LONGITUDINAL EVALUATION OF THE IMPLEMENTATION OF UNHCR'S AGE, GENDER AND DIVERSITY (AGD) POLICY: Final Report

UNHCR
The UN Refugee Agency

FINAL REPORT

Final Report | December 2023

UNHCR Evaluation Office

UNHCR's Evaluation Policy confirms UNHCR's commitment to support accountability, learning and continual improvement through the systematic examination and analysis of organizational policies, strategies, and programmes. Evaluations are guided by the principles of impartiality, credibility, and utility, and are undertaken to enhance the organization's performance in addressing the protection, assistance and solution needs of refugees, stateless people and other persons of concern.

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Evaluation information at a glance

Title of the evaluation Longitudinal Evaluation of UNHCR's Age, Gender, and Diversity (AGD) Policy

Timeframe covered: 2019-2023

Completion Year: 2023

Type of evaluation: Strategic thematic – developmental/ longitudinal design

Countries covered: Global with a focus on: Chad, Greece, Mexico, Kenya, Thailand.

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List of Acronyms

AAP	Accountability to affected people
AGD	Age, gender and diversity
CBP	Community-based protection
CRRF	Comprehensive Refugee Response Framework
CWC	Communications with Communities
DIMA	Data and Information Management and Analysis
ESTIA	Emergency Support to Integration and Accommodation
GBV	Gender-based violence
HQ	Headquarters
HR	Human resources
IASC	Inter-Agency Standing Committee
ILO	International Labour Organization
IOM	International Organization for Migration
KEQ	Key evaluation question
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, queer, and other persons who do not identify with traditional gender identities
NGO	Non-governmental organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
PRIMES	Population Registration and Identity Management Eco-System
PSEA	Protection from sexual exploitation and abuse
SDG	Sustainable Development Goal
SOGIE	Sexual orientation, gender identity and gender expression
SOGIESC	Sexual orientation, gender identity, gender expression and sex characteristics
SOP	Standard operating procedure

Glossary

As the accepted use of certain terminology and language can vary from year to year and region to region, the following notes clarify the usage in this report. Additionally, we note that the Age, Gender and Diversity policy includes an annex with descriptions on nomenclature, which have guided how the evaluation has understood these terms.

- We understand that in some regions, the term 'minor' is used to describe individuals under the age of 18, but this report refers to them as '**children and adolescents'**.
- The AGD policy itself refers to **sexual and gender-based violence** (SGBV), but since the policy's issuance, standard language has shifted to the term 'gender-based violence' (GBV), which is understood to include sexual violence. Accordingly, in this report we use the term '**GBV**'.
- We refer to persons who identify as LGBTIQ+ (based either on their sexual orientation or gender identity) as '**LGBTIQ+ persons**'.
- We refer to people of advanced age as '**older persons**'.
- As stated in the AGD policy, we recognise that disability 'arises out of the interaction between an individual's impairment and various [socially constructed] barriers'. We are aware of the distinction between these concepts but will refer, throughout this report, to '**persons with disabilities**', consistent with the language in the policy.
- When discussing '**masculinity/masculinities',** we are not referring to men and boys per se but concepts of masculinity, including toxic or alternative masculinities.
- At the outset of this study, UNHCR referred to 'persons of concern' to describe the persons whom it serves. That language has been updated, and this report will refer to 'people with and for whom UNHCR works' rather than to 'persons of concern'.
- "**Intersectionality**" in the context of the AGD policy, refers to the ways in which the different aspects of a person's identity, what we will call layers, affect the way they are viewed by others and thus affects their life. It recognises that forms of oppression such as racism and sexism do not operate independently but intersect, compounding the impacts of each.

Executive summary

I. Introduction and objectives

i. This is the final report of an independent three-year formative evaluation commissioned by UNHCR's Evaluation Office to assess and support the implementation of the 2018 Age, Gender and Diversity (AGD) policy. The evaluation has explored how staff understand the policy. It also aims to generate evidence to guide and enhance UNHCR's approach to improving AGD practice and to mainstream the policy throughout the organisation.

ii. This is primarily a forward-looking transformative evaluation designed to promote learning from the strategies adopted by Country Offices to implement the AGD policy, to identify lessons learnt and innovative practices, and ultimately to make practical recommendations that can support the further roll-out of the policy and inform any future revisions. In each of the five case study countries (Chad, Greece, Kenya, Mexico and Thailand), the evaluation examined the roll-out of the policy across the different groups of people with and for whom UNHCR works, including refugees and asylum-seekers, internally displaced persons and stateless persons.[1]

II. Methods

iii. The evaluation team compared similarities and differences between the five case study countries. It drew on interviews with UNHCR Headquarters (HQ) and regional staff, in addition to 755 interviews with other staff, donors, government and non-governmental partners, and 891 interviews with the people with and for whom UNHCR works. The team also used secondary data provided by UNHCR and other data obtained independently. Lastly, the team administered two surveys – an initial one during year 1 and a final one in year 3 of the evaluation, generating 81 responses from staff based in West and Central Africa, East and the Horn of Africa, the Americas, Asia and the Pacific, and Europe. Although yearly country visits were envisioned initially, due to the Covid-19 pandemic these did not always take place.[2] In order to mitigate the impact of remote assessment, national consultants were brought on board. By year 3, all data collection missions were done in person. The team conducted interviews with UNHCR staff, partners in government and non-governmental organisations (NGOs), and (where feasible) focus group discussions (FGDs) with the people with and for whom UNHCR works.

iv. Interviews were based on a set of standardised evaluation tools designed to explore six key evaluation questions (KEQs). These covered the following areas: (1) understanding and operationalisation of the AGD policy; (2) systematic collection and use of disaggregated data; (3) systems and processes to support AGD implementation; (4) engagement and dialogue with partners; (5) likelihood of achieving AGD policy objectives; and (6) lessons learnt and good practices identified. The five country case studies included an additional question in year 1: programming adaptations and lessons

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[1] Stateless persons were not included for Kenya and Thailand at the request of the Country Office. In the case of Thailand, this was explained as being due to operational constraints.

[2] The Greece case study was conducted in-person and in-country in year 1 (pre-Covid pilot) and year 2; the Mexico case study was also in-person and in-country in year 2 [please check this is correct]; Chad, Kenya and Thailand pursued a hybrid approach in years 1 and 2, with field visits conducted by the local consultant and other interviews conducted remotely.

learnt in response to the pandemic (see Annex 2). While years 1 and 3 covered all areas of the AGD policy, year 2 focused on persons with disabilities and LGBTIQ+ persons (lesbian, gay, bisexual, transgender, intersex, queer, and other persons who do not identify with traditional gender identities), which were identified during year 1 as dimensions of diversity that needed strengthening.

III.   Findings

v.   The evaluation team's findings can be summarised as follows.

1) Understanding and operationalisation of the AGD policy

Staff and key partners largely understand AGD in the context of UNHCR's previous Age, Gender and Diversity Mainstreaming (AGDM 2004) policy, having a more limited awareness of the 2018 AGD policy and its requirements. In year 1 of the evaluation, there was no sense that the focus on AGD issues had been intensified since the policy had been updated. Our findings point to three reasons for this: (1) the lack of an operational and funded roll-out strategy; (2) the lack of accountability mechanisms for compliance; and (3) the limited detail on results-oriented goals, and how to measure progress under the policy. The team did, however, observe year-on-year increased focus and progress in the areas highlighted by the evaluation (potentially a Hawthorne effect[3]) showing how relatively minor support with operations could go a long way towards strengthening implementation of the policy. In addition, and because of the limited communication and guidance to accompany the roll-out of the policy across the organisation, the policy has mostly been interpreted narrowly as meaning one of two things: accountability to affected people (AAP) (specifically through participatory assessments); and gender (typically interpreted as a focus on women/girls generally, and on gender-based violence (GBV) more specifically). Training on AGD has not been mandatory for all staff, further reinforcing the belief that implementing the AGD policy is primarily the responsibility of protection staff, and in particular the responsibility of community-based protection colleagues.

In terms of the AGD policy's commitment towards increased participation and inclusion of the people with and for whom UNHCR works, staff highlighted three key examples of this commitment: the participatory assessments (often carried out annually); the representative structures among the people with and for whom UNHCR works in camps and other sites; and increased identification of partners with strong AGD credentials. Increased diversity within the regular participatory assessments was also observed, noting increased participation of partner organisations as well as more diverse groups, in particular different age groups, including children and older persons, persons with disabilities, and LGBTIQ+ persons. Some areas were highlighted as needing increased attention, including more meaningful participation of the people with and for whom UNHCR works, especially when it comes to identifying solutions and prioritisation; better feedback on findings of participatory assessments, both to the people with and for whom UNHCR works and to partner organisations; and a more systematic approach to incorporating the findings into planning, alongside findings from ongoing monitoring exercises.

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[3] The Hawthorne effect is the supposed inclination of people who are the subjects of an experiment or study to change or improve the behaviour being evaluated only because it is being studied and not because of changes in the experiment parameters or stimulus.

The evaluation team observed a disconnect between existing HQ guidance and country operations who are often not aware of what is available to them. This underscores the need to consolidate and organise existing guidance to help operations apply and integrate the AGD policy with other relevant policies and tools, so that operations can prioritise activities using an AGD lens.

2) Systematic collection and use of disaggregated data

Country Offices collect disaggregated data, both during registration (in many instances with the government, and in others done solely by the government), as well as during follow-ups with people in UNHCR-supported programmes and services (such as cash-based interventions). Data is recorded in the organisation's proGres4 registration and case management system and is disaggregated according to different categories of persons with specific needs. Disaggregation of data by age, sex and nationality is done more consistently than for other variables such as disability, sexual orientation, gender identity and gender expression diverse SOGIESC or ethnicity. Data is shared selectively with partners (to ensure appropriate consideration of data security and the purpose, legitimacy, and fairness of sharing data, as well as the level of safeguards afforded by the recipient). In some cases, fact sheets and dashboards are produced to present data in visual forms. There is an opportunity for UNHCR to play a larger role harnessing the data it collects to guide and advocate for AGD-led programming by other actors. Similarly, there is potential to further harness of existing data by increasing awareness among staff and partners of the full potential of proGres.

The main weakness observed during the evaluation was the limited data analysis, especially when it comes to intersectionality and, consequently, limited strategic use of data. Staff need more support with data literacy so that they can better understand and use data for planning and advocacy. There is also a need to invest time to understand the best use of existing data, and to strengthen data collection to ensure more useful disaggregation – for example, to include different types of functional difficulty and to improve recording of sexual orientation and gender identity, which is necessary for adequate planning and financing. In countries with a large caseload of internally displaced persons (such as Chad), disaggregated data collection and analysis present specific challenges that also need to be addressed, as does handover to governments which sometimes leads to UNHCR losing access to data or at least to the detail necessary for planning. Lastly, the Biometric Identity Management System (BIMS) makes it possible to have a centralised database so that the people with and for whom UNHCR works can be identified across country lines, which has not yet been harnessed.

Community-based Protection (CBP), which fosters regular interaction with the people with and for whom UNHCR works (including by community participation and strengthening networks), has also gained relevance as a means to collect more regular qualitative data. Protection monitoring visits constitute an important mechanism for UNHCR to extract qualitative information and identify individuals or groups at heightened risk. However, given the limited coverage and lack of systematisation, this information remains somewhat anecdotal and is not often integrated for analysis with data obtained through other sources such as progress.

Many partners and, in some instances, governments have begun using proGres as their data collection tool, providing a unique opportunity to consolidate information,

avoid duplication and strengthen efficiency. UNHCR should continue to build on these experiences and on the joint 2020 agreement signed with the World Food Programme (WFP), the United Nations Children's Fund (UNICEF) and the Office for the Coordination of Humanitarian Affairs (OCHA) to harmonise data management and continue to move towards a common data management and tracking system.

3) Systems and processes to support AGD implementation

In terms of the systems and processes to support implementation of the AGD policy, there have been many positive developments. These include: the introduction of COMPASS (a results-based management system) in 2022, which includes three mandatory AGD indicators (requiring disaggregation of data by age, sex and disability); use of the UN Gender Equality Marker and the Disability Inclusion Marker; the introduction of the Washington Group Questions on disability in August 2021, although implementation remains uneven; the launch of the Global Data Service on Registration, Biometrics, introduction of the Digital Identity across more than 100 operations worldwide; the creation of Data and Information Management and Analysis (DIMA) teams at regional level; and the continued migration of operations to the most recent version of the proGres registration and case management system, proGres4.

Overall, although there is considerable activity at HQ level by key advisors geared to supporting the application of the AGD policy, as is the case with guidance, this filters down to Country Office level in a limited and uneven way. This is mainly due to human resource (HR) capacity constraints and a lack of centralisation of materials and resources, which makes it confusing for field staff to know what is available to them and where to find it. Generally, country staff emphasised that context-tailored support would be more helpful than generic training – a role expected to be increasingly provided by regional bureaus over time. Given dwindling financial resources, especially for chronic situations, there is an urgent need to provide clearer guidance on how to prioritise using an AGD lens, which is often seen as an additional area of focus, as opposed to a means to identify areas or groups of persons UNHCR should focus on.

Current budgeting and HR mechanisms make it difficult to monitor UNHCR's real investment in AGD. There is limited staffing dedicated to supporting implementation of the policy, and the evaluation team was informed that UNHCR 'does not promote' AGD-specific posts as AGD should be mainstreamed; however, there are what we are calling 'AGD-related' technical posts such as GBV, Child Protection, Gender, etc. The evaluation team observed that many of these positions (such as the gender focal point at HQ) remained vacant for long periods of time or had been outsourced through affiliate workforce positions. Also, AGD responsibilities (focal point roles) are often in addition to other responsibilities, which limits staff capacity to focus on AGD, especially as adequate expertise is not always ensured (and especially in country operations); as a result, sometimes the staff in charge of a technical area may not have any prior experience or know how to implement it effectively. Done well, double-hatting could be an effective mechanism to promote mainstreaming of AGD, but mainstreaming of AGD requires training for the staff involved and should go beyond Protection Officers by promoting accountability from other units for implementing the policy. For mainstreaming to work it is essential to consider whether staff who are assigned AGD responsibilities have sufficient expertise, time and seniority to be in a position to mainstream AGD across programming in their part of the organisation.

Current monitoring and reporting mechanisms are also not able to capture the full extent of UNHCR's investment in and progress on AGD, including progress in terms of awareness-raising, advocacy and information-sharing; nor are the monitoring and

reporting mechanisms geared towards organisational learning.

Finally, there is a need to strengthen accountability mechanisms to the people with and for whom UNHCR works. Due to lack of adequate resources, in many instances these mechanisms are either ineffective or tokenistic. However, as full accountability to all the people with and for whom UNHCR works is unrealistic, there is a need to better define the role that the people with and for whom UNHCR works should play at different stages (identification of needs, skills, prioritisation, identification of solutions...) and to explore more innovative methods for being held accountable, perhaps making better use of social media tools.

4) **Engagement and dialogue with partners**
Country Offices have been able to identify and work with technically competent and highly committed partners, especially those with expertise on child protection and GBV. In some contexts, such as Mexico, Country Offices collaborate well with NGO networks specialising in LGBTIQ+ persons and communities, enabling more innovative practice in this area. Generally, though, there is a need to harness and strengthen expertise around working with all the groups of people with and for whom UNHCR works, including persons with disabilities, older persons, adolescents and youth, and LGBTIQ+ persons. There was also a strong consensus that expertise in applying an intersectional lens to programming was a key area that could strengthen existing and new partnerships. Although partner contracts include some provisions around monitoring with regard to AGD commitments and the use of disaggregated data, and many partners were already providing this information as part of their regular reporting, there was a consensus that the use of disaggregated data to inform programme adaptations could be further strengthened. In some contexts, Country Offices are increasingly embedding AGD principles within funding proposals, and this could be a mechanism to strengthen the mainstreaming of AGD into programme implementation and monitoring, evaluation and learning.

In terms of engagement and dialogue with government partners, the picture is considerably more mixed. There has been strong engagement on AGD principles facilitated by staff secondments with government entities responsible for refugees (for example, in Greece, around alternative care arrangements for unaccompanied children and adolescents), but lower levels of engagement around AGD commitments with other sectoral ministries and in high-level dialogue with regional bodies (such as the European Union in the case of Greece, and with the African Union). Across a range of contexts (for example, Greece, Kenya and Mexico), partnerships with local and municipal governments to provide tailored support and services to particular groups of people with and for whom UNHCR works also emerged as an important and complementary approach to collaboration with national government agencies. However, there was a general consensus that UNHCR could play a stronger role in advocating for AGD, while taking care to consider national differences, using the wealth of data it has to support its message.

Finally, the evaluation team also observed growing collaboration around AGD issues with United Nations (UN) partner agencies, including the International Organization for Migration (IOM), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP) and the World Health Organization (WHO), which appear to be especially important in the context of increasingly constrained resourcing.

In protracted displacement situations such as Chad, or in the context of the 'Marshall Plan' in Kenya, collaboration with key partners such as the World Bank and other development actors is becoming increasingly important within the nexus of humanitarian assistance, peace and development.

5) Likelihood of achieving AGD policy objectives

Most staff, NGO and UN agency partners agreed that UNHCR is playing a valuable role in championing AGD in a range of fora, including through its registration and case management system, regular participatory assessments and working group leadership, collaboration with refugee-led organisations, and particularly in the areas of child protection and GBV. There is also considerable attention to some aspects of gender equality, including striving for gender equality in participation and in individual registration. Yet there is still work to do, in the face of major constraints, which include: (1) the very constrained funding environment, with limited flexibility for innovation; (2) the complexity of dealing with diversity in all of its dimensions and especially given the wide range of countries of origin and circumstances under which the people with and for whom UNHCR works arrive; (3) weaknesses in existing social service provision and bureaucratic governance structures; (4) socio-normative and legal constraints in some country contexts regarding gender equality and LGBTIQ+ persons' rights; and (5) the limited incentives systems and processes in place throughout the organisation to promote compliance with (and limited sanctions for non-compliance with) the AGD policy.

The introduction of a results-based management system (COMPASS), including action plans based on a clear theory of change and multi-year planning, is seen as a move in the right direction, which could help reinforce UNHCR's efforts to strengthen the systematic implementation of the AGD policy. It will be important to monitor the effects of these changes over time. However, both those elements are too nascent for this evaluation to reflect on overall efficacy thereof.

6) Lessons learnt and promising practices identified.

The evaluation identified some key lessons and promising practices, including the following:

(1) Diversified information and communication channels are critical for supporting the people with and for whom UNHCR works to access available services and support, and this is an area that has seen considerable growth and innovation over the evaluation period (not least because of pandemic-related responses), including adaptive programming as context-specific dynamics evolve;

(2) Cross-agency working groups are important mechanisms for sharing information and experiences, agreeing and prioritising joint actions, and cascading training, and UNHCR can continue to play a key role in these forums, especially given its stature with government partners and in terms of advocacy by leveraging its wealth of data to help inform policy dialogues and programming;

(3) Structures for the representation of the people with and for whom UNHCR works need to take into consideration power dynamics (in camp settings but also with respect to host communities) and strive for greater inclusivity (especially of children, adolescents and youth, older persons, persons with disabilities, and LGBTIQ+ persons) to ensure meaningful and effective representation.

(4) Regular participatory assessments with the people with and for whom UNHCR works have helped to embed the principles of AGD into country operations, annual

workplans, and the overall ethos of work, but findings could be more systematically taken up throughout the programme cycle, including involving the people with and for whom UNHCR works from the planning stages and during programming monitoring visits (as is starting to happen in some contexts) while ensuring that timescales allow for planning to benefit from these exercises;

(5) It is critical to strengthen the capacity of government partners to implement inclusive programming for the diverse groups of people with and for whom UNHCR works, including through staff secondments and partnerships with local/ municipal governments to pilot new initiatives that can help to build sustainable systems. However, such partnerships and capacity strengthening will need to be further supported by robust monitoring mechanisms to deliver on UNHCR commitments,

(6) Finally, cash-based interventions offer important models of at-scale support to the people with and for whom UNHCR works, including those who are vulnerable socially and economically due to their age, gender or diversity characteristics, such as older persons and persons with disabilities. Providing robust and sustained technical assistance will be essential to ensure that in the course of eventual handover to government partners, the promise offered by these programmes is realised (although political commitment should also be factored in as a key component of handover in order to minimise the risk of compounding the vulnerabilities of the people with and for whom UNHCR works).

IV.   Recommendations

To help UNHCR realise the promise of its AGD policy commitments we suggest eight overarching recommendations based on the evaluation team's findings and a co-creation workshop with key staff:

1. Strengthen commitment and action from leadership and management at all levels around the AGD Policy and AGD as a corporate approach that reaches beyond the Protection unit.

2. Reinforce and adapt existing systems to strengthen AGD-informed programming.

3. Strengthen monitoring, reporting and evaluation to better understand UNHCR's progress and achievements in AGD, as well as its strengths and weaknesses.

4. Continue to invest in improving and innovating mechanisms for accountability to affected people.

5. Apply an intersectional lens in the disaggregated analysis and use of data and evidence to promote strategic, evidence-informed programme design, implementation and advocacy.

6. Ensure a more effective and coherent response to the needs of the people with and for whom UNHCR works by continuing to invest in and strengthen partnerships around AGD policy commitments with external actors at national, regional and global levels.

7. Build on lessons learnt, and on the results of the implementation of these recommendations, to inform future revisions of an adequately resourced AGD policy.

1. Introduction, Purpose and Scope

1. This report synthesises findings from a three-year formative evaluation commissioned by UNHCR's Evaluation Service to assess and support the implementation of the organisation's 2018 Age, Gender and Diversity (AGD) policy.[4] Although the policy is relatively recent, UNHCR has utilised an AGD approach since 2004, with the introduction of its AGD strategy and 2011 AGD policy,[5] which was updated in the form of the 2018 policy.

2. This is a forward-looking transformative evaluation designed to promote learning from the strategies adopted by Country Offices to implement the AGD policy, to identify lessons learnt and propose practical recommendations that can be tested over time through the evaluation's iterative process. However, this is not an impact evaluation; the evaluation team did not undertake a comprehensive assessment of the impact of the policy on the people with and for whom UNHCR works. The evaluation was carried out by researchers and research associates from ODI.

3. The evaluation findings draw on five country case studies (Chad, Greece, Kenya, Mexico and Thailand) undertaken in 2020, 2021 and 2022. The case studies were undertaken in person in all three years in Greece, and in Mexico in years 2 and 3; in Kenya and Thailand the research was conducted remotely in years 1 and 2 due to the Covid-19 pandemic and related travel restrictions, but were conducted in person in year 3; and in Chad a similar pattern was followed, except that in year 2 there was a hybrid approach, with fieldwork by a local consultant coupled with remote key informant interviews. Additional interviews were carried out remotely with UNHCR staff from five comparator countries (Bangladesh, Cameroon, Ecuador, Ethiopia and Poland), staff from UNHCR headquarters (HQ) in 2021, and staff from regional bureaus in 2022. The evaluation findings and recommendations will be fed into an adaptive management approach.

4. The report begins with a brief discussion of the global humanitarian sector context in which UNHCR operates and the role of AGD principles within the sector. It then gives an overview of the evaluation methodology and presents the synthesised key findings organised around six key evaluation questions (KEQs) based on a set of standardised evaluation tools that were adapted to local contexts. The final section presents conclusions and recommended actions to strengthen the implementation of the AGD policy, as well as reflections on how to further strengthen the policy itself in case of future revisions.

