changes have had major consequences for UNHCR and its partners. Recently, UNHCR published its Policy on Refugee Protection and Solutions in Urban Areas (2009). The Policy is based on the principle of expanding protection space beyond camp-settings: "the rights of refugees and UNHCR's mandated responsibilities towards them are not affected by their location, the means whereby they arrived in an urban area or their status (or lack thereof) in national legislation". UNHCR considers urban areas to be a legitimate place for refugees to enjoy fundamental rights.

## 2. THREE-PRONGED STRATEGY TO ADDRESS REFUGEE URBAN HEALTH: ADVOCATE, SUPPORT AND MONITOR

UNHCR must ensure that urban refugees and other persons of concern have **access to affordable health services, education and other services**. Refugees in urban areas often face numerous disadvantages compared with low-income city dwellers; these include lack of community support systems, uncertain legal status making them subject to harassment by authorities, cultural and linguistic differences, exclusion from social security systems or health insurance schemes, and insufficient disposable income (e.g. to pay for transport to access such services and for co-payments and other ancillary health care costs). Stigma and discrimination may also reduce access to already overstretched Government health services.

Access to affordable health services for urban refugees will follow **UNHCR's Public Health and HIV Guiding Principles**. Among these principles, issues relating to **integration, partnership, quality of services** (i.e. availability, accessibility, equity, appropriateness, acceptability, effectiveness and efficiency) and **sustainability** are of particular relevance to the urban refugee situation.

UNHCR is promoting a **three-pronged strategy** to address access to affordable and good quality health services for urban refugees and other persons of concern in conjunction with its partners.

### *Advocacy*

*UNHCR advocates on behalf of refugees and other persons of concern to ensure that the authorities make public services such as health care, nutrition programmes, and water and sanitation services available to these populations at low or no cost.*

Those who need existing health services should be able to obtain them regardless of status, gender, age, marital status, race, religion, sexual orientation or disability. UNHCR's Guiding Principles state that refugees and other persons of concern should have a level of access and quality of care similar to that of where they came from and to that of their hosts populations. Ethical issues of **equity**, both between refugees and host populations and between refugees living in the same and different countries, have been an important and controversial topic for many years. Due to the recent Iraqi refugee crisis, this issue has been examined further by UNHCR and is particularly relevant in urban refugee situations. In most situations, policies and treatments





UNHCR/ N. Pearson / 2009  
Somali refugee receiving  
health care in Sana'a

follow the host countries' Ministry of Health **guidelines and protocols**. However, if these are found to be incorrect or inappropriate, UNHCR and its partners will use internationally recognised guidelines, and in the meantime work with the national authorities to improve such guidelines and protocols.

During the **emergency phase**, primary health care (PHC) and emergency health services (including emergency obstetrical and neonatal care) should be free of charge. The PHC approach is based on community participation at a cost the community and the country can afford to maintain at every stage of their development. It includes prevention as well as curative services. During the **post-emergency** phase, services should be affordable and accessible to refugees and other persons of concern. Health care fees applied to these populations should be equivalent or less to fees applied to the local population or to vulnerable groups. Depending upon the context, UNHCR and its partners should advocate for refugees and other persons of concern to have access to national health insurance schemes when feasible. Access to good quality PHC and emergency health services remains UNHCR's priority.

Given the need to prioritize its efforts and allocation of resources, UNHCR will focus on the provision of services to those refugees and persons of concern **whose needs are most urgent**. While these priorities will vary, they will usually include safeguarding the well-being of pregnant and lactating women, children under five, unaccompanied and separated children, orphans, older people and those who are seriously ill, including those with HIV and Tuberculosis. Other priorities include providing care and counselling to people with specific needs, especially people with disabilities, those who are traumatized or mentally ill, victims of torture and sexual and gender-based violence as well as those with complex diseases requiring specialized care.

## Support

*UNHCR supports urban refugees and other persons of concern by integrating them into the existing public services and by augmenting the capacity of these systems. UNHCR will achieve this directly when funding is available and indirectly by encouraging the engagement of various donors and other actors.*

Integration of refugees and other persons of concern into existing health systems is a more efficient use of limited resources. This approach has the added benefit of encouraging the authorities and the local population to recognize the additional resources that urban refugees can bring to the towns and cities where they have settled. These benefits may have an indirect effect of **improving the protection space** for refugees and other persons of concern to UNHCR.

Initially, UNHCR and partners (such as WHO and UNICEF) will **assess the capacity** of existing public (and possibly non-profit, NGO, community-based, faith-based and private) services to accommodate the refugees and other persons of concern, and will then augment this capacity.

As a general rule, when working in urban areas, UNHCR will avoid the establishment of separate and parallel services for its beneficiaries, and will instead seek to reinforce existing delivery systems, whether they are public, private, not for profit or community-based. When health services are of adequate quality and used by the national host populations, the use of these public health systems are preferred. However, in some countries these systems are not functioning adequately and citizens do not use them. In these circumstances, UNHCR may have to seek other alternatives such as non-profit, NGO, community-based, faith-based and private services.

Community health **outreach programmes** that involve refugees and other persons of concern as well as the host community are essential to ensure communication of the rules and regulations of these services, improve access to all levels of care, provide health education and aid in effective delivery of preventive services. These workers may also deliver home-based health care services when appropriate.

UNHCR recognizes that **special assistance arrangements** will be required for refugees in situations where they are excluded from national health and welfare programmes, such as access to national health insurance



schemes and the provision of subsidized food. Given that poverty and food insecurity are often present among refugees in urban areas, refugees and other persons of concern need to be integrated into existing food and nutrition programmes for local populations or new programmes may need to be created. UNHCR, in partnership with UNICEF, WFP and FAO, will seek to uphold the right to adequate food through coordination with existing programmes or through bilateral arrangements where refugees and other persons of concern are unable to enroll in Government food assistance programmes. Furthermore, UNHCR will continue to advocate for refugees to be included into local social safety nets developed by the Government.

