



**2017
Participatory
Assessment
Findings and
Recommendations**
UNHCR Pakistan



Community Based Protection



Table of Contents

Overview	2
Community-Based Protection and Urban Outreach Strategy 2017-2019	2
Methodology and Geographical Focus	3
Multifunctional Teams	3
Key Findings	4
Theme 1: Community Self-Management	4
Theme 2: Positive Coping Mechanisms / Self-Reliance / Decision-Making.....	6
Theme 3: Access to Basic Services	8
Theme 4: Safety and Security	9
Theme 5: Education / Health / Persons with Specific Needs	9
Theme 6: Information Needs / Communication with Communities.....	11
Key Recommendations for Community-Based Protection Activities	12
Theme 1: Community Self-Management	12
Theme 2: Positive Coping Mechanisms / Self-Reliance / Decision-Making.....	13
Theme 3: Access to Basic Services	14
Theme 4: Safety and Security	14
Theme 5: Education / Health / Persons with Specific Needs	15
Theme 6: Information Needs / Communication with Communities.....	15
Conclusions	16

Overview

Following a strategic shift in focus from individual case management to increased urban outreach and community-based protection, UNHCR Pakistan, its Sub-Offices and Field Unit (Peshawar, Quetta, and Islamabad) conducted a targeted Participatory Assessment (PA) with a focus on Community-Based Protection (CBP) concepts and areas of implementation to gauge impact and/or areas that require further focus. Guided by UNHCR's CBP and Urban Outreach Strategy 2017-2019, the PA focused on selected Afghan communities in urban areas. Below are the key objectives of the 2017 Participatory Assessment:

- To **gather** information on the specific protection concerns faced by refugees, the underlying causes, as well as community capacities and proposed solutions.
- To **analyze** information on community capabilities including existing and future resources that contribute to self-reliance.
- To **incorporate** the community's input into the implementation phases of UNHCR's CBP and Outreach Strategy 2017-2019.
- To **inform** 2018 Country Operation Planning process.

The thematic areas covered in this PA include: (1) Community Self-Management; (2) Positive Coping Mechanisms / Self-Reliance / Decision Making; (3) Access to Basic Services; (4) Safety and Security; (5) Education / Health / Persons with Specific Needs and Persons with Disabilities; and (6) Information Needs / Communication with Communities.

Community-Based Protection and Urban Outreach Strategy 2017-2019

The overall goal of the Community-Based Protection and Urban Outreach Strategy is for Afghan refugees living in Pakistan to be empowered and their resilient capacity strengthened, enabling them to minimize their exposure to protection risks. The strategy includes the following four strategic priorities:

- **Priority 1: Capacity Development in Community-Based Protection and Outreach** through provision of National and Provincial level Training of Trainers on community-based protection and outreach in order to build the knowledge and skills of UNHCR and partner staff in theory, practice and methods of CBP.
- **Priority 2: Building Efficient and Effective Community-Based Outreach and Referral Pathways through Outreach Volunteers** at the community level, whom will act as a key source for information on services and assistance provided by UNHCR, partners and other service providers.
- **Priority 3: Establishing a Referral Network of Protection Services** through an online interagency directory of service providers and referral partners. Focal persons for Afghan Refugees identified to help facilitate access of individual cases to services. Information about services is widely disseminated to the refugees by OVs. Accountability mechanisms installed to solicit views and suggestions to ensure accountability of UNHCR and partners.
- **Priority 4: Enabling Afghan Refugee to Prevent and Respond to Protection Risks** through strengthening the capacities of community structures to be more fair and inclusive. Social, protection and assets mapping of communities to map patterns and trends of protection issues and refugees most at risk. Community safety action plans to prioritize the key protection risks, issues, and forms of violence and abuse, for the community to work on communally. Change Makers to support communities to work on behavior change and address harmful social practices. Community centers as a safe meeting place. Community pooled funding to finance public goods and services for the benefit of their community.

Methodology and Geographical Focus

Methodology: Focus Group Discussion (FGDs) were used as the primary data collection tool, followed by Key Informant Interviews (KIIs) and Observations. The Age, Gender and Diversity approach was mainstreamed in the methodology by involving children (10-14 years), youth (15-24 years), adults (25-59 years), and older persons (60+ years). Each FGD was comprised of 10-15 persons and was conducted separately for girls, boys, men, and women. Child-friendly participatory methods were used for FGDs with children, including drawing and mapping protection risks, a simplified questionnaire and shorter sessions. Additionally, key Informant interviews were arranged to obtain views of Extremely Vulnerable Individuals (EVIs) that were not able to physically participate in the FGDs. The data collected was primarily qualitative.

Geographical Focus: Provincial offices selected four to six locations for the PA within the areas that have been selected for CBP in 2017 or plan to have CBP interventions in 2018. The targeted number of location took into consideration that communities previously reported they were tired and frustrated with UNHCR approaching them once a year to ask a series of questions but not addressing the issues raised, as well as our desire to 'take the pulse' on the first six months of implementation of our shift in focus to increased urban outreach and community-based protection. The following locations were selected by each office:

- **Khyber Pakhtunkhwa:** Taj Abad, Danish Abad, Haji Camp in Peshawar District and Khesghi Refugee Village in Nowshera District. A total of 32 FGDs (12 women, 12 men, 4 girls, 4 boys) and 8 KIIs (3 women, 3 men, 1 girl, 1 boy) were conducted.
- **Baluchistan:** Ghous Abad, Hazara Town, Killi Landi Kuchlak, Killi Samali Kuchlak, Pashtoon Bagh, Qadri Abad in Quetta District. A total of 48 FGDs (18 women, 18 men, 6 girls, 6 boys) and 48 KIIs (18 women, 18 men, 6 girls, 6 boys) were conducted.
- **Punjab:** People's Colony and Dar ul Salam in Attock District, Khyaban-e-Sir Syed and Afghan Ghari in Rawalpindi District. A total of 28 FGDs (10 women, 11 men, 4 girls, 3 boys) and 5 KIIs (3 women, 1 man, 1 girl) were conducted.