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[4] https://www.unhcr.org/media/policy-age-gender-and-diversity-accountability-2018
[5] https://www.refworld.org/docid/4def34f6887.html

2. Background

2.1 Global humanitarian sector context

5. Discussions and high-level policy commitments by international non-governmental organisations (NGOs) and intergovernmental organisations contextualise growing efforts by the global community to reform humanitarian action to better serve the differing needs of women, girls, adolescents and youth, older persons, persons with disabilities, lesbian, gay, bisexual, transgender, intersex and queer/questioning plus (LGBTIQ+) persons, and persons from diverse minority groups. Some of these commitments build on the 1951 Convention relating to the Status of Refugees (and its 1967 Protocol) and are aimed specifically at the humanitarian sector. Other commitments – founded on the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (United Nations, 1979), the 1989 Convention on the Rights of the Child (CRC) (United Nations, 1989), the 1994 International Conference on Population and Development (ICPD) programme for action, the 1995 Beijing Declaration and Platform for Action (UN Women, 1995), and the 2006 Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2006) – are aimed at populations at heightened risk but mention the specific needs of those in humanitarian contexts. In addition to these foundational commitments, a body of other policies, frameworks and initiatives continue to shape the development of UNHCR's AGD policy.

General
a. The 2030 Agenda for Sustainable Development, launched in 2015, lays out the Sustainable Development Goals (SDGs) and pledges to focus on people and groups at heightened risk to ensure that no one is left behind.
b. The 2016 World Humanitarian Summit and the Grand Bargain Agreement focused on how best to address the needs of people in humanitarian contexts.
c. The 2016 New York Declaration for Refugees and Migrants, its Comprehensive Refugee Response Framework (CRRF), and the 2018 Global Compact on Refugees (which incorporates the CRRF) aim to improve the lives of refugees and migrants by recognising shared international responsibility.
d. In 2021, the second Global Refugee Forum convened a stock-taking event reflecting on the barriers to and benefits of applying an AGD lens to pledges and programming, informed by UNHCR's AGD policy.

Gender
e. United Nations (UN) Development System reforms, begun in 2018 and including foci on both peace and gender, aim to reposition the system to deliver on the 2030 Agenda.
f. The Inter-Agency Standing Committee (IASC) has been actively updating its gender-centred activity to better account for differences across the lifespan and in humanitarian contexts.
g. UNICEF's Strategic Plan (2022–2025) was the first of two sequential plans toward the 2030 Agenda, contributing to the child-specific SDGs.
h. As an element of this Strategic Plan, UNICEF's Gender Action Plan (2022–2025) articulated a new vision for gender equality in its programming.

i. UN Women's Strategic Plan (2022–2025) draws on assessments and evaluations, including appraisals of the Beijing Declaration and Platform for Action, to guide its work over the next four years.

j. The United Nations Framework Convention on Climate Change (UNFCCC) reviewed the implementation of the intermediate Gender Action Plan at the Conference of the Parties (COP) 27 in Egypt, identifying new activities in several priority areas.

Disability

k. Growing commitment to disability inclusion is manifest in the 2018 Global Disability Summit, the UN's 2019 Disability Inclusion Strategy (United Nations, no date) and the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Actions (IASC, 2019).

Age

l. Resolved in 2015, UN Security Council Resolution 2250 reaffirms the necessity and obligation to protect civilians with specific reference to young people, particularly against sexual and gender-based violence.

m. The UN's Youth Strategy, launched in 2018, aims to harness the capacity of the largest ever generation of young people and use it as a catalyst for change.

n. The UN's Open-ended Working Group on Ageing aims to strengthen the protection of older persons' rights, including in humanitarian contexts.

Data

o. IASC Operational Guidance on Data Responsibility in Humanitarian Action (2023).

2.2 UNHCR institutional context: roll-out of the AGD policy timeline

6. This section presents a brief synopsis of the evolution of the 2018 AGD policy and its underlying drivers.

UNHCR COMMITMENTS TO REFUGEE WOMEN (2001)

7. In 2001, UNHCR hosted a Dialogue with Refugee Women at its Geneva HQ (following local and regional consultations) that informed the subsequent Report on the High Commissioner's Five Commitments to Refugee Women (UNHCR, 2005). The report found that despite some generally positive trends, there remained some barriers to accurate reporting on the commitments, and reported numbers did not always tell a complete story (ibid.). Although workshops and training had created the expectation that individual registration of refugee women would increase, the actual effects proved difficult to assess due to a lack of gender-disaggregated data.

AGE, GENDER AND DIVERSITY MAINSTREAMING (AGDM) STRATEGY (2004) – PHASE 1

8. Evaluations of the High Commissioner's commitments and AGD-sensitive programming from 2001 to 2003 recommended increasing women's and children's participation in community and decision-making processes.[6] They also recommended: systematisation of analyses with protection partners; greater coordination between protection, programming and community service; and greater accountability on the part of senior management for AGD outcomes. These findings led UNHCR to create its first

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[6] These evaluations were based on UNHCR's compilation of country updates on the implementation of the Five Commitments, provided to the Standing Committee, using standards and indicators based on the Practical Guide to the Systematic Use of Standards and Indicators.

official AGD Mainstreaming (AGDM) strategy in 2004.

9. The new strategy introduced the first definition of Age, Gender and Diversity and gender-sensitive programming that extended beyond the Five Commitments, rooted in an understanding that the 'meaningful participation of women, girls, boys and men of all ages and backgrounds is integral to the design, implementation, monitoring and evaluation of all UNHCR policies and operations' (UNHCR, 2010).

AGE, GENDER AND DIVERSITY MAINSTREAMING STRATEGY (2007) – PHASE 2
Accountability framework and action plan for AGDM strategy

10. Although there was some progress in the first phase of AGDM roll-out (per evaluation evidence, this was largely due to multi-functional team leadership), it was considered insufficient to meet the needs of people and groups at heightened risk within the groups of people with and for whom UNHCR works (UNHCR, 2010). To improve implementation and accountability during phase 2, a framework was developed to hold the agency accountable (especially at HQ level) for AGDM, along with an action plan to guide implementation of the AGDM strategy.

EVALUATION REPORT ON AGDM (2010)

11. In 2009, an independent evaluation was undertaken to 'review and assess the design and delivery of the AGDM strategy, identify any interim results, and inform new actions to advance AGDM in operations'. The evaluation included regional and country visits to Colombia, Ethiopia and Central Europe, as well as high-level interviews at HQ, and an electronic survey. It also reviewed the accountability framework.

12. The report identified successes, including: (1) strengthened commitment to participatory approaches to planning; (2) participatory assessments improving protection responses and leading to specific target actions; (3) the incorporation of AGDM messages into policies, guidelines and other materials; (4) increased interaction with the people with and for whom UNHCR works; and (5) an adjustment of staff attitudes toward working with the people with and for whom UNHCR works. The report cited the 2007 accountability framework as a 'ground-breaking tool within the UN family' (UNHCR, 2010).

13. These achievements notwithstanding, the evaluation report also identified challenges – principally the lack of an accessible definition of AGDM, leaving the policy open to misinterpretation. The report highlighted the variable results of participatory assessments, and especially the lack of follow-up with the people with and for whom UNHCR works, which often left communities without any assurance that their feedback was valued or acted upon. The evaluation found AGDM to be understaffed and underfunded, without sufficient impact on the people with and for whom UNHCR works. Other challenges identified included the lack of systematically disaggregated data, and a general sense that senior management's commitment to AGDM was variable, based on personal conviction rather than a systemic approach. This was reflected in the budget allocated to AGDM, which had increased in phase 1, with protected allocations, but had all but evaporated by 2010 (UNHCR, 2010).

14. In 2011, UNHCR addressed these shortcomings with a new policy and forward plan. As opposed to a framework or guidance, this new policy and plan carried the additional weight of being mandatory for all UNHCR staff – to be integrated into all organisational practices, policies and programmes. The policy itself was informed by the principles of AGDM and UNHCR's Five Commitments to Refugee Women, and focused on many of the same elements, while the accompanying forward plan laid out seven strategic results to be achieved over a five-year period: (1) strengthened internal leadership and accountability for AGD; (2) integration of AGD in programming; (3) expanded capacity and knowledge for enhanced AGD impact; (4) resource allocation and expenditure to address AGD shortcomings; (5) enhanced leadership externally for AGD; (6) enhanced and expanded partnerships to strengthen AGD; and (7) strengthened monitoring and evaluation of AGD and its impact. The plan explicitly deferred providing guidance or mechanisms for *measuring* impact to pre-existing guidance and policy, focusing instead on *monitoring* progress and achievement through the accountability framework.

15. In 2016, an *AGD accountability report* evaluated the implementation of the 2011 policy and forward plan, informed primarily by participatory assessments conducted in diverse communities, alongside the annual reporting mandated by the accountability framework. The evaluation found that although gender indicators and targets had been more successfully integrated into agency-wide operations, many of the same issues identified in earlier strategies still had not been addressed – especially the collection of age- and gender-disaggregated data, the identification of marginalised and stigmatised groups among the people with and for whom UNHCR works, and dedicated financial resources for AGDM implementation, capacity development of staff, and accountability systems (UNHCR, 2017). An external evaluation by the Multilateral Organisation Performance Assessment Network (MOPAN) of agency-wide operations reached similar conclusions on implementation of the gender equality policy (MOPAN, 2019).

2018 UPDATED AGD POLICY

16. The 2018 AGD policy (the subject of this evaluation) was designed to address the learning generated by all these previous efforts. It includes 6 areas of engagement (the last of which corresponds to UNHCR's updated commitments to women and girls) and 10 corresponding core actions (see Annex 5).

17. The policy is intended to cover all of the people with and for whom UNHCR works and is mandatory for all operations (including HQ) in all areas of UNHCR's work. For UNHCR offices that do not engage directly with the people with and for whom UNHCR works, the policy states that implementation will be achieved through advocacy and partnership.

18. In 2020, UNHCR released new guidance for operational implementation of the AGD policy as an element of its Institutional Protection Principles. UNHCR has released AGD accountability reports in 2020 and 2021 on advancing participation and inclusion, which contained some reporting on indicators related to groups covered by the policy, with a subsequent report planned for release in October 2023. In discussions before the UN Fifth Committee (a body tasked with administrative and budgetary matters) in 2020, UNHCR presented on challenges and goals related to 'diversity' as

conceptualised by the AGD policy, with the committee prescribing a preponderant emphasis on 'disability' as a critical element of diversity deserving of additional attention in UNHCR programming.

19. In 2019, UNHCR issued guidance on strengthening disability inclusion in humanitarian response plans, acknowledging that persons with disabilities are often more vulnerable to the impacts of displacement (2019a). Similar guidance and toolkits targeting other groups at heightened protection risks among the people with and for whom UNHCR works include: Need-to-know guidance on working with LGBTIQ+ persons (2021); Need-to-know guidance on working with persons with disabilities (2019b); Need-to-know guidance on working with older persons in forced displacement (2021); and the Gender Equality Toolkit (2020).

20. In 2020, UNHCR released a Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence, consolidating progress made by UNHCR and its partners to prevent, mitigate and respond to gender-based violence. The new policy applies to all stages of the programme cycle in both emergency and protracted displacement settings.

21. In 2020, UNHCR released new operational guidance on accountability to affected people (AAP), providing additional detailed guidance related to the core elements of AAP as outlined in the AGD policy, including guidance targeting senior managers and for the use of social media in community-based protection. In September 2021, UNHCR launched the 5-year AAP plan.

22. In 2021, UNHCR released guidance on Assessing and Determining the Best Interests of the Child along with additional technical guidance on child-friendly procedures.

23. In 2022, UNHCR updated its emergency handbook to include guidance on child protection, working with LGBTIQ+ persons, working with older persons, working with persons with disabilities, identifying priority objectives, underlying principles and standards, and key steps and decision points.[7]

24. 2022 Adoption of UNHCR General Policy on Personal Data Protection and Privacy. The interlink between AGD and data protection is important for multiple reasons, including: (1) an emphasis on harnessing AGD data and intersectional analysis requires processing of personal data, which would bring particular risks such as profiling, and merging of large datasets, which are often particularly sensitive; (2) there is a great amount of interplay between the principles and standards established by UNHCR's data protection and privacy framework and the AGD policy's recognition of transparency as a standalone data protection principle that supplements the 2018 AGD policy on timely information as a form of assistance in and of itself.

25. In 2023, UNHCR issued a new Policy on Emergency Preparedness and Response, replacing the previous policy, which had been developed in 2017 and revised in 2019 to align with IASC emergency-related protocols.

26. In addition, in 2020, UNHCR began the roll-out of its new results-based management system, COMPASS, which was intended to be used in most Country Offices by the

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[7] See UNHCR (2022) Emergency handbook, 'Child protection' https://emergency.unhcr.org/protection/persons-risk/child-protection

end of 2023. COMPASS is designed to facilitate improved data- and evidence-driven multi-year programming, using 52 core indicators.

3. Evaluation methodology

27. In years 1 and 2 of this three-year evaluation, the team established a baseline of knowledge and practices around the AGD policy and core actions through an electronic survey at HQ, regional and country levels, followed by in-depth qualitative research in each country capital and in at least two programming sites. Primary tools included semi-structured interviews, focus group discussions (FGDs) and (in year 1) a short quantitative survey with staff and key partners.

28. This third and final year of the evaluation has been guided by the same methodological approach as that used in years 1 and 2, including a quantitative survey modelled after the survey employed in baseline data collection and an additional round of key informant interviews at UNHCR HQ in Geneva to compare against qualitative findings from baseline data collection. The team continued to compare similarities and differences between the five case study countries, interviewing UNHCR staff, donors, and government and non-governmental organisation (NGO) partners, and (where feasible) FGDs with the people with and for whom UNHCR works (refugees and internally displaced and stateless people) (for total instruments, see Annex 4). All country case studies included a document review. The interviews were based on a set of standardised evaluation tools designed to explore six key evaluation questions (KEQs) covering: (1) understanding and operationalisation of the AGD policy; (2) systematic collection and use of disaggregated data; (3) systems and processes to support AGD implementation; (4) engagement and dialogue with partners; (5) likelihood of achieving AGD policy objectives; and (6) lessons learnt and good practices identified.

    Covid-19: In year 1, due to travel restrictions and social distancing regulations, only the Greece country case study was carried out in person. To conform with local regulations and maintain personal safety of all concerned, the other four country case studies were conducted virtually, with support from local consultants. In year 2, as the effects of the pandemic were still being felt in most countries, full in-country data collection only took place in Greece and Mexico, whereas Chad pursued a 'hybrid' approach combining in-country FGDs by the national consultant with remote key informant interviews. In year 3, the evaluation team was able to resume in-country data collection, with some limitations to in-person data collection in adherence to Covid-related safety measures.

29. **Limitations**
    - Due to the specific selection of countries and areas of focus agreed between the evaluation team and UNHCR, the evaluation focused on refugees with some attention to internally displaced persons and very limited attention to statelessness.
    - The evaluation's focus on the five case study countries leaves out global initiatives such as the Forced Displacement Survey (currently implemented in South Sudan with additional pilots planned for 2023/2024) or the results management survey which links its results to COMPASS.

4. Key findings

30. We now discuss the findings of the three-year evaluation, which includes yearly data collection from the five case study countries, two visits to UNHCR HQ, Regional Bureaus interviews and two surveys (years 1 and 3).

4.1 Extent to which the AGD policy is understood and implemented at country level.

KEQ 1: To what degree is the AGD policy understood and implemented in country operations? How consistently are all aspects of AGD policy operationalised? How robust is the policy?

31. The AGD approach is well-known, understood, and widely seen as a cornerstone of UNHCR's work, both internally (by staff) and by external partners. In all operations, staff in different sections/sectors could clearly identify aspects of their work that pertained directly to AGD principles and commitments. However, knowledge of the policy among newer staff is not as consolidated as it is among staff who have been with the organisation for longer, and knowledge of the policy's specific requirements continues to be limited; moreover, the two features (policy and approach) are often conflated. Whereas in year 1 of the evaluation less than half of respondents felt knowledgeable about the policy (46%), by year 3, the survey showed that the majority of respondents correctly identified key elements of the policy, and two-thirds were aware of the UNHCR Gender Equality Marker (which was made mandatory by year 3). Of those, approximately half reported using it in their operation, primarily for planning and programming.

32. Nevertheless, in some countries, progress in the level of knowledge about the AGD policy was observed during the evaluation through key informant interviews and other developments – for example, increased AGD-specific implementing partners (Kenya); increased AGD-specific focal points (Mexico).

33. The roll-out of the AGD policy in 2018 consisted of two main tools: (1) the sharing of the policy through an all-staff email or 'broadcast'; and (2) a 'deep-dive' exercise undertaken in five countries (Algeria, Chad, Morocco, Poland and Uganda), which included support through a mission to undertake an in-depth analysis of the AGD approach and the development of a strategy, which was meant to have been followed with yearly deep dives for selected countries. For the first action, stakeholders highlighted that due to time constraints, an email might often go unnoticed, especially for those who do not consider the policy as falling within their area of responsibility (that is, all staff other than those in Protection). For the second action – and as discussed in the baseline report of this evaluation – the deep dives were considered effective to promote understanding and focus of the policy leading to increased engagement on AGD. However, due to the high costs involved, this was limited to the initial five countries, with one additional regional deep dive conducted by the Regional Office of the Americas (which was seen as a good practice but was not replicated in other regions).

34. The policy anticipated, as part of its reporting, annual deep-dive exercises in a limited

number of countries but these did not take place. Further communication of the policy was ad-hoc and carried out through informal channels such as staff meetings, and specific training efforts which varied significantly from country to country. A specific online course on the AGD policy was made available by the Resource Centre toward the end of 2021, though it has not been widely used and is not mandatory.

35. As such, the first tool (the email broadcast) was all-encompassing in coverage but with very limited penetration, while the second (the deep dive) was successful in penetration but very limited in coverage. This explains why most staff interviewed had received limited communication on the AGD policy or its implications for their daily work (only 15% of year 1 survey respondents reported being very knowledgeable about the policy). It should be noted that even during the final year of the evaluation, some key informants had still not seen the AGD policy and some still referred to the previous policy or approach (AGDM). At the start of the evaluation, the AGD policy was only available in English and Spanish. During the evaluation it was translated into French; however, some stakeholders (including senior staff) were unaware of this or did not know how to locate the French version as of year 3, with some believing it was still under review, adding an extra layer of difficulty for non-English speakers.

36. Unlike with other UNHCR policies, no action or operational plan was developed at the time of the AGD policy launch, and no mechanisms were put in place to monitor compliance or to measure progress against the policy.

It should be mandatory for all operations to describe their AGD implementation plan during the planning phase and to put money for each activity / commitment (UNHCR staff)

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37. Training on AGD was not mandatory for any staff, further entrenching the belief that implementation of the policy is the exclusive responsibility of Protection staff. With no specific guidance issued on training, the evaluation team observed that training did take place, but the depth and frequency varied significantly from country to country, with only one operation (Mexico) reporting having received training in all sub-offices.

38. As a result of this limited communication and guidance to accompany the roll-out of the AGD policy – especially in countries where no further investments were made (such as a deep dive or training) – the evaluation team observes that in practice, the policy has been interpreted narrowly, mostly as meaning AAP and gender. Within these interpretations, AAP is further narrowly interpreted as the regular participatory assessments (often carried out annually), whereas gender is mostly interpreted as a focus on women and, more specifically, GBV. As noted earlier, UNHCR issued a Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence[8] in 2020, but there appear to be no linkages between the roll-out or training on the two policies.

39. At the start of the evaluation, UNHCR staff who were more directly involved in AGD and AAP felt that there was an urgent need to shift the perception that the policy is limited to participatory assessments towards a more continuous integration of findings through

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[8] UNHCR Geneva (2020) UNHCR/HCP/2020/01

regular monitoring. Most operations already carry out regular monitoring visits; however, the evaluation team did not observe any systematisation of this data, or evidence that these findings are linked to the participatory assessments (see Section 4.2 on data for more detail).

40. The evaluation team was informed that UNHCR currently has at least 247 operating policies, many of which are directly or indirectly related to the AGD policy (for example, the Policy on the Protection of Personal Data of Persons of Concern or the Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence mentioned earlier. However, the evaluation team observed little or no coordination between these policies. Roll-out strategies were reported for supporting LGBTIQ+ persons or persons with disabilities in some operations (Mexico) where these were linked to the roll-out of the AGD policy, but this was not consistently observed in other operations. Similarly, the team observed no coordination between training sessions on how to implement the various policies. The evaluation team sees this as a lost opportunity. There is also a clear need to streamline implementation of the policies, as staff on the ground cannot be expected to be familiar with – and able to apply – all 247 policies in their day-to-day work. Greater linkage between roll-out strategies and training would not just facilitate more effective roll-out but also clarify how these different policies are linked to one another.

41. There is a demand from field staff for clearer guidance and support as to *how* to implement the AGD policy in their everyday activities. Key gaps and useful existing guidance were identified through the survey (see Figure 1). At the same time, the team observed a wealth of guidelines and tools developed at HQ geared precisely towards supporting implementation of the policy, highlighting the need to identify more effective mechanisms for operations to access tools and information generated by HQ. The team observed that it was not always clear where the most relevant and up-to-date information could be found in UNHCR's public website, especially as AGD links to different areas of work. The team also noted that not all webpages on the UNHCR websitethat make reference to the AGD policy have updated the 2018 policy, with some still referring to the 2011 policy. This underscores the need to centralise information, strengthen coordination, and create a clear pathway that will help operations to navigate the different demands and expectations on the ground, and to better understand the linkages between policies. The evaluation team was informed of an AGD-dedicated website but this was only mentioned at the end of the evaluation, and most staff seemed unaware of its existence. Other webpages accessible only to staff were cited but the evaluation team did not have access to them.

Figure 1 Self-reported usefulness and gaps in existing guidance and technical support

	Useful guidance	**Gaps in guidance**
LGBTIQ+ persons	51.61%	54.84%
Children and adolescents	80.00%	22.86%
Youth	57.14%	45.71%
Older persons	33.33%	70.00%
Gender equality	73.53%	29.41%
Persons with disabilities	54.84%	48.39%

Source: Evaluation team year 3 survey

42. Given the limited resources available and the fact that most operations function well below their ideal funding – especially those in situations of chronic need– the evaluation team observed an urgent need for UNHCR HQ to provide guidance on how the AGD policy should be integrated into activities that provide life-saving support. For example, if water is the priority, how can this be distributed with an AGD lens? How can distributions ensure that older persons (for example) who cannot walk or carry heavy goods have equal access to those distributions? Although these might seem obvious questions to consider, the evaluation team observed that on the ground, many operations felt they were unable to address AGD due to lack of funding, and had to 'limit their response to life-saving response'. This highlights the fact that the AGD approach is still not always embedded into humanitarian response.

4.1.1 Adapting the policy to the local context

43. In terms of how the AGD policy is applied and adapted to the local context, this is, to a great degree, achieved by harnessing local resources and expertise – for example, with support from national staff and by partnering with NGOs familiar with the context and dynamics. However, success with this strategy is mixed. For example, in Mexico there were concerns that adaptation was done centrally; given that the country is large and the dynamic changes significantly from the north to the south, the perception was that adaptation needed to be led at sub-office level.