Similarly, UNHCR will work with partners (e.g. UNICEF, UNHabitat, World Bank) and the local **Water and Sanitation authorities** to improve the existing infrastructure due to the additional burden these displaced populations put on the existing systems. UNHCR will also implement hygiene promotion activities with our partners through outreach work and existing local programmes if they exist.

Furthermore, refugees may not be able to afford **co-payments** for health services, investigations or medications. UNHCR may need to cover certain costs for the most vulnerable refugees (e.g. orphans, single headed households, psychosocially impaired) to ensure that all persons of concern to UNHCR have access to good quality health services.

Health care **referral costs to secondary and tertiary care** facilities will be covered by UNHCR when authorized as set out in the Standard Operating Procedures. The type of referrals to be covered depends upon the situation and the available funding. Hospital fees applied to refugees should be equivalent to fees applied to the local population or to vulnerable groups. Medical or surgical referrals will be preferably treated in public or private non-profit hospitals whenever possible. Minimising the number of partners and facilities/institutions while ensuring sufficient access to services for refugees and other persons of concern present many advantages to UNHCR in terms of establishing agreements, securing protection and confidentiality, monitoring the quality of care, and adapting to the various cultural and linguistic differences of these displaced populations. It also helps to negotiate, rationalise and monitor the costs.

## *Assessment, monitoring and evaluation*

*UNHCR assesses, monitors and evaluates the health (including water, sanitation and access to health care) and nutritional status of urban refugees and other persons of concern to ensure that they do not fall below acceptable standards. This is essential to back up advocacy and support health care for urban refugees and other persons of concern.*

Assessing, monitoring and evaluating the public health and nutritional status of urban refugees and other persons of concern is very **challenging** because the population is dispersed, often in wide and multiple geographic areas, and may not wish to be registered for a variety of reasons including protection issues. Therefore, estimating the actual size of this so-called 'hidden' population as well as its demographic characteristics and geographical distribution is very difficult. Consequently, establishing a **health information system** or undertaking population-based surveys (e.g. for malnutrition, water access and usage, mortality) is complicated and can be expensive.

Integrating refugees into existing health systems generally includes using existing health information systems. This can be problematic as some systems are not sufficiently flexible to allow for **essential modifications to disaggregate data** according to nationals and refugees or to add certain disease categories that may be more predominant among or relevant to a particular group of refugees. Furthermore, many health information systems may not provide sufficient data to allow for prioritisation of activities according to limited funds or to allow for proper monitoring and evaluation.

Since an accurate population denominator is often unavailable and affected populations may use more than one health facility or provider (including public, private, NGO, etc. . .) to seek care, estimating disease incidence rates and the refugees' usage of services is very difficult. Thus, **proportional morbidity rates according to facility** are the norm; this provides important but limited data to prioritize decision making and to effectively monitor and evaluate programmes. In some situations, although not ideal, sentinel sites which attempt to be representative of different parts of the affected population may be used.

In non-camp settings, **population-based sample surveys** have proved difficult, politically controversial and bias-prone, and some of their methods still require validation. **Other surveillance methods** such as prospective, community-based surveillance of mortality, nutritional status and other key health events may be a more useful approach in many situations.

# Refugee Education in urban settings

## 1. THE ISSUE

According to UNHCR's most recent statistics, almost half of the world's 10.5 million refugees now reside in cities and towns, compared to one third who live in camps. Large numbers of internally displaced persons have also migrated to cities, both large and small. Beyond increasing in size, the world's urban refugee population is also changing in composition. In the past, a significant proportion of the urban refugees registered with UNHCR in developing and middle-income countries were young men who possessed the capacity and determination needed to survive in the city.

Today, however, large numbers of refugee women, children and elderly people are also to be found in urban areas. They are often confronted with a range of protection risks: the threat of arrest and detention, *refoulement*, harassment, exploitation, discrimination, inadequate and overcrowded shelter, as well as vulnerability to sexual and gender-based violence (SGBV), HIV-AIDS, and human smuggling and trafficking.

UNHCR considers urban areas to be a legitimate place for refugees to enjoy their rights, including those stemming from their status as refugees, as well as those that they hold in common with all other human beings. Access to education is one of these rights.

In 2008, primary school enrolment met the standard in 29 of the 87 urban areas for which data on school enrolment of refugee children was available (i.e., 32%, compared to 29 % in camp settings). For secondary education, the figure was 37% (data available for 65 urban areas). This means that there is slightly greater access to education in urban areas, due to integration into local systems, than in camps.