A total of 108 Focus Group Discussions (FGDs) and 61 Key Informant Interviews (KIIs) were conducted with approximately 1411 Afghan refugees from Pashtun, Hazara, Tajik, Turkmen and Uzbek ethnicity.

Multifunctional Teams

Training: A one day National workshop was organized to agree upon the questionnaire, methodology, reporting responsibilities and overall planning dates and deadlines. A one day Provincial training was held for the MFT members involved in conducting the PA in the respective provinces. COI CBP colleagues assisted with the training at the provincial level.

Team Members: Multifunctional teams (MFTs) were comprised of UNHCR staff, partner staff and Outreach Volunteers. UNHCR PA focal points at the Provincial level were responsible for training MFT members, overseeing the process and providing the necessary support and direction for quality data collection and analysis. FGDs with men and boys were facilitated by male MFT team members and FGDs for women and girls were facilitated by female MFT members.

Outreach Volunteers: Outreach Volunteers (OVs) were key to ensuring the success of the PA, by mobilizing the community to participate in the FGDs and supporting staff to select venues and arrange refreshments locally. Some OVs participated in the FGDs and provided valuable insights and contributions. OVs were instrumental in ensuring females participated in the FGDs, as movement restrictions for females can create a barrier to their participation in activities, including the PA. Additionally, OVs assisted with language barriers that occurred due to specific dialects spoken by participants.

Data Analysis and Reporting: An online data management tool was developed by Information Management colleagues to streamline the data entry and analysis process. Each Provincial office conducted the initial review and analysis of data and prepared an overview of key findings, recommendations and challenges. It was imperative that Provincial staff were involved in the analysis as the data was primarily qualitative. The COI CBP team was responsible for preparing the National PA report, which includes findings and recommendations that are common across the operation and relevant for 2018 Country Operation Planning.

Key Findings

Theme 1: Community Self-Management

Community Structures *[Questions about the existence of community structures / committees, types and places meetings are held, how the structures / committees are helpful and tasks or activities these committees should undertake].*

Formal community structures do not exist in urban areas. Rather, informal community structures, such as jirgas, shuras and tribal elder councils, are usually in place in urban areas¹. Communities report they are willing and interested to set-up committee structures as they see value in a communal means to discuss and resolve community level issues as well as raise awareness on certain issues. In general, communities do not have designated communal venues to hold meetings, rather they utilize the homes of elders or schools, and have requested UNHCR to provide support in allocating a space for community activities and meetings, such as a community center.

The findings support the establishment of community committees and community centers, as outlined in Priority 4 of the CBP and Outreach strategy

In Khashgi Refugee Village (RV), reference was made to committees that were set-up in the past, but are no longer functioning, such as: grand shura committee, social welfare committee, child committee, youth committee, elder committee and health committee. It was noted that repatriation has negatively affected the committees in Khashgi RV, as influential members have returned to Afghanistan.

Community Participation *[Questions about participation in community structures / committees and reasons for non-participation].*

The majority of community level decisions are made by male community elders with leadership roles in the community. Female participation in community structures or committees is generally not allowed as culturally males have the decision making role in the family and community. Similarly, it is culturally not widely accepted or allowed for children to be involved in the decision making process. Additionally, lack of culturally appropriate places for women to gather is a hindrance to participation as well as difficulty for women to find time to meet due to their daily household duties.

The findings support the establishment of inclusive community level decision making mechanisms, as outlined in Priority 4 of the CBP and Outreach strategy

Overall, value is not placed on involving women, children, Persons with Specific Needs (PWSN) or Persons with Disabilities (PWD) in community level decision making. Additionally, older men and women in the community that are not actively involved in community dialogues and decision making are at-risk for social isolation and neglect due to the lack of activities that welcome their participation.

¹ An exception is the settlement of Khyaban-e-Sir Syed in Rawalpindi, a Hazara Ismaili community, which is well organized and structured with male, female and youth committees.

Conflict Resolution *[Questions about where people go for support during times of conflict within the family and community, how they participate in conflict resolution mechanisms at the community level, how conflict resolution mechanisms at the community level can be fair and inclusive].*

The situation for conflict resolution varies from community to community. In some communities, there are traditional structures (shuras, jirgas) of influential Afghan elders and religious leaders for the community to seek support and advice to resolve conflict. In these communities, the majority of respondents view committees as effective conflict resolution mechanisms. In other communities, there is

The findings support the establishment of inclusive community conflict resolution mechanisms, as outlined in Priority 4 of the CBP and Outreach strategy

not a traditional structure but elders are called upon to intervene as a last resort, if the conflict is not resolved within the family or through intervention of close relatives. When needed, local police or legal authorities may also be called upon.

Of adult respondents, 89% view the traditional system of conflict resolution through local elders as fair and inclusive. The 11% of respondents that reported the traditional system is not fair or inclusive was overwhelmingly female (83%). Some female

respondents noted that conflict resolution for issues related to domestic violence, abuse of women and children is generally not a fair process. Women usually keep their family conflict within the family for fear of shame or the cultural norm of not exposing family issues to the wider community. In some circumstances, elderly females intervene to help resolve a situation that has resulted in conflict amongst women. It is noted that children and youth are not directly involved in the conflict resolution process.

Volunteerism *[Questions about the culture of volunteerism in the Afghan community, if persons are interested in volunteerism, and what can be done to encourage volunteerism in the community].*

Afghan communities have a positive view and long tradition of supporting each other informally as part of their culture and tribal associations. The vast majority of respondents, 86%, reported that people in their community volunteer to solve problems in the community, such as elders and youth in the

The findings support the establishment of a network of Outreach Volunteers to provide information and facilitate access to services and assistance, as outlined in Priority 2 of the CBP and Outreach strategy

community that are willing to support when there is a need. The majority of community members voiced an interest, specifically male and female youth, to volunteer in order to support their community. Females shared concerns they may not be able to volunteer due to mobility restrictions, unless they had support of a male relative, and requested UNHCR to support in this regard. It was also noted that persons who are employed will have less time to dedicate towards volunteering.