44. The evaluation team observed Country Offices effectively localising and contextualising their AGD work and routinely developing a variety of tools to support this. Examples include: translation of data and/or data collection tools into local languages; development of standard operating procedures (SOPs) that reflect local variables; and adaptation of programmes from other countries. For example, in Kenya, one of the modules used for building the capacities of the people with and for whom UNHCR works – Engaging Men in Accountable Practices – is adapted from a similar approach developed by the Inter-Agency Standing Committee (IASC). In Chad, UNHCR has recruited community outreach workers (primarily female) from the people with and for whom UNHCR works to serve as communicators and intermediaries between programme implementers and refugee communities. Also in Chad, there has been a low-key approach to issues around LGBTIQ+ persons, favouring resettlement as the most realistic and appropriate durable solution given the socio-cultural and legal issues surrounding this in Chad.

45. An effective way to ensure that the response is aligned and relevant to local context is to make use of existing capacities among the refugee population. In many instances, refugees act as community volunteers, helping UNHCR to spread messages and awareness, while also acting as a source of information that can help the organisation identify people and groups at heightened risk. In Chad, there was also an effort to recruit Cameroonian refugees as teachers to serve in the recently established camps. In Kenya, for example, 87% of teachers in Kakuma camp and Kalobeyei settlement schools are refugees who can speak local languages and are familiar with the camp dynamics and cultures. Similarly, a former refugee has been engaged to support the youth team in UNHCR. And in Mexico, a young refugee is part of the Community Based Complaints Mechanism (CBCM), supporting UNHCR's response to refugees' complaints with a refugee lens. In Greece, modalities have included the refugee communication volunteers to ensure that UNHCR messages reaches diverse groups including those who speak minority languages or the inclusion

of refugees as UNHCR staff in FRM helpdesks and partner staff in technical roles (MHPSS and GBV Prevention).

46. The people with and for whom UNHCR works played an important role during the Covid-19 pandemic, supporting operations to develop, translate and share messages on prevention and hygiene, and ensuring that people and groups at heightened risk could access information on Covid-19. In many operations, those same individuals continued doing monitoring missions when UNHCR staff could not visit due to pandemic-related restrictions. Operations with stronger working relationships with the people with and for whom UNHCR works were able to switch to a new way of working during the pandemic, in some cases working faster and more effectively. In Mexico, a stronger focus on community-based protection and meaningful participation by communities was reported. However, during interviews, some of the people with and for whom UNHCR works who gave this type of support to operations expressed concern that although they received some compensation for participation-related expenses, given the time invested it would have been useful to receive a small remuneration. This highlights the importance of taking into consideration the imbalance of power and resources when entering this type of arrangement with the people with and for whom UNHCR works.

There is also a glass ceiling for refugees when it comes to working at INGOs [international non-governmental organisations]. Many INGOs will hire refugees as interpreters, community mobilisers, or data collectors, but only as 'incentive workers' who are given a monthly stipend that is substantially lower than an INGO salary, not as full-time employees. The jobs provide very little long-term stability and no opportunity for advancement. And INGOs will not hire refugees for more senior positions where they would have decision-making power, regardless of their qualifications.

Joyeux Mugisho for The New Humanitarian, 27 April 2023. Joyeux is a Congolese refugee based in Kampala, Uganda, and is Executive Director of People for Peace and Defence of Rights (PPDR).

4.1.2 Strengths and weaknesses of the AGD policy

47. Assessing the strength of the AGD policy was not part of the original scope of the evaluation, nor is it directly addressed in the KEQs. However, the team has identified a series of strengths and weaknesses that can be inferred from the data collected. We present these here in the hope that they will be useful for any future revisions of the policy.

Identified strengths of the policy under review

48. The revised AGD policy launched in 2018 clearly states its purpose and objectives (see figure 2), and clearly identifies and defines the different groups of people with and for whom UNHCR works. New positive changes (compared to the previous policy) including the fact that the policy not only highlights women and girls but also men and boys as potentially having specific vulnerabilities. However, given the limited focus on masculinities, it might be helpful in future to start by identifying men's and

boys' vulnerabilities (this would include, for example, recruitment into gangs in the Americas), before going on to assert their potential role as agents of change for women and girls, which is a more established focus.

49. Whereas the original AGD policy (2011) had a limited focus (mainly gender equality, participation and advocacy), the new policy (2018) identified more and more specific areas to help advance AGD. These included: taking into account the importance of data disaggregation and understanding the composition of the groups of people with and for whom UNHCR works; the importance of appropriate and timely information as a form of assistance in and of itself; and feedback and response systems that can feed into learning for more effective programming (see Annex 5, the 10 core actions of the 2018 policy).

50. Another strength of the revised policy that is the subject of this evaluation is that it identifies minimum requirements to comply with each core action – a clear attempt to facilitate monitoring and measuring of progress. However, these minimum requirements are sometimes too broad (for example, with the reference to 'all data' in the case of core action 2) while others are not specific enough (for example, by not providing clear guidance of data age groups to be monitored) (see 'Identified weaknesses of the policy under review', on the next page, for more details). The main weakness is that the requirements of the policy are not results-oriented. The downside of including minimum requirements is that compliance is interpreted simply as meeting those minimum requirements. For example, for core action 1, most key informants focused on ensuring collection of disaggregated data. However, the core action is really about how this data is used: 'The different capacities, needs, and exposure to protection risks of the women, men, girls, and boys with whom we work must be incorporated into assessments, planning, implementation, monitoring, reporting, and evaluation' (UNHCR, 2018b).

51. The AGD policy does, however, provide results-oriented requirements for gender equality. Many of these, such as the 50–50 participation in committees or the individual registration, are firmly established within the organisation. The focus on GBV was also evident in all the operations under review. Other areas of the policy would benefit from having similarly clear goals, especially with regard to groups among the people with and for whom UNHCR works who have specific needs and vulnerabilities due to their age or other diversity characteristics.

Figure 2 Core actions of the revised AGD policy

1.AGD-inclusive programming	At a minimum, all data collected by UNHCR will be disaggregated by age and sex and by other diversity considerations, as contextually appropriate and possible, for purposes of analysis and programming.
2. Participation and inclusion	At a minimum, country operations will employ participatory methodologies at each stage of the operations management cycle, to incorporate the capacities and priorities of women, men, girls and boys of diverse backgrounds into protection, assistance, and solutions programmes.
3. Communication and transparency	At a minimum, all country-level protection and solutions strategies will detail the operation's approach to communicating with women, men, girls and boys of diverse backgrounds, through means that are appropriate and accessible to all groups in a community.
4. Feedback and response	At a minimum, all UNHCR operations will establish and promote feedback and response systems, including for confidential complaints.
5. Organisational learning and adaptation	At a minimum, UNHCR operations will adapt programmes and strategies in response to input from persons of concern, and document this in Country Operations Plans and Annual Reporting.
6. Advancing gender equality	a. Women and girls participate equally and meaningfully in all decision-making, community management and leadership structures, and committees of persons of concern. At a minimum, UNHCR operations will ensure 50 per cent female participants in management and leadership structures under UNHCR's authority, and will advocate the same with partners, including governments.
	b. Women and girls are provided with individual registration and documentation, directly or through support provided by UNHCR. At a minimum, UNHCR will provide women and girls of concern with protection documentation on an individual basis, and will advocate the same with partners, including governments.
	c. Women and girls have equal access to and control over management and provision of food, core-relief items, and cash- based interventions. Depending on the context, UNHCR operations will increase the percentage of women as the primary recipients of assistance within households receiving material and/or cash-based assistance.
	d. Women and girls have equal access to economic opportunities, including decent work and quality education and health services. At a minimum, UNHCR will ensure women and girls have equal access to livelihood, education, and health programmes it delivers, and will advocate with partners, including governments, for their equal access to public services.
	e. Women and girls have access to comprehensive SGBV prevention and response services. At a minimum, UNHCR operations will adopt and implement SGBV standard operating procedures, operationalising the four main referral pathways for all survivors (safety/security, legal, medical, and psychosocial), and will promote the same with partners, including governments.

Source: UNHCR AGD Policy

52. The policy also sets out an accountability structure that identifies who is in charge of implementation, and of roll-out, monitoring and reporting (see Figure 3).

Figure 3 Roles and responsibilities identified in the policy*

ROLES AND RESPONSIBILITIES	MONITORING AND COMPLIANCE
Country reps Responsibility for implementation of policy, reporting through the selection of indicators and reporting through annual report	**Regional Bureaus** monitor implementation and compliance in each region
Regional bureaus responsible for supporting operations and reporting to SET	
DIP responsible for roll out	**DIP** to coordinate among divisions and bureaus, including DPSM, i) analysis of results at country level, ii) reporting and overall progress iii) quality annual reporting on progress and gaps
Division directors responsible for alignment with own policies, strategies, tools, guidance documents, and learning programmes as well as promotion of Policy.	
Assistant High Commissioner for Protection, will oversee the implementation of this Policy and advise the SET on AGD	
Deputy High Commissioner will ensure results-based management system supports operationalization of the policy	

*DIP: Division of International Protection

Source: UNHCR AGD Policy

DPSM: Division of Programme Support and Management

Identified weaknesses of the policy under review

53. **Not results-oriented**. As already noted, only core action 6 identifies specific results. There is, however, a missed opportunity here to link the AGD policy with the new results-based management system (COMPASS) and the High Commissioner's 8 core actions to make the policy more actionable.

54. **Limited focus on age and diversity.** The core actions, especially 6–10, which include clear results, are only focused on women and girls; these should be inclusive of age (older persons, children and adolescents, youth) and other diversity characteristics.

55. Another key weakness is the **lack of a roll-out action plan.** The AGD policy assumes organisation-wide implementation; however, there was no strategy developed to ensure that staff were made aware of their specific and tailored responsibilities under the policy, or to ensure there was capacity and expertise in place for its implementation.

56. **Lack of accountability mechanisms, including how to measure progress.** As mentioned under the previous subsection on strengths of the policy under review, the AGD policy broadly sets out monitoring responsibilities. However, these do not align with the new results-based management system (see KEQ 3 for more detail), and although the policy clearly specifies that reporting should describe the progress made, the evaluation team observed that this is often not the case.

Figure 4 AGD matrix tool sample

*Source: Age, gender and diversity matrix tool developed jointly
by UNHCR and the University of New South Wales (UNSW)*

4.1.3 Suggestions on how the AGD policy could be further strengthened

57. Include **guidance for intersectionality.** One way to strengthen the policy would be to include guidance on how to improve targeting of the people with and for whom UNHCR works using AGD variables. The evaluation team notes that the policy sets out the importance of 'Understanding and analysing the impact of intersecting personal characteristics on people's experiences of forced displacement or statelessness' as necessary for an effective response. However, it does not provide any guidance as to how this intersectionality should be assessed, assuming that staff are able to do this. In practice, during the three years of the evaluation, the team noted that intersectionality is rarely taken into consideration; rather, planning is done for certain groups among the people with and for whom UNHCR works (such as persons with disabilities, LGBTIQ+ persons, and unaccompanied children) on the assumption that they are entirely homogeneous. There is no consideration for the possible overlap of these variables and how they may increase a person's vulnerability – something that is critical to ensure that UNHCR is reaching the people and groups who are at heightened risk.

58. Similarly, the analysis rarely looks into existing strengths and assets within the different groups of people with and for whom UNHCR works, which it could attempt to build on. UNHCR, together with the University of New South Wales (UNSW) in Sydney, Australia, has developed an age, gender and diversity matrix tool[9] to analyse intersectionality (see Figure 4 for an example), as well as a one-day training course.[10] However, none of the operations interviewed as part of this evaluation reported

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[9] Age, gender and diversity matrix tool (https://agd-matrix-tool.com).
[10] Training kits (www.unsw.edu.au/arts-design-architecture/our-schools/social-sciences/our-research/research- networks/forced-migration-research-network/training-kits).

having used either resource.

59. **Strengthen consistency and clarity of definitions.** The evaluation team also noted that although the AGD policy provides some definitions, these are sometimes not specific enough. For example, in the case of children, adolescents and youth, there is an overlap; whereas UNHCR follows the definition of youth set out in the Final Report of the Global Consultations on Refugee Youth (2016),[11] which is individuals aged 17– 25 years, in practice the team observed there is no consistency across operations, and different operations group and report differently. This lack of coherence across operations makes it difficult to aggregate information and fully grasp the extent of UNHCR's work in each area. Existing UN guidance should be used for consistency.[12] Similarly, the definition in the AGD policy for lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons is missing the 'Q' and the '+',[13] but more importantly, it puts the different queer groups or persons together as a homogeneous group. For example, although the UNHCR guidance highlights the importance of 'avoiding grouping all LGBTIQ+ individuals in one discussion, e.g. consider gender breakdown as a minimum',[14] the evaluation team observed that when LGBTIQ+ persons were included, it was generally done in one group. In addition, during data collection, there were requests from both staff and government counterparts for more detailed guidance on the specific needs and vulnerabilities for each of these subgroups of people with and for whom UNHCR works.

60. **Ambitious scope.** One of the weaknesses of the AGD policy is that in its ambition, it becomes hard to achieve. For example, core action 1 talks about *all data*, and core action 2 talks about giving a voice *to all members* of a community. If it is taken as all or nothing, these are very hard goals to achieve; identifying a series of intermediate steps would provide guidance but also help monitor – and acknowledge – progress. The latter action (giving voice to all community members) is simply not realistic, nor would it be effective. As such, guidance on what an ideal scenario would look like, and the steps to realising such a scenario, would be more helpful and easier to monitor.

4.2 To what extent is AGD data systematically and appropriately collected?

KEQ 2: To what extent is AGD data systematically and appropriately collected, used and integrated into the operations management cycle (OMC) and into global AGD reporting and analysis?

61. A key focus of the AGD policy is data collection, with some degree of disaggregation in line with the minimum requirements of core action 1 (see Figure 5) – mainly age and sex. The policy identifies the minimum as 'collection of disaggregated data', and this requirement (with some caveats,

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[11] We Believe in Youth': Global Refugee Youth Consultations, Final Report, November 2016 (https://www.unhcr.org/media/final-report-0).
[12] There is UN guidance that could easily be used for this – for example, 'children' are categorised as those aged 0–17 years, 'adolescents' 10–19 years, and 'youth' 15–24 years. Although 'youth' may be defined differently in some contexts, it would make sense for UNHCR to use the definitions set out by other UN agencies for consistency.
[13] It should be noted that 'LGBTI' was the agreed terminology at the time by UNHCR
[14] Tip sheet on applying the UNHCR Age, Gender and Diversity Policy to LGBTIQ+ Persons, p 3.

as described below) is firmly established within UNHCR's practice. However, a focus on meeting the minimum requirement – regularly cited as the objective of the policy – seems to have distracted operations from the ultimate objective of the policy, which is that the 'different capacities, needs, and exposure to protection risks [of the people with and for whom UNHCR works are]… incorporated into assessments, planning, implementation, monitoring, reporting, and evaluation' (UNHCR, 2018). In this regard, collection of disaggregated data is a means to achieve minimum requirements, and not the policy's objective.

Figure 5: Minimum requirements for core action 1

> **CORE ACTION:** At a minimum, all data collected by UNHCR will be disaggregated by age, sex and other diversity considerations, as contextually appropriate and possible,[20] for purposes of analysis and programming.

62. Data from proGres (UNHCR's registration and case management system) is regularly used for reporting, but its use for planning (as observed by the evaluation team in the planning documents provided) is not systematic, and analysis – especially around intersectionality – is significantly weaker. Operations staff cited lack of resources (mainly time and staff with adequate background to undertake substantive analysis) as a key barrier to this work.

63. Data collection can be affected by different variables – for example, in cases of persons in mobility or persons outside camps, and when registration is handed over to national governments, in which case UNHCR loses control and, in some instances, access. Data collection on internally displaced persons may also be limited due to conflicting or overlapping agency and government mandates, and difficulties in access in conflict settings in particular, as well as lack of resources in countries with extremely large populations of internally displaced persons.

64. UNHCR is committed to data management in line with IASC Operational Guidance on Data Responsibility in Humanitarian Action (2023), which supports a people-centred and inclusive approach where feasible, as well as principles for ethical data management, which incorporate the need for a data impact assessment (IASC, 2023: 28) 'for organization-led data activities involving sensitive data, and involving affected populations: Data impact assessments should be conducted for all data management activities involving sensitive data. DIAs should be conducted in an inclusive manner, involving affected populations where feasible'.

65. In the following sections we describe strengths and weaknesses in this process in more detail.

4.2.1 Data collection

66. As one key informant put it: 'Disaggregated data collection is something UNHCR does well'. The evaluation found that data collection and disaggregation are firmly embedded in UNHCR's work, with all country offices observed doing this on a regular basis.

67. However, the evaluation team observed, through interviews and secondary data, that collection and disaggregation of data was more consistent for some variables (such as age, gender and nationality) than for others (such as disability or LGBTIQ+). Where data is collected for the latter two categories, there is the need for a clearer and more specific breakdown to allow for better understanding of the composition within each group of the people with and for whom UNHCR works, rather than presenting them as homogeneous groups.[15]

68. The team notes the introduction of the Washington Group Short Set Questions into UNHCR registration systems in 2021 to support the identification of persons with disabilities at registration (UNHCR, 2022b). During the evaluation, the team observed some improvements in how AGD data was collected and disaggregated, particularly when it came to the collection of data for persons with disabilities – i.e. with the introduction of the Washington Questions in some but not all UNHCR operations. The Mexico operation was the only one of the five case study countries to have introduced and started to work with a breakdown of this category (persons with disabilities) and expanded the use of dashboards to promote a better understanding of the internal composition of this group. This gap was observed in other Country Offices, which kept data on persons with disabilities at a basic 'yes/no' level. UNHCR staff need a better understanding of the composition of the different groups of people with and for whom UNHCR works. This is because knowing the types of functional difficulties that children, adolescents and youth have (difficulties hearing, seeing, moving or communicating, for example) can contribute to further assessment of the type of support needed (such as access to assistive devices, or protection from violence, for example), and that knowledge is crucial to plan and budget effectively, and to be able to identify the most appropriate partners to work with. In Greece, for example, regarding the collection of data on disability, partners commented that they lack staff with the expertise to diagnose or identify the various functional difficulties people may have, and as such only NGOs with medical or mental health and psychosocial support (MHPSS) expertise tend to report on the people with and for whom UNHCR works who have different types of functional difficulty. Accordingly, there was a recognition that further guidance in this regard would be useful.

69. Similarly, partners – both implementing and government – expressed a desire for a better understanding of the protection vulnerabilities facing each group included in the LGBTIQ+ acronym in order to improve their prevention and response activities; they highlighted the need for a better breakdown of each group to understand its internal composition and the vulnerabilities facing each distinct group of people.

70. It was also observed that some operations (mainly Chad and Mexico) had increased the resources available for data collection, in the case of Mexico through the recruitment of data collection staff. In Chad, there has been a restructuring in the country operations around data management, including a post upgrading and new recruitment, with the aim to expand in order to be able to respond to the needs of each section. In addition, all countries reported that they had incorporated the collection and disaggregation of AGD variables into memorandums of understanding with partners (see Section C of this KEQ, 'Reporting from UNHCR partners', on page 27).

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[15] It should be noted that UNHCR does not proactively collect data on LGBTIQ+ persons among the people with and for whom UNHCR works, but relies on self-identification. As indicated in another part of this report, this does require ensuring a safe environment in which to self-identify, which was not always the case.

71. In terms of data collection guidance on registration and identification, the AGD variables for identification were set out as follows (UNHCR Geneva, 2020b):

- unaccompanied and separated children

- child-headed households or child spouses

- persons with disabilities and their families

- persons with serious medical needs

- older persons, particularly those who are unaccompanied

- persons with urgent protection concerns (and their families if appropriate), as well as those for whom long waiting times may expose them to high risk

- where feasible, single parents and families with very young children.

72. In practice, the evaluation team observed that some of these categories are insufficiently defined. First, it is important to include youth and/or children and adolescents and agree on a consistent definition for each age group (one that is distinct from the definition of 'child') as per UN agency definitions, and to ensure consistent use of these age categories across operations. Similarly, older persons are usually grouped together as individuals aged 60 years or above. However, as with the category of 'youth/adolescent', 'older person' is also a very broad category that warrants further breakdown. For example, a 60-year-old may still be looking for and able to work, whereas an 80-year-old may have very different vulnerabilities and needs. Indeed, during the participatory assessment in Greece in 2022, which focused on older persons, it became evident that intersectionality is a determining factor in vulnerability. Many older persons were actively working or looking for work, whereas others living with disability or serious medical conditions were unable to do so. Older persons surviving poverty and displacement may also exhibit fragility at a much younger age, perhaps 50–60 years, while in most European countries, the pension age is at least 65 years.

Data is reliable but a bit of duplication in terms of actual description: unaccompanied, separated, child at risk… There is a need to synchronise that. (Operating partner)

73. The evaluation identified four main mechanisms for collecting and reporting on data for the purposes of analysis and programming: (1) the proGres4 registration and case management system; (2) regular participatory assessments (often carried out annually) with the people with and for whom UNHCR works; (3) reporting requirements for partners on the use of disaggregated data; and (4) protection monitoring visits.

a) ProGres4 registration and case management system

74. UNHCR collects data through proGress, which is part of its Population Registration and Identity Management Eco-System (PRIMES) (see Figure 6). ProGres4 (version 4) was developed in 2002 as as a registration and case management system. It is the main repository for the data UNHCR collects on the people with and for whom

UNHCR works (particularly refugees and asylum seekers). (For more details on proGress, see Section 4.3, with results on KEQ 3.)

Figure 6 Individual registration records in the Population Registration and Identity Management Eco-System (PRIMES), 2017–2021
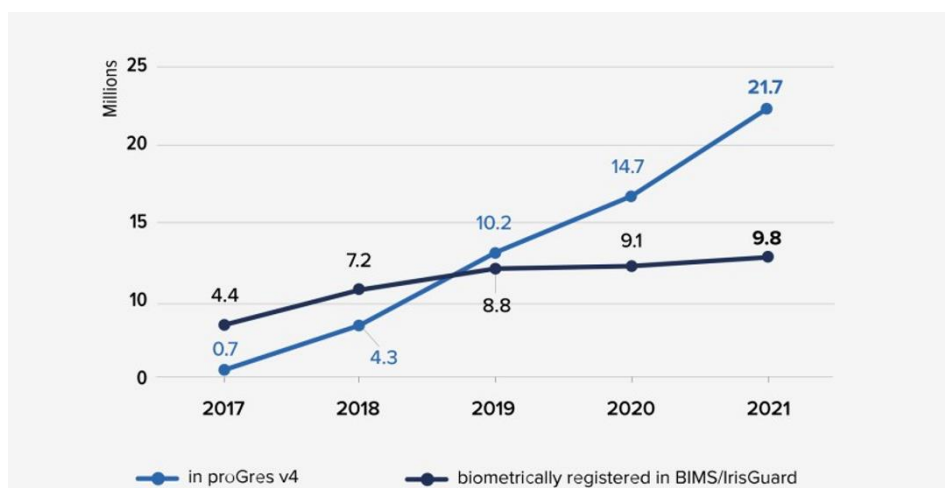
75. Many partners and, in some instances, governments have begun using proGres as their data collection tool, providing a unique opportunity to centralise information and avoid duplication. In this regard, the joint agreement signed between the World Food Programme (WFP), the United Nations Children's Fund (UNICEF), the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and UNHCR in October 2020 should be highlighted as an example of good practice. The senior leadership of these agencies agreed that, based on data protection principles, they would 'harmonize our data management approach through interoperable data systems and data-sharing agreements, with the objective to move towards a common data management and tracking system based on common beneficiary lists and easy access to beneficiary identification, thereby avoiding duplication' (UNHCR et al., 2020: 2). This unified approach is being piloted in Ecuador, where WFP, UNICEF and the International Organization for Migration (IOM), as well as their partners (including key partners such as the Hebrew Immigrant Aid Society (HIAS) and World Vision) have agreed to use proGres4 as a primary data collection tool to facilitate case management and shorten interview time for the people with and for whom UNHCR works. However, this data coordination was not yet observed in other countries.

b) Participatory assessments with the people with and for whom UNHCR works

76. Participatory assessments are able to enrich the data contained in proGres4 with qualitative information obtained directly from the people with and for whom UNHCR works. Unlike data collected in proGres, participatory assessments include other types of populations– for example, host community members. These assessments are mostly seen as an annual exercise in which the people with and for whom UNHCR works and partner organisations are brought together to discuss results, needs and ways forward. The people with and for whom UNHCR works are grouped according to AGD categories (for example, women and men separately; girls, boys, youth;

LGBTIQ+ persons, persons with disabilities) to ensure that they are in a safe environment where they feel comfortable speaking frankly about their specific needs, and the extent to which services are meeting their needs. Although the overall approach is similar (a guidance tool was made available in 2006), each operation undertakes this exercise differently adapting to context but also to budget, political constraints and other variables. During the evaluation, some operations (Mexico, Greece, and partially in Chad) had begun the process of feeding back the results of the assessments to the people with and for whom UNHCR works; some partners highlighted a more participatory approach where partners were included at an earlier stage of planning, but expressed a desire to receive feedback about the findings. There is also a strong push, mainly from HQ, to move away from seeing this as an annual assessment towards a more continuous approach.

