Longitudinal evaluation of the Implementation of UNHCR's Age, Gender and Diversity policy
Year 1 Report

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UNHCR Evaluation Service

UNHCR's Evaluation Policy confirms UNHCR's commitment to support accountability, learning and continual improvement through the systematic examination and analysis of organizational strategies, policies, and programmes. Evaluations are guided by the principles of independence, 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.

Acknowledgements

Evaluation information at a glance	
Title of the evaluation:	Longitudinal evaluation of the implementation of UNHCR's Age, Gender and Diversity policy
Timeframe covered:	2019-2023
Expected duration:	3.5 years
Type of evaluation:	Longitudinal mixed methods evaluation
Countries covered:	Chad, Greece, Kenya, Mexico and Thailand
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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 has descriptions on nomenclature in an annex to the Policy 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 eighteen, 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 gender-based violece (GBV) which is understood to include sexual violence. Accordingly we use the term GBV.
- We refer to persons who identify as LGBTQI+ based either on their sexual orientation or their gender identity as 'LGBTQI+ 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 to throughout this to 'persons with disabilities', consistent with the language in the policy.

Executive summary

Introduction and objectives

This report is part of a three-year formative evaluation commissioned by UNHCR's Evaluation Service to assess and support the implementation of the 2018 Age, Gender and Diversity (AGD) policy. The evaluation explores how key staff understand the policy, and aims to generate evidence to guide and enhance UNHCR's approach to improving AGD practice and mainstreaming the policy throughout the organisation. 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 implementation of the policy. In each of the case study countries the evaluation examined the implementation of the policy across the POC population groups including refugees and asylum seekers, internally displaced and stateless persons.

Purpose of the AGD Policy

The purpose of this Policy is to reinforce UNHCR's longstanding commitment to ensuring that people are at the centre of all that we do. This requires that UNHCR apply an age, gender, and diversity (AGD) approach to all aspects of our work. Through this Policy, UNHCR aims to ensure that persons of concern can enjoy their rights on an equal footing and participate meaningfully in the decisions that affect their lives, families, and communities.

The Policy describes six areas of engagement and ten corresponding obligatory *Core Actions* which are the minimum expected of UNHCR in delivering the Policy

1. AGD-INCLUSIVE PROGRAMMING

2. PARTICIPATION AND INCLUSION

3. COMMUNICATION AND TRANSPARENCY

4. FEEDBACK AND RESPONSE

5. ORGANIZATIONAL LEARNING AND ADAPTATION

6. GENDER EQUALITY AND COMMITMENTS TO WOMEN AND GIRLS

Source: UNHCR Policy on Age, Gender and Diversity

Methods

The evaluation team compared similarities and differences between the five country case studies, interviewing 237 UNHCR staff, donors, government and NGO partners, and 251 interviews with Persons of Concern. Additionally, the evaluation team conducted and administered a survey completed by 119 staff. The Greece case study included a document review as well as a two-week mission in February 2020, prior to the Covid – 19 pandemic; the other four country case studies were carried out remotely due to Covid-related travel restrictions. The team conducted interviews with UNHCR staff, partners in government and non-governmental organisations (NGOs), and (where feasible) focus group discussions (FGDs) with persons of concern (POCs). Interviews were based on a set of standardised evaluation tools designed to explore six key evaluation questions (KEQs) on: (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 four country case studies conducted remotely also included questions about (7) programming adaptations and lessons learned in response to the pandemic.

Findings

Our 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) policy, having a more limited awareness of the 2018 AGD policy. Overall, there was no sense that the focus on AGD issues had been intensified since the policy was updated, but rather a consensus that the existing level of focus was good. In terms of participation and inclusion of POC, staff highlighted the annual AGD participatory exercises, the POC representative structures in camps, and partners with strong gender equality credentials as key examples of this commitment. Among partners, there was no specific awareness of UNHCR's AGD policy but a recognition that the organisation champions gender equality and social inclusion of POCs more generally in its work, especially through its participation in the child protection and gender-based violence (GBV) working groups. Most (but not all) NGO partners appeared to have a strong focus on AGD principles in their working approach. By contrast, government partners appeared to have a more uneven technical understanding of social inclusion and gender equality issues, as well as more uneven capacities, and/or varied levels of commitment for the implementation of AGD principles.

2) Systematic collection and use of disaggregated data

Country offices collect disaggregated data, both during registration and in follow-ups with people in UNHCR-supported programmes and services (e.g. cash-based interventions). Data is recorded in the organisation's state-of-the-art proGres4 database, and is disaggregated according to different categories of POCs with specific needs, such as persons with disabilities, unaccompanied minors, and lesbian, gay, bisexual, transgender, queer/questioning and intersex plus (LGBTQI+) persons. Data is shared selectively with implementing partners for the purposes of programme planning and implementation. Published data, however, is generally restricted to age group, gender, type of POC (refugee, asylum-seeker, unaccompanied minor), nationality and locality. This limits the ability of actors external to UNHCR – including governments – to fully assess and appreciate the different dimensions of vulnerability and diversity that characterise POC population groups. Staff awareness of the data available through proGres4 – and their capacity to use it to its full potential in their daily work – was found to be somewhat limited, and requires greater support.