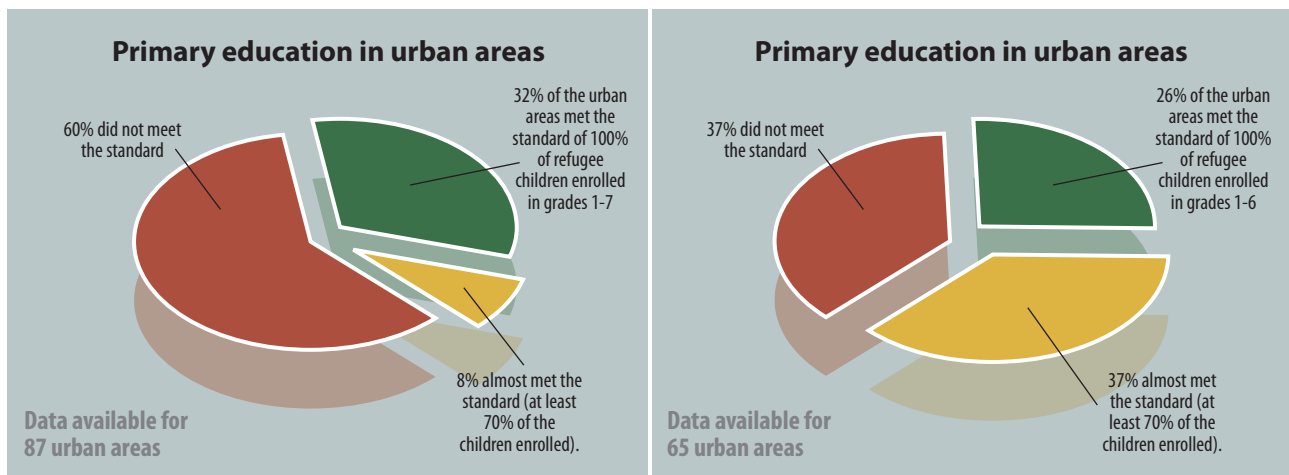






UNHCR/T. Hartwell / October 2007

**Egypt is home to many Sudanese refugees. Many have opened small businesses such as shops, food outlets, repair shops etc. The Nuba Mountain Association runs a daycare center for children of Sudanese refugees. Due to the influx of refugees housing prices have risen and all through the neighborhoods there are signs of ongoing housing construction. In one house a Sudanese refugee and her family live in a 3-room apartment with minimal furnishing, missing windows and no heat or cooling. The rent is 250 Egyptian Pounds a month (approximately \$45). Some Sudanese children are bussed to this neighborhood for schooling from other areas of the city.**



## 2. OPPORTUNITIES AND CONSTRAINTS FOR URBAN REFUGEE EDUCATION

A number of challenges confront refugees as they seek **access** to education in urban settings:

Not all States are party to the **1951 Convention**, which stipulates that hosting states should accord to refugees the same treatment as is accorded to nationals with respect to primary education, as well as treatment as favourable as possible with respect to education other than elementary level.

- **Registration** is a prerequisite to benefit from access to the national system where refugees are entitled to it.
- **ID documents and certificates** detailing previous education are also required. Access to the documents is not always feasible due to long displacement periods and armed conflict in the country of origin.
- **Distance from schools** and lack of or high cost of transportation as well as other school-related costs such as uniforms and school materials.
- Very often, the **lack of livelihoods** support and opportunities is a cause for drop-out and non-enrolment. The difficulty to cope with different social problems (access to health, child-headed households) is also an obstacle.
- A major gap is apparent as regards **post-primary education** opportunities, especially with regard to secondary education and vocational training; this applies to camp-based as well as urban refugees.

### Good practice:

The government of Jordan granted free access to formal education in 2007, and UNHCR supported the Ministry of Education to increase the local absorption capacity. UNHCR also strengthened community based approach to ensure non formal and informal education opportunities and provided material support to refugee families.

## Quality of education is also a concern:

- a high increase in enrolment may lead to lack of sufficient **infrastructure** and high ratio of students-per-class, potentially leading to poor academic achievements.
- Insufficient number of **teachers** and limited training is also an issue. As a consequence, educational staff are not able to ensure that the specific needs of refugee children are taken into consideration. Education is one of the crucial ways to prepare for self-reliance and trauma healing, but the lack of a **child-friendly environment** may impact the quality of education received.
- Lack of stationery, textbooks and other essential **materials** can also have a negative impact on academic achievement and retention rates.
- Refugee communities sometimes start their own schools but without achieving the **national standards** required to register as public or private schools. The education received in these institutions is thus not recognised and will not allow students to continue their education.

### Good practice:

UNHCR distributes school supplies to Iraqi refugees in Damascus in cooperation with the Syrian Arab Red Crescent (SARC). In 2008, the distribution of uniforms, shoes and school materials before the start of the Syrian school year benefited 30,000 children from Damascus and rural Damascus. By reducing the financial burden on Syria's increasingly impoverished Iraqi refugees and informing them of the education opportunities available, UNHCR hopes to encourage them to continue their children's education. In 2006-2007, the Syrian Ministry of Education counted 33,100 Iraqi children and adolescents at school; by 2007-2008 there were 49,132.

UNHCR has established Community Centers in areas where large numbers of Iraqis have settled. These Centers include education cells, which provide advice and appropriate education solutions for refugees whose children are not enrolled in school and/or who are encountering difficulties accessing education opportunities. The Centers have directly provided remedial classes and skills training (computer classes). Summer schools activities will also be taking place in these Centers and include literacy and numeracy classes (with a focus on out-of-school children and youth) and recreational activities.

Some **protection** challenges are also specific to, or exacerbated in, urban-based education:

- As some countries do not allow integration in their national system, refugee children and youth have their education disrupted. In urban settings, without access to education, children, adolescents and youth are more likely to face **violence and abuse** and be exploited through child labour, sexual exploitation, or become addicted to drugs or other illegal substances.
- In urban areas, transportation to and from school can imply **safety risks**.
- Refugee children may face **discrimination and racism** in schools.
- Lack of livelihoods and money can force children to engage in survival sex, or other **illicit activities** related to economic exploitation to cover school-related fees.

**Good practice:**

In Uganda, Parents-Teachers Associations exist in the different schools in which refugee children are enrolled. Refugee parents are involved in these associations, thus supporting better integration in local schools. In cases of disciplinary problems related to specific refugee children, they are usually solved at the school/community level, thanks to the involvement of parents and of the refugee community.



### 3. UNHCR INTERVENTIONS TO ENHANCE THE RIGHT TO EDUCATION

UNHCR's strategic approach to education in urban areas includes three major principles:

- The establishment of parallel education structures should be avoided, and the focus must be on **integration into national public education systems**. This will imply strengthened collaboration, coordination and liaison with the line ministries, mainly the Ministry of Education (MOE). Where feasible, joint needs assessment will be undertaken for joint planning of the educational needs and support. In countries not party to the 1951 Convention, alternative models may need to be explored.
- UNHCR promotes a **holistic approach**, supporting national structures and population needs through the construction and rehabilitation of schools, water/sanitation facilities, equipment, teaching and learning material, as well as teacher training to enable the public system to absorb an increased number of students. Free primary education should be a requisite, or at the least advocated for, along with lobbying for States to have consistent validation systems of learning attainments for the recognition of foreign school certificates. This approach will be coupled with remedial classes, accelerated learning programmes and language courses to facilitate integration for refugees. Vocational training opportunities should be sought at national training centres, making slots available for refugees and providing the support they need.
- Lastly, **partnerships** with other UN agencies such as UNICEF and UNESCO, and bi-lateral donors will be imperative for complementary and specialized education interventions. Particular efforts will be made to enhance existing agreements with these sister agencies having educational expertise and resources. In addition, sectoral linkages are critical, in particular with **livelihoods** programmes, so that parents can afford the cost of their children's education.