77. During the course of the evaluation, the team observed that all operations under review had increased awareness of the need to move beyond an initial 'men, women and children' breakdown of AGD to include greater diversity, with a focus on persons with disabilities and LGBTIQ+ persons (when feasible), possibly because this gap was highlighted in the initial year 1 report. The team observed identification of new partners for these specific areas and a broader inclusion during participatory assessments. As a result, some operations were able to identify gaps (for example, Mexico identified the participation of indigenous minorities as a gap). Some operations also moved towards a more results-oriented exercise by: identifying thematic areas of focus; paying more attention to identifying existing resources within the community; and increasing participation of partners, both during the exercises and at the planning stage.

78. All countries had to stop the participatory assessments during the Covid-19 pandemic, and some had previously skipped them due to specific emergencies (for example, Greece, due to the state of emergency in the Aegean islands). However, by year 3, all operations had reverted to doing in-person participatory assessments. In 2021, Greece carried out the first large-scale participatory assessment since 2018, with a focus on integration, and in 2022 focused on highly disadvantaged groups (persons with disabilities, LGBTIQ+ persons, and older persons). Another exception was Kenya, which, at the time of the evaluation, had not conducted a participatory assessment for 2023 due to lack of funding; staff reported to the evaluation team that options were being analysed to reduce costs of such assessments – for example, by 'piggy-backing' off other exercises, or undertaking a much-reduced assessment. In Mexico, in 2022, innovative methodologies were incorporated into the participatory assessments. For instance, input was sought from an informal refugee "reference group" to ensure that the questions in the assessment were relevant and useful. The exercise was decentralised to sub-offices so that the questions could be adapted to local context and analysis conducted more rapidly and efficiently. In Chad, a participatory assessment was conducted in 2022 with newly arrived Cameroonian refugees in four localities. It focused on: (1) protection and durable solutions; (2) accountability and community engagement; and (3) basic needs and services. The exercise was preceded by a day-long orientation and training programme (including on the use of KoBo[16] for the collection of information) for 59 partners from 17 government departments and NGOs involved in the refugee response.

79. Agreeing the criteria for minimum standards of a participatory assessment would help

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[16] The Kobo toolbox is a free toolkit for the collection and management of data in challenging environments

guide operations that lack the funds to undertake a more extensive and inclusive exercise.

80. The pandemic provided some examples of how to conduct participatory assessments remotely. For instance, in Kenya, the Country Office ran a telephone survey in 16 urban communities to gather information about access to education, health care, water, and the impact of Covid-19 on livelihoods, safety and security. Similarly, in Spain, UNHCR consulted 750 refugees and asylum-seekers through an online survey. Lessons from these assessments conducted remotely could be exploited for both emergency and limited funding situations.

c) Reporting from UNHCR partners

81. UNHCR implementing partners are often an important source of data on the people with and for whom UNHCR works. Many operations highlighted that AGD variables are now formally part of memorandums of understanding, although the team was not always able to validate this information through secondary data. Furthermore, in some of the documentation the evaluation team was able to examine, such as the refugee-led partner agreement and the partner monitoring checklists, partner reporting requirements vis-à-vis AGD elements appear somewhat loose rather than mandatory, and contract monitoring does not pay specific attention to compliance around disaggregated data.

82. That said, given partners' different areas of focus and expertise, some are especially strong on generating disaggregated AGD data. Many of the NGO partners with whom UNHCR works have their own internal systems for disaggregating data, and provide this breakdown routinely. As such, partners remain an invaluable source of data for many operations. For instance, in Greece, data collection on unaccompanied children and adolescents is consistent across agencies due to cooperation in the Child Protection Working Group. Similarly, in Thailand, Humanity & Inclusion (HI) is the partner with the most accurate data on disability, although it was noted that HI does not regularly share information with UNHCR owing to confidentiality considerations. Also in Thailand, UNHCR regularly uses data collected by its partner, the Catholic Office for Emergency Relief and Refugees (COERR), for education purposes.

83. Relying on partners' information is vital, especially in countries where UNHCR is moving away from direct implementation or direct data collection. However, the quality of the data collected remains a challenge, particularly for local or grassroots organisations with limited resources and capacity. To address this, UNHCR operations regularly invest in capacity building for partners.

84. Experts also highlighted challenges linked to differing definitions, particularly where disabilities are concerned. The evaluation team also found that there are sometimes different datasets in use due to differing legal definitions, as in Thailand (for example). Here, the restrictive legal framework means that as UNHCR documentation for urban refugees is not officially recognised, however, under Thailand's education policy, some children with disabilities are able to access schooling – although access is very uneven.

85. In Greece, on core action 1 (AGD-inclusive programming), an additional challenge of duplicated data from partners was raised on account of the lack of a harmonised data system for use by UNHCR and partners (proGres was discontinued in the operation, as registration, documentation and data is mainly stored by authorities). Promising

practices from other operations facing similar challenges would be useful in strategising how best to tackle this.

d) Protection monitoring visits

86. Protection monitoring visits constitute an important mechanism for UNHCR to gather qualitative information and identify people and groups at heightened risk (although quantitative surveys are also sometimes generated during monitoring visits). For most operations, these visits are part of their regular protection work, though the frequency of visits is not necessarily defined. The pandemic-related restrictions constrained operations' ability to conduct these visits, which inadvertently resulted in communities playing a larger role by undertaking the monitoring themselves. There is an opportunity to build on lessons learnt from these experiences.

87. As mentioned earlier, the evaluation team did not observe any formal or systematic collection and use of the information gathered during protection monitoring visits, nor any formal link that would allow for joint analysis of information and findings of the participatory assessments, although, as noted, the latter remain a key tool for most operations to identify needs among the people and groups with and for whom UNHCR works who may be at heightened risk. Some operations (such as Greece) reported decreased frequency of the visits due to funding cuts, whereas other operations (Kenya and Thailand), where the size of the community significantly exceeds capacity, made use of existing community organisations (for example, an organisation representing refugee women from the Karen ethnic group in Thailand). It should be noted that given the limited coverage and lack of systematisation of these protection monitoring visits – due in part to capacity constraints – the information they provide remains somewhat anecdotal.

88. Community-based protection (CBP) has increased in some of the operations, such as Mexico. This approach builds on the existing capacities of the people with and for whom UNHCR works in delivering assistance, protection and solutions. However, it also fosters more regular engagement with communities and is an avenue for open two-way communication. This more regular engagement not only allows for more regular monitoring and data collection, but also builds trust so that the people with and for whom UNHCR works are able to more easily raise the issues they face.

Challenges for data collection

89. The evaluation team observed a series of limitations that affect the quality of data collection:

    i. **When there are insufficient resources**. Due to limited resources, operations often limit collection to basic mandatory data, which in effect limits data-gathering to basic categories (sex, age, disability, country of origin, legal status and family size). Data on other key categories is either lacking (for instance, the Washington Questions) or limited (disabilities are often included but without any detail), which severely limits UNHCR's ability to respond to needs. Knowing a person's type of functional difficulty (for example, seeing, hearing or moving) is essential for assessing the kind of response that is needed.

    ii. **When some variables are not binary.** It was also noted that some variables cannot be easily recorded in the current system. For example, currently, disaggregation of sex allows for 'men', 'women' or 'other', but this does not allow for adequate

disaggregation by gender identity; for example, the evaluation team was told that in some operations, a gay man would be recorded as 'other', even though he is a man. As a result of this limitation in proGres, Country Offices opt for different solutions. For example, in Mexico, there is a special code for registering LGBTIQ+ persons, which is internally agreed and understood. It would be relatively easy for UNHCR to include a code for gender identity, in addition to sex registered at birth, although clear protocols for registration would need to be followed to avoid protection risks from revealing diverse gender identities among the people with and for whom UNHCR works.

iii. **When registration is not done by UNHCR.** In some instances where registration has been handed over to the government (Greece, for example), the government has developed its own database system. This means that UNHCR no longer has access to the raw data (and, in the case of Greece, no further updates have been done since September 2021); since the handover data has only been shared once with UNHCR and in pdf format, which means limits how UNHCR can utilise it for its own programming, instead having to rely on data collected by other partners. In some instances, (Thailand, for example), registration data has not been officially updated since 2015. Due to capacity issues UNHCR supported the registration process until 2019, when the Royal Thai government implemented the use of its own database. In other cases, the evaluation team found that there could be discrimination taking place during the process. For example, in Kenya, the evaluation team was told by government staff that Yemeni refugees were not currently being registered. Similarly, registration was completely halted in Dadaab from October 2016 to March 2023.

iv. **When programming is heavily donor-driven** (for example, in Greece) **or recipient-driven** (Kenya). Where UNHCR is trying to incorporate the people with and for whom it works within existing national services (for example, Kenya, for education, social protection and health insurance), the organisation has very limited scope to shape content and add components that would support stronger adherence to AGD principles and respond to findings. However, data could be used more effectively for advocacy by highlighting key facts and gaps.

v. **When work encompasses internally displaced persons.** Challenges include the scope and dynamic nature of internal displacement, the inaccessibility of many sites where internally displaced persons are located, and institutional struggles over mandates and control in relation to these population groups. For example, in Chad, UNHCR's concern for data on internally displaced persons is for registration and protection purposes, but those persons are Chadian; hence registration and the issuance of identity cards is the government's remit. UNHCR has worked with the Chadian government department responsible for civil status documentation, to provide assistance on this, but budget limitations have constrained coverage, and so far only 10,000 national civil status cards have been issued, and those only to adults. UNHCR is now advocating for collective mobilisation of funds within the UN system, stressing that a more detailed and disaggregated database on internally displaced persons would help all actors have a better understanding of the situation as the basis for programme planning. Although some situations of internal displacement are chronic, others are characterised by constant mobility, which makes it difficult to keep up-to date information.

vi. **When there are people on the move.** A similar challenge is faced by countries with

human mobility situations[17] such as Mexico, and indeed the whole of Central and South America, challenging UNHCR's ability to maintain current data.

Analysis and use of data

90. Data that is collected is regularly used for reporting and, to some degree, for prioritisation and programming. There is, however, still limited focus on harnessing and resourcing analysis of the available data and, as already noted, the evaluation team observed little to no intersectional analysis. Most operations reported that this was largely due to limited capacity, although some key informants questioned whether operations have staff with the skills needed to engage in more strategic and in-depth analysis of the data collected, including on intersectionality.

91. Data that is collected is also used for advocacy purposes. Some key informants felt that data use was more focused on fundraising than programming; some donors expressed the desire to receive information that would help them prioritise resources.

92. Since the beginning of the evaluation, some UNHCR operations have increased their capacity for registration by engaging new registration officers. The creation of the Data and Information Management and Analysis (DIMA) team is also a welcome development. The evaluation team also noted that there is an ongoing opportunity to 'piggy-back' onto research conducted by other organisations – for example, as happened in Kenya, with the World Bank survey during the pandemic.

93. Some key informants also highlighted continued work silos as a barrier, with data on AGD sitting under 'Protection', limiting its use by others within UNHCR (for example, programming staff).

94. In year 2 of the evaluation, the team tried to investigate how data collected (either through the participatory assessments or the regular monitoring visits) fed into the planning process. We found that there were inconsistencies between countries. Some of the case study countries, such as Mexico, were clearly addressing findings from the exercises when reviewing programme planning, whereas others finalised their planning before the findings from the exercises had been presented. Others still, while having the results available in time, did not seem to use the findings, making no significant changes to programming to address any of the issues raised. The most common response in the latter scenario was that lack of resources meant it was not possible to address findings, and the need to continue with a basic life-saving response took precedence. As most operations are underfunded – especially longstanding chronic situations such as in Chad, Kenya and Thailand – this highlights the need for the AGD policy to provide guidance on how to prioritise in a way that both addresses AGD and takes into account **intersectionality** as a means to reach the people and groups with and for whom UNHCR works who are at heightened risk.

95. **Mechanisms for systematically feeding findings into regular planning or** to usefully monitor how UNHCR has responded to feedback generated through the participatory assessments were observed to be ad hoc throughout the three years of the evaluation. Some stakeholders felt that data accountability remains weak, and that it could be improved by having stronger data accountability on AGD that would facilitate use of disaggregated data for planning across teams. Insufficient resourcing, staffing

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[17] This terminology is used when there are mixed flows of people, which include both migrants and refugees who may not necessarily seek asylum for various reasons – as is often the case in Mexico.

and insufficient time were consistently cited as limitations preventing UNHCR making more use of the monitoring data that Country Offices collect.

96. During the the three years of the evaluation, the team observed the development and use of **dashboards for better visualisation of data trends**, broken down according to location and population groups, and with analysis in terms of access to UNHCR-supported programmes and other services. Many good examples were found – for example, in Chad. Although these tools can improve how data is used in planning and programming, they are still under-used, as some initial time investment by staff is necessary to understand the information they present and how to use it.

97. Staff and partners often lacked adequate understanding of the full potential of proGres4 and had not been trained in how to use it fully to capture key AGD-related descriptors among the people with and for whom UNHCR works. This was noted as a missed opportunity to use proGres and other sources of information to prioritise assistance by identifying individuals and groups at heightened protection risks through the use of intersectionality analysis, especially in protracted situations where demand significantly exceeds resources. For example, staff could be taught to identify intersectionalities using proGres (for instance, identify single-headed households that also have a child with a disability), and look for solutions for this specific vulnerable household, as opposed to looking for solutions for single-headed households, and separate solutions for persons with disabilities.

Use of data by partners

98. **There are systems in place to share data with partners.** Data is shared with partners regularly through UNHCR fact sheets as well as through the UNHCR data portal.[18] Partners and donors can also ask for specific data breakdowns.

99. **Outdated data.** A recurring frustration voiced by UNHCR partners is that the data available is not always up to date, and when requested, may take some time to provide.

Monthly data on refugees is very useful but sometimes outdated.
It would be useful to have it [updated] more regularly. (Donor)

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100. Outdated data – also linked to insufficient resources – can have significant consequences for the people with and for whom UNHCR works. For example, in Chad, the results of the joint WFP/UNHCR socioeconomic survey conducted in 2016/17 (UNHCR/PAM, 2017) have been used to move from generalised assistance to a targeted approach. The survey created categories of vulnerability that led to the removal of some households from beneficiary lists. This list has not been updated since that time to reflect the evolving status of households, which is particularly relevant given the significant rise in food and nutritional insecurity revealed in the recent Joint Assessment Mission (JAM) analysis by WFP and UNHCR (WFP/UNHCR, 2021).

101. Operational partners have limited ability to fully assess the different dimensions of vulnerability and diversity that characterise the different groups of people with and for whom UNHCR works, which sometimes remain largely unanalysed by UNHCR itself. Some partners also expressed a desire to have more detailed information, to be able to

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[18] 13 See UNHCR Operational data portal. Refugee situations: Kenya (https://data2.unhcr.org/en/country/ken)

avoid duplication and to improve identification and planning, suggesting that non-implementing partners should also have access to proGres as appropriate.

102. Partners continue to report that data-sharing is not always reciprocal, and some UNHCR staff agreed with this perception. There is an opportunity for UNHCR to play a more substantial role here in supporting partners and donors by harnessing data collected and providing them with the necessary detail to highlight AGD needs and risks.

4.3. Systems and policies to support AGD policy implementation.

KEQ 3: How effective are the systems and processes that support the implementation of the AGD policy?

103. The evaluation found that the AGD approach is ingrained in UNHCR's work (see KEQ 1). In terms of **systems and processes** to support implementation of the AGD policy, positive developments include: the migration towards proGres4 and COMPASS; the existence of AGD thematic focal points in operations; the resumption of participatory assessments post-pandemic; and the increased investment in refugee-led and grassroots organisations to support UNHCR's work.

104. ProGres in particular is considered a key tool that could be used by partners and help to avoid duplication and fraud. This is being piloted in some countries and rests on agreements made at the highest levels. On the ground, however, its full potential is still not being realised, partly due to constrained staff capacity but also because all staff and partners are not aware of its full potential. There is considerable scope to strengthen understanding and use of this valuable registration and case management system to improve programme implementation – especially analysis of intersectionality – and to support, guide and advocate with partners and donors.

105. Key limitations identified include:

   a. the lack of a formal roll-out strategy for the AGD policy; limited and voluntary compliance requirements; and the lack of metrics to assess progress. There are important challenges related to resourcing, as well as associated dilemmas on prioritisation, and the ongoing expectation that the Protection focal point will lead on AGD.

   b. Current budgeting and human resource mechanisms make it difficult to monitor UNHCR's real investment in AGD. There are limited staff to support implementation of the policy, with many AGD-related positions having been left vacant (for example, the HQ gender position was vacant for nearly two years during the evaluation) or being outsourced through affiliate workforce positions (which are easier to cut if there are budgetary constraints).

   c. Existing accountability mechanisms lack metrics that would allow staff to measure progress on AGD. There are also no incentives (at an operational or personal level) for implementing the policy. As such, staff have increased workload but with no additional resources or incentives, nor are they being held accountable to comply with the policy. Some Country Offices have developed innovations that can help implementation and accountability. In Mexico, an

AGD policy implementation workplan was developed in 2023, which draws on the operation's experiences as well as on recommendations from this evaluation. It includes clear priorities and next steps, and is aligned to an AGD multifunctional team tasked with its roll-out.

106. Similarly, AGD training is available to staff but is not a requirement. It is also not yet mainstreamed into other mandatory training (such as the training required to be eligible for promotion). To make AGD policy training more relevant and interesting, the Mexico operation developed an in-depth AGD policy course that was interactive, and included specific examples of how to apply the policy across different areas, beyond Protection. Staff (from diverse roles within the organisation) who undertook the course found it to be useful.

107. There is also a need to strengthen accountability to the people with and for whom UNHCR works. Many of the key informants interviewed during the evaluation expressed concern that current systems – most often due to lack of resources – can be tokenistic, while admitting that full accountability to all affected people, in a literal sense, is not feasible. As such, there remains a need to better understand the purpose of accountability, what is feasible, and what should be prioritised, and to better describe the role of the people with and for whom UNHCR works with in these processes, exploring more innovative methods to engage them, perhaps making use of social media tools.

4.3.1 Internal accountability and institutional capacity

Institutional capacity: systems

108. In terms of **systems and processes** to support implementation of the AGD policy, we note the following positive changes during the evaluation:

    i. Introduction of COMPASS (results-based management system) in 2022, with three AGD-specific indicators, and which makes disaggregation by age, sex and disability mandatory.

    ii. Introduction of Washington Group Question sets on disability (August 2021).

    iii. Launch of the Global Data Service on Registration, Biometric Identity Management System (BIMS) used in 93 countries.[19]

    iv. Country Offices continue to migrate to proGres4 (at the time of the evaluation 136 operations had done so). The 2021 AGD accountability report states that by the end of the year, proGres4 was used in 117 operations, often supported with training by the Regional Bureaus. This is considered a much more powerful tool for management, display and utilisation of data.

109. **The proGres registration and case management system is one of UNHCR's key strengths.** It is an essential tool for implementing the AGD policy, one that is now enhanced with the support of the newly established DIMA team.

110. As noted earlier, proGres is part of PRIMES (see Figure 7), which encompasses all interoperable UNHCR registration, identity management, and caseload management

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[19] May 10, 2023 UNHCR blogs, as seen on Sept. 2023 https://www.unhcr.org/blogs/unhcrs-biometric-tools-in-2023/

tools and applications. PRIMES covers existing systems such as proGres, the Rapid Application (RApp) and BIMS (see Figure 8). It is also where any future systems will be developed (UNHCR, 2018).

Figure 7 Population Registration and Identity Management Eco-System (PRIMES)
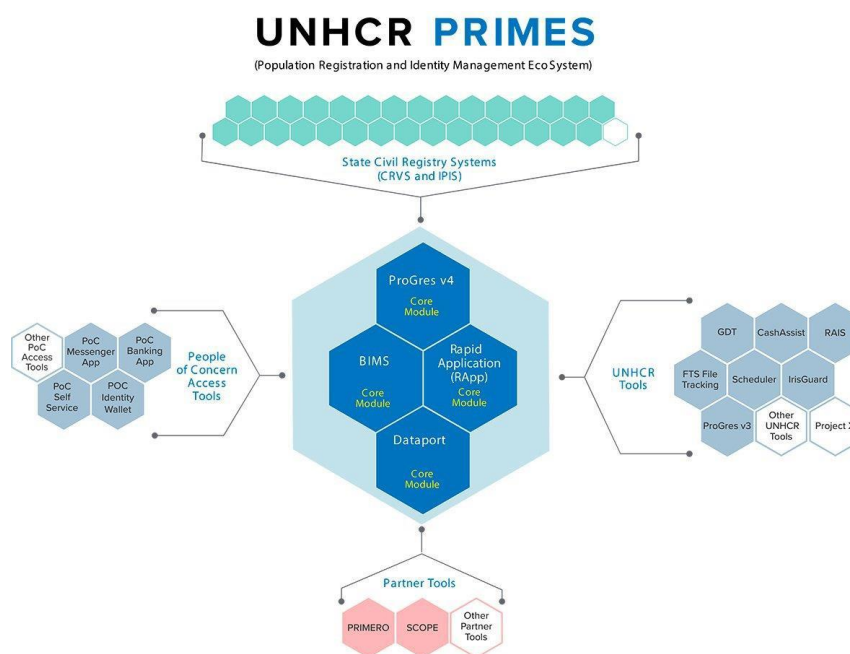
Source: UNHCR website 2023.