3) Systems and processes to support AGD implementation

Overall, while there is considerable activity regarding AGD principles by key advisors at HQ level, this filters down to the country office level in a limited and uneven way, due to human resource capacity constraints, limited championing by leaders at HQ and country level in a concrete and practical sense (though AGD does feature highly in high-level discourse), and – arguably the most important constraint – inadequate financial resourcing. In Chad (one of the countries that was selected for the initial deep

dive exercise (2018)) there was a very significant investment from HQ in AGD awareness raising and analysis. Interviewees noted that it served to build capacity within the country office, but more continuous follow-up (for example, development of an implementation workplan, with opportunities for the country office to identify challenges in implementation and the kind of support they might need from HQ) would have helped to further embed this learning. Where there is high turnover of staff, it was suggested that continuous learning opportunities and support are essential.

Generally, however, country office staff did not report receiving substantial support from regional bureaux or from HQ in implementing the AGD policy, and emphasised that context-tailored support would be more helpful than generic trainings. Some staff were aware of modules on aspects of the AGD approach available on the in-house learning platform, *Learn and Connect*.

The annual participatory exercises and more regular participatory protection monitoring provide a strong foundation for partnership-building around inclusive programming and AGD priorities, and this is widely valued by staff. However, feedback from these exercises is not sufficiently embedded in organisational processes to inform adaptations to programme activities, including in communications with partners and POCs themselves. Additionally, funding limitations do not allow priorities as articulated by POCs in these annual and regular participatory exercises to be addressed by UNHCR - especially if they fall outside the priorities of senior managers. Siloed ways of working similarly, prevent the more full and systematic inclusion of feedback collected within UNHCR's work. This is an area that requires some attention if UNHCR is to maximise the significant resources and time it invests in conducting these exercises.

Representational structures for POCs are a foundational element of the AGD policy and essential for implementation in that they provide a mechanism for voice and participation in decision-making on key issues affecting the lives of diverse categories of POCs. However, there are some gaps that need to be addressed, including limited attention to the effective representation of women and young people, especially in camps.

4) Engagement and dialogue with partners

Country offices have been able to select and work with technically competent and highly committed partners, especially those with expertise on children, youth and gender equality issues. In some contexts, such as Mexico, partnerships with NGO networks specialising in LGBTQI+ communities have been forged, enabling more innovative practice in this area. Generally, though, there is a need to harness and strengthen expertise around working with POCs with disabilities, older persons and LGBTQI+ persons. While partner contracts do not provide detailed provisions around monitoring with regard to AGD commitments and the use of disaggregated data, staff noted that partners were typically happy to provide this information as part of their regular approach. In some contexts (such as Thailand), 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 within government ministries (for example, in Greece, around alternative care arrangements for unaccompanied minors), but there are lower levels of engagement around AGD commitments with other ministries and also low levels of engagement in high-level dialogue at regional bodies (such as the European Union in the case of Greece, and the African Union).

5) Likelihood of adhering to AGD policy

Most staff, NGO and UN agency partners agreed that UNHCR is playing a valuable role in championing AGD concerns in a range of fora, including through its proGres4 database, participatory assessments and working group leadership, and particularly in the areas of child protection and GBV. However, all noted that there is still much work to do in adhering to the breadth of the AGD policy, in the face of major constraints, most notably: (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 POCs arrive; (3) weaknesses in social service provision and bureaucratic governance structures; (4) insufficient opportunities for dedicated learning via peer exchange of good practices that advance AGD policy implementation; (5) limited attention to embedding AGD policy and principles within project proposals, contracts and end-of-programme cycle reviews; and (6) the limited incentives (systems and processes) in place throughout the organisation to encourage compliance with the AGD policy – and the dearth of sanctions for non-compliance.

6) Lessons learnt and good practices identified

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

(1) **Diversified information channels are critical for supporting POCs to access information, services and support.** The evaluation findings underscore that context-specific conditions create different constraints and opportunities, and that tailoring of information needs to take into account language diversity (and translation of materials), the legal framework or socio-normative conditions related to different populations in each country (e.g. formatting a magazine on GBV prevention in Mexico to resemble a gossip magazine to avoid potential suspicious family or partners' scrutiny and censorship). More specifically, our findings indicate that communication mechanisms need to be further strengthened, especially with regard to persons with disabilities depending on impairment type (hearing, visual, etc.) and also for non-literate POCs (for example, using oral and pictorial communications). In Chad, using community workers drawn from the POC population (and thus peers) seemed to work well for communicating information, as did the use of teachers - for example, engaging them to disseminate messaging around protective measures against Covid-19. Similarly, communications strategies should consider expanding usage of internet-based platforms and tools (such as WhatsApp and Facebook) where there is good access to mobile phones, as in Mexico for example. To ensure that messages are child-friendly,

posters and pamphlets with child-focused messages and content could be placed in locations that are accessible to children.

(2) **Partnerships with NGOs and NGO networks with expertise in programming with specific groups of POCs have enabled UNHCR country offices in some contexts to forge stronger relationships and enabled more innovative practice.** The partnership with NGO networks specialising in LGBTQI+ communities in Mexico and with NGOs specialised in supporting unaccompanied minors in Greece are two strong examples. In some contexts, country offices (e.g. Thailand) are increasingly embedding AGD principles within funding proposals.