The overwhelming positive response was surprising as prior efforts to encourage volunteerism have had mixed results in Pakistan, primarily due to expectation of some form of payment or recognition. This is something that UNHCR will keep in mind as the Outreach Volunteers begin working with the communities and different incentives are provided over time.

Coexistence *[Questions about the social interaction between refugees and the host communities, where they interact socially and if they help one another].*

The majority of communities (non-Hazara Ismaili) report positive social interactions and relationships with the host community. Women report that interactions during weddings, funerals or at water points, has led to learning from one another and sharing of views. It is also common for Afghan women to work as house help for host community families. Generally, there is neighborly support and acceptance as well as cooperation to resolve common neighborhood issues such as repair of electricity, sanitation, streets, etc. Positive examples of how the host community supports the refugee community include: lending money in cases of emergency, helping with admittance to schools and hospitals, and acting as guarantors or witnesses in court in cases of arrest. However, concerns were raised regarding the potential for social isolation due to growing security concerns by the host community towards Afghans.

The findings support building harmony with the Pakistani host community in order to improve the protection environment, as outlined in Priority 4 of the CBP and Outreach strategy

In the Hazara Ismaili community, males do not report positive relations with the host community and attribute this to religious and linguistic differences. However, women and children have links and interact with the host community during certain occasions such as funerals, wedding, sports and other social events. Mosques and markets are common places for meeting and interaction.

Theme 2: Positive Coping Mechanisms / Self-Reliance / Decision-Making

Community Strengths *[Questions about community strengths, community support mechanisms, community groups, associations].*

Urban communities do not have organized community support mechanisms to take care of persons without familial support. On an ad-hoc basis, community members do support others in need by sharing food, clothing or monetary support to vulnerable community members. The community generally believes that groups and associations can bring positive behavior change in the community, as they provide opportunities for discussion of common issues which leads to information sharing and increased awareness. In some urban areas, youth have small sports groups and gatherings of friends.

The findings support promoting community engagement and community-led support mechanisms, as outlined in Priority 2 and Priority 3 of the CBP and Outreach strategy

More formal community groups or associations reportedly do not exist due to lack of communal meeting / recreational space and support from the community or NGOs. In one community (Taj Abad), an elder rented a house (2000 PKR per month) to provide a place for male youth to gather during their free time, instead of loitering on the streets. Such opportunities generally are not available for females. Madrassas and water collection points are the only place of community gatherings reported by Afghan females.

Community strengths noted or observed include: a solid work ethic, unity, hospitality, resiliency and support to one another in difficult times. Many have skills they learned in Afghanistan such as carpet weaving, carpet designing, handicrafts, art work and traditional embroidery. The community has shown determination to earn their living with dignity rather than begging on the streets. They state that they are willing to provide labor voluntarily to demonstrate support for their community. Additionally, elders and tribal affiliations were viewed as community strengths.

Community Resources and Self-Reliance *[Questions about resources, community pooled funds, how resources are shared].*

Community members understand self-reliance as being hard working and earning a living in order to cover basic needs. Community members, in particular youth and children, want to develop knowledge and skills that will afford them better employment opportunities to support themselves and their families. Afghan communities have various skills brought from Afghanistan, such as carpet weaving, embroidery and handicrafts and passed through generations, which have helped them generate incomes. The communities report strong social networks and ties with the host communities, which can be better utilized to link existing skills and products to the markets in order to earn fair wages. Education and vocational training opportunities are also viewed as a resource that will pay off in the future.

In urban areas, community-pooled funds do not formally exist. However, in some communities there are informal means to collect funds to assist persons in need, primarily for health, food, funerals, education, electricity or other related needs². In Keshgi RV, the

² Examples of such practice provided from participants living in settlements in Chiltan Town Tehsil, Quetta district in Baluchistan and Rawalpindi and Attock districts in Punjab.

community makes contributions to pay the salary of the Imam and may pool together funds to provide support to persons living in poverty, vulnerable persons (i.e. widows, orphans, PWSN), and persons seeking financial assistance for medical treatment or to pursue educational opportunities.

Positive Coping Mechanisms *[Questions about how people cope with stress and what activities in the community help persons overcome traumatic events].*

For stress relief, males referenced different coping mechanisms such as: discussing their issues with elders and/or religious scholars, engaging in prayer to seek help and guidance from their faith, and gathering with their friends or relatives to discuss issues (peer counseling). Those who can afford it,

Priority 4 of the CBP and Outreach strategy aims to contribute to prevention of violence through Community safety action plans to reduce violence in the community

engage in sports, go to recreational spaces or restaurants with friends, or gather in common places (Hujras) to play cards or other games. Negative coping mechanisms reported by males include domestic violence against women and children, or “unusual religious activities” such as going beyond the required number of prayers and excessive citation of the Qur’an.

Due to movement restrictions, females do not have the same availability of stress relief opportunities outside the home. As a result, females reported that to cope with stress they may isolate themselves in the home and cry, seek medication, and talk to relatives to find support and solutions (peer counseling). Females also mentioned that due to stress, a negative coping mechanism is emotional and physical abuse of children. The findings reinforce previous PA findings and lend strong support for Community safety plans as a means to empower the community to address the negative coping mechanisms.