UNHCR/ M. Pearson / September 2005  
Sudan. In Yei, returnees take UNHCR-  
sponsored carpentry classes at the  
Vocational Training Centre. Courses at the  
centre include building, information  
technology, carpentry and tailoring.

# Refugee Livelihoods in urban settings

## 1. THE ISSUE

The challenges faced by refugees and other displaced populations in finding decent economic opportunities in urban settings have been subject to growing attention in UNHCR operations, across regions. Efforts to strengthen the organisation's understanding of urban livelihoods and its capacity to deliver adequate support have started in Yemen, Egypt, Malaysia, Armenia, Jordan, India, Kenya, Burundi, Senegal, Argentina and Costa Rica. These country operations conducted in-depth livelihoods assessments to define comprehensive multi-year strategies for livelihoods support. Simultaneously, UNHCR conducted a desk-review of seven urban refugee situations (Syria, Jordan, Kenya, Malaysia, Yemen, Morocco and Ecuador) to identify core issues related to refugee livelihoods and good practice in operational response. The review shed light on what constraints typically arise when urban refugees engage in economic activities, and their protection implications. What follows is a preliminary summary of key lessons learnt from UNHCR's engagement in urban livelihoods to date.

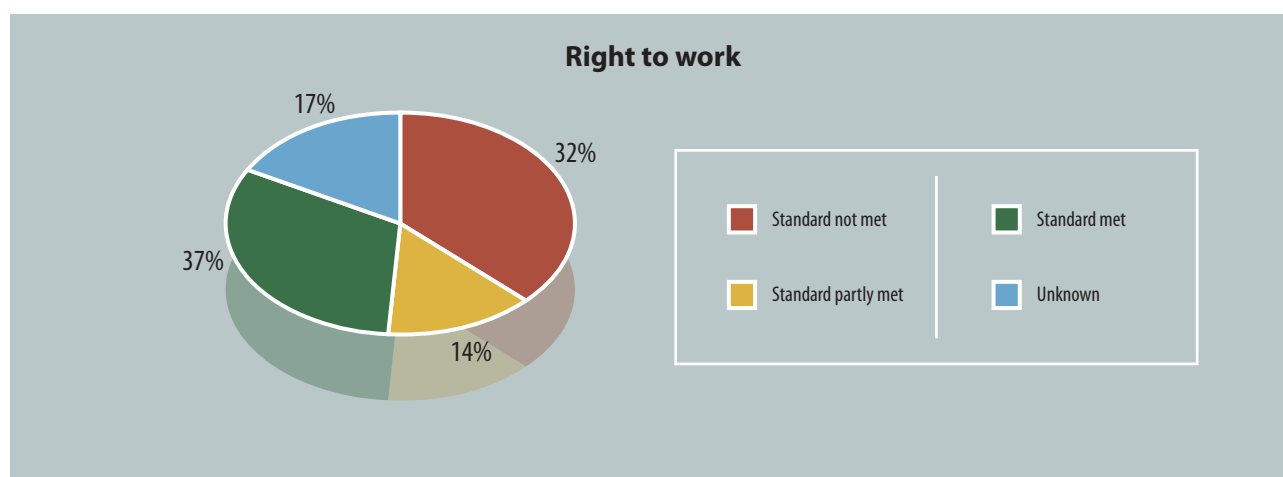
## 2. OPPORTUNITIES AND CONSTRAINTS FOR URBAN REFUGEE LIVELIHOODS

Refugees move to cities because of the greater range of opportunities and amenities these locations offer, such as more diversified employment possibilities in both the formal and informal sectors, more accessible markets and better developed infrastructure than in isolated camps or rural settlements, and in principle a greater range of services available such as financial services, transport and communications, training opportunities, etc.

The evidence gathered through UNHCR's assessments and reviews shows that the majority of working-age urban refugees are either employed or self-employed., but they also demonstrate that refugees face a range of constraints when trying to make a living in the cities:

## Legal environment in the country of asylum

The national, legal and policy environment in a country places degrees of restrictions on rights to work for refugees. In some extreme cases, refugees and asylum-seekers are formally excluded from the labour market and denied access to educational opportunities and health services. In other situations, although refugees are granted work permits, access to sustainable income generating activities is severely limited. Consequently, a significant proportion of refugees are exposed to various forms of exploitation, economic abuse, to arrest and detention. The chart below gives an overview on the current legal situation regarding right to work for refugees in countries of asylum.



The above shows that out of the 214 countries reviewed, 37% meet the international standards which means that all necessary legislation is enacted and enforced and work permits are issued. It further shows that 14% of the countries only partly meet this standard (the countries are party to the 1951 Convention Relating to the Status of Refugees but do not issue work permits on a uniform and standardized manner), and 32% of reviewed countries do not meet the standards, have not ratified the 1951 Convention or any other relevant human rights instruments and do not issue work permits.

This means that in around 100 of refugee-hosting countries, refugees work or attempt to work illegally. In states in which this is tolerated, illegal employment brings about a wide range of protection risks.

## Protection risks related to the informal sector

Due to legal restrictions and lack of adequate skills or of other livelihood assets, most of the refugees find the informal sector as the only option to generate income, mostly through daily labouring jobs. Key protection risks related to informal work are lack of health and safety regulations, lack of social security, low



salaries, extended working hours, unstable and sometimes dangerous jobs. In some cases refugees see no other option than working in illegal trades such as survival sex drug and alcohol sales, or sending their children into the child labour market to support the household.

### **Lack of appropriate assets for sustainable and predictable income**

The initial livelihood assets that displaced persons can rely on are mainly their skills and related certification and documentation, financial capital in particular household or personal savings, physical health, and social networks. These are critical in widening their options to access safe and productive work. However, in the challenging context of new urban environments, these assets are either insufficient or irrelevant to urban living, or have been lost during the displacement or preceding crisis, or are eroded by years of displacement.

