

Agenda of Side Meetings

Annual Consultations
with Non-Governmental Organizations
26 – 27 September 2007
International Conference Center Geneva, Switzerland

Wednesday, 26 September 2007 International Conference Centre Geneva

13h30 – 15h00 Room 3

No Small Matter – Ensuring protection & durable solutions for unaccompanied & separated children

Susan Krehbiel, Lutheran Immigration and Refugee Service and Study Coordinator
Ron Pouwels, Senior Adviser for Refugee Children, UNHCR

Learn about a recent mapping exercise undertaken by Lutheran Immigration and Refugee Service (LIRS) to assist UNHCR in the implementation of the *Guidelines on the Formal Determination of the Best Interests of the Child*. The LIRS *No Small Matter* report lays out six main findings that emerged from the mappings and expert interviews from October 2006 – February 2007, and discusses their implications for the implementation of the *Guidelines*. Participants are invited to join a discussion on the preconditions for conducting formal Best Interests Determinations and the possible uses of future mapping exercises to strengthen the protection and durable solutions for unaccompanied and separated children.

Background: In May 2006 UNHCR provisionally released *Guidelines on the Formal Determination of the Best Interests of the Child*. These provide specific guidance to UNHCR and partner staff around the procedural safeguards and documentation needed when making any decision that has a fundamental impact on the life of children of concern to UNHCR, in particular unaccompanied and separated children (e.g., making decisions about complex care arrangements, providing a durable solution, removing a child from parents). The ability of UNHCR field offices to effectively implement these *Guidelines* depend in part on the extent to which current systems and resources already address child protection and best interests considerations and that field offices are able to identify when formal best interests determination procedures are required. Such systems and resources have been named “preconditions” for the purposes of this study.

13h30 – 15h00 Room 4

An Independent Appeal Board for RSD Cases (AMERA)

Andrew Clapham, Geneva Academy for International Humanitarian
Zachary Lomo, St. Edmond's College, Cambridge
Rick Stainsby, Status Determination & Protection Information Section, UNHCR

Over the last three years there have been significant improvements in the procedures in deciding refugee status determination (RSD) cases adjudicated by the UN High Commissioner for Refugee. These improvements are welcome and will be reported in this session. However, a sound RSD system should not only include reasons for decisions, legal representation, and disclosure of confidentially obtained evidence, but it also must make an independent appeal against rejections an integral part. Some recent developments underscore the importance of a holistic approach to RSD so as to reduce the risk of refugees being errantly refused protection.

Thursday, 27 September 2007
International Conference Centre Geneva

8h30 – 10h00 Room 3

Challenges in provision of WatSan services in protracted operations

Manfred Arlt, Senior WatSan Advisor, Norwegian Church Aid
Andy Bastable, Head of Public Health Engineering, OXFAM
Aidan Cronin, Associate Water and Sanitation Officer, UNHCR
Anders Haaland, WatSan Technical Advisor, Norwegian Church Aid
Jean Lepegue, Head of Water and Sanitation, Action contre la Faim
Julian Parker, Regional Technical Advisor, International Rescue Committee
Dinesh Shrestha, Senior Water and Sanitation Officer, UNHCR

Background: Despite technical advances and stronger inter-agency collaboration, there is still a huge disparity between the principles and standards of watsan provision and the level of service delivery on the ground. There is a plethora of literature, guidelines and standards in the sector but they are not being translated into improved services, as seen from our own monitoring reports. This has not only deprived our persons of concern from potential health, social and psychological benefits, but also it means that scarce resources not being used optimally. The session shall address this issue based on field experiences and technical data. UNHCR has already a good deal of information on the key gaps collected through field surveys during the last two years and this will be complemented by information gathered by NGO partners. The event will be key to generating awareness and advocacy among the donors and stakeholders, who will be participating in UNHCR's Annual Executive Committee (ExCom) meeting.

Expectations: The session should bring together the main practitioners from the field to discuss the various challenges and opportunities in the water and sanitation sectors in order to jointly come up with a series of strategic and pragmatic recommendations.