Voluntary Repatriation *[Questions about the decision making process of return to Afghanistan, how persons receive information on return to Afghanistan and how return to Afghanistan has affected community dynamics].*

The majority of community members report that they have relatives, friends or know of community members that have returned to Afghanistan, for the following reasons³:

- Police harassment in Pakistan
- Uncertainty of POR card extension in Pakistan
- Poverty and lack of employment opportunities in Pakistan
- Strict border crossing control between Pakistan and Afghanistan
- Desire to join relatives and/or communities back in Afghanistan

Community members report they receive information on repatriation from⁴:

- UNHCR/partner helplines
- Print and electronic media
- Contact with friends and relatives back in Afghanistan via phone and internet
- Information from persons that have recently traveled to Pakistan from Afghanistan

As a result of return, the community reports a decrease in livelihoods⁵ opportunities and increased exposure to security issues as community numbers reduce and government authorities actively support returns. Furthermore, loneliness and sadness due to friends and family departing Pakistan is reported as a negative impact as well as decreased educational opportunities for children due to teachers returning.

³ UNHCR Pakistan Monthly Protection Trends Report, May-Aug 2017, cites similar reasons for return to Afghanistan including the following pull factors: reunion with family in Afghanistan, employment / livelihoods, no longer fear of persecution, UNHCR assistance, happy to return and the following push factors: strict border entry requirements, uncertainty of POR card extension, no overall protection value of POR cards, overall deterioration of security situation in Pakistan, arrest and detentions, denial of access to services.

⁴ UNHCR Pakistan Monthly Protection Trends Report, July 2017, reflects similar means for persons to receive information on repatriation, collected during VolRep Exit Interviews and Encatchment Center reports with Afghan returnees, stating they receive information on Afghanistan from the Afghan community in Pakistan, UNHCR, and visits to Afghanistan.

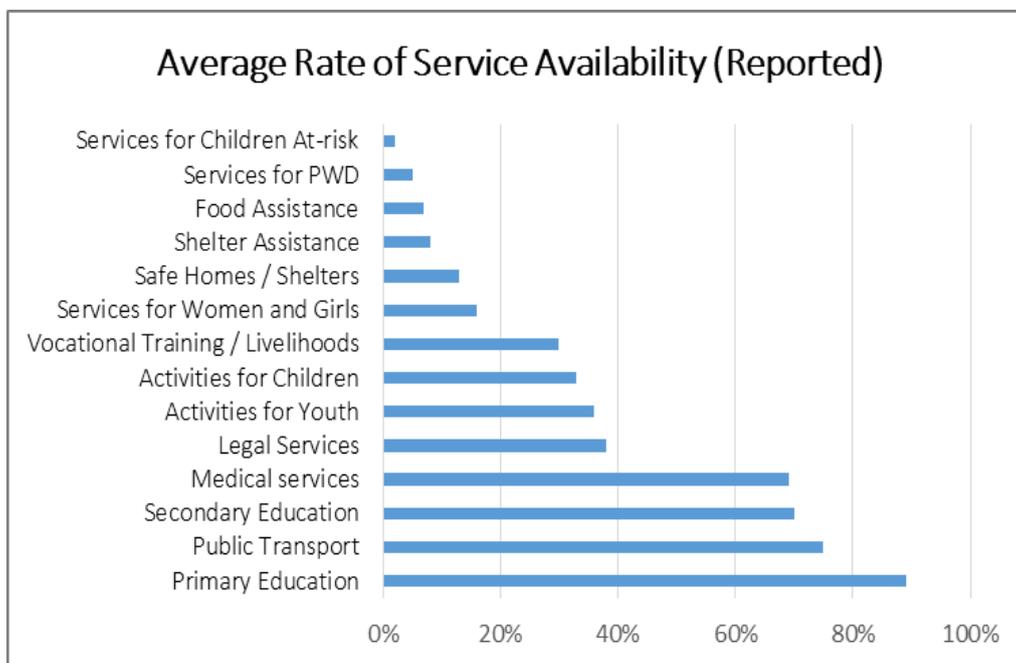
⁵ Example provided of carpet weaving businesses returning to Afghanistan and thus resulting in a number of carpet weavers out of work in Khyber Pakhtunkhwa.

The majority of the community members are not aware of persons planning to return to Afghanistan in the near future. Generally, persons want to remain in Pakistan (98% of adult respondents and 88% of child respondents) due to a better security environment and greater availability of services in Pakistan.

Theme 3: Access to Basic Services

Availability [Questions about the availability of basic services in their community, UNHCR services and partners].

Adult participants were asked if certain basic services were available and accessible. The graph below provides an average rate of availability of services reported across all the communities.



The individual information collected from each community should be utilized by UNHCR CBP teams to create a community profile to understand the challenges in access to services that exist in each community as well as the need to increase awareness on services available. When asked how the community can contribute to increased access and availability of services, the main response included raising awareness on the availability of services.

Findings support the establishment of Outreach Volunteer networks to increase provision of information at the community level as well as a service directory and referral pathways, as outlined in Priority 2 and Priority 3 in the CBP and Outreach strategy

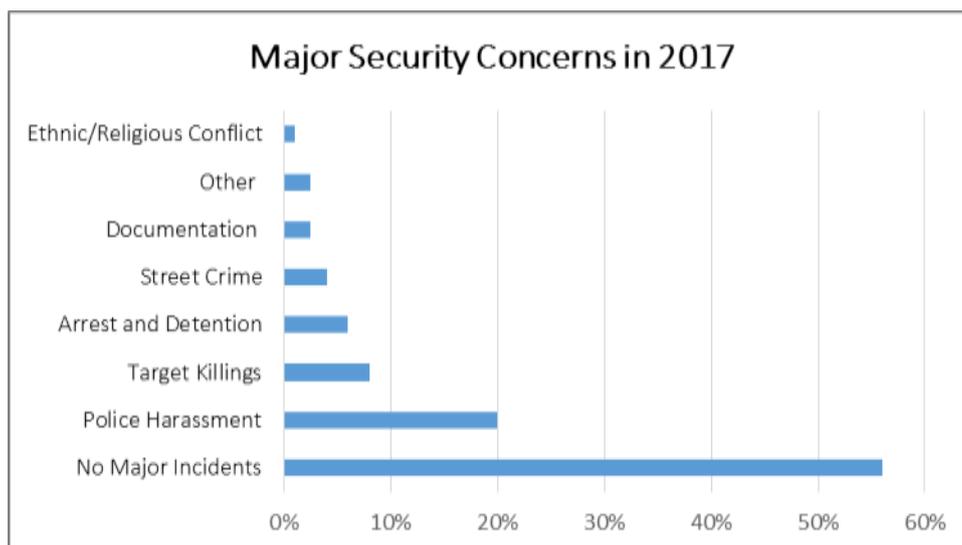
A total of 73% of adults and 52% of children reported they know about UNHCR and partner services. The most common means of obtaining this information was through shura meetings or family members. This is significant improvement from PA 2016 findings⁶ and can likely be attributed to the CBP interventions, such as social, protection and asset mapping, an activity outlined in Priority 4 of the CBP and Outreach strategy, and initiated in selected communities in 2017.