(3) **Cross-agency working groups** are important mechanisms for sharing information and experiences, agreeing and prioritising joint actions, and cascading training, and UNHCR should continue to play a key role in these, especially given its stature with government partners.

(4) **Structures for POC representation** are important but not as effective as they could be due to insufficient inclusivity and an imbalance of power between camp authorities and POC representatives.

(5) Annual participatory exercises with POCs have helped to embed the principles of AGD into country operations, annual workplans, and the overall ethos of work, but **findings should be more systematically taken up and acted upon throughout the programme cycle,** including involving POCs from the early planning stages. They should also inform organisational learning processes at country and regional levels.

(6) Strengthening the capacity of government partners to implement programming for IDPs, asylum-seekers and refugees, including through staff secondments, can help to build sustainable systems, but will need to be further strengthened to deliver on UNHCR commitments to AGD.

(7) Cash-based interventions are an important model of at-scale support to POCs and can provide significant opportunities for realising the objectives of the policy as well as increasing dignity for POCs. Providing robust and sustained technical assistance on AGD within CBIs will be essential to ensure that in the course of eventual handover to government partners, the promise offered by these programmes is realised.

7) Emerging lessons from UNHCR country office responses to the Covid-19 pandemic

In response to the additional burdens on vulnerable groups within POC populations during the pandemic, we found several instances of new programming on the AGD policy, especially through strengthened partnerships with local NGOs who enjoy strong community linkages and access to POC populations. The evaluation also found that UNHCR country offices have invested time and resources to understand how Covid-19 has impacted on specific vulnerabilities of POC populations (including incomes and livelihoods) in order to adapt support accordingly. It is encouraging that UNHCR has quickly innovated to deal with the communication problems created by pandemic-

related lockdowns and other restrictions, including using information, communications and technology (ICT) approaches such as community radio.

Suggested actions

The report presents five key clusters of suggested actions on how UNHCR can strengthen implementation of the AGD policy:

7. **Strengthen accountability for the AGD policy**

   a. **At the regional and HQ level:** Institutionalising regional AGD reports would facilitate accountability for AGD at the regional level, simultaneously making the reports more context-relevant and promoting exchange of learning and good practices by countries and staff within the region. These reports would also provide richer information for global-level reporting. Additional incentives could include:
      i. Ensuring that good practices recognise not only the country operation but also the staff involved in those practices;
      ii. Incorporating a regional league table that recognises UNHCR operations that have undertaken significant efforts on AGD (see gamification);
      iii. Holding country representatives accountable for progress towards AGD policy implementation, and rewarding effective country operations with additional resourcing to implement innovative projects that advance the objectives of the AGD policy.
      iv. Ensuring the effective roll out of the protection monitoring tool so as to generate good information to be able to track performance, monitor and then link this to accountability mechanisms (rewards, additional resources, recognition, global promotion of good practices, etc.)

   b. **At the country level**: As it is not practical for countries to address the full breadth of AGD, they should prioritise two or three specific vulnerable groups (as relevant to context) to be especially highlighted and identify specific goals to report on in the end-of-year report. This brings accountability to the country level (under the leadership of the representative). It will require identification of specific resources (human and otherwise), a clear workplan and specific indicators to monitor progress in line with a country-tailored Theory of Change and the results-based management (RBM) framework.

   c. **At the individual staff level:** Develop and standardise the use of an AGD training database at HQ for staff that looks at how the AGD policy applies to different areas of work, and support and incentivise staff to select training in areas that are most relevant to their work (whether finance and budgeting, data management, protection, etc.). The online platform would track progress, and this should be reported via the ePad platform. There could be a requirement to pass a minimum number of courses relevant to AGD to be eligible for promotion, or at minimum to take the AGD Approach course. Any participation included in the regional AGD reports would also be reflected here.

    d. Institutional accountability: Provide resources/incentives through the creation of an AGD specific 'pot' that donors can support and that country offices can apply to for funding (similar to the resources made available for GBV-related programming).

8. **Use gaming theory to promote competition and progress on AGD learning and training**

    Introduce gamification as a mechanism to incentivise staff to engage with learning materials and adapt the policy to their context by providing 'trophies' that will be useful for ePad, but also to make visible comparisons with other sections'/staff in terms of uptake of training materials and engagement with the policy. These would feed into ePad and be linked to career promotions.

9. **Strengthen AGD capacity and promote knowledge exchange**

    a. Introduce mentoring as a mechanism to incentivise and support staff as well as to proactively involve leadership in mainstreaming and strengthening AGD throughout the organisation. Mentoring should promote the sharing of specific examples and solutions in terms of how to apply the AGD policy.

    b. Embed regular opportunities for staff from different cadres (including, for example, budget and financial officers, data managers, etc.) within country offices and across countries, to share experiences, lessons learnt and promising practices, especially in areas where there is still limited expertise – such as programming to tackle harmful masculinities, and to support non-discrimination and inclusion of LGBTQI+ groups, and persons with disabilities. Regional bureaux could play a key role in identifying opportunities and coordinating thematic 'communities of practice' to promote more systematic learning.

    c. Encourage secondments of UNHCR staff to government agencies to strengthen capacity around AGD programming with POCs and to promote rights-based alignment of goals with government partners.

    d. Support programme officers to engage fully with partners on AGD and ensure that partners are reporting on AGD in a systematic and coherent manner.