8h30 – 10h00 Room 4

Istanbul Protocol

Anja Klug, Protection Operations and Legal Advice Section, UNHCR
Theresia Maatman, Head of Policy Department, Dutch Council for Refugees
Heleen Tiemersma, Coordinator of the Medical Examination Group, Amnesty International Dutch Section
Erik Vloeberghs, International Policy Officer, 'Pharos – Centre of Knowledge on Refugees and Health
The International Rehabilitation Council of Torture Victims (IRCT) *TBC*

Background: States have a clear obligation under international law to refrain from refoulement. Furthermore states also have an obligation to ensure that torture survivors are offered rehabilitation and redress. In order to fulfil these obligations states need to determine which asylum seekers are survivors of torture or ill-treatment. Medico-legal reports can support these efforts. They may help to interpret the asylum story and identify any barriers impeding the asylum seekers from giving a coherent account of his or her experiences. However, medico-legal reports are often not (sufficiently) taken into account in European asylum procedures. EU member states have different laws, policies and practices regarding the role and use of medico-legal reports in the asylum process. The Istanbul Protocol, a comprehensive set of guidelines for the investigation and documentation of torture, should be used in asylum procedures. Although these guidelines were intended for medical documentation of torture within criminal proceedings, the protocol explicitly refers to asylum procedures as well. Amnesty International - Dutch section, The Dutch Council for Refugees, and Pharos - centre for knowledge on refugees and health initiated the Care full project. This project is the result of the international expert's meeting 14-15 November 2006 in Amsterdam, the Netherlands. During this meeting more than twenty organisations from eleven European countries, providing legal and/or medical support to asylum seekers, expressed concern that asylum procedures applied in each country leave little room for survivors of torture or ill-treatment to be properly heard. The objective of the Initiative is to enhance the protection of survivors of torture or ill-treatment seeking asylum in Europe. To achieve this objective it formulated the following - general - recommendations. Member States should provide:

- (i) An asylum procedure which ensures the early identification of survivors of torture and ill-treatment.
- (ii) A decision-making process in which due weight is given to medico-legal reports.
- (iii) Promote the Istanbul Protocol's guidelines as being relevant within the asylum context and provide training for asylum authorities on the Istanbul Protocol.

Expectations: By means of this side meeting we hope to familiarize the participants with the Istanbul Protocol in relation to asylum procedures and to explore how NGOs can join efforts to promote that medico-legal reports are (better) taken into account in asylum procedures in Europe.

13h30 – 15h00 Room 3

Forgotten refugees

Godwin Buwa, Refugee Law Project, Uganda

Tenneh Kpaka, Australian National Committee on Refugee Women

Eileen Pittaway, Centre for Refugee Research, University of New South Wales, Sydney, Australia

“Please just bomb the camp, throw us into the sea. I am not saying this because I am mad. I am saying this because our lives have been so ruined, so terrible and so harsh that I would prefer my children and grandchildren to be dead than to have to live through what we have lived through for the last 15 years. No-body knows we are here – nobody cares” (Rohingya Refugee, Bangladesh 2007).

Increasingly the world has become aware of the horrendous plight of so many millions of refugees in protracted refugee situations – refugees who have lived in appalling camps and urban ghettos for up to 20 years. Children are born and raised in camps, knowing no other life yet still the refugees cling to dreams for a safer and a better future. But within that population there are groups who have suffered so much that they have almost run out of hope. These are the forgotten refugees. Seldom mentioned in discussions about durable solutions, never targeted for world attention by CNN, they lack even the most basic of services, and sit ignored by the humanitarian community, prey to corrupt regimes and exploited by those who have power over their lives. In this workshop we will talk specifically about the stranded Sierra Leonean refugees in Guinea, the Rwandans still stranded in Uganda, and the Rohingyas in Bangladesh. There are many other pockets of forgotten refugees. We will identify strategies to bring their situation to the attention of UNHCR member states, donors and service providers. We will work to make sure that they do not remain forgotten.

13h30 – 15h00 Room 4

Health, nutrition, HIV/AIDS data management systems/Health Information System (HIS)

Arnould Akodjenou, Director, Division of Operational Services, UNHCR

Nadine Cornier, Reproductive and Child Health Officer, UNHCR

Heiko Hering, Public Health Information Officer, UNHCR

Dan Koros, International Rescue Committee, Kenya

Strong and reliable health data informs evidence-based policymaking, leads to better management of public health programmes and, ultimately, drives the actions that improve refugee health. Yet there is no common strategy among UNHCR and its health partners to underpin the collection, reporting and analysis of public health data in refugee settings.

The session will present experiences rolling out a standardized Health Information System (HIS) in eight refugee operations in Africa and Asia in 2007. The session will demonstrate how a common HIS can be used to strengthen service delivery and improve health outcomes among populations of concern. It will examine successes, challenges, and means of improving collaboration between stakeholders, at all levels of health management.

Expectations: The session aims to raise awareness among NGOs and expand the alliance of partners using a standardized HIS. It will promote inter-agency partnership and discuss strategies to accelerate adaptation and roll-out of HIS to non-camp based settings.