⁶ Excerpt from UNHCR Pakistan PA 2016: “Most respondents (male and female) living in informal settlements in urban contexts, across the country, appear to have little awareness of the available procedures to access UNHCR directly. Of the total respondents consulted on Legal & Physical Protection PA, only 9% female and 12% male respondents confirmed having some information.”

Theme 4: Safety and Security

Safety and Security [Questions about the major security risks experienced by the community this year, specific safety and security concerns for females, the role of the community in making places within the community safer].

Community members have reported that safety and security has improved and no major security incidents in 2017 were reported by 56% of all adult respondents. Police harassment was listed as the most common safety and security concern in 2017 by 20% of all adult respondents, followed by arrest and detention at 6%, which is also an improvement from 2016⁷. Community members are generally aware of the local police station and have built positive relationships with the local police officers, with the exception of the communities that report police harassment as a main security threat⁸. Community members recognize they have a role to play to improve the security environment within their community, especially to address security incidents within the home, such as domestic violence.



The findings support the establishment of community safety action plans to prioritize the key protection risks, issues, and forms of violence and abuse, which the community will address together, as outlined in Priority 4 of the CBP and Outreach strategy

Females report harassment by male community members and domestic violence in the home. The Hazara community reports ethnic and religious discrimination that has marginalized them from the larger Afghan and host community. Targeted killings of Hazara in Baluchistan, although isolated events, are still a cause for concern.

Theme 5: Education / Health / Persons with Specific Needs

Education [Questions about the value of education, educational opportunities provided in the community, if parents were satisfied with the quality of education, community-led education initiatives, highest level of education provided in the community, rates of enrollment and participation in School Management Committees (SMC) and Parent Teacher Associations (PTA)].

Education is a top priority amongst communities as all value the importance of education and the positive impact education has on a person's ability to be employed and earn a living. Regarding the general school enrollment of children in community, 42% of adults and 55% of children report the majority of children do attend school⁹. The results demonstrate an overall improvement when compared

⁷ UNHCR Pakistan PA 2016 participants reported regularly experienced arrest, detention, threats of deportation and extortion (Punjab: 24% female / 17% male; KP: 4% female / 5% male; Sindh: female 7% / male 10%; Baluchistan: 7% female / 4% male)

⁸ Locations that reported Police Harassment to be the most common safety and security concern, include Peshawar in KP, Attock and Rawalpindi in Punjab, and Chiltan Town (Tehsil) in Baluchistan. However, male respondents from Chiltan Town Tehsil (Killi Landi Kuchlak, Qadri Abad, Ghouse Abad) reported a significant improvement in the overall security situation compared to last year.

to the PA 2016 in which an average of 30% of females and an average of 50% of males reportedly were attending school¹⁰.

Both male and females are encouraged to attend religious schools (madrassas), however there is a preference for females to only attend informal religious schools. Overall, it is clear that communities put less importance on education for girls, which is exacerbated when separate schools for girls, as well as female teachers, are not available. Additionally, if schools are located far away from the residential area

The findings support the establishment of community centers, which can be used for community-led education initiatives, as outlined in Priority 4 of the CBP and Outreach strategy

of the community, females will not be able to attend due to traditional movement restrictions. There was an expressed interest to enroll out of school children, particularly girls, and a few examples of community-led education initiatives such as community members buying books and stationary for impoverished children¹¹, opening a school to provide free education for female and male students¹², and provision of free computer and language classes¹³ at the community level.

Grades 10-12 are the highest levels of education readily available to Afghan students. Adequate support to enroll in higher education is reportedly not available. The majority of youth not attending school are involved in daily labor type activities to support their families. Generally, child labor is considered a common practice. For the Hazara community, language abilities are a barrier to accessing government schools. No formal Parent Teacher Association¹⁴ (PTA) or School Management Committee (SMC) is available in the community, however individual parent teacher meetings are conducted in some schools. Most community members are not satisfied with the quality of education, teachers are not generally regarded to be well-qualified or professional, and effective monitoring mechanisms are not in place in most public schools.

Health [Questions about the most prevalent health conditions in the community, if it was common practice to immunize children, the use of public versus private hospitals and clinics, existing community support mechanisms for persons with health concerns that do not have familial support].

Generally, urban communities are in close proximity to a government hospitals, private clinics and other health facilities. Those that can afford to pay, prefer to access health care from private doctors and clinics. Those that cannot afford to pay access government hospitals. Afghan doctor clinics are also commonly utilized by all community members as they are trusted and charge a minimal fee. Immunizations are provided in the nearest government hospitals and Basic Health Units (BHUs). 95% of adults reported they are immunizing their children.