10. **Provide systems and tools that facilitate and promote application of the AGD policy**

    a. Provide integrated guidance on all AGD-related policies for staff that explains how to deliver on core commitments and goals through their everyday work', and guidance on integrated AGD reporting. Guidance that includes specific recommended metrics for reporting should be emphasised.

    b. Develop mechanisms for country offices and staff to track progress on AGD within the RBM framework (for example, using the Gender with Age (GAM) Marker or the Global Protection Policies Monitoring tool). Given that UNHCR RBM approaches to date have been limited in their ability to facilitate guidance for staff on processes to integrate AGD principles into activities, consider also developing an organisational Theory of Change that integrates all relevant AGD

policies to guide staff on how to understand the links between activities, core commitments and goals (impact), as well as towards more integrated reporting.

c. Continue to invest in and further promote an easy-to-navigate online repository with AGD tools and promising/good practices, e.g. building on the Community-based Protection (CBP) Community of Practice. Regional bureaux could play a key role in ensuring that this repository is relevant and easily accessible to staff (including through translated content), but thematic sections should allow staff to access relevant information both within their region and beyond. This repository could be linked to the online learning portal (LearnConnect) to provide real-life examples.

d. Develop standard operating procedures (SOPs) to guide communication and information sharing practices with POCs and partners, the development of partner proposals, agreements and monitoring of partner deliverables, to ensure coherent and systematic reporting on AGD across regions (with context-related adaptations).

e. Identify existing AGD human resources and create an internal roster (with personnel profiles, including where staff members are based) so that AGD expertise can be easily identified as and when needed. Staff assessment mechanisms and training should include and recognise AGD contributions and training needs.

f. Allocate more resources (through small grants, for example) to organised groups of POCs that have innovative proposals that contribute to addressing AGD challenges. These groups could work with UNHCR (which could provide some technical know-how), but be led by the issues and solutions proposed by POCs. These could then be piloted to assess replicability.

g. Allocate resources to documenting good practices. To the extent that models for knowledge sharing are already in place, continue to develop them and standardise their usage in relevant divisions. This may not always be possible for staff as they are extremely busy, but there could be a regional focal point/ person in charge of identifying good practices and documenting them concisely, using innovative communications mechanisms (infographics, talking head short videos, interviews, interactive charts, etc.) that would be easily accessible. This repository could include practical information on (for example) costs, how challenges were overcome, and the results that were achieved. Where possible, materials should be developed so that they can also be shared with the broader humanitarian community in order to maximise UNHCR's role as a thought leader in the sector.

11. Invest in advocacy with donors

a. Ramp up advocacy with donors in order to promote enhanced financial resources for the AGD 'pot' to be distributed by UNHCR in accordance with results-based monitoring data. Prioritise funders that have an institutional focus on AGD issues, to ensure funding streams for programmes with most relevance and the greatest potential impact.

As noted earlier, this is a three year evaluation focusing on 5 countries. In the next year of this project, the evaluation will focus on UNHCR's response to LGBTQI+ persons and

persons with disabilities- two topics highlighed in the first year as areas where further evidence and analysis could yield important institutional learning.

1. Introduction and background

1. This report synthesises findings from the first year of 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. While the policy is relatively recent, UNHCR has utilised an AGD approach since 2004, when it introduced its AGD strategy, and this in turn informed the 2011 AGD Policy and the application of the 2018 update.

2. This is primarily a forward-looking transformative evaluation designed to promote learning from the strategies adopted by country offices to fulfil 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; therefore the evaluation team will not undertake a comprehensive assessment of the impact of the policy on persons of concern (POCs). The evaluation is being carried out by the Overseas Development Institute (ODI).

3. The findings from this report draw on five country case studies (Chad, Greece, Kenya, Mexico and Thailand) undertaken in 2020. One case study (Greece) was undertaken in-person as it was conducted prior to the Covid-19 pandemic; the other four were carried out remotely, with support from local consultants, due to Covid-related travel bans and lockdowns. Additional remote interviews were carried out with UNHCR staff from five comparator countries (Bangladesh, Cameroon, Ecuador, Ethiopia and Poland) and from UNHCR headquarters (HQ) in 2021.

4. The findings and recommendations will be fed into an adaptive management approach, with progress tracked over the course of the evaluation period.

5. The report begins with a brief discussion of the global humanitarian sector context 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.