111. ProGres provides the people with and for whom UNHCR works with a digital identity that allows access to services and, thus, allows for their socioeconomic inclusion.[20]

112. The Rapp also allows data collection offline, which can then be uploaded online, allowing different organisations and staff in different locations to access the data. The system has been designed to work in the field seamlessly, without internet connection or with only weak connectivity, and can be used on a laptop. ProGres allows for all data collected to be consolidated and accessed online, helping to avoid multiple registrations and fraud. However, for people on the move, while it would be desirable for them to be given a single number used throughout their journey (for example, en route from Colombia to Mexico), data cannot always be passed on from one country to the next. Doing so could constitute a protection or data protection risk. Also, registration systems (and who or which organisation is responsible for registration) may vary depending on the context.

113. Another strength of proGres is that it can determine access according to need, allowing for better protection of data. For example, in Ecuador, the government and UNHCR and its partner agencies all access proGres4. However, users are differentiated through two completely independent business units. While the government makes use of the registration and refugee status determination modules, UNHCR and its partner agency, HIAS, access the modules on assistance, protection and resettlement.[21]

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[20] UNHCR WFP Joint Programme Excellence and targeting hub, An introduction to proGres
[21] ACSG portal as seen on 5 May 2023 (https://acsg-portal.org/tools/ecuador-improving-electronic-case-management- through-the-implementation-of-progres-v4-system)

Figure 8 Other registration tools used by UNHCR and part of PRIMES[22]

> - **Rapid Application (RApp)** – which allows an offline data collection of refugees (later uploaded to pro-Gres), IDPs, and others;
> - **BIMS** – the Biometric Identity Management System that captures biometrics;
> - **CashAssist** – that enables registered refugees to receive cash assistance;
> - **GDT or Global Distribution Tool**, allowing registered refugees to receive in-kind assistance (food, NFI, etc.).

114. ProGres has the ability to register and issue documentation individually, while retaining links to the family (or families) group, directly supporting core action 6.b, 'women and girls are provided with individual registration and documentation'.

115. ProGres4 serves as a project and case management tool, with modules that facilitate case management in specific domains such as child protection and GBV. The evaluation team was informed that data from proGres4 is used in different stages of the planning cycle: long-term solutions (resettlement), cash-based interventions, protection referral pathways, etc. In fact, proGres4 is often the core data source for managing cash-based interventions but is also used to provide more specialised attention and referrals on a case-by-case basis. For example, in Ecuador, proGres4 is used as a tracking mechanism to ensure that people on the move to another country do not receive the same benefit more than once.

116. Overall, the evaluation team found PRIMES (and proGres in particular) to be a sophisticated system that allows for a significant degree of data disaggregation and manipulation of raw data, as well as being able to reflect an individual's unique data, while maintaining the family (or families) group linked to that individual. The system also allows for recording of additional social characteristics, and a range of marital status options (single, married, separated, divorced). It allows (indirectly) for polygamy to be recorded, as subsequent wives are treated as single female-headed households but linked with the family and husband's record. It has an in-built data protection mechanism that allows for different levels of access so that more sensitive data can be viewed on a need-to-know basis and can remain hidden from other users. For instance, information on an individual's sexual orientation will be protected and made available only when specific permission is granted.

117. In terms of limitations, the evaluation team notes that not all UNHCR staff or partners are aware of the full potential of proGres4. Many interviewees had not received training on how to use and analyse the data, which prevented them using it to inform their daily practice. While proGres4 has many modules, time constraints mean that they are not all used in all locations, and there were no reports of staff or partners using proGres4 for intersectionality analysis.

118. What appears to be lacking is a central location where staff from the field can access all the resources and tools available to them to help implement the AGD policy and include the work of all the different units and experts – including (for example) the work

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[22] Other tools include Dataport, Audit Portal, Verify Plus, Access Management Portal (AMP)

developed by the expert on persons with disabilities, those developed by the Accountability to Affected People team, and for the GBV policy, etc. The team observed that guidance and tools for the roll-out of the policy are dispersed throughout different departments, which makes it difficult for field staff to know what resources are available to them, where to find them and how the different tools/areas may interconnect and relate to their work, further reinforcing the siloed approach referred to by some staff.

4.3.2 Institutional capacity: human resources (HR)

119. Most key informants interviewed recognised UNHCR's programming focus on protection and vulnerability as a strength, and this is especially clear in humanitarian crises and declared emergencies. Most operations reported the existence of AGD focal points, with GBV and child protection being the most common. However, some operations did report having dedicated focal points for LGBTIQ+ persons. It was not possible for the evaluation team to identify how often or how many such focal points there were overall, or their level of seniority. It should be noted that a recent analysis undertaken by UNHCR showed that 74% of community-based protection staff are general service staff or 'G' level.[23] Seniority constitutes an important factor in being able to influence programming decisions.

120. There is limited staffing to support implementation of the AGD policy. For example, there is one staff member at HQ to oversee two key areas (persons with disabilities and older persons). Prior to 2020, the role was filled by a consultant, with all the limitations this entails in regard to access to information, ability to influence and continuity. For purposes of comparison, the Community-based Protection Unit dedicated to accountability to affected people (AAP) includes two staff and one consultant, alongside two staff members in Innovation Service, whose portfolios include AAP support. Meanwhile, response to minorities and indigenous peoples is overseen by one junior professional officer, who is supervised by the LGBTIQ+ focal point. As noted earlier, the post of gender advisor at HQ level was vacant for nearly two years (2020–2022). Key informants suggested that this limited their ability to make progress in their respective areas.

121. According to an analysis undertaken in March 2021 by UNHCR human resources, 38% of the dedicated GBV, child protection and gender equality positions were either inactive (unfilled) or had been converted to general Protection positions; moreover, 78% of those staff positions had been replaced by affiliate workforce positions.[24] Ultimately, this highlights a tendency to de-prioritise expertise in these areas. The fact that affiliate workforce positions are easier to cut was mentioned in interviews, where key informants highlighted that AGD-specific staff are often the first to go if there are budgetary cuts. During the evaluation, many of the positions for AGD focal points in the operations under review were, in fact, discontinued. Sustainability of these posts relies on capacity to secure sufficient funding.

122. Some key informants highlighted how the move to decentralisation implies that some

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[23] 'G' staff, as defined by Uncareernet, includes 'The functions in the General Service and related categories include administrative, secretarial and clerical support as well as specialized technical functions such as printing, security and buildings maintenance.' That is, it is not intended to be a professional grade. However, the evaluation team was informed that 'G' staff in UNHCR have specialised functions, including Protection, GBV, PSEA (Protection from Sexual Exploitation and Abuse), Health, Shelter, etc.

[24] Affiliate personnel include contractors under arrangements with the United Nations Office for Project Services (UNOPS), United Nations Volunteers (UNVs), individual consultants or contractors, deployees, interns and other persons with contracts under UNHCR's affiliate workforce arrangements. EC/68/SC/CRP.26

of the specialist technical advice is meant to come from regional bureaus rather than HQ. However, the capacity for specialised technical advice in some regional bureaus is still under development.

123. At field level, the current HR systems do not allow for mapping of existing in-house expertise on different aspects of AGD. The evaluation team was informed of an exercise undertaken to identify existing in-house capacity on AAP staff in 2022. A similar exercise (using a survey) could easily be done to identify existing expertise on different aspects of AGD. This would allow the organisation to identify resources and gaps, as well as improve how training is targeted. Ultimately, this could be used as an internal resource pool for operations that might need support, which would be particularly valuable for smaller Country Offices that might not have sufficient in-house capacity for AGD work.

124. The team also noticed a tendency for AGD focal points to be 'double-hatting' – that is, responsible for more than one area of work. Done well, double-hatting could be a mechanism to promote mainstreaming of AGD, but only if this reaches beyond the Protection Officer to promote AGD across other areas, *and* if staff who are assigned AGD responsibilities have sufficient expertise, time and seniority to prioritise them and

incorporate them into programming. In practice, double-hatting tends to lead to time pressures and multiple demands that often limit staff members' ability to focus on AGD, especially if they did not already have specific expertise that would allow them to identify opportunities. This hinders the operation's ability to identify opportunities to coordinate on cross-cutting actions within and across Country Offices.

4.3.3 Institutional capacity: capacity building and training

125. It is notable that there are no AGD capacity- building requirements in place beyond Protection, and even there, the requirements are only for more senior staff.The year 3 survey identified older persons, youth and LGBTIQ+ persons as the self-reported main capacity gaps, with children, adolescents and gender equality as the most useful training available (see Figure 9).

Figure 9: Gaps in training as reported in the survey in year 3

	Gaps in training
LGBTIQ+ persons	58.82%
Children and adolescents	33.33%
Youth	66.67%
Older persons	79.41%
Gender equality	42.86%
Persons with disabilities	51.43%

Source: Evaluation team survey year 2023.

126. Operations continued to report AGD capacity building for staff and partners – for example, with recent in-depth AGD training in Mexico. However, this is linked to

available financing, which means it is not realistic for some operations to prioritise training when funds for basic services are running out, as is the case for Chad and

Kenya. A further complication is the regular turnover of staff – a key part of UNHCR's flexible structure, which in turn requires continuous capacity building.

It would be useful to receive more practical information/guidance on meaningful engagement of youth, including adolescent unaccompanied children (UAC). Especially for those arriving in the countries that are considered to be transit countries. (UNHCR staff)

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127. Training for staff on AGD is limited and is recommended rather than mandatory. It is often linked to the AGD approach (rather than the policy), with the exception of the Protection Learning Curriculum for Protection staff wanting to access the professional category 3 level (P3), and the CP-IP course which must be completed to attain protection positions in the International Protection (IP) category at P4 level, which includes a voluntary AGD module. Limiting AGD training requirements of Protection staff undermine the idea that AGD is an organisation-wide policy. Similarly, the evaluation team was informed that leadership training incorporates diversity and inclusion but does not directly address the AGD policy and its commitments, which again reinforces the idea that the policy is not an organisational priority (if it is not prioritised for training, why should it be prioritised for programming?). Further, some key informants felt that the mandatory training is very general, and they highlighted the need for more specific training on AGD. One strategy to address these issues could be to incorporate AGD into existing training courses and modules, in line with the current strategy for strengthening UNHCR's capacity to respond to the needs of persons with disabilities. For example, the organisation could ensure that training for resettlements has an AGD component.

What they want is to understand how it applies to what they do –
for example, how does [the policy] affect how I do resettlement or determination?
(UNHCR staff)

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128. High staff turnover presents another challenge to implementing the AGD policy, with some interviewees suggesting that focusing on national rather than international staff may be a more effective long-term strategy. For example, staff in Bangladesh felt that turnover was so high that training was unable to facilitate institutional learning, and staff who have undergone some AGD training reported being overwhelmed by its scope.

129. UNHCR also offers **e-learning,** with dedicated modules on AGD for staff interested in developing their knowledge of these areas further. The evaluation team was informed that a series of modules were released in February 2023, which incorporated content on LGBTIQ+ persons and persons with disabilities, but also on other groups prioritised by the policy. These modules were addressed to all staff, not only Protection staff, while other modules are being reviewed. However, the key challenge is findings ways to incentivise non-protection staff -who do not feel this is their area of responsibility and are already overburdened, to take up these courses, and incentive management to support staff allowing for the investment of time in capacity building. Some key informants highlighted the need to increase skills in other areas in order to promote AGD. These include training in facilitating focus group discussions and interviewing skills, especially probing and answering open-ended questions, to maximise

investments in participatory assessments. Figure 10 shows the training courses that were felt to be most useful, according to staff completing the year 3 survey.

Figure 10: Percentage of respondents who self-reported a specific training was useful

	Training was useful
LGBTIQ+ persons	47.06%
Children and adolescents	75.00%
Youth	41.67%
Older persons	23.53%
Gender equality	62.86%
Persons with disabilities	54.29%

Source: Evaluation team survey year 3, 2023

4.3.4 Institutional capacity: financial resources

130. **Supporting people and groups at heightened risk groups whom UNHCR serves is resource intensive.** All country operations highlighted the challenge of addressing and prioritising AGD given their limited resources. Securing funding can be particularly difficult for chronic or protracted situations. The year 3 survey identified the areas perceived as having the largest financial gaps (see figure 11) highlighting the perceive need for more financial support to focus on assisting older persons and persons with disabilities.

Figure 11: percentage of respondents who feel there is a financial gap in a specific thematic area

LGBTIQ+ persons		73%
Children and adolescents		52%
Youth		69%
Older persons		81%
Gender equality		50%
Persons with disabilities		77%

Source: Evaluation team survey year 3, 2023

131. Figure 12 shows the funding gap for three of the five case study countries – that is, the difference between the funding requested and funding received. Where the funding gap is significant and consistent over a period of years, staff who were interviewed struggled to explain how best to incorporate AGD into their work, referring also to the ethics of prioritising a group at heightened protection risks that is small in numbers compared with using that same amount of funding to benefit a larger group. The AGD policy should provide guidance on how to address this kind of dilemma.

Figure 12 Funding gap for Kenya, Chad and Thailand

Source: UNHCR operational data portal: https://data2.unhcr.org/en/situations
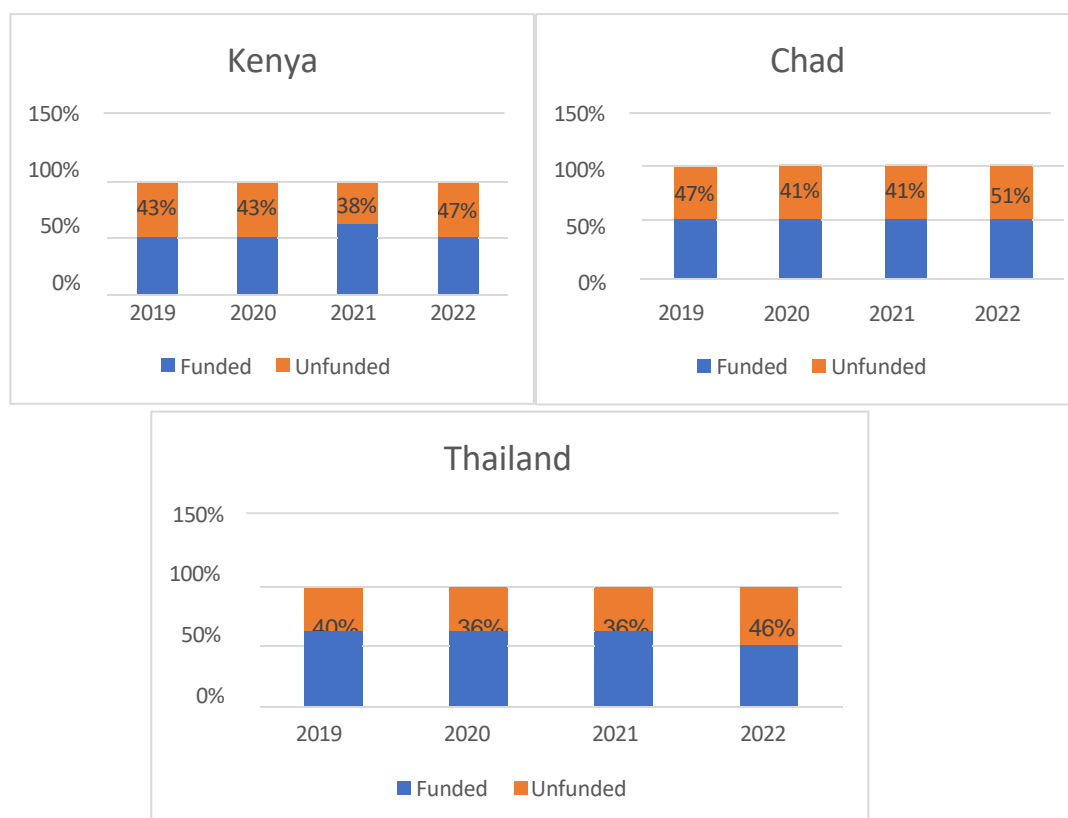
132. Prioritisation of assistance is guided by findings from the participatory assessments but also by donors who earmark funds. In the case of Greece, for example, where up until 2021 there was a small funding gap but very limited flexibility for UNHCR to prioritise use of resources for AGD (see Figure 13), there was limited scope to prioritise AGD dimensions.

Figure 13 Greece funding gap
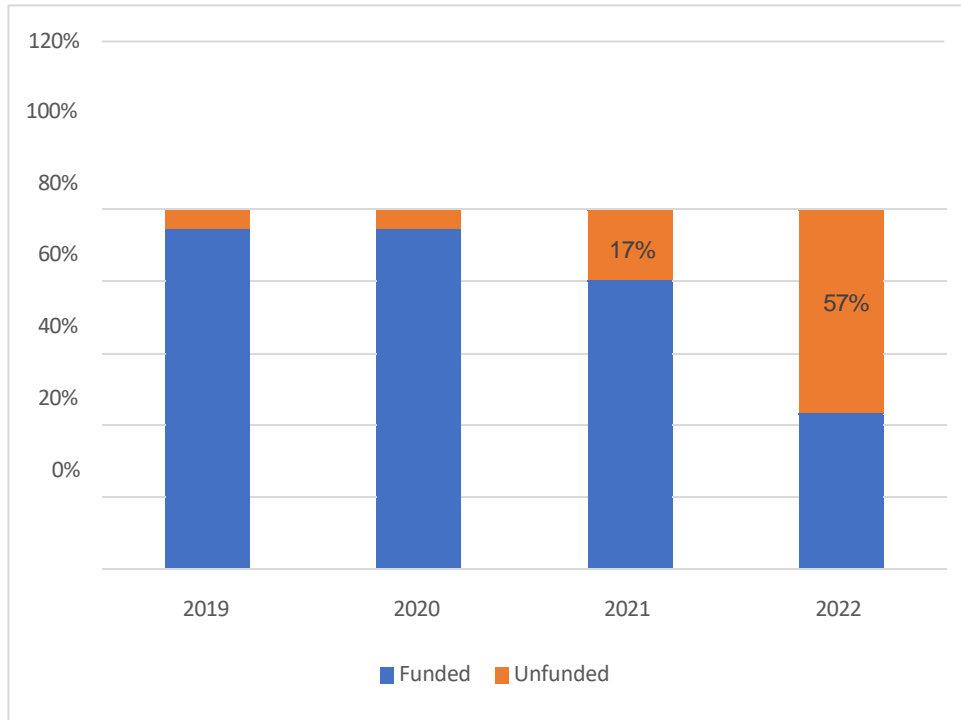
133. Financial resourcing can make a major difference to how effectively the AGD policy is implemented. The budget for the Mexico operation, for example, grew significantly between 2019 and 2021 (Figure 14), allowing for a substantial investment in human resources and the inclusion of AGD focal points in all sub-offices. There are currently three focal points at COMEX (Mexico City national office (UNHCR)) working on AGD priority areas: GBV, Child Protection, and Other Diversities (including persons with disabilities, LGBTIQ+ persons, and older persons). The focal points for Child Protection and GBV undertake a number of activities linked (explicitly or implicitly) to the roll-out of the AGD policy. Yet even with more human resources available, staff feel stretched, given the level of demand, as many staff fulfil multiple roles. Significant financial commitments will be necessary to continue supporting this level of personnel.

Figure 14 Mexico funding gap and budget growth in US$ millions
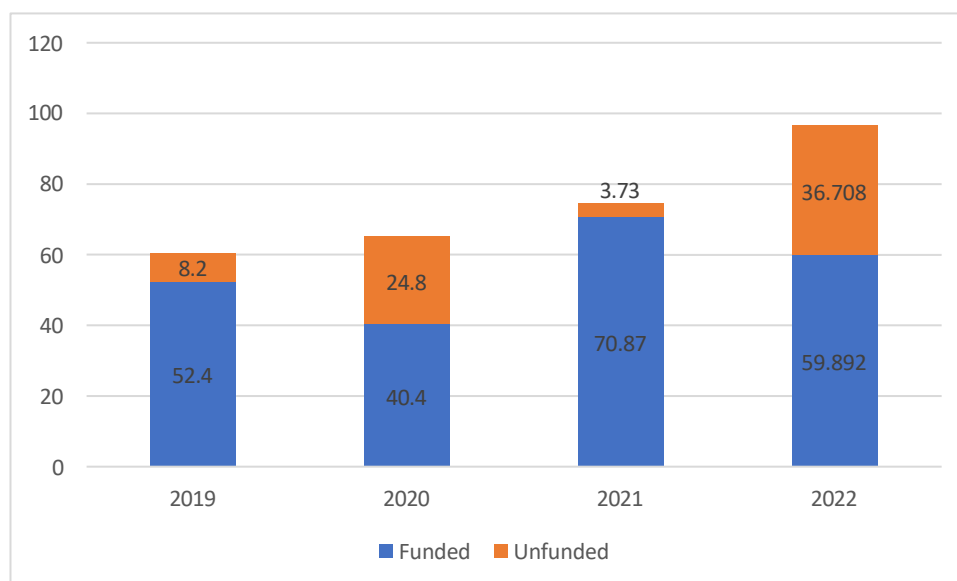
134. Financial investment in other thematic areas has shown that even small amounts of funding can act as a strong incentive, as the results from the Safe from the Start initiative (2014–2019) illustrate (see Evaluation report year 2 for more details). As one UNHCR staff member put it, 'We [UNHCR] focus on GBV because there are funds'. Similar funding initiatives could be put in place to consolidate other areas of work – for example, with LGBTIQ+ persons or persons with disabilities.

There is absolutely no financial support. We are asked to cut budget everywhere, which is always affecting CBP, Gender Equality and AAP because the results are hard to show and take time. Management rarely understands that these areas of work require consistency over a period of time and cannot be quantified. Relationship-building, creation of trust, etc. are key and changing of mindsets requires time, training and engagement with different stakeholders and different groups in the communities we serve. Often, these areas are not prioritised and statements such as 'this is just CwC [Communication with Communities]' or 'this is just CBP/AAP, nobody will die' are common to be heard, including from senior Protection staff who are more focused on the core mandate areas. (UNHCR staff)

4.3.5 Internal accountability: monitoring and reporting

135. There are two key AGD reporting mechanisms in place:

    a. **The year-end mandatory reporting on AGD for Country Offices.** This allows for better monitoring and tracking of UNHCR's activities and has facilitated a better understanding of promising practices and successes across regions and Country Offices. However, the lack of agreed parameters limits comparability, identification of trends, and – more importantly – does not allow Country Offices to assess progress.

    b. **The annual AGD accountability report,** which draws mainly from the annual

operation reports described above, as well as any other relevant AGD information/studies undertaken by the country operations or regional bureaus.

In addition, a standard template has been developed for reporting on AGD promising practices. This has involved engagement of Bureaus and Operations and serves as a good vehicle to share examples on various aspects of the AGD implementation that are innovative and have strong potential. Some regions, e.g. Europe, produced regional reports on AGD promising practices

136. Key limitations observed for reporting include the following:

- There is no guidance or metrics for AGD reporting, and while the policy states that reporting should address progress made, the evaluation team was not able to find any references to progress. As a result, *any level of reporting* – as long as there has been some work with women, minorities, and other groups – is deemed sufficient to comply with AGD reporting requirements. This means there is no mechanism for the organisation to find out whether staff are implementing the policy effectively, and whether operations are making progress on AGD. There is, however, personal accountability whenever AGD goals are part of staff's ePad (documentation measuring staff performance on an individual basis), and this is something that could be used to inform future progress on AGD at the organisational level.

- Similarly, the evaluation team found no indication of incentives for representatives and directors to apply the policy or to measure progress. The team was informed that in the past, there were gender awards given to field offices and representatives around the previous policy as a way to incentivise operations. Some stakeholders interviewed felt that the AGD policy was effectively 'toothless', as there are no consequences for non-compliance.