The findings support the need to build capacity of existing support mechanisms at the community-level, as outlined in Priority 4 of the CBP and Outreach strategy

For birth practices, 71% give birth in health facilities, followed by 29% at home. In cases of emergency, the nearest hospital is approached. In Khyber Pakhtunkhwa, dengue fever was the most frequently mentioned health concern¹⁵, followed by depression and other psychological issues. In Baluchistan, hepatitis was the most frequently mentioned health concern. For community support mechanisms for

¹⁰ It is noted that communities varied from PA 2016 to PA 2017.

¹¹ Example of wealthier community members paying for tuition, books and stationary for impoverished children in Killi Samali Kuchlak Settlement in Chiltan Town Tehsil in Quetta district.

¹² Example of a community member, with assistance of an organization, opened a free school for female and male students in Qadri Abad Settlement, Chiltan Town Tehsil in Quetta district. Participants in Qadri Abad also reference a community-led initiative to open a community center.

¹³ Reference to the free English language and computer classes provided in Killi Landi Kuchlak Settlement in Chiltan Town Tehsil in Quetta district.

¹⁴ Exception is Khesghi RV, participants referenced the parents of the PTA organized an awareness campaign on health and hygiene and the importance of school attendance.

¹⁵ The provincial health department of Khyber Pakhtunkhwa reported a total of 74,820 cases of suspected dengue fever since the outbreak was first reported on 19 July 2017, including 15,828 laboratory-confirmed cases and 54 deaths, WHO (October 2017).

persons without relatives to care for them, 34% of adult respondents report there is community level support, such as individuals giving financial assistance and community members helping others in times of need.

Persons with Specific Needs and Persons with Disabilities *[Questions about how PWSN and PWD are self-reliant, how PWSN and PWD are supported in the community and suggestions on how support mechanisms can be strengthened].*

The majority of community members are not acutely aware of PWSN and PWDs living in their community, reportedly because they are kept inside the homes and not generally spoken about, especially female PWSN and PWDs. In Kheshgi RV, there is more awareness due to the history of community committees and NGO support in the community.

The findings support the need to establish mechanisms at the community-level to support the most vulnerable such as PWSN and PWD, as outlined in Priority 4 of the CBP and Outreach strategy

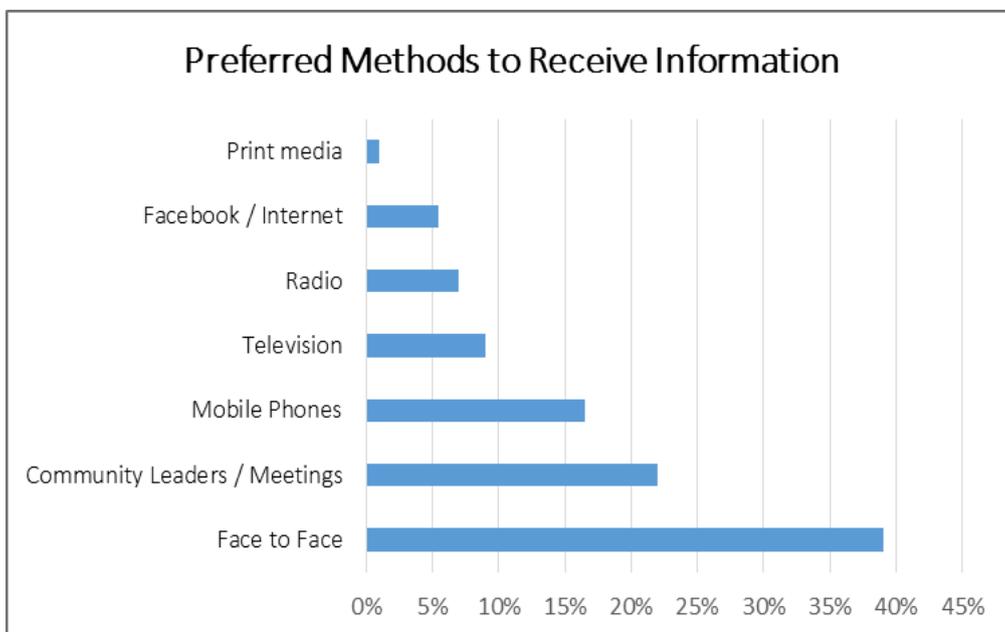
General information on services and resources for PWSN and PWDs is unknown by the community. PWSN and PWDs are considered the primary responsibility of the families, however charity mechanisms like Zakat and Sadqa are common practices¹⁶ for vulnerable persons. Certain communities expressed a willingness and interest to help PWSN and PWD, through “moral support”, charity and learning opportunities as PWDs and PWSNs are living as the

“poorest of the poor among the community”. Children unanimously responded that PWSN and PWD do not attend school.

Theme 6: Information Needs / Communication with Communities

Sharing and Receiving Information *[Questions about how people share information in the community, preferred methods to receive information, topics of most interest to receive information]*

The most common means of sharing information is through community gatherings, announcements at mosques and schools, and phone calls to friends and relatives. The preferred methods of receiving information reported by adult participants is through face to face communication (39%), community leaders and community meetings (22%) and mobile phones (17%). Children, similarly prefer to receive information in-person, from parents, teachers and friends.