1.1 Background: Global humanitarian sector context

6. Recent discussions and high-level policy commitments evidence growing efforts to reform the humanitarian sector – not just to make it more sustainable but to make it more responsive to the needs of women, girls, adolescents and youth, older persons, persons with disabilities, persons from the lesbian, gay, bisexual, transgender, queer/questioning and intersex plus (LGBTQI+) community, 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 1994 International Conference on Population and Development (ICPD) programme for action, the 1989

Convention on the Rights of the Child (CRC) (United Nations, 1989), the 1995 Beijing Platform for Action (UN Women, 1995), and the 2006 Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2006) – are aimed at vulnerable populations but mention the specific needs of those in humanitarian contexts. The policies and milestones listed below form part of the context for the development of UNHCR's AGD policy.

a. The 2030 Agenda for Sustainable Development, launched in 2015, lays out the Sustainable Development Goals (SDGs) and pledges to focus on the poorest and most vulnerable people 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. 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.
e. Growing commitment to disability inclusion is manifest in the 2018 Global Disability Summit, the UN's 2019 Disability Inclusion Strategy and the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Actions (IASC, 2019).
f. 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.
g. The UN's Open-ended Working Group on Ageing aims to strengthen the protection of older persons' rights, including in humanitarian contexts.
h. The IASC has been actively updating its gender-centred activity, to better account for differences across the lifespan and in humanitarian contexts.

1.2 UNHCR institutional context: roll-out of the policy timeline

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

UNHCR COMMITMENTS TO REFUGEE WOMEN (2001)

8. In 2001, UNHCR hosted a Dialogue with Refugee Women at its Geneva HQ (following local and regional consultations) that informed a subsequent report on 'five commitments' (UNHCR, 2005). In 2005, the Executive Committee of the High Commissioner's programme prepared a report to gauge progress on implementing the five commitments. The report found that despite some generally positive trends, there remained some barriers to accurate reporting, and reported numbers did not always tell a complete story (ibid.). While 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

9. 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. They also recommended: systematisation of analyses with protection partners; greater coordination between protection, programming and community services; and greater accountability on the part of senior management for AGD outcomes. These findings led UNHCR to create its first official AGD Mainstreaming (AGDM) strategy.

10. 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 Policy Development and Evaluation Service, 2010).

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

11. While there was some progress in the first phase of AGDM roll-out (according to evaluation evidence, largely due to multi-functional team leadership), it was considered insufficient to meet the needs of vulnerable groups within target populations (ibid.). 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)

12. 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.

13.   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 POCs; and (5) an adjustment of staff attitudes toward working with POCs. The report cited the 2007 accountability framework as a 'ground-breaking tool within the UN family' (UNHCR, 2010).

14.   These achievements notwithstanding, the evaluation report also identified challenges – the main one being 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 POCs, 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 POCs. 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 (ibid.).

AGD POLICY AND FORWARD PLAN (2011)

15.   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) AGD shortcomings addressed in resource allocation and expenditure; (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, instead *monitoring* progress and achievement through the accountability framework.

16.   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 while 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 age- and gender-disaggregated data collection, the identification of marginalised and stigmatised groups,

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).

17. The 2018 AGD policy (the subject of this evaluation) was designed to address the learning generated by all these previous efforts. It includes six areas of engagement (the last of which corresponds to UNHCR's updated commitments to women and girls) and 10 corresponding core actions, integrating inter-agency commitments to AAP, endorsed by the High Commissioner in 2011 and strengthened in 2017.

> **Purpose of the AGD Policy**
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> The purpose of the Policy is to reinforce UNHCR's longstanding commitment to ensuring that people are at the centre of all that we do. This requires that UNHCR apply an age, gender, and diversity (AGD) approach to all aspects of our work. Through this Policy, UNHCR aims to ensure that persons of concern can enjoy their rights on an equal footing and participate meaningfully in the decisions that affect their lives, families, and communities.
>
> Source: UNHCR Policy on Age, Gender and Diversity

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

1.3 Country contexts (Evaluation case study countries)

19. The following is a brief overview of the five case study countries and the five light-touch comparator countries.

Five case study countries

The countries in which case studies are performed were selected by the Evaluation Service on the following basis:
1. Ensuring regional balance across UNHCR's work, especially given the process of regionalization
2. A mix of country operations that can speak to different population sets UNHCR works with (i.e. Stateless persons, Refugees, internally displaced persons)
3. Different operational settings i.e. protracted situations, emergency focused contexts and a mix of smaller and larger UNHCR operations.

20. **Chad:** UNHCR's operation was reopened in 2003 to accommodate the sudden and dramatic influx of refugees from Darfur; it has remained in operation since then. Chad's current refugee population has its origins primarily in the Central African Republic, Nigeria and South Sudan.

21. **Greece:** UNHCR operations began in 2015 after Greece was declared a level 2 emergency following sharp increases in migration over the Mediterranean Sea from the Middle East and North Africa (MENA) region and Central Asia.

22. **Kenya:** UNHCR provides protection and support for refugees and asylum-seekers from several East African countries. The most recent influx is linked to the crisis in South Sudan in 2014, though there have been refugee camps for Somalian refugees since the civil war began in that country in 1991.

23. **Mexico:** UNHCR has been operational since 1984, when it repatriated more than 40,000 Guatemalan refugees. The current crisis began in early 2019, when asylum claims doubled compared to 2018 due to violent situations in Honduras, Nicaragua and Venezuela.

24. **Thailand:** UNHCR has had a presence since 1975, with ongoing operations to support a range of POCs. These include stateless persons – the largest group of POCs. Refugees from Myanmar, fleeing conflict since the mid-1980s, constitute the second largest group. The operation also works with asylum-seekers and refugees from a wide range of countries.