## **3. SUGGESTED INTERVENTIONS**

Defining and implementing comprehensive strategies to support refugee livelihoods in urban settings implies that projects and activities will cover a broad range of activities, that respond to both policy and institutional issues as well as household and individual needs. These may include:

- Facilitating access to information and/or legal services relating to employment, work permits or business registration.
- Providing or enabling access to career guidance and employment support, including the sponsoring of apprenticeships.
- Facilitating access to financial services (including savings, money transfers and loans) to help stabilize household cash flows and provide seed money for household investments in business or training.
- Providing or facilitating access to vocational and technical training opportunities, to strengthen skills and entrepreneurship in multiple areas, as recommended by information on market demand (e.g. infrastructure construction and maintenance, equipment installation, electrical or vehicle repairs, information technology and communications, health and education, child-care and other community services, manufacturing and retail).
- Training through formal institutes and non-formal classes.
- Enabling access to business support services, and entrepreneurship training.
- Financial and in-kind assistance in emergency situations to help secure household assets, prevent

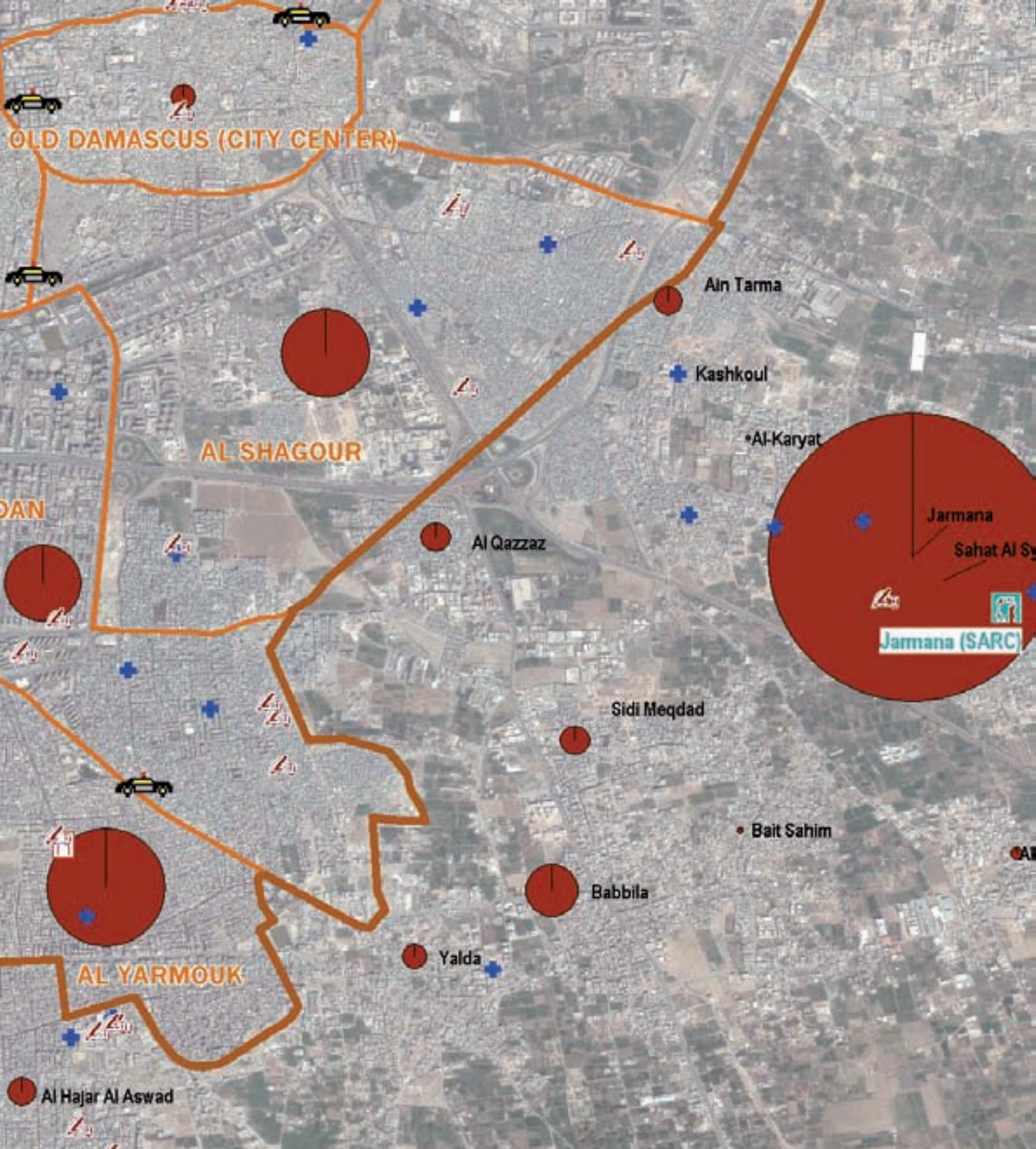
depletion of household savings, and prevent emergency sale of assets in the early days of displacement to cover the costs of travel and of setting up in a new location.