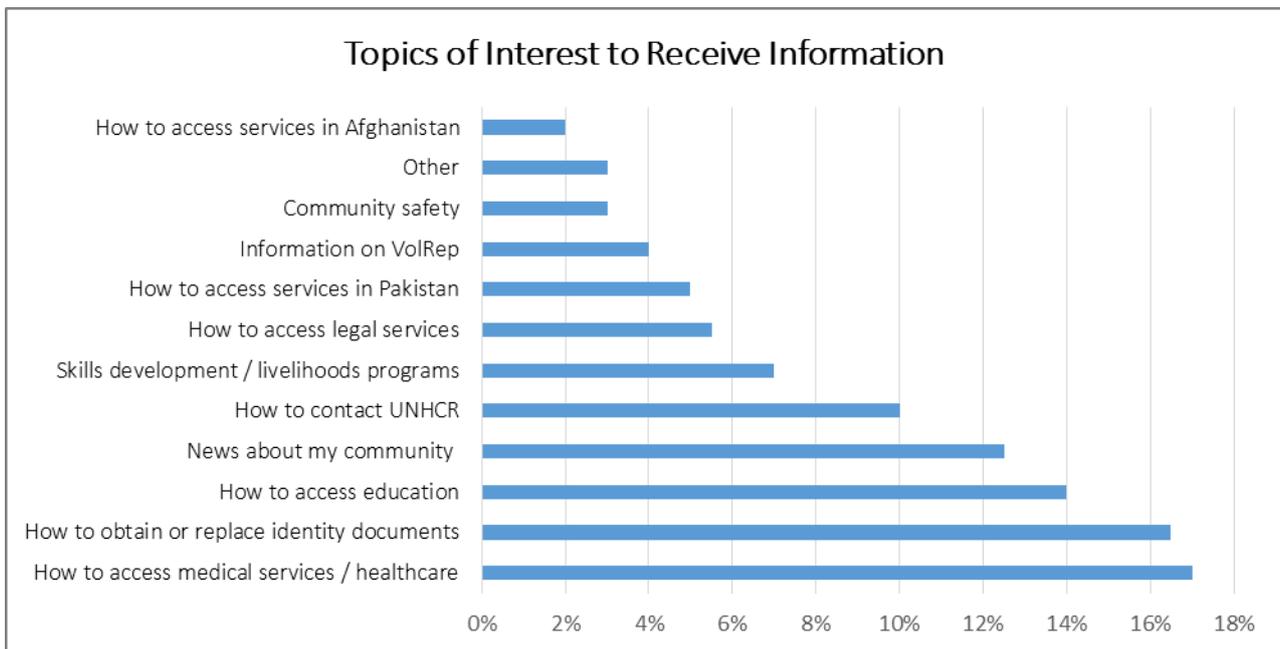


¹⁶ Forms of alms-giving in Islam

Priority 2 of the CBP and Outreach strategy which outlines the establishment of Outreach Volunteer is designed to address the gap in information sharing to females and other vulnerable groups that do not regularly receive information at the community level

Females are the least likely community members to receive community level information and reported males do not regularly share information with them. During FGDs, females would at times state they did not know and recommend they speak to male family members for the information, which demonstrates a lack of engagement and participation of women at the family and community level. House to house dissemination of information as well as phone calls (so females do not need to leave the house) will be best to target females.

Adult participants are most interested in receiving information on how to access medical services (17%) followed by information on how to obtain or replace identity documents (16.5%). How to access primary, secondary and tertiary education (14%) and news about the community (13%) are also of high interest. The majority of child participants expressed an interest in receiving information on education.



Key Recommendations for Community-Based Protection Activities

Theme 1: Community Self-Management

Community Structures / Participation / Conflict Resolution

- Community Committees can play an effective role in the positive development of a community in a variety of areas such as awareness raising, sharing of information, creating a forum for discussion, consultation and solution identification for community-based responses to protection related issues and concerns.
- UNHCR and partner staff should work with communities to establish committees and link them with Outreach Volunteers as well as service providers, including local authorities and relevant contacts in the host community. If community committees are already in place, efforts should be made to build capacity of the committees to ensure they are accessible to all and provide a venue for equal participation and remain fair and impartial in order to resolve day to day issues in the community.

Capacity building of community committees on fair and inclusive decision making is outlined in Priority 4 of the CBP and Outreach strategy

- Committees function as decision making and conflict resolution structures. Members of the committees should be trained on fair and inclusive conflict resolution skills as well as local relevant laws and applicable punishments. Awareness and sensitization is needed on the importance of including women, children, PWSN and PWD in conflict resolution and decision-making mechanisms at the community level.
- To increase inclusiveness, community-led meetings and conflict resolution discussions should be held in neutral locations, in order to ensure access for a wide range of persons in the community.

Volunteerism

- The Afghan community’s history and acceptance of volunteerism is an ideal environment to initiate an Outreach Volunteer program. The volunteers will be supported through training and supervision.
- An awareness campaign on volunteerism should be conducted at the community level to sensitize the community on the role of the Outreach Volunteers and objectives of the program as well as set practical and reachable expectations.
- The community should be engaged to create an environment for which girls and women are allowed to volunteer within their communities, despite cultural and traditional restrictions of their movement.
- UNHCR and partners to support development of accountability structures, such as community feedback and complaints mechanisms, in order to ensure accountability at the community level, including accountability of volunteer networks and other community-based protection interventions.

Accountability of volunteer networks and other community-based protection interventions is outlined in Priority 4 of the CBP and Outreach strategy

Coexistence

- Recreational activities for children and youth to be organized with the host community, in order to build bridges, support mutual understanding and reduce tension to increase safety and security.
- Community-based protection interventions to work closely with UNHCR RAHA initiatives, in order to create joint efforts that build social cohesion and positive co-existence amongst refugee and host communities.

Theme 2: Positive Coping Mechanisms / Self-Reliance / Decision-Making

Community Strengths / Resources / Self-Reliance

- Community centers to be identified and utilized by the community (and host community) for various activities, including community meetings and dialogues, community events, community learning opportunities such as carpet weaving and handicraft courses, computer and language classes.
- Women, PWSN and PWD, to be involved in the decision making of community funds to ensure identification and distribution of funds to persons most in need.
- UNHCR livelihood opportunities to be linked with community-based protection initiatives in order to enhance self-reliance.

The establishment of community centers and inclusive community decision making mechanisms is outlined in Priority 4 of the CBP and Outreach Strategy

Positive Coping Mechanisms

- Community-based protection activities to include more opportunities for community dialogues and positive social gatherings at the community level, including those that can be freely attended by women and children.
- Peer support is a positive coping mechanism reported by the community. Provision of supportive counseling services, such as Psychological First Aid (PFA) and/or Psychosocial Support (PSS).
- Outreach Volunteers should be trained on positive self-care in order for them to take care of themselves while also serving persons in their community.