Five Comparator Countries

25. The evaluation team recognises that, to some extent, the focal countries are not typical within their respective regions, so the evaluation will include five comparable countries that – through a light-touch approach drawing on self-reported data – will help provide context and a better understanding of the findings and lessons learnt. A snapshot of a comparable country for each focal country case study will be achieved through an online survey, limited document review and two key informant interviews (KIIs) each year with the aim of helping to enrich the relevance of the findings at a regional and global level. These countries were chosen in consultation with UNHCR's bureaus to complement and contrast to the country case study countries within their region.

- Cameroon, provides an opportunity to counterpoint an operation that is predominantly focused on internal displacement with the mixed situation in Chad.
- Poland as a counterpoint to Greece, allows examination of the role of predominantly advocacy focused offices in Europe.
- Ethiopia contains opportunities to compare how UNHCR delivers the Policy in a context with large IDP and refugee populations
- Bangladesh represents the largest refugee population in the region
- Ecuador, offers an example at the other end of the geographic spectrum of displacements and migrations resulting from the Venezuelan situation and displacement within the NCA

2. Evaluation methodology

The evaluation employs a longitudinal approach that is utilization focused. Cognizant that delivering AGD approaches requires long term investment and takes time to see the full results of changes made and new approaches, the year-on-year approach seek to provide actionable feedback to improve implementation of the policy. As such, the evaluation seeks to have a **transformative nature** and it aims to take advantage of it to promote change during the evaluation process. The longitudinal nature of the evaluation will also allow for different elements of AGD to be examined in more detail.

26. In this first year of the three-year evaluation, we have 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 at two programming sites. Primary tools include semi-structured interviews, focus group discussions (FGDs) and a short quantitative survey with UNHCR staff and key UNHCR partners. The evaluation team compared similarities and differences between the five country case studies interviewing 237 UNHCR Staff, donors, government and NGO partners, 251 interviews with Persons of Concern and conducted   and administered a survey completed by 119 staff.

27. This evaluation is based on primary qualitative data that has been integrated into a **mixed-methods approach** (see Figure 1) that has incorporated quantitative data points at HQ and country level (for the five case studies). We have employed complementary quantitative and qualitative data collection and analysis methods, combining: (1) document review; (2) survey with UNHCR staff; and (3) in-depth key informant interviews (KIIs) with UNHCR country staff and partners, as well as FGDs with affected populations and/or key informants (as relevant) in the five case study countries.

Figure 1 Overview of mixed-methods approach

1. Document review: to contextualise findings at global, organisational and country levels

Global: humanitarian eco-system UNHCR and UN architecture and reform processes

Case studies: country policies, refugee response plans, evaluations, good practice documentation

Comparator countries: light-touch document review for evidence of implementation

2. Surveys with UNHCR to establish a baseline on knowledge, attitudes and practices, and to assess change over time (2020-2022)
- HQ staff
-regional bureaux
-country case studies
- light-touch comparator countries

3. In-depth qualitative interviews in-country and at HQ to understand AGD implementation entry points, processes, strengths, areas for improvement, opportunities and challenges

Semi-structured interviews with UNHCR staff, government, UN and national/international NGO partners

Focus group consultations with affected persons - male and female youth, older persons, persons with disabilities - and minority groups as appropriate

Source: AGD evaluation team.

28. As already noted, because the case study countries are not necessarily typical within their respective regions, the evaluation includes comparator countries through a light-touch desk review, the survey, and two key informant interviews (KIIs) annually to enrich the relevance of findings at the regional and global levels.

   a. The **document review** (Figure 1) allows us to **contextualise** our findings in the broader global humanitarian eco-system, as well as highlighting the specific socioeconomic and political context in each of the five case study countries.
   b. The **quantitative survey** with key staff in regional bureaux and in two countries in each region (one case study country and one light-touch comparator) enables us to establish a simple baseline (in early 2020) of AGD knowledge and practices, and to **assess changes longitudinally** over the three years of the evaluation (with a repeat survey in 2022).

29. The in-depth qualitative interviews in the five case study countries and at HQ enables us to unpack the dynamics and understand challenges and/or facilitating factors for effective implementation of the AGD policy, which will in turn help to identify entry points for further strengthening and deepening of the policy within UNHCR's ways of working.

30. **Interactive focus group discussions** with affected persons eligible for UNHCR programming in two locations in each case study country helps us understand how the policy is translating into inclusive programming for POCs depending on their gender, age and disability status, as well as for specific minority groups, depending on the context.

31. **Covid-19**: 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.

2.1 Data analysis

32. Data analysis was conducted using the methodological approaches outlined in the inception report, through triangulation of different data points and sources, to ensure consistency across case studies and in line with the revised key evaluation questions (KEQs) (see Annex 2).

33. Findings from year 1 will be considered during the inception phase for year 2, both in terms of *form* (do tools or questions need any revision to incorporate findings?) and *content*, through a follow-up to understand whether findings were used, whether recommendations helped (or did not help) and why, and to feed into stronger implementation of the AGD policy.