It [AGD] looks like a pet project. Nice to do. The kind you pat people's back for but not the kind that gets people promoted. (UNHCR staff)

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137. At the time of the evaluation, there was no mechanism in place for regular monitoring of how the AGD policy is being implemented, or how staff understand or interpret it. Existing tools such as the annual country report and the annual AGD accountability report do not set goals or measure progress (as set out in the policy). As a result, compliance with the policy does not provide any real insights as to progress being made. This suggests the need to invest time in developing both country-specific and overarching AGD policy-related indicators.

138. The introduction of COMPASS will help strengthen monitoring, as will use of the UNHCR Gender Equality Marker and the Disability Inclusion Marker, alongside three core outcome indicators (to measure level of participation, feedback and response, and women in leadership roles), and a set of core output indicators. In addition, COMPASS includes a set of good practice indicators that can be selected at the discretion of the operation based on the specific context. A pre-agreed scoring mechanism, determined by answering specific questions for each, will provide comparability across operations. Moreover, it was reported that under COMPASS, all

indicators will require disaggregation of data as relevant by age, sex and disability.

139. The evaluation team was not able to obtain any information regarding the Policy monitoring tool that was developed and piloted in 2019 – essentially a checklist that covers and promotes compliance with key policies, and gives Senior Protection Officers an overview of how the operation is performing on these commitments on a continuous basis. We were told it was never adopted for use; however, the tool was being updated at the time of writing this year 3 synthesis.

4.3.6 External accountability and tools

Accountability to the people with and for whom UNHCR works

140. Accountability to affected people (AAP) is a key area of focus for UNHCR and the AGD policy specifically. There are several mechanisms in place to promote this, principally:

    a. participatory assessments (see KEQ 1)

    b. feedback and complaint mechanisms.

141. The participatory assessments have already been discussed under KEQ1, which highlighted the need to strengthen feedback to the people with and for whom UNHCR works after the assessment process, and to promote inclusion persons UNHCR works for during prioritisation, to promote accountability as well as transparency. However, the participatory assessments are seen by some of the people with and for whom UNHCR works as ineffective, with no clear sign of uptake. These assessments might benefit from more explicit follow-up on recommendations made by participants of the assessments, which could be facilitated by timing the assessments earlier in the programme cycle and ensuring participation – or at least feedback – on the results and prioritisation.

142. In terms of **communication mechanisms,** the evaluation team found increased efforts in this regard, with 65% of operations reporting having designed such mechanisms in consultation with communities (UNHCR, 2021). Tools used for communication included helplines, call-in radio broadcasts, booths, complaint boxes, websites or kiosks, with staff reporting increased use of social media tools (which are particularly effective in urban contexts). For example, a pilot initiative in the Americas (including in Mexico and Ecuador) used WhatsApp to engage communities with messages adapted to context. Given its success, this initiative will now be replicated in Chile, Iran, Lebanon, South Africa and Uganda (ibid.). Similarly, a TikTok video created in Kenya for the 16 days of activism campaign had more than 51,000 views. There had also been some efforts to strengthen reporting mechanisms around GBV, which requires a special approach to ensure confidentiality. UNHCR Mexico's 'El Jaguar' webpage is a key source of information for the people with and for whom UNHCR works, and it also allows for messages (with questions and complaints, for example) to be sent to UNHCR. More recently, a similar webpage called 'El Tucan' was developed by the Regional Office to share information about the risks of crossing the Darien (an inhospitable stretch of jungle on the border between Colombia and Panama) and seeking asylum in the United States. Confidentiality was reported as very important for LGBTIQ+ persons in Chad, but capacity for one-to-one support sessions was very limited. In Chad: (1) a one-stop shop has been set up as a space for urban refugees to raise concerns and receive information; (2) new face-to-face accountability

mechanisms are being set up in camps in the form of centres for information and feedback, with standard operating procedures developed to guide activities; and (3) 'listening centres' have also been set up in a number of camp settings and sites where internally displaced persons are located, for women at risk and GBV survivors as a safe space for reporting on and responding to incidents of GBV. UNHCR in Chad is also a member of the humanitarian country team's Working Group on Accountability to Affected Populations, which seeks to strengthen collective efforts around accountability. In Greece, UNHCR has also been using WhatsApp since 2020 for CwC with refugee volunteers, and since 2022 with the launch of WhatsApp chats with Turn.io[25] at the Country Office in Athens with the support of the Innovation Service.

143. However, the evaluation team observed that often, these efforts have not been accompanied with enough resources. Excess demand has also in some cases rendered them either ineffectual (for example, in Kenya, where the kiosk had to be removed due to overcrowding[26]) or inadequate (such as the insufficient complaint mailboxes in Mae La camp in Thailand, with at least one placed next to the government offices where anonymity would not be possible), and there are limited adaptations for persons with special needs. Some UNHCR staff expressed concern that without adequate resources, feedback systems or helplines can quickly become tokenistic. (It is important to note that there are nine camps in Thailand, and fieldwork took place in Mae La only.) While UNHCR has subsequently noted that there are seven other complaint boxes in the camp, during the evaluation team's visit, only one was pointed out.

144. Key informants among the people for and with whom UNHCR works continued to express frustration at their inability to reach UNHCR, their inability to get a response from existing feedback mechanisms (such as helplines) and – more importantly – a lack of clarity as to timing and the steps involved in the different processes they are undergoing with UNHCR. Some key informants reported that in some instances feedback mechanisms are not used at all due to fear of reprisals.

Not all refugees are in a position to submit a complaint. What mechanisms can UNHCR put in place that will enable this? (UNHCR staff

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145. Even with their limitations, existing feedback mechanisms remain mostly one-way routes for the people with and for whom UNHCR works to submit their complaints or questions. Often, however, the response is either a referral to another service provider or no response at all. These limitations lead to information gaps, which can in turn lead to a denial of people's rights, either because they are unaware of their rights or because authorities and illegal brokers take advantage of their ignorance. There have been recent investments by some operations to strengthen feedback and complaints mechanisms. In Mexico, this included the overhaul and rethinking of comments boxes (e.g. placing them in strategic places to ensure access with confidentiality, and establishing a system for regular collection of comments and processing them in a specifically designed database that allows for tracking the types of comments made, how they were channelled or addressed, and the time it took to provide a response. This same database is used for comments delivered via the helpdesk (phone,

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[25] Turn.io is a web development program that supports chat applications
[26] Note: At the time of writing this report, UNHCR had increased the number of kiosks for the people with and for whom UNHCR works to decrease overcrowding – with 2 reported kiosks in each FPO (8 in total) and the intention of adding 15 more.

WhatsApp, email, Facebook).

[We] need to keep strengthening community engagement. Now it is mostly one-way communication… How can [the people with and for whom UNHCR works] hold us to account? (UNHCR staff member)

146. The evaluation team observed that sometimes feedback was dismissed as 'something they [the people with and for whom UNHCR works] have been asking for years' (for example, cover from the sun while waiting for services or registration). There is perhaps a need to think through what feasible and realistic accountability to affected people looks like. What does it mean, in practical terms? And how can UNHCR balance accountability with prioritisation for minority groups, which is unlikely to have widespread support in many situations? As well as ensuring that systems are adequately resourced to maintain their viability, there are some strategic areas that could be strengthened. These include looking at the balance of power within the communities where UNHCR works, especially as it pertains to representation and participation of minorities, and how to cater for people on the move, for whom 'it is very difficult to close the circle' (UNHCR staff member).

147. Globally, UNHCR reported that it had engaged with or supported 3,672 community structures (UNHCR, 2021b). This is a positive practice with the potential to empower displaced and stateless persons and address power dynamics, and as such it should continue to be supported. Key informants also highlighted the importance of considering power dynamics between the different groups of people with and for whom UNHCR works, as well as addressing issues around the balance of power and dignity – for instance, by providing honorariums. In Chad, for example, women's representation in management structures and committees has provided a conduit for effective communication of gender-specific concerns, and boosted leadership skills, awareness of rights and self-confidence. However, continuous nurturing and support are needed to counter social norms and practices privileging men, and more work is needed to assess and document both the positive changes that have taken place as well as the continuing challenges that need to be addressed. Looking at power dynamics requires identifying communities' rights and roles in the process of two-way feedback.

If you don't know what is expected [of you] then [you] can't really participate meaningfully. (UNHCR staff member)

4.4   Engagement and dialogue with partners

KEQ 4: Considering changes including the Global Compact and CRRF, UN Reform and the Grand Bargain, to what extent is the AGD policy implementation increasing dialogue, engagement and action on AGD with partner organisations and governments?

148. **The evaluation found that Country Offices generally enjoy strong partnerships with NGOs and generally held shared values around the importance of AGD and participatory approaches to working with the people with and for whom UNHCR works.** Contracts with implementing partners increasingly include provisions for monitoring AGD commitments and the use of disaggregated data, although staff noted that some partners typically provided this information as part of their regular work (especially partners working on GBV services and advocacy). Statistics and fact sheets are produced and updated regularly by UNHCR Country Offices (all disaggregated by age and sex at a minimum) and are available online for all partners to use to inform programming. Partners and donors can also request specific data analysis (as long as the raw data has been collected).

149. **However, the evaluation findings do suggest there is scope to strengthen engagement with partners on AGD issues.** In some contexts, partners noted that in practice, they had limited access to disaggregated data and detailed findings from UNHCR's participatory assessments, even though enhanced access would help with targeting services and support (in Kenya, for example). Staff also noted that partner capacities were a challenge, as UNHCR's standards for cooperation include requirements in terms of funding, internal and HR procedures that many potential partners cannot meet. There may, therefore, be a need to provide more comprehensive capacity-strengthening inputs to expand the pool of potential partners.

150. **Implementing partners expressed varied but generally positive views on the quality and adequacy of their engagement and dialogue with UNHCR Country Offices on AGD issues.** Some identified the need for more training, sensitisation and monitoring by UNHCR to strengthen implementation (for example, on approaches to engaging men as 'champions' in tackling discriminatory gender norms, and on working with LGBTIQ+ persons). However, other partners noted that they had their own well-established AGD guidance that is aligned with UNHCR's policy. There was also a perception that, given UNHCR's strong international reputation and legitimacy with government actors, the organisation could be more vocal about some AGD issues in its advocacy work – for example, around the closure of the large-scale subsidised accommodation scheme for asylum-seekers at heightened risk (Emergency Support to Integration and Accommodation, ESTIA) in Greece, following the handover from UNHCR to the government, which will disproportionately affect persons with disabilities and older persons.

151. **Over time, within the case study countries, cooperation with a core set of partners that specialise in AGD issues has been deepened,** including in those countries with innovative initiatives for inclusive local integration (Greece, Kenya and Mexico). However, interviews with staff in country operations as well as annual budget

figures per case study country (see Annex 6) underscore that there has been a dearth of budgetary resources (and even funding cuts), which makes it challenging to establish new partnerships in areas of work where UNHCR has less national experience – for example, persons with disabilities, LGBTIQ+ persons and older persons. As such, overall, there was a strong consensus among staff and partners on the need for greater advocacy around AGD, and especially resource mobilisation, to address key gaps in implementation across all of the groups of people with and for whom UNHCR works that specific needs. Partnerships have also been established with NGOs that foster community development and engagement, which is related to the accountability to affected people and participation dimensions of the AGD policy. There was a recognition that in order to realise the AGD principles of participation, non-discrimination and equity at scale within the groups of people with and for whom UNHCR works, the organisation needs to not only leverage more resources but also use existing resources (which are generally diminishing) more strategically and in partnership with others.

152. **An important change that was observed during the three years of the evaluation was the increasing cooperation with refugee-led civil society organisations and networks.** These partnerships included: support in facilitating linkages and information-sharing among refugee networks (for example, in Greece, across the very diverse range of refugee communities, and in Kenya and Mexico); involvement in community outreach activities through volunteer focal points and community outreach workers (Chad, Greece and Kenya); and programme monitoring visits together with UNHCR staff (Greece). More recently, there have been investments in capacity building to apply for and secure funding in the form of small-scale grants from UNHCR to carry out activities directly to support the people with and for whom UNHCR works. Examples include a grant in Greece to the Congolese refugee community to set up a database on community professional skillsets to facilitate access to employment opportunities. However, it should also be noted that interviews with refugees as well as observation in the evaluation case study countries indicated that these refugee organisations often have their own biases, such as a tendency for leadership and meeting spaces to be male-dominated and not to be inclusive of persons with diverse needs, which can lead to very limited involvement of women, older persons and persons with disabilities. In this sense, it is important for UNHCR to promote inclusiveness as a criteria for awarding these innovation grants.

153. **Partnerships with other UN agencies involved in humanitarian affairs related to AGD issues vary across contexts, but are often productive in terms of advocacy efforts.** Joint efforts with UNICEF around child protection issues, including support and services for unaccompanied children and to tackle child marriage, were noted at global, regional and country levels (Greece), and in some cases included the development of a joint workplan (Mexico). Collaboration with the World Health Organization (WHO) around access to national health insurance for the people with and for whom UNHCR works was also key in some cases (Greece). In others, dialogue and action around the humanitarian–development nexus is driving increased participation and exchange with UN partners, including UNICEF and the IOM. In Kenya, for example, partners reported increasing interaction between UNHCR and other UN agencies as a result of the Shirika Plan,[27] which seeks to move away from a policy of encampment and instead promote a

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[27] Initially referred to as the Marshall Plan, the Shirika Plan is an initiative by the Kenyan government, with UNHCR, to implement a comprehensive and sustainable approach to address the refugee situation. The plan includes provisions for safe returns,

new, more integrated approach to the refugee response, including refugee self-reliance. This could be an interesting model to observe in the future, as UNHCR opens itself up to new approaches. In protracted displacement settings such as Chad, partnerships within the UN humanitarian country team are key, while collaboration with partners such as the World Bank and other development actors is becoming increasingly important within the nexus of humanitarian assistance, peace and development.

154. It is also worth noting that UNHCR has also played a key role in promoting collective AAP through the previous Inter-Agency Standing Committee taskforces. The Taskforce's objective is fourfold including: i) promoting more accountable and enhanced leadership, ii) supporting a more inclusive system and architecture, iii) building on existing good AAP practices and lessons learnt and iv) seeking greater funding and technical resources. UNHCR has a leading role in terms of supporting in-country fora to strengthen AAP and enhancing capacities within country.

155. **While Country Offices also put considerable emphasis on fostering strong relationships with government partners mandated with providing services and support to asylum-seekers, refugees, internally displaced and stateless persons, there was a sense that uptake of AGD principles by government partners has been more uneven**. In some cases, such as Chad, Kenya and Mexico, UNHCR was advocating for improved legislation on refugees, and engaging with county-level government on the roll-out of national policies. In other cases, there were important gaps, largely due to capacity issues, but also on account of ideological differences and (in some cases) proactive efforts to deter additional asylum-seekers and minimise support (Greece). To address capacity gaps, secondments of UNHCR and other UN staff to government ministries to build capacity on specific issues (for example, protection of unaccompanied children and adolescents in Greece) were perceived positively, though some key informants noted that it is not always possible to disentangle the relative contribution of UNHCR efforts and support from that of other actors. Some government actors also would welcome closer relations with UNHCR, including information that could help them report on their commitments to international human rights and treaty bodies, and would appreciate capacity building (for example, in the case of Kenya, a request was put to the evaluation team for more support in terms of building the capacity of government staff working on gender around human rights reporting and the specific vulnerabilities facing LGBTIQ+ persons). There was also recognition that because national government ministries are heterogeneous in their approach towards refugees, internally displaced persons and asylum-seekers, there was considerable diversity in terms of alignment on AGD issues across ministries. For example, in Chad, UNHCR enjoys good links with CNARR (National Commission for the Reception and Reintegration of Refugees and Returnees) and the National Agency for Secure Documents (ANATS), but has weaker links with some sectoral ministries, although these are being strengthened – particularly with Education and Health – in line with policies around integration of refugees into national systems. Similarly, in Greece, there are strong links with the Ministry of Labour and Social Welfare and the Special Secretariat for the Protection of Unaccompanied Minors, while the relationship with the Ministry of Asylum and Migration is more complex and, at times, fraught (especially with regard to illegal pushbacks across the border with Turkey, many of whom are unaccompanied adolescents and youth). UNHCR HQ also produces country of origin information that highlights profiles of the people with and for

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alternative stay options in Kenya, and departures to third countries.

whom UNHCR works as being at risk using an AGD lens (e.g. often women and girls, persons with diverse sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC), or children) and which could be used to support and advocate with governments.

156. **The evaluation period has also seen increased collaboration with sub-national governments in some contexts** (for example, governorates in Greece, and state and municipal governments in Mexico) in developing and implementing services and support for the people with and for whom UNHCR works. Examples include a partnership with the Attica governorate to support persons with disabilities to access national social assistance, and partnerships with state and municipal governments to promote the local inclusion of diverse refugees, according to their profiles. For example: refugees with disabilities in the state of Guanajuato, which provides inclusive work options and access to rehabilitation centres; older persons or single parents in the states of San Luis Potosí and Aguascalientes, where care services and community centres are accessible to them; the state of Coahuila for LGBTIQ+ persons, as the state has identified inclusive companies for work and housing; and the state of Querétaro for households with pregnant women or individuals with chronic health issues, as there is good access to public health services for refugees.

157. **Partnership with donors is another area of considerable diversity in terms of AGD issues.** In the case of resettlement, some donors proactively use an inclusion lens – for example, Canada and Australia prioritise LGBTIQ+ persons in their resettlement criteria. In Europe, UNHCR operations benefit from considerable budgetary (for instance, the funding of ESTIA) and technical assistance from the European Union (EU) through the European Union Agency for Asylum.[28] However, this funding was also heavily tied, and so there was limited scope for UNHCR to invest in additional initiatives to strengthen AGD policy implementation. That said, while the funds were exclusively for the scope of the programme, UNHCR and partners managed to use a number of AGD principles to implement the ESTIA scheme. ESTIA provided tailored assistance to people with specific needs and LGBTIQ+ persons who required special support and considerations for their accommodation.

158. **In the case of the US Bureau of Population, Refugees, and Migration, large-scale funding in Mexico to promote integration of refugees (and reduce the numbers crossing the US-Mexico border to seek asylum) has also facilitated the roll-out of tailored economic and social integration initiatives.** The German government has supported the award of university scholarships (DAFI) for young refugees in partnership with UNHCR in several countries.

159. **In terms of data and evidence, UNHCR and the World Bank have established the Joint Data Center on Forced Displacement (JDCFD) to promote evidence-informed humanitarian and development action and inclusive policies.** The JDCFD highlights new publications and data sources related to forced displacement through an online portal (including on AGD issues e.g. gender, disability, children and adolescents, older persons etc.), and engages with external partners to enhance data

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[28] The ESTIA programme was financially supported by the European Commission through the Directorate-General for Migration Home Affairs (DG-HOME) during 2016, and from 2019 to 2021, and by the European Civil Protection and Humanitarian Aid Operations (ECHO) from 2017 to 2018. The programme had received more than 350 million euro from EU funds before it was finally handed over to the Greek government. The detailed implementation arrangements provided under the Grant Agreements signed by UNHCR with the respective EU Directorates foresaw the use of funds exclusively for the scope of the programme, namely the accommodation of asylum-seekers. The programme implementation was closely monitored by the EU delegations/representations based locally, while the use of funds was verified through multiple EU financial checks.

collection efforts on topics related to refugees and IDPs (e.g. health, mental health, Covid-19 effects, labour markets) and curates an extensive database (including with an AGD lens). It also provides thought leadership on analysis relating to the experiences and priorities of persons and communities affected by forced displacement as well as the impacts of programming aimed at supporting refugees and IDPs as can be seen for example in the thematic focus of the 2023 World Development Report which focuses on forced displacement.

160. **Some donors, however, noted that they would like improved access to detailed information** on the people with and for whom UNHCR works in specific contexts (such as Kenya) in order to more effectively target and avoid overlap. In this regard it would appear that more internal and external awareness-raising about the work of the JDCFD and the resources available could be undertaken, as the evaluation team noted that few evaluation participants were aware of the centre or its mandate.

4.5 Likelihood of achieving AGD policy objectives

KEQ 5: To what extent is the implementation of the AGD policy achieving – or likely to achieve – the intended objectives?

161. **There is a broad commitment to AGD principles among UNHCR staff at all levels of the organisation and across teams, and there are systems and processes in place to support the AGD policy.** These include the proGres4 registration and case management system and the new results-based management system (COMPASS), the appointment of AGD focal points, increased focus on and resourcing of accountability to affected people, the participatory assessments, multi-year plans, and strong partnerships. Nevertheless, there are also many significant challenges in achieving the AGD policy objectives.

162. **In terms of the Accountability to Affected Persons dimensions of the AGD policy,** there was increasing visibility towards core actions 1-5 (i.e. on participation and inclusion, communication and transparency, feedback and response and organisational learning and adaptation) over the course of the valuation period. The increasing emphasis on work with and funding of refugee-led organisations represents a major positive trend in terms of **participation and inclusion**, with joint monitoring visits of country programmes simultaneously serving as an important venue for **feedback and response** by country offices. As noted above, however, continuing caution will be required so as to ensure that persons who are less well represented in refugee-led organisations (on the basis of gender or disability or diverse SOGIESC are included through other more tailored mechanisms. In terms of **communication and transparency**, the lessons learned through the Covid-19 pandemic around the contact centres and the emerging detailed guidance and protocols are a good example of adaptive programming aimed at providing context-appropriate and AGD-sensitive communication channels. Given resource constraints and very high demand for information and support, however, ongoing monitoring, flexibility and adaptations will be critical.

163. **In terms of organisational learning and adaptation** the evaluation team was encouraged by the widespread interest among country and bureau staff to share information and learn from other in-country and cross-country contexts and examples. Webinars to facilitate experience sharing and resource packs on promising practices developed by regional bureau and HQ staff were highly appreciated, but there was a strong sense that more was needed and that it had to be routinised and time made within very busy work scheduled to prioritise such learning and reflection opportunities.

164. **In terms of realising the rights of all the people with and for whom UNHCR works, our findings indicate that there is uneven attention and resourcing devoted to the different groups, as well as limited reporting on how the priorities captured through the participatory assessments were taken into account in programming.** First, in terms of *gender*, while there is a relatively strong focus on gender commitments to girls and women, some dimensions (especially GBV) are more

effectively addressed than others, with weaker attention to promoting broader equality and economic and political empowerment. According to staff, gender analysis regularly informs operations through sex- and age-disaggregated data collection (albeit mostly focusing on women and girls). Overall, there was a perception among staff that work with men and boys and on masculinities is less developed. Support to boys, as a group, is provided to a lesser extent than to girls, other than in relation to detention or GBV.

165. **More specifically, there appears to be a strong focus on promoting women's and girls' access to a comprehensive GBV response and associated services across contexts**, which is further strengthened by a standalone complementary GBV policy as well as GBV being included among the 8 new focus areas of the High Commissioner. There is also strong attention to ensuring that girls and women are registered individually (as asylum-seekers or refugees). HQ staff noted that access to comprehensive GBV prevention and response services (including counselling, safe shelters, helplines and legal aid) has been a key priority for UNHCR and partners, with many positive actions taken. These included involving community groups and women from refugee communities in outreach activities, either on a volunteer or staff basis, as in Greece and Thailand, for example; and establishing 'listening centres', as in Chad. Remaining constraints include: weak legal service structures and processes; high levels of under-reporting; lack of specialised female staff; limited work on positive masculinities; and lack of safe houses to protect women from continued abuse.