#### **4. LESSONS LEARNED AND RECOMMENDATIONS FOR LIVELIHOODS PROGRAMMING IN URBAN SETTINGS**

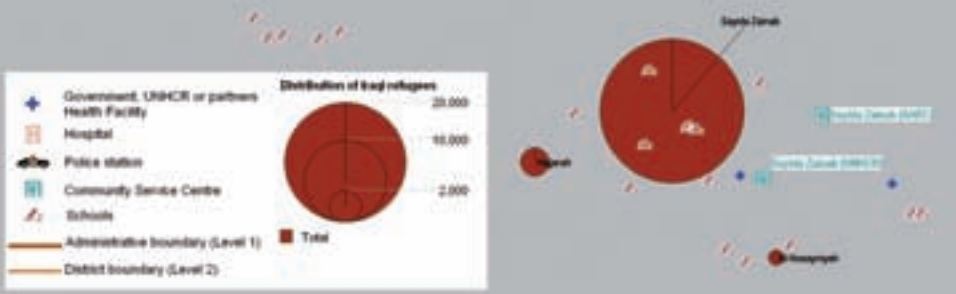
- i. A specific methodology is required to conduct urban livelihood **assessments** and carry out a **consultative strategic planning** process which ultimately informs program planning. Guidelines are being developed on the basis of current best practice.
- ii. Extensive **consultations and cooperation** with the UN and non-governmental organisations, other international organizations in the field, local associations, refugee and host communities, and local authorities are critical to ensure their buy-in and long-term engagement. Meetings, reviews, and stakeholder workshops need to be factored into the planning and the implementation process.
- iii. The activities put in place to effectively support refugee livelihoods should not be limited to strengthening people's livelihood assets or capabilities (skills enhancement, access to cash, apprenticeships, or enterprise support). The overarching objective to most of livelihood strategies formulated to date across UNHCR urban operations is **to foster an enabling environment** for the economic empowerment and self-reliance of displaced populations. This implies working on a policy-level with national and local institutions across a range of activities including: expanding refugee access the formal employment opportunities through access to work and/or residency permits; advocating with employer's unions and labour ministries to secure such access – starting if necessary with a targeted group of refugees whose skills correspond to known gaps in the labour market; reinforcing access to legal advice on employment and business registration; awareness raising of targeted private or public sector employers; information campaigns for refugees on work permit registration processes, and market opportunities; conducting market surveys or seeking employment market information in the host area as well as in the expected areas of returns; identifying the educational and existing skills levels of refugees upon registration. To be comprehensive therefore, urban livelihoods strategies need to address the constraints and harness the opportunities provided by the host areas' policies and institutions.

- iv. UNHCR's own role in supporting refugee livelihoods needs to be **selective** – the scope of UNHCR's direct engagement should be defined in view of the presence of other actors from public and private spheres, and of their ability to engage in supporting refugee livelihood needs; the scope of UNHCR's engagement should also be **reassessed on a yearly basis**. Beyond the provision of time-bound support with clearly defined exit strategies aiming to secure livelihood assets in particular for vulnerable households and individuals (such as temporary cash assistance or non-formal skills training projects), UNHCR can work with local institutions toward increasing **refugee access to existing facilities and services** (whether formal or informal), through partnerships with financial institutions, with technical and vocational training providers, with social services such as day-care centres and career counselling or job placement facilities. As a general principle, therefore, UNHCR projects that are delivered via "traditional" implementing partners from the non-governmental sector should be time-bound and should aim to facilitate future access to existing public and private service providers.
- v. **Seed funding is needed to kick-start priority interventions**. Refugee and local communities that contributed to the assessment and strategic formulation process need to see concrete quick results to remain engaged and positive about the possibilities that were explored with them. Financial and operational support needs to be sought from non-traditional donors and partners that champion innovation and are willing to experiment with new solutions required to deal with urban issues.
- vi. **Multi-year planning and funding** are essential for livelihoods programming and in urban settings in particular. This is because working effectively on social and economic aspects of refugee's lives requires long-term engagement with development actors, with the private sector banking and business service providers, and with the public sector and community-based organisations – many of which have multi-year planning cycles.
- vii. UNHCR needs a **capacity boost** to deal with livelihoods programming in urban settings. The multitude of partners and initiatives foreseen in multi-year plans requires dedicated staff time within UNHCR to ensure effective planning and coordination, to harness financial resources, and to oversee UNHCR's own interventions through selected implementing partners and their gradual hand-over as appropriate.





Distribution of Iraqi refugees in Damascus versus distribution of services in the city and its surroundings, October 2007.





# Registration in Urban Areas

## 1. THE ISSUE

The importance of registration of refugees residing in urban areas cannot be over emphasised. Registration is an essential tool for protection against *refoulement*, access to basic rights, the identification of persons with specific needs, family reunification and the pursuit of durable solutions. Registration is also essential for needs assessment, programme planning and management of operations.

By the end of 2008, there were 10.5 million refugees of concern to UNHCR residing in over 150 countries, of which 4.4 million persons, nearly half the world's refugee population, reside in urban areas.

Registration is the responsibility of the State. In situations where UNHCR is called upon by states to undertake registration of refugees and asylum seekers in urban areas, systematic registration has not been an easy task. Unlike camp based refugees, city based refugees are **often dispersed**. Registration often takes place at UNHCR offices, and has sometimes been **limited to those who choose to approach the office on their own initiative** and are receiving support in various forms from UNHCR.

In urban contexts, where refugees and asylum seekers are likely to get in contact with government officials, police officers and other official actors as well as service providers (e.g. health and education) documentation attesting their identities and status becomes essential as it plays a **key role in the prevention and resolution of protection problems**. Where refugees reside together with other people on the move, they often have a higher risk of arrest, detention and deportation, registration and documentation becomes more and more important.

## 2. THE CHALLENGES

One of the greatest challenges for working with refugees in urban areas is gathering and regularly updating accurate information on the locations, demographics as well as protection and assistance needs on those of concern. Some of the specific challenges include:

**Managing large numbers of people in a confined space typical of UNHCR offices in urban locations:** Managing large crowds in or around an office can be a very complex undertaking as there is rarely sufficient waiting space to accommodate all those seeking to be registered. The presence of large crowds on the streets of cities could trigger security concerns and protection risks.

**Ensuring those who are of potential concern to UNHCR have access to registration and are informed of registration procedures and benefits:** In urban environments, it is particularly challenging to provide information to a dispersed and largely unknown community, many of whom would rather remain anonymous for fear of deportation or other protection risks, cognisant of the fact that registration could contribute to making refugees more visible and could therefore provoke negative reactions from host governments and communities.

**Difficulties in accessing the UNHCR office:** Not all persons of concern have the means to travel to capital cities where UNHCR offices are usually located, or may not be able to physically travel for reasons related to inadequate documentation, inability to take time off from work or for social reasons.