34. Harnessing the benefits of a longitudinal research design, the evaluation team will build on the five case studies and weave in findings related to lessons learnt, shaping recommendations that have been incorporated into UNHCR practice from year to year, and describing how any challenges were overcome. Promoting horizontal learning is an essential part of the utilisation approach through the validation workshop, the country case studies and the synthesis reports. The evaluation will include short, practical reports with accessible language to promote their dissemination and uptake of lessons identified.

Figure 2 Data analysis reinforces the interactive learning approach
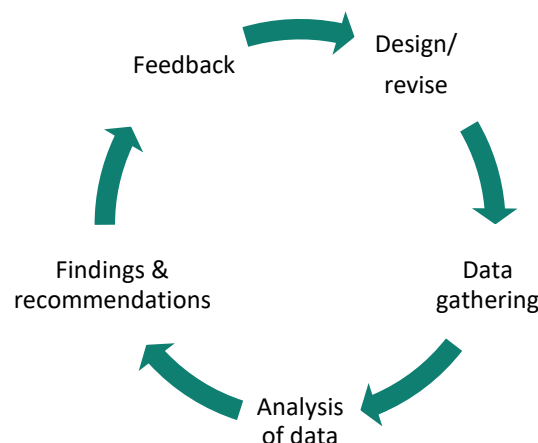
35.	The data is analysed according to the following sequenced steps (Figure 2).

   a)	Review the global and country-specific documentation to: (a) understand the general landscape for refugees and other displaced persons; and (b) understand adequacy of provisioning through an inclusion lens (in terms of age, gender, disability, minority group status).

   b)	Generate summary descriptive statistics based on the quantitative survey to identify patterns by country/region, area of expertise, gender and age.

   c)	Undertake a thematic analysis based on our KEQs for each country, on key points for the country office and the comparator countries so as to be able to return to this year-on-year.

   d)	As part of this thematic analytical process, compare and contrast across locations within and across case study countries.

36.	In years 2 and 3 we will also compare our findings longitudinally to assess change (or lack of change) over time.

3. Key findings

37. We now discuss the findings from the five case study countries, the comparator countries and HQ and Bureau interviews. We discuss each of the six KEQs in turn and include a seventh subsection on Covid-specific programme adaptations aimed at advancing AGD outcomes.

3.1 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 the AGD policy operationalised?**
>
> *Findings in a nutshell*
>
> *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. However, knowledge of the policy itself, and its specific requirements, is more limited. One factor limiting the effective implementation of the policy is that it is interpreted as the sole responsibility of protection officers in the field, and, at HQ, of those specifically in charge of an area of AGD. For the most part, the policy has been interpreted narrowly, and is mostly restricted to the yearly participatory assessments and a focus on women, highlighting the limited work on men and masculinities as a gap in terms of understanding more wholistically gender within the AGD policy.*
>
> *Country offices effectively localise and contextualise their work. Overall, work on women (and, to a lesser extent, children) has been relatively strong, but there is general agreement that support for persons with disabilities and LGBTQI+ persons need to be strengthened and approached more systematically. Response to older populations was often also limited. In this regard, using the Washington Group[1] questions to assess disabilities might help to strengthen the response to vulnerable older persons with impairments by facilitating their identification, as a starting point.*
>
> *Progress on awareness of the AGD policy and capacity-building of staff to implement it effectively has been uneven. Different roll-out strategies were reported for specific areas (for example, LGBTQI+ persons or persons with disabilities) but these are not coordinated; there is thus no systematic approach for the roll-out of the policy, nor any analysis of which strategies are proving more effective.*
>
> *The primary demand from field staff is for HQ to provide clearer guidance and support as to what the policy means for their everyday work and how they can incorporate it meaningfully into their daily activities. At the same time, there are a number of ongoing efforts geared precisely to supporting implementation of the policy, highlighting the need to strengthen awareness and uptake of these efforts among staff. The regionalisation process could play a key role in this.*

38. Most staff interviewed had received limited communication on the AGD policy or its implications for their daily work. Only 10% of survey respondents reported being very knowledgeable of the policy (see Figure 3). Several interviewees had not seen the

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[1] Washington Group on Disability Statistics - The major objective of the WG is to provide information on disability that is comparable throughout the world. https://www.washingtongroup-disability.com/

written policy; at the time of the missions, interviewees did not have access to translations of the policy, making it hard for French speakers (for example) to access (as is the case in Chad). Conversations with stakeholders revealed that staff often assume that the AGD approach and the AGD policy are one and the same; as such, the self-reported knowledge is most likely an overestimation.