166. **By contrast, in terms of equal access to and control over non-food items and cash assistance, and because food and cash transfers are provided to household heads (typically male), there is less focus on unequal power relations within the household and thus the risk of unequal distribution of non-food and cash assistance packages.** Similarly, there does not appear to be a strong focus in any country on ensuring equal access to education for girls. In Greece, for example, the Ministry of Education was not able to provide gender-disaggregated data on school attendance, and the UNHCR Country Office was not actively following this up, despite girls from Afghan and Syrian families (for instance) being at high risk of child marriage and school dropout. In other countries, however (Chad, for example), there have been concerted efforts to promote girls' education through awareness-raising campaigns, efforts to recruit female teachers in camps, provision of 'dignity kits' to girl students for menstrual hygiene management, the establishment of girls' clubs, and creches for children of girl mothers and female teachers.

167. **In terms of ensuring that women and girls have equal opportunities for participation and decision-making, HQ staff felt that women's representation in management structures and committees has provided a conduit for communication of gender-specific concerns, and boosted women's leadership skills, awareness of their rights, and self-confidence.** This was the case in Chad, for example. However, continuous nurturing and support are needed to counter discriminatory social norms and practices that continue to privilege men and limit women's influence over decision-making in practice (for example, awareness-raising/ training sessions conducted in camps on gender equality in Thailand were underlined as important). Moreover, our case studies highlight that camp committees are often male-dominated (for example, in Greece), and/or that such structures were not widespread outside of camp settings.

168. In the case of **LGBTIQ+ persons**, **the evaluation found that UNHCR has no**

comprehensive approach to addressing their vulnerabilities and needs, reflected in a very wide range of prioritisation among Country Offices. In countries where same-sex relationships are illegal (such as Chad), there is very limited scope for action but also limited guidance on what sorts of activities, including data collection, could be undertaken without putting staff or the people with and for whom UNHCR works at risk. In other countries, the challenge is less about the legal context but more about a dearth of prioritisation and budget on the part of the Country Office (as in Greece, for example), where there are links in terms of information-sharing through working groups but no resourcing to support organisations with technical experience as implementing partners. In Thailand, where the challenge is also mostly about resources, the evaluation team noted initiatives by UNHCR to improve information-sharing, communication and engagement with the people with and for whom UNHCR works, aimed at supporting participation and voice, and creating a safe space for information sharing and peer to peer interactions as well as psychosocial support. LGBTIQ+ persons in any case indicated a preference for one-to-one meetings with UNHCR staff or counselling services outside, rather than within, the community.

169. **There are, however, some important exceptions among our case study and comparator countries – namely Mexico and Ecuador. In Mexico, UNHCR has made its work to support LGBTIQ+ persons more prominent and visible in its partnerships**. For instance, all of its partners working on GBV are required to address issues of GBV among LGBTIQ+ persons. As part of its partnership work with COMAR, the government agency in charge of registering asylum-seekers and awarding refugee status, UNHCR has provided training on GBV, child protection and gender-responsive approaches, and understanding the needs of LGBTIQ+ persons. It also has a specialised partner, UMA, which provides support to LGBTIQ+ persons.

170. **More recently (2021), UNHCR has been working with the Office of the Independent Expert on sexual orientation and gender identity, on the concerns of LGBTIQ+ persons who are refugees. This work is supported by a multi-stakeholder group comprised of key NGOs and other UN organisations and some refugee and leaders among the LGBTIQ+ community.** A working group consultation process, the 2021 Global Roundtable on Protection and Solutions for LGBTIQ+ People in Forced Displacement, held in June 2021, proposed recommendations across a range of themes identified in a background paper. This initiative is supported by 20 'friendly' states (including Argentina, France, Germany, Malta, Nordic countries, Spain and the United States). During this process, there was consensus that training resources on the issues facing LGBTIQ+ persons are very limited, though there are increasing initiatives by global learning and development services to provide regionally tailored training and support.

171. **UNHCR has developed a range of training packages and resources.** It developed a joint training package with the IOM, which was tested and updated every other year (a new version was made available to field staff in late 2021). It has also developed: the foundational e-learning, launched in October 2021, which is for all staff and is regularly advertised; the Need to Know guidance updated in 2021; and the inclusion of LGBTIQ+ elements in other protection training, such as examples of integration of SOGIESC-related content, including in refugee status determination (RSD) learning products. For example, the Interviewing for Protection Learning programme focuses on protection-oriented interviewing techniques and integrates content (scenarios, case studies) on how to conduct interviews with LGBTIQ+ persons in a sensitive manner.

The training incorporates an advanced learning pathway specifically dedicated to RSD practitioners both where UNHCR conducts RSD under its mandate, and in operations working with national asylum systems. UNHCR also continues to undertake capacity development activities for the legal community, in particular bar associations and judges. Those activities focus on the legal issues and considerations arising in SOGIESC claims and aim to promote the consistent and correct interpretation and application of the 1951 Refugee Convention.

172. In terms of ***vulnerabilities based on age***, across contexts, **the evaluation found no comprehensive approach for older persons**, even though (due to greater likelihood of chronic ill-health and disability) they tend to be key beneficiaries of cash transfers, health care and other forms of social assistance. This is further reinforced by the dearth of personnel at HQ and regional levels with technical expertise on older persons. Currently, the advisor for disability also has older persons within their mandate, but realistically this is approximately 10%–15% of a single staff member's time. This limited attention is mirrored at country level. In some contexts, such as Thailand, there was recognition of the needs of older persons but frustration about the limited capacity to act to meet those needs. There was also strong consensus that voice is not enough when resources are so constrained, especially in the case of older women who, due to discriminatory gender norms, are further disadvantaged and even more so in the case of those from the Muslim community. A partial exception among the country case studies was Kenya, where, during the pandemic, older persons from the refugee community were supported to access health care via telehealth, case management, and counselling, as well as reintegration following quarantine. Another exception is the Mexico operation, which is supporting older persons aged 60 to 70 in particular, aiding their productive inclusion through companies that are interested in employing people within this age profile.

173. At the other end of the age spectrum, **there appears to be a relatively strong focus on the rights and needs of unaccompanied children and adolescents, which is an increasingly important issue in regions such as the Americas, but often less focus on the needs of children more broadly.** The Country Offices in Ecuador and Greece stood out as having strong relationships with partner organisations and relevant government agencies. Despite this, there was a general consensus that available resourcing is inadequate to tackle the depth and breadth of the challenge of meeting the needs of children at heightened risk, which is a resource-intensive area. There is a growing focus on child marriage, especially in Asia, demonstrating an intersectional approach, facilitated by close cooperation between staff working on GBV and child protection.

174. **Interviews with HQ staff identified an important new initiative between UNHCR and UNICEF involving the development of the Blueprint for Joint Action for Refugee Children to accelerate joint efforts in line with the Global Compact on Refugees.** This is a renewed partnership to promote and protect the rights of refugee children and the communities that host them by ensuring that they are included in national plans, budgets and service delivery systems. The current blueprint framework spans Child Protection, Education, and Water, Sanitation and Hygiene (WASH), across 10 countries (Bangladesh, Cameroon, Ecuador, Ethiopia, Honduras, Indonesia, Iraq, Lebanon, Libya and Rwanda).

175. **In terms of youth (15–24 years), the picture was much less positive. Overall,**

there is a recognition that youth face specific challenges, including a lack of

livelihood prospects and substance abuse risks, and that there is an urgent need for a greater focus on training and skills development. However, again, resourcing is extremely limited. Moreover, there is currently a dedicated staff member focusing on youth within the Division of International Protection but the post will be discontinued at the end of 2023 due to a re-prioritisation within the Division. It has also been decided not to accept further funding for youth empowerment projects (for example, from the US Bureau of Population, Refugees, and Migration) and instead to seek to mainstream youth support within other programming. At the same time, there is a discussion with other Divisions at HQ on shifting the centre of gravity on youth-related activities, to prioritise aspects of education and livelihood, which reflect the priorities recurrently highlighted by youth. Among the case study countries, however, where such projects existed (for instance, Greece's Migratory Birds participatory adolescent and youth media programme, through radio and newspaper; and in Mexico, UNHCR's support to youth collectives, financing their participation in national, regional and global fora to voice the specific needs and proposed solutions by youth; Mexico also plans to develop a youth strategy in 2023), the feedback from young people and their mentors was very positive. In Thailand, while UNHCR has limited resourcing for youth, it was noted that this is a group that is able to organise, including through activities supported by partner organisations (e.g. holding elections and support for developing democratic structures in youth clubs). It was noted that more could be done with this potential for agency; however, insufficient resources inhibit the ability to address the needs articulated by youth, in a context of very limited opportunities for youth to access education, training and livelihood options. Notably, UNHCR is not involved in education or livelihoods programming in Thailand, except among the urban population, with whom UNHCR is heavily involved in education and, to a lesser extent, livelihoods.

176. **In terms of persons with disabilities, our case study findings underscore that there is growing awareness of the need to focus on this particular group of people with and for whom UNHCR works (especially with the introduction of the Washington Group Questions). Yet there is still limited focus on technical expertise and partnerships that promote inclusion of persons with disabilities generally, and particularly persons with different types of functional difficulties.** Even where there are initiatives to support persons with disabilities, they are often very small in scale. For example, in Greece, UNHCR's partnership with the Ministry of Labour and Social Assistance for shared housing for persons with disabilities involved only a handful of beneficiaries, while the partnership with the Municipality of Athens to support refugees with disabilities to access social assistance has operated on a similar scale to date. Thailand is an important exception, where there appears to be a reasonable level of awareness about the specific needs of persons with disabilities but limited resources to promote their inclusion. Resource constraints around the inclusion of persons with disabilities were also reported in comparator countries. Similarly, in Mexico, local integration pathways with a focus on persons with different functional difficulties have also been developed. UNHCR Mexico signed a memorandum of understanding with Guanajuato state, through two institutions (the Secretary for Migrants and International Cooperation and the Institute for Persons with Disabilities - INGUDIS), also including a specialised stakeholder, the Mexican Coalition for the Rights of Persons with Disabilities (COAMEX) as a way to implement robust protection

and solutions responses for this community. Additionally, in two states, UNHCR has established partnerships with inclusive companies that employ persons with disabilities who are able to perform specific activities. The municipal governments with whom UNHCR has partnered conduct ability tests to determine what types of work people can engage in and UNHCR helps match them to an appropriate employer. These municipalities have developed a package of support including housing options, inclusive transport, accessible health services and some care alternatives, all of which support the effective inclusion of refugees with disabilities.

177. **UNHCR Country Offices that focus on advocacy rather than on programme implementation**, such as Poland (pre-Ukraine crisis), also noted that while staff are aware of the AGD policy, they find it challenging to incorporate into their work without more detailed guidance.

178. Finally, one issue that was raised by many evaluation respondents at all levels (HQ, Regional Bureaus and Country Offices), especially in year 3, was that of **intersectionality – that is, the need to adopt an intersectional lens for programme design and for HQ to support staff to do this by providing more guidance and tools.** There is a toolkit on AGD and intersectionality, but evaluation respondents at country level were unaware of this. This focus includes, for example, how age intersects with other dimensions of need, such as children with disabilities, or LGBTIQ+ children, or adolescents. Some staff also noted that more attention was needed around the breadth of the 'D' in 'AGD' – diversity – and especially to encompass vulnerabilities linked to: geography (for instance, vulnerabilities related to livelihood and climate shocks, or remoteness from services); displacement status (for example, internally displaced persons in Chad); ethnicity (for example, in Thailand); and how community organisations may be structured on the basis of ethnic and religious identities that can create barriers to participation by some groups. Similarly, staff noted a need for more attention to language and the importance of accommodating different language needs as much as possible and in collaboration with NGOs.

4.6 Lessons learnt and promising practices identified.

KEQ 6: What lessons learnt and examples of promising practice are emerging from the AGD policy implementation in case study countries, at HQ, and in UNHCR as a whole?

179. A number of key lessons emerged across the country case studies that could inform guidance on how to strengthen the implementation of the AGD policy. Here we map out three broad clusters, concerning lessons for UNHCR on: (1) relations with the people with and for whom UNHCR works; (2) staff resourcing and organisational culture; and (3) partnerships. For each lesson, we provide ***examples of promising practices from the case study and comparator countries in*** *blue text*. We have given examples from different levels (HQ, Regional Bureaus, Country Offices and Field Offices) to provide a flavour of the type of initiative that could, if scaled across contexts, contribute to strengthening implementation of the policy.

4.6.1 Lessons on relations between UNHCR and the people with and for whom UNHCR works

180. ***Using findings obtained from feedback from the people with and for whom UNHCR works to inform programme design and improvements:*** Participatory assessments (often conducted annually) were consistently identified by all staff as being critical to promoting a feedback loop between UNHCR and the people with and for whom UNHCR works, but there was a general consensus that findings from these assessments need to be more systematically integrated into programme design and adaptations, and there needs to be monitoring to assess follow-up over time. As well as the participatory assessment exercises, and especially in resource-constrained settings, there are opportunities to capture feedback from the people with and for whom UNHCR works while carrying out other data collection exercises (such as joint UN assessments, CBP community engagement, routine programme activities and protection monitoring) and also by proactively involving the people with and for whom UNHCR works in regular programme monitoring visits (see also Box 1).

181. ***In camp-based settings, there was also a recognition that representative structures for the people with and for whom UNHCR works can provide valuable feedback*** (although proactive efforts are needed to counter a tendency towards domination of these structures by men and adults, and to support women and youth to take up opportunities for voice and agency through continued nurturing and support). However, this is sometimes more challenging to coordinate and support in settings involving internally displaced persons (where UNHCR may have a weaker presence) as well as among urban refugees (who may live geographically dispersed among host communities). In the latter case, some countries have made innovative use of communications technologies. Overall, support to refugee-led organisations has been strengthened over the course of the evaluation period. This has included through small grants to refugee-led organisations as well as the Refugee-led Innovation Fund which is a grassroots approach whereby people who have experienced forced displacement are directly provided with financial resources and support (including project management, technical support, peer-to-peer networking among others) to implement innovative approaches.

> **Box 1: Promising practices on integrating the perspectives of the people with and for whom UNHCR works**
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> o In Chad, interviewees identified support and nurturing of camp-level representative structures as a promising practice, especially for women. Moreover, long-term investment in community structures, participation and behavioural change among the people with and for whom UNHCR works is bringing dividends in terms of increased self-confidence and overall empowerment among women that may not always be fully visible or recognised, and which merit documentation as a form of 'success story'
>
> o In Kenya, there have been efforts to harness refugees' skills and resources – for example, involving refugees as teachers in camps and as monitors of water, sanitation and hygiene (WASH) programming during the pandemic.
>
> o In Thailand, the regular process of visiting camps and urban populations to consult with the people with and for whom UNHCR works holds promise for more inclusive programming. Informal practices adapted to opportunities in context (noting sub- national variation, and variation in voice and participation capacity) could be documented for cross-country learning purposes.
>
> o In Greece, representatives from refugee-led organisations have started to accompany UNHCR staff on monitoring visits to implementing partners to provide feedback in real time.
>
> o In Chad, an innovative and timely 'Show results' exercise has been initiated (2023) as a consultative process with partners and affected people in all localities. It is a means of documenting what has worked and what has not; results are feeding into the 2023–24 planning cycle with (among other things) efforts to promote livelihoods and economic empowerment as a key focus area.
>
> o In Mexico, since 2021 there have been specific activities to disseminate results from participatory assessments and explain how UNHCR seeks to address key priorities. For this, UNHCR uses social media as well as in-person community meetings and regular focus groups with the people with and for whom UNHCR works in several localities. In addition, findings from participatory assessments were analysed and presented at the Country Office and each sub-office prior to the 2023–24 planning cycle, with recommendations to ensure that some of the key actions were included.

182. ***Investing in diverse information and communication channels***: Given the different levels of connectivity and capacity (both know-how and affordability) among the people with and for whom UNHCR works, it is vital that information is disseminated through multiple channels – including radio, telephone helplines, written formats, internet and social media platforms, community noticeboards, at health centres, through social workers, and in multiple languages, with adaptations for persons with disabilities, for

children, and for persons unable to read. This is an area that appears to have grown exponentially in terms of organisational prioritisation and, in all countries (case study and comparator), has seen marked improvements since the baseline evaluation. These improvements include having dedicated staff resources to develop guidance on the design and roll-out of adequately resourced 'contact centres' (online and telephone-based helpdesks) following extensive learning during pandemic-related lockdowns. However, respondents also noted that it is critical that resources such as helplines and touchscreens need to be matched with adequate human resources and capacity, otherwise they risk being 'tick-box' exercises only (for example, the closure of digital kiosks in Kenya due to excessive demand) (see also Box 2).

Box 2: Promising practices: information and communication channels

o   In Chad, community radio has proved to be an effective way to support learning opportunities for young people out of school during the pandemic, and more broadly as a potent communication tool in refugee camps.

o   Also in Chad, there has been a pilot initiative to harmonise accountability mechanisms to make them more effective, and there is now more oversight via an inter-agency platform for complaints through a face-to-face mechanism that is also digitalised by the NGO INTERSOS in Lac province.

o   In Mexico and Greece, UNHCR has invested in the creation of detailed service maps for the various services that refugees can access across the country, which provide locations, service overviews and contact details.

o   In Mexico, Communication with Communities has become increasingly innovative to respond to diversity, including: podcasts, Twitter spaces, radio capsules, videos by refugees to provide information, videos in different languages, helpdesks in different languages, use of social media, theatre, and presence at diverse events (music festivals, local community events, etc.). There has also been an overhaul of the feedback and response mechanism based on an analysis of what is working and what is not.

o   Based on feedback from the 2021 participatory assessment, Greece has diversified its communication channels by launching a Facebook information page for refugees, and adding audio-visual material to its Help website, available in nine languages.

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183. ***Strengthening approaches to addressing the vulnerabilities of the people with and for whom UNHCR works based on gender, age, disability, LGBTIQ+ and socioeconomic inequality within camps and shelters in a more systematic manner***: The humanitarian context often results in uneven attention to addressing these risks, especially where UNHCR is not the lead implementing agency. Interviewees highlighted the need to establish robust minimum standards and monitoring to address risks more systematically and to strengthen UNHCR's role in providing sector actors with an overview of AGD-related risks that need to be addressed, but not necessarily directly by UNHCR – not least because of declining

budget resources. Key informants further underscored the importance of evidence to inform programme design and address barriers to entry into protective structures for the people with and for whom UNHCR works, including embedding AGD-related data and evidence within partner proposals and contract deliverables.

184. In the case of socioeconomic vulnerability, ***data for targeting of assistance on this basis must be appropriately updated*** in a continuous manner to accurately reflect the dynamic nature of poverty and vulnerability both for individuals and households, and to fairly allocate assistance to those most in need. Similarly, ***livelihood support*** is a crucial element for durable solutions, particularly in situations of protracted displacement (such as Chad). There is a need for a clear strategy and mobilisation of additional resources and partners to develop opportunities for economic inclusion and to support the livelihoods of refugees, internally displaced persons and host communities. In an analogous situation, especially in the context of funding cuts, respondents repeatedly underscored that many services are overstretched, which means that referrals to services and support are often just on paper and do not constitute real solutions to the problems facing the people with and for whom UNHCR works (see also Box 3)

Box 3: Promising practices in how data is used to support AGD programming

- Kenya's Kobo-based questionnaire enabled a more comprehensive and larger sample of the people with and for whom UNHCR works to be involved in participatory assessments, thus strengthening the evidence base to inform and tailor programming to maximise AGD outcomes.

- In Thailand, post-distribution monitoring gathers refugees' feedback on receiving cash assistance. The assessment format explicitly captures AGD information and needs.

- In Mexico, dashboards are being developed so that different teams can make better use of more visible and accessible data for planning. This implies, for example, having a 'protection' dashboard, which presents key protection statistics. Similarly, some dashboards have been developed for different AGD dimensions (age groups by gender, disability) and more could be developed based on other diversity dimensions (such as ethnicity and linguistic origin, or gender diversity). Dashboards can be very useful planning tools if designed correctly. There would need to be collaboration between community-based protection and registration teams to maximise the utility of this tool, but management would need to support and encourage use of dashboards so that staff invest sufficient time initially in learning how to use them so that they then become an effective tool that is used regularly.

- In Mexico, cash-based intervention targeting (currently using a scorecard developed specifically for Mexico by a team that includes community-based protection and registration staff) is designed to account for specific gender vulnerabilities such as pregnancy, diverse SOGIESC, and negative coping strategies such as child marriage.

- In Bangladesh, UNHCR provides training for partners on the UNHCR Gender Equality Marker as a prerequisite for submitting proposals. It also requests that partners nominate an AGD focal point to liaise with their counterpart at UNHCR.

- In Greece, there is coordination by a network of refugee volunteer focal points who can share information and assist with service uptake by refugees from their respective communities in Attica and Thessaloniki. However, there are challenges with high turnover due to frequent onward travel by refugees to other parts of Europe, and the limited financial viability of volunteer roles with only small honorariums to cover costs.

- In Chad, a series of dashboards and fact sheets produced over the course of the year (as well as previously) reflect UNHCR's commitment to the collection and utilisation of disaggregated data on diverse themes. Moreover, the report of the AGD participatory exercise conducted among Cameroonian refugees (2022) is exemplary for its clear and complete presentation of both qualitative and quantitative findings from different among the people with and for whom UNHCR works, as well as its matrix of follow-up actions for monitoring of results.

- In Mexico, the *Tu Sí Puedes* (Yes You Can) customised local integration pathways successfully raised local awareness about specific needs, and created an efficient mechanism to provide tailored local integration support for persons with disabilities (León, implemented in partnership with INGUDIS, ICRC and UNHCR), single-headed

households (León, Casas del Cuidado del Bajío), and people who need follow-up on a medical condition or treatment (Aguascalientes, USCII). A specific local integration pathway for LGBTIQ+ profiles is currently being designed in Mexico City with the support of a local organisation (Casa Frida). The *Tu Sí Puedes* programme allows the operation to implement SPN-sensitive local integration support for refugees of different age, gender, and diversity profiles. Thanks to persistence and identification of relevant opportunities and partnerships, the mechanism has expanded and is now well funded, mainly by private sector actors (80% of the budgetary requirement), and other contributions (including the US Bureau of Population, Refugees, and Migration, the European Union, BMZ, as well as individual donors in Mexico and the United States).

o In Kenya, there are innovative pilots to integrate refugees into existing government social protection schemes, including a group entrepreneurship scheme where urban and camp-based refugees are trained alongside Kenyans, allowed to work as a group, open a bank account and register a business. Two-thirds of the groups are comprised of women, and once formed, group participants are linked to other types of support, such as government revolving funds. In the case of the national health insurance fund, 25,000 out of approximately 90,000 urban refugees have been granted a card, as have 45,000 refugees in Kakuma camp (although none yet from Dadaab), based on vulnerability criteria should individuals or families fall ill. UNHCR currently covers the fees but will gradually phase this out and ask people to cover the costs directly. UNHCR is also replicating a government scheme for older persons (aged 70 or over) in the hope that over time, it could be integrated into the government scheme.

o In Thailand, AGD criteria have also been used to select urban beneficiaries for cash grants.

o In Kenya, UNHCR is currently running a parallel system in terms of management and finance of more than 100 refugee schools, but the system is aligned with government systems in terms of curriculum, calendar, national examinations and following government rules and regulations – in the hope that in the future, these schools can be integrated. In urban areas, children join government schools for primary grades. For children with disabilities, UNHCR currently follows an approach where they are educated in dedicated classrooms by special needs teachers but over time there will be efforts to align with the government's emphasis to introduce a more mainstreamed approach. At secondary level, for the first time, through the World Bank/International Development Association funding window, there were 4,000 scholarships for children to attend government-run schools. The criteria were that the children had to have attained certain pass marks in Kenya Primary School Education exams and, for Dadaab, these should have been 55% for girls, 45% for boys, and 5% for children with disabilities. Dadaab managed to include 48% of girls only, the rest of the spaces went to boys.