## 3. UNHCR INTERVENTIONS TO ENHANCE REGISTRATION IN URBAN AREAS

**Outreach:** Where UNHCR undertakes registration, efforts are made to ensure an extension of geographical coverage including through mobile registration whereby UNHCR officers travel to different locations within a city or to different cities and undertake registration outside of the office. This methodology was instrumental in reaching out to asylum seekers and refugees in Malaysia and most recently in Syria.

*ProGres*, UNHCR's population data and case management software, is a key protection tool in many operations for registering urban populations. It is used to record the personal data including specific needs in order to prioritize protection interventions, for case management of status determination and durable solution processes,

and for issuing documents such as asylum-seeker certificates and refugee ID cards. When conducting mobile registration the mobile team can bring **proGres** to the various locations and transfer the collected data back into the main database upon return to the office.

Mobile registration has been particularly effective in reaching populations unable to travel to UNHCR offices such as those in detention and those unable to leave their homes. Standard operating procedures and equipment are being designed to further support this methodology.

**Working with new and diverse partners:** One key to gathering improved data about urban populations is to expand the network of partners involved in registration and profiling. To understand the dynamics of the displaced populations, and to find out how best to address their registration needs, UNHCR is working more closely with **community-based organisations** as well as with **national providers** of health, education and other services. These organisations and services often have more direct contact with urban displaced and can be an effective way for UNHCR to learn about the general areas where displaced persons are living, as well as being effective means of communicating information about registration opportunities and benefits. In several locations, UNHCR has worked closely with **refugee organisations** to learn more about where non-registered are living and how to best to reach them.

To ensure the registration processes functions efficiently, UNHCR must work closely together with the refugee communities, local authorities and community organizations to estimate the number of unregistered asylum-seekers and refugees and identify areas where asylum seekers and refugees live, schedule registration appointments, and disseminate information to the communities about the benefits of registration as well as the process, location and time of registration. Partners have also assisted UNHCR in identifying particularly vulnerable refugees and others, who otherwise would not be able to access UNHCR .

**Mapping:** *proGres* has also been used to systematically map the locations of the refugee population in the country of asylum, giving a clear visual presentation of the areas where refugees live with information on to their age, gender, education, skills and livelihoods, and of the services available. This helps the offices ensure that the right programmes are in the right places and are appropriately designed to serve the urban refugees. UNHCR offices in Egypt, Malaysia, Kenya and the Middle East have used Geographic Information Systems linked with registration to gain a more comprehensive understanding with partners as to the locations and needs of the large displaced populations in the urban areas of those countries.



UNHCR/ R. Arnold / October 2008  
Afghanistan. Beauty classes are provided by the NGO Social Volunteer Foundation. Aqila, aged 13, is one of the returnees attending beauty class. She has seven sisters and three brothers. Her family returned from Karachi in Pakistan in 2006.



# Return to, and Reintegration into, urban settings

## 1. THE ISSUE

Research conducted by UNHCR and others suggests that returning refugees increasingly choose to return to urban centres. In a Desk Review, carried out in 2009, this was found to take place amongst urbanized returnees who fled rural areas to urban centers abroad, and would thus find it difficult to reintegrate in their original agricultural community. It is notably difficult to gather accurate statistical information regarding the number of returnees residing in urban areas, due to some extent to a lack of coherence regarding the definition of 'urban'. Although the information available on the number of urban returns remains sketchy, there are apparent trends that suggest that returns to urban areas remain very high. For example, in Somalia, Hargeisa town hosts about 60% of the returnee population, while in Afghanistan, 42% of refugees returned to urban areas in Kabul, Nangarhar and Kunduz.

The challenges which returnees in urban areas face are not entirely unique to urban settings and indeed, there is considerable overlap with the difficulties faced by returnees more generally, such as limited access to education, livelihoods opportunities and reliable water sources, as well as difficulties in accessing health-care. However, it is consistently noted by sources that **housing, land and property** issues are posing the most serious challenges for returnees to urban areas. With rapidly growing urban populations, problems of non-durable housing and insecure tenure can be rife. Barriers to durable housing solutions were found to be compounded in urban areas by a lack of familiar social networks, particularly for returnees who did not reside in the same urban areas prior to their time in asylum. Family or tribal connections which may be readily found in rural areas are often not at play in urban ones. If returnees to urban areas cannot meet the higher rent payments or have no family or social network with whom to share living space, they then risk becoming homeless or taking up tenuous existence in slum dwellings .

With regard to **livelihoods and self-reliance** opportunities available to returnees in urban areas, it is often the case that those who were residing in urban areas during exile, may indeed be in an advantaged position upon return to urban areas since they may have acquired assets or skills which can be put to use for self-reliance purposes. On the other hand, those who are residing in urban areas for the first time, and/or have only a low level of education, may present significant vulnerabilities, particularly in urban areas where there is little or no opportunity for agriculture.

## 2. OPERATIONAL CHALLENGES

**Shelter** The information gathered on urban reintegration programs in specific country situations suggests that the shelter component of such programs is generally weak. Case studies of Southern Sudan and Afghanistan in particular highlight the challenges to forming coherent operational approaches to providing shelter in city centres. That is not to say that no efforts under the theme of shelter have been made in urban areas whatsoever, but simply that the response in urban areas remains limited, in comparison to efforts being made by UNHCR in rural areas.

**Returnee Monitoring** Returnee monitoring is ongoing in urban areas, however, occasional disparities are notable in the presentation of information in reports. Returnee Monitoring Reports tend to provide information with respect to district or provincial level activities but not relative to cities or specific villages. This may be indicative of inherent difficulties in attaining information at the city level, perhaps because of low visibility of beneficiaries in urban areas, or because the information would be too detailed to present in this manner.