Provision of supportive counseling services is outlined in Priority 2 of the CBP and Outreach Strategy

Voluntary Repatriation

- Updated Information regarding country of origin conditions and Voluntary Repatriation to be disseminated through Outreach Volunteer networks and community committees.

Information dissemination by Outreach Volunteers on availability of services is outlined in Priority 2 of the CBP and Outreach and advocacy to increase availability of assistance is Priority 3 of the CBP and Outreach strategy

Theme 3: Access to Basic Services

Accessibility and Availability

- Outreach Volunteers act as a bridge between service providers and the community. Awareness sessions to be held at community level that explain the availability of services and procedures for accessing such services.
- Advocacy to increase accessibility of refugees to access basic services that are provided by government and non-governmental actors, an activity also linked to Sustainable Development Goals 3 and 4 on health and education, which aim to ensure access of Afghan refugees to existing public-sector services.
- Outreach Volunteers should provide information on how to contact UNHCR, UNHCR services and UNHCR partner's services reaches persons of all ages and genders within the community.

Theme 4: Safety and Security

Community Safety and Security

- Outreach Volunteers to engage with community elders, community members, host community and local authorities to develop community safety action plans, to combat issues such as violence against women, including domestic violence and street harassment of women and girls.
- Community watch networks, which include youth, should be established in urban communities.
- UNHCR and partners to conduct more frequent sensitization workshops for police in locations with higher instances of police harassment and extortion.

Community safety action plans, to combat issues such as violence against women, including domestic violence and street harassment of women and girls is outlined in Priority 4 of the CBP and Outreach strategy

Theme 5: Education / Health / Persons with Specific Needs

Education

- Outreach Volunteer to engage the community to set-up a community of volunteer teachers to provide primary education classes for a few hours per day. Efforts to be made to include children with physical and mental disabilities in such type of community-based alternative educational opportunities.
- Community to organize local language opportunities in English, Pashto and Urdu, in order to increase the ability of Afghan students to be admitted to local education institutes.
- Provide awareness sessions on rights of the child and the importance of education, particularly education for females, to all community leaders and develop community-led initiative to overcome the challenges and barriers to enrollment of out of school children.
- Parent Teacher Associations and School Management Committees should be engaged / formed and supported by Outreach Volunteers to visit schools and provide feedback, as a means to ensure accountability of the quality of education provided in the community.

CBP and Outreach strategy will hinge on how well it is synergized, mainstreamed and integrated across other priorities of UNHCR in Pakistan, particularly Health, Education and Livelihoods

Health

- Outreach Volunteers, in coordination with local health professionals, to assist with community awareness sessions on hygiene and sanitation, predominant health related concerns (i.e. dengue fever and hepatitis), preventative measures and treatment as well as the importance of immunizations.
- Mapping of health facilities for inclusion in the Interagency Service Directory and information disseminated to the community by Outreach Volunteers.

Health, Education and Services for PWSN and PWD should be mapped and included in the Interagency Service Directory, as outlined in Priority 3 of the CBP and Outreach strategy

Persons with Specific Needs / Persons with Disabilities

- Outreach Volunteers to be engaged in awareness campaigns on the rights of PWSN and PWD with the aim to reduce stigma of PWSN and PWD and increase understanding and acceptance. Include high functioning PWSN and PWDs in the awareness sessions.
- For PWSN and PWD that are high functioning in the community, if not already OV, then include as focal points for OVs on PWSN and PWD issues.
- Outreach Volunteers to assist the community to set-up networks of family members with PWSN and PWD to help one another in care responsibilities and support.
- Mapping of services for PWSN and PWD for inclusion in the Interagency Service Directory and information disseminated to the community by Outreach Volunteers.

Theme 6: Information Needs / Communication with Communities

Information

- In coordination with communities and Outreach Volunteers, information sharing campaigns on priority topics outlined in this assessment should be designed and implemented. UNHCR Public Information, Information Management, Protection, Health and Education colleagues should be involved in designing the messaging. The preferred means of receiving information should be utilized.

A key component of the Outreach Volunteer role is to disseminate information, as outlined in Priority 2 and 3 of the CBP and Outreach strategy

- The use of social media is becoming increasingly more common in the refugee community, therefore social media to be utilized in community-based protection interventions as a means to share information and receive feedback.

Conclusions

In 2017, UNHCR Pakistan operation has made a concerted efforts to build capacity of UNHCR staff, partners and government counterparts in community-based protection theory, practice and methods. A number of activities outlined in the CBP and Outreach strategy have taken place, such as the Training of Trainers (ToT) at National and Provincial levels; launch of the Online Interagency Service Directory; social, protection and asset mapping of selected communities for CBP interventions; selection and training of Outreach Volunteers. Even with all of the improvements that have been made in 2017, resources and support from staff are still needed to operationalize the objectives and outputs outlined in the CBP and Outreach strategy. The PA results support the direction the operation is moving and, coupled with the strategy, provide a roadmap for key interventions and activities and should continue to be actively utilized throughout the coming years.

The involvement of Outreach Volunteers in the PA 2017 is a major accomplishment and a best practice. As the PA is used in 2018 Country Operation Planning, Outreach Volunteers and community members should be briefed on how the information was used and the relevant outcomes to close the feedback loop and demonstrate the UNHCR uses the information collected from refugees to inform planning decisions. Recommendations for the PA 2018 were also collected and include the following: questions should be kept to a minimum; the questionnaire should be piloted prior to implementation to ensure questions are translatable; staff require a training on qualitative data analysis; involvement of social media in the PA should be explored.

UNHCR Pakistan would like to thank all the staff, partners and community members that contributed to the PA 2017, a critical component to ensure an effective operation that serves, assists and protects persons of concern to UNHCR.