4.6.2 Lessons related to staffing and organisational culture

185. ***Strengthening staff resources to lead on AGD principles***: There was a strong consensus among respondents at all levels that responsibility for implementing the AGD policy, including both its principles and approach, must go beyond protection officers. Implementing the AGD policy effectively presupposes clear knowledge of its full scope and its specific commitments, which is not currently the case. The AGD policy must be embedded within UNHCR's broader working culture and should be championed by senior leadership at HQ, within Regional Bureaus and in Country Offices. In this regard, a key theme that emerged during the evaluation was that although there is a need to improve reporting on AGD, this must be matched with engagement, training and accountability mechanisms for staff and partners alike (see also Box 4).

Box 4: Promising practices in terms of staff and organisational resources to champion AGD principles

o In Bangladesh, the Country Office has developed an AGD focal point system whereby units (e.g. WASH, livelihoods, child protection) nominate a national colleague (to reduce turnover issues and improve institutional memory) to act as the AGD focal point for their unit. These focal points are responsible for coordinating with and training AGD focal points within partner organisations, to ensure that proposals and activities are AGD compliant.

o There is a community-based protection (CBP) community of practice on UNHCR's SharePoint platform. It holds various tools, resources and examples, and is an interactive platform where people can find Q&As, quarterly updates, and can upload articles.

o In Mexico, in-depth AGD policy training – with examples of what the AGD policy means for different areas of the operation – has been carried out as part of an intensive, office-wide CBP training.

o In Mexico, a specific AGD policy implementation workplan has been developed in 2023, with key priorities and steps to achieve them, involving different units, not just Protection. An AGD multi-functional team has been set up to follow up on its implementation.

o At HQ, an information and communication needs assessment tool implemented as a survey was introduced after starting a new communications channel to see if the service or the channel is aligned to preferences of the people with and for whom UNHCR works.

o A GBV policy monitoring tool includes training materials for staff from all parts and cadres of the organisation (including HR) to orient them, provide tailored materials and to clarify any misinterpretations.

o The Child Protection team has developed guidance on programme design to tackle child marriage.

> o Content on AGD is being systematically integrated into the organisational handbook in chapter 4.

186. ***Prioritising enhanced reporting on and assessment of AGD policy implementation***: The evaluation found a widespread view that there is considerable scope to strengthen UNHCR's assessment and reporting on AGD policy implementation. This includes the need for a clear implementation plan with more specific AGD indicators linked to policy implementation to measure progress, which could be monitored annually by the Division of Strategic Planning and Results (DSPR) and programming colleagues. While the new results-based management system (COMPASS) is seen as an important part of addressing this, there was some caution and varying views about how effective this approach will be. Some interviewees expressed concern that it may not provide a sufficient level of detail and nuance, and could be challenging to access (the problem of 'data lakes' – i.e. the very large quantities of data that are being generated by the new system but which are difficult for staff to access and navigate). Incentives for buy-in, including incentives linked to career progression, could be helpful.

187. ***Building on and further strengthening disaggregated data collection, analysis and communication/ dissemination***: Disaggregated data is vital as a basis for planning and response; statistical data displays by UNHCR are appreciated by all actors. There is a need for continued efforts around internally displaced persons and complementary use of qualitative data as well as other national datasets, especially in contexts where UNHCR hands over control of registration or major durable solution programmes (for example, accommodation or cash) to government partners (such as in Chad, Greece and Kenya). Some interviewees, especially from donors, also emphasised that while UNHCR collects large amounts of data, donors are more interested in the analysis of that data. Rather than coming to donors with general appeals for funding, donors are demanding analysis according to categories of vulnerability, so that targeting can be more effective. While flexible funding is important for UNHCR, as is the ability to respond nimbly to emerging AGD-related risks and vulnerabilities, there is simultaneously a need for UNHCR to present donors with targeting choices, not just appeals for blanket funding, in a global context of ever-dwindling resources.

188. ***Considering sanctions for non-compliance with AGD principles***: The evaluation highlights a perception that the AGD policy is 'toothless', particularly compared to (for example) protection from sexual exploitation and abuse (PSEA). UNHCR staff highlight the PSEA Admin Instructions as an effective mechanism to enforce compliance, including mandatory training for all staff and close monitoring of HR/Supply/Protection/Programming systems, with non-compliance having potential consequences for staff. When it comes to AGD, compliance is not enforced. Some staff suggested that including AGD implementation responsibilities in job descriptions and performance monitoring – with specific indicators used to monitor these – could encourage greater attention to AGD and greater investments and resourcing for it.

4.6.3 Lessons related to partnerships

189. ***Invest more in partnerships with NGOs and other UN agencies to make implementation and monitoring more sustainable***: Partnerships among national and sub-national actors, and among humanitarian and development actors (including through cross-agency working groups and specialist networks such as organisations working on disability inclusion or LGBTIQ+ rights) are critical for effective implementation of AGD principles. During Covid-19, UNHCR found that it was important to be able to rely on local partners to continue programme activities (see also Box 5).

Box 5: Promising practices in terms of NGO and UN partnerships to promote AGD

- In Kenya, the private sector got involved in supporting economic empowerment of refugees (for example, with the launch of the Kakuma and Kalobeyei Challenge Fund, backed by the International Finance Corporation). This enabled better economic integration and self-reliance of displaced populations and host communities through investment in local entrepreneurs, and by providing incentives to the private sector to provide opportunities for refugees.

- In Ecuador, UNHCR refers unaccompanied children and adolescents to partners but tracks progress with multi-functional teams. It also works with the government to identify families who can host unaccompanied children and adolescents until they can be reunited with their own families.

- In Greece, UNHCR works closely with partners to implement a Supported Independent Living scheme for older unaccompanied adolescents, helping them develop life skills as well as legal and financial literacy skills.

- In Greece and Kenya, partnerships with NGOs have helped to roll out large-scale cash and accommodation programming for asylum-seekers and refugees at heightened protection risks. Drawing on local expertise and community networks and connections has allowed rapid scale-up of programming.

- In Chad, two examples of partnership, with the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA) (2022), exemplify the importance of pooling forces and creating synergies around areas of common concern, and highlight the role that UNHCR can play in mobilising other actors to include refugees in their activities.

- In Mexico, UNICEF and UNHCR have developed a joint workplan delineating each agency's responsibilities and areas where they will lead to meet the protection needs of unaccompanied children and adolescents, as well as other children on the move facing protection risks.

- The Global Academic Network is a partnership based on solidarity between academics in the Global North, the Global South, refugee scholars and those living in exile. It involves 17 universities that have pledged to support the Global Compact until 2023.

- o UNHCR's partnership section holds NGO consultations monthly at HQ, on a range of topics, with representatives from NGOs worldwide.

- o Several operations, such as Myanmar, Somalia and Yemen, contributed to wider institutional coordination and collaboration by sharing their AGD-disaggregated data within and outside of UNHCR (while still complying with confidentiality, data protection and security requirements).

- o In the global Risk Communication and Community Engagement Collective Service, UNHCR co-chaired a subgroup on refugees, migrants and internally displaced persons. This led to the publication of inter-agency guidance on best practices on risk communication and community engagement, which was widely shared.

- o In Thailand, UNHCR has partnered with COERR (an NGO working on child protection) to facilitate a training workshop led by the community. On the basis of this, it co-developed a child protection referral system and related trainings in the camps for community-based stakeholders.

190. ***Invest in strengthening the capacity of government partners***: Secondments of UN staff to support government agencies responsible for providing services to asylum-seekers and refugees emerged as an effective approach to strengthening programme implementation based on AGD principles. There have also been efforts to work closely with sub-national or municipal governments (for example, in Greece and Mexico). Such partnerships have been positive, not only for local integration but also in terms of promoting peaceful coexistence and local participation.

191. ***Partnerships with governments can inevitably be challenging and do not always follow a positive trajectory in terms of roll-out of AGD commitments***: Examples include the closure of ESTIA in Greece by the Greek government following handover of the accommodation programme for groups at heightened protection risks to the government, and in Kenya, backlogs following the handover of the registration process to government (see also Box 6).

Box 6: Promising practices in terms of government partnerships
o In Greece, UNHCR secondments are helping to provide alternative care arrangements for unaccompanied children and adolescents.
o Also in Greece, in 2020, UNHCR was supporting the development of a new website for the government to support its implementation of the cash assistance programme for refugees. This was seen as an important opportunity to promote and embed sustained use of disaggregated data within the programme. However, some staff raised concerns about the risk of losing this data when the programme is handed over, which would mean less opportunity to use the data for purposes of accountability to the people with and for whom UNHCR works.
o In Thailand, UNHCR is working with the government on policy change on detention for children and on alternatives to detention to alter conditions for detained refugees.
o In Chad, among sectoral governmental partners, UNHCR maintains particularly close collaboration with the Education and Health departments in line with the policy of integration of services for refugees into the national system. The process is furthest along in education, where there is a national focal point for refugee education within the Ministry. Also, a National Refugee Education Strategy 2030, jointly produced by the Ministry and UNHCR, incorporates AGD principles in its focus on quality education for all without discrimination, including girls and children with disabilities. One of the strategy's objectives is that disaggregated statistics on refugee students are to be included in the national Education Management Information System (EMIS); another is that parents' associations are supported for participation in school management activities and committees.
o Since 2018, UNHCR in Mexico has supported COMAR (the Mexican Commission for Refugee Assistance), its main government partner, which is responsible for refugee registration and status determination procedures, as well as facilitating links to other government agencies through a quality assurance initiative that has included efforts to improve data collection and capacity building on AGD principles, particularly around child protection and GBV.

5. Conclusions

192. **The evaluation team's findings point to a well-established AGD approach that relies mainly on Protection staff, regular participatory assessments, and the strength of UNHCR's system for registration and identity management, PRIMES**, in particular the proGres registration and case management system. Although there has been considerable progress in rolling out the latest version (proGres4), providing training for partners and promoting its use, there is still scope to harness its full potential. More importantly, there is potential for UNHCR to play a more substantial role in guiding programming for partners and donors through more strategic use and analysis of the AGD data it collects.

193. **The lack of a clear roll-out strategy and clear accountability mechanisms have limited the intended impact of the AGD policy.** Lack of a clear roll-out strategy means the policy has not been as effective in achieving its goal of reinforcing UNHCR's longstanding commitments. Moreover, the very limited intersectionality analysis undermines the policy's underlying rationale that 'understanding and analysing the impact of intersecting personal characteristics on people's experiences of forced displacement or statelessness is necessary for an effective response'. Without clear accountability mechanisms in place, operations have mostly continued with 'business as usual'. In particular, the AGD approach is still not always seen as part of life-saving humanitarian response. However, the Hawthorne effect[29] was observed during the evaluation, with participating operations increasing their focus and showing progress in the areas highlighted by the different reports.

194. **The evaluation findings point to the need for more meaningful involvement of the people with and for whom UNHCR works, especially in UNHCR governance and accountability structures, to enable them to provide feedback to programming beyond the participatory exercises, and to ensure better information flow.** While AGD focal points can design useful participatory methodologies, their primary limitation (as reported in both case study and comparator countries) is that they are unable to secure participation on a larger and more meaningful scale. There is a disconnect between the feedback collected through the participatory assessments and incorporating that feedback into future planning. In some cases (such as Ethiopia or Mexico), there is a sense that colleagues use the feedback productively, but there is no mechanism to catalogue how UNHCR as an organisation has responded to it. Furthermore, there is rarely any attempt to share the outcomes of the process with the people with and for whom UNHCR works or even with partner organisations. However, the nascent trend of including the people with and for whom UNHCR works in regular monitoring visits to implementing partners' programmes is an important development that could strengthen their involvement even further, not just in monitoring but in the full programming cycle, and in doing so make better use of existing resources within communities. Community-based Protection is also a promising approach for promoting the active engagement of the communities with and for whom UNHCR works (in and outside of camp settings), establishing a two-way communication channel, and promoting informal community leadership that can build on effective participation.

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[29] The Hawthorne effect refers to changes in behaviour by persons who are the subject of a study or evaluation due to their awareness of being observed.

195. **There is a need for clear, streamlined and practical guidance that helps operations to prioritise intersectionality analysis. This is because of the enormous diversity of needs and vulnerabilities among the people with and for whom UNHCR works and the gap between needs and resources**. In particular, staff and partners emphasised the complexities of dealing effectively with all dimensions of diversity, and especially evolving vulnerabilities, as displacement contexts and related political economy dynamics change over time. These evolving vulnerabilities include those linked to: displacement status (for example, among internally displaced persons in Chad); livelihood profiles and urban/rural backgrounds; length of time in the country (newly arrived versus long-term residents); and new complexities arising from profiling exercises determining the degree of vulnerability for rationing of assistance (for example, among asylum-seekers in Greece since the change of government in 2019). UNHCR HQ staff also emphasised that it is vital to find ways to engage and support Country Office staff with practical guidance on how to integrate AGD principles into their daily work – beyond just sharing policy documents – and to ensure that staff have clarity about the role of AGD when prioritising limited resources and context- and sector-specific ways in which this could be achieved. Some interviewees suggested that creating communities of practice to share emerging promising practices – even if modest in scale – would help promote innovation and learning around applying AGD approaches. Although several communities of practice already exist (on CBP, Child Protection and AAP) with common Microsoft Teams channels, given the suggestion by evaluation interviewees it is clear that they need to be significantly better socialised across regional and country operations. Further centralising available resources would also facilitate access to existing tools by field staff, building on the AGD Promising Practices series produced by the Division of International Protection.

196. **In terms of human resources, the case study findings suggest a need to better understand existing resources through mapping and to strengthen capacity to encourage consistent and strategic use of the AGD data that is generated across operations, not just by Protection staff.** This includes strengthening skills to enable data processing as well as analysis, standardisation of reporting mechanisms, and guidance on how to monitor and report on AGD progress, especially in countries with large cohorts of the people with and for whom UNHCR works, and in contexts characterised by considerable diversity. However, given the breadth of diversity UNHCR must attend to, seeking partnerships with external actors seems to be an area that requires further attention and expansion. Seconded staff from government statistical agencies (for example, from Norway to the Asian Regional Bureau) and the development of the World Bank UNHCR Joint Data Center on Forced Displacement are both good examples of initiatives that are helping to strengthen the use and uptake of relevant evidence and data to support programming.

197. **There is also a pressing need to strengthen organisational learning around AGD for all staff in all roles as part of the broader organisational culture, rather than continuing to leave AGD as the sole responsibility of Protection officers.** This is an area where the evaluation team have not seen a decisive shift over the course of the three years. However, an AGD e-learning package finalised in early 2023 is starting to be advertised through various channels, and broader dissemination is envisaged as part of the extension of the tenure of the current AGD policy. In this regard, there is also a strong need for more support from senior management at all

levels (global, regional and country operations) in championing AGD principles across units or divisions. This is especially important given high levels of staff turnover and limited institutional memory around good practice on AGD.

198. **A critical and cross-cutting concern highlighted by all stakeholders is the very limited financial resources dedicated to the roll-out of the AGD policy.** (Case study and comparator countries flagged this as a concern for all areas in terms of programming and training but especially for persons with disabilities, older persons, programming around masculinities, and support for LGBTIQ+ persons.) There were also concerns not only about declining overall budgets but also limited budget flexibility to support innovative approaches, onboard new specialised partners, and to deliver on expectations. This was especially the case in contexts where there are displaced persons in emergencies, humanitarian crises, protracted situations, and contexts with huge caseloads, which in turn weakens trust between UNHCR staff and the people with and for whom UNHCR works. There is a case for the AGD policy to provide guidance to operations on how to prioritise activities using an AGD lens when caseload significantly exceeds existing resources.

199. **At the macro level, the disconnect between humanitarian and development assistance hinders longer-term sustainable solutions for supporting an AGD-responsive approach to the well-being of the people with and for whom UNHCR works.** This is often further complicated in contexts where governments increasingly take on the management of programmes to support asylum-seekers and refugees (for instance, as with ESTIA in Greece, and in the context of Kenya and the investments in Kalobeyei). In such cases, there are limited mechanisms through which UNHCR can hold duty-bearers to account for outcomes for the people with and for whom UNHCR works – including if government actors decide to discontinue programming (as with ESTIA in Greece). Weaknesses in social service provision by host governments – especially where national social protection systems are already very limited and bureaucratic (such as in Chad, Greece and Kenya) – represent an additional challenge. There are, however, some opportunities for collaboration with development actors such as the World Bank and others around integrated approaches within the humanitarian, peace and development nexus.

200. **Finally, interviewees in both the case study and comparator countries underscored that discriminatory social and gender norms within host communities and among the people with and for whom UNHCR works can render attention to AGD outcomes challenging. These norms are unlikely to shift significantly without a proactive approach on the part of UNHCR and its governmental and non-governmental partners.** For example, providing cash to household heads as a de facto approach – rather than targeting women to promote greater economic empowerment and shared decision-making within the household – would appear to be a missed opportunity to contribute to shifting gender norms. Continued support and nurturing over time of women's participation in representative community structures and outreach activities is also recommended as a means of enhancing women's overall empowerment and voice.

6. Recommendations

Drawing on the key conclusions of this longitudinal evaluation, we conclude with seven core umbrella recommendations and the key actions that would be required to achieve these recommendations and realise the promise of the AGD policy commitments. In addition, we set out lessons learned that could inform future revisions of this policy:

1. **Strengthen commitment and action from leadership and management at all levels regarding the AGD policy and AGD as a corporate approach that reaches beyond the Protection unit.**

   - Senior Management (SET) to act as champions through strong and recurrent messaging on AGD.
   - Ensure that all staff, starting with those in leadership positions in other than protection roles, are adequately briefed and understand the implications of the AGD policy for their day-to-day roles and career progression opportunities.
   - Create incentives for staff and management to make time and resources available to increase AGD expertise throughout the organisation – for example, linking AGD capacity-building progress with career progress; and publicly monitor investment in capacity building at all levels.
   - Ensure that AGD is embedded within job descriptions and performance management assessments of leadership at HQ, regional and country levels.
   - Promote the role of Regional Bureaus in organisational learning, including knowledge-sharing and linking HQ guidance to regional and country realities, with partners and with the people with and for whom UNHCR works, and facilitating linkages between Country Offices and expertise in HQ when necessary.

2. **Reinforce and adapt existing systems to strengthen AGD-informed programming.**

   - Issue Administrative Instructions on the Implementation of the AGD policy, applicable to staff and partners, detailing each of the 10 core actions.

   - Ensure that existing registration systems can collect key data such as SOGIE (e.g. recording of a person's LGBTIQ+ identity separate from which sex they identify as), where feasible and in line with country-specific protection protocols (e.g. through a protected field with restricted access).

   - Invest in the updating of data in systems after registration and integration from field offices and from implementing partners to ensure that sufficient information is in place to inform programming (e.g. type of functional difficulty and related needs). Encourage enhanced data collection, programming and partnerships around persons with disabilities and LGBTIQ+ persons, as well as sharing promising practices.

3. **Strengthen monitoring, evaluation and reporting to better understand UNHCR's progress and achievements in AGD, as well as its strengths and weaknesses.**

   - Ensure consistency in the use of definitions and categories across all UNHCR offices (whenever possible, using categories already established within the UN system for age, gender, sexual orientation, disability).

- Promote the use of the UNHCR Gender Equality and Disability Markers and other comparable indicators within and across offices for year-on-year reporting.

- Through COMPASS, introduce quantitative monitoring of AGD implementation (for example, 'of 10 participatory assessment recommendations made by displaced persons, 5 were adopted by the operation'. This could entail a revision of the core outcome indicators for 7.1, 7.2 and 7.3.).

- Ensure COMPASS and other programme reporting systems enable qualitative and substantive reporting on AGD achievements.

- Develop systems that help integrate diverse sources of data (for example, statistics, regular participatory assessments, impact evaluations, community monitoring visits, etc.), including to allow for interconnections between COMPASS programme outcomes and proGres to ensure effective joined-up analysis of both programme and socio-demographic data.

4. Continue to invest in improving and innovating mechanisms to achieve accountability to affected people.

- Continue efforts to develop creative and innovative approaches to reach diverse populations.

- Ensure feedback mechanisms used are adequately resourced and fit for purpose with streamlined follow up that facilitates action and response to refugees, as well as systematic reporting of resolutions, type of complaint, response time, etc. and analysis to learn from data generated from contact centres and other feedback mechanisms and use it to inform future programming.
- At country level, develop and deliver clear messages to the people UNHCRs works with and for on the AGD and AAP policies and potential for refugee participation and feedback.

5. Apply an intersectional lens in the disaggregated analysis and use of data and evidence to promote strategic, evidence-informed programme design, implementation and advocacy.

- Promote guidance and programming approaches that encourage a broader interpretation of gender and gender equality beyond women's participation and GBV. Include men not only as allies but also recognising their specific vulnerabilities.
- On the UNHCR website, share good practices regarding accountability mechanisms and impact.
- Build competency in and promote analysis of qualitative and quantitative findings to help identify trends over time in terms of AGD-related needs and programmatic responses.
- Scale up the use of AGD-disaggregated data, analysis and evidence to inform the development of country-specific theories of change.

6. Ensure a more effective and coherent response to the needs of the people with and for whom UNHCR works by continuing to invest in and strengthen partnerships around AGD policy commitments with external actors at national, regional and global levels.

- Identify gaps and invest in partnerships around AGD domains that Country Offices and Regional Bureaus lack in-house capacity for (in terms of data collection, analysis and use, programme design and implementation).
- Facilitate the widespread use of UNHCR's data, including through up-to-date dashboards and infographics, to provide partners and donors with evidence to inform programming and funding decisions.
- Foster partnerships and deliver clear, harmonised messaging on AGD with state, UN agencies, national and international NGOs, universities, institutions and refugee-led organisations (as well as the private sector) with shared values and approaches on participatory AGD implementation. Whenever possible, promote harmonised, clear communication across operations of the AGD policy and its implementation.
- Whenever possible, identify and map stakeholders with AGD approaches for potential partnership and establish AGD coordination with proven stakeholders already implementing AGD actions to better identify the best use of UNHCR's resources.
- Foster a one-UN approach, drawing on the respective strengths of partner organisations, to support the implementation of the 10 AGD core actions, and draw on UNHCR data to inform and support global advocacy.

7. Build on lessons learnt and on the results of the implementation of these recommendations to inform future revisions of an adequately resourced AGD policy.

- Give due weight to all aspects of AGD and AAP throughout the policy and with regard to all phases of the programme cycle.
- Ensure that future policies include results-oriented goals.
- Provide clear roles, responsibilities, and related resourcing in terms of delivery of the policy.
- Develop, resource, and execute a clear multi-level policy roll-out strategy and action plan.