**Livelihoods** The livelihoods and self-reliance programs implemented by UNHCR in urban areas are usually small scale. In Liberia, and in Southern Sudan, there is some level of vocational training and self-reliance work organized as part of the reintegration activities in urban areas. In urban areas it should be possible to provide far more support for small business, since in rural areas there is little or no market for activity of this nature and people in urban areas tend to be somewhat more independent. On the other hand, there is a perception in the humanitarian community that many refugees gained experiences, skills and even capital during exile (especially if they lived in urban areas during that time) and that upon return these refugees are opportunely placed to avail themselves, without external support, of livelihood opportunities in urban centres.

**Co-existence and Other Protection Related Activities** Co-existence activities have been implemented in urban areas, e.g. in Bosnia and in Liberia. UNHCR reintegration activities in specific urban areas of Afghanistan, for example, have the specific aim to provide protection to extremely vulnerable individuals, identified through the preliminary monitoring processes for returnees.

**Education** More needs to be done to support returning families' confidence in the education system in the area of return. Despite this concern, there is evidence of some operational activities in the sector of education ongoing in urban areas for the benefit of returnees. Good examples of these activities can be found in Southern Sudan.

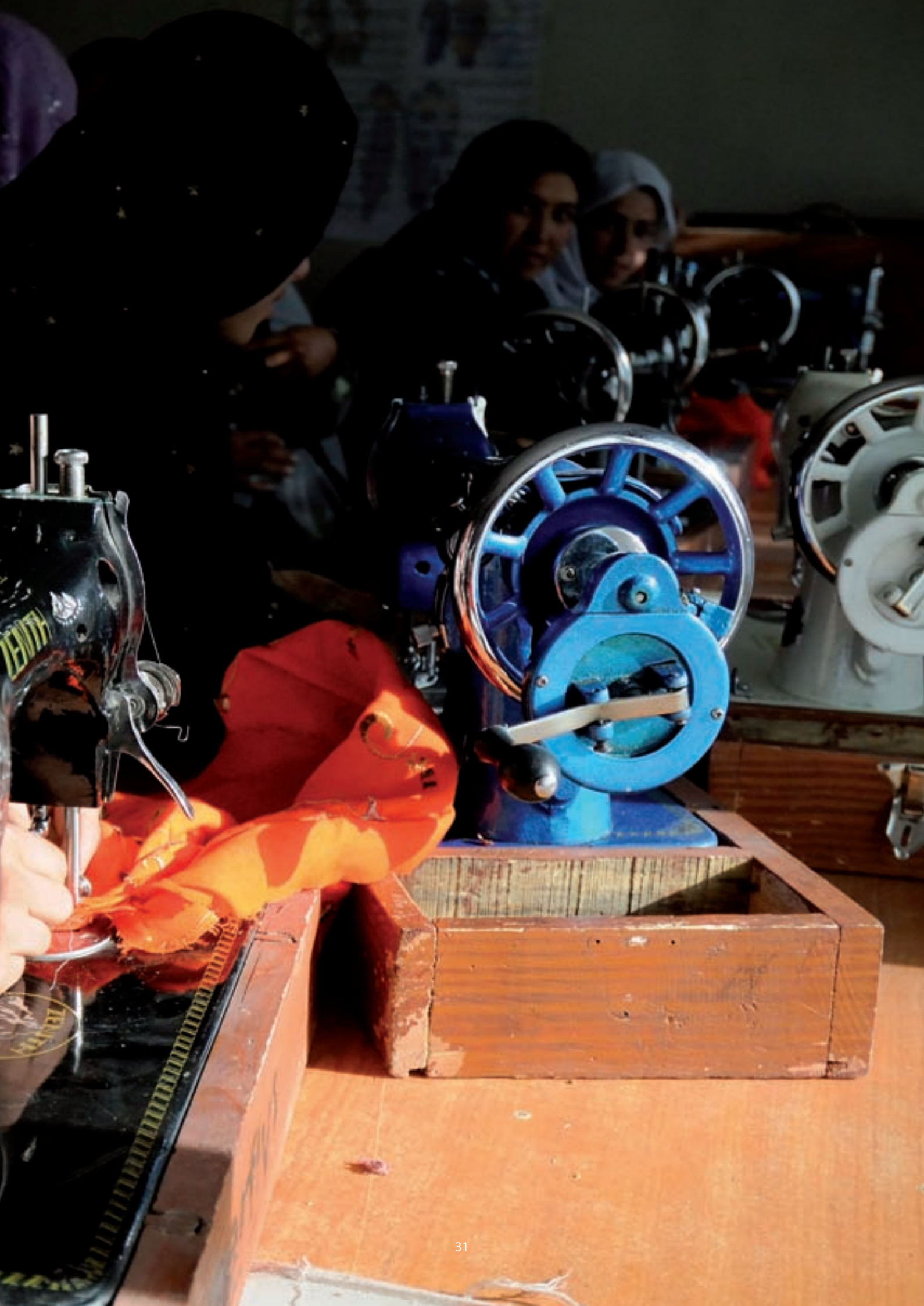
**Partnerships** Having a high number of decentralized stakeholders and actors (whether or not tending to the same beneficiaries or with widely divergent mandates), is one of the key challenges to conducting fully functioning and efficient programs for urban reintegration. Despite these difficulties it is generally accepted that the execution of functional reintegration projects has to meet the challenge of working with, and being supportive of the activities of, other humanitarian agencies, national authorities and development agencies.

In conclusion, there is a need to reflect upon and analyze the challenge of transposing the strengths of UNHCR reintegration operations into city contexts – keeping in mind the intermingled urban population and the mix of agencies and government authorities that need to be coordinated in order to develop a coherent position.



UNHCR/ R. Arnold / October 2008  
Afghanistan. Social Volunteer Foundation is the Kabul-based NGO that was started in 2001 to help street children under 18, many of whom are returnees. Here Khatera, 14, learns how to sew. She has two sisters and two brothers, all too young for school. They returned from Attock in Pakistan's Punjab province last year. Her father now works on the street.





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For more information please contact  
Division of Programme Support and Management  
UNHCR HQ Geneva

[www.unhcr.org](http://www.unhcr.org)