Figure 3 Self-reported knowledge of the AGD policy
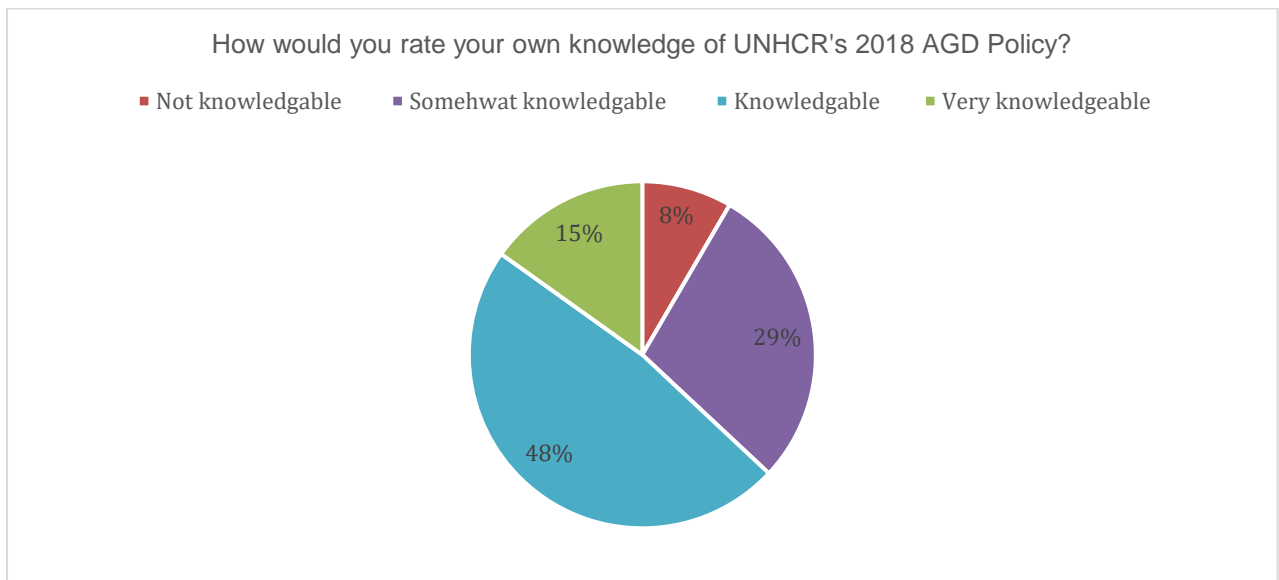
39. In terms of announcing or rolling-out the policy, several staff explained this would normally be done through an all-staff email – the 'Broadcast' – which, due to time constraints, might have gone unnoticed in their inbox. Other communications channels reported are informal, such as staff meetings, and these varied from country to country.

40. The evaluation team observed varying degrees of training. While some operations had received training at both country and sub-office levels, others had not received any training; in some cases, self-reported awareness of the policy was limited to receipt of the 'Broadcast' email. Nearly half (46%) of survey respondents were dissatisfied or very dissatisfied with the training received (see Figure 4).

Figure 4 Level of self-reported satisfaction with AGD-related training

How satisfied are you with any follow-up to AGD training you have received from UNHCR to date?

- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

9% | 18% | 33% | 40%
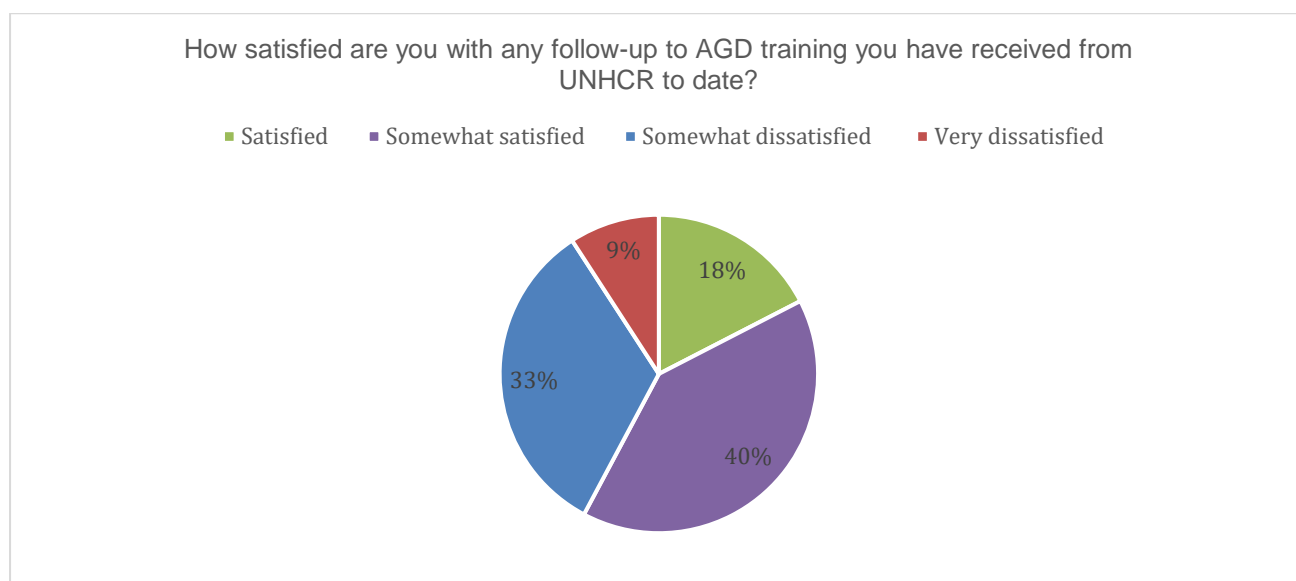
41. Of the case study countries, Chad was the only country operation that had participated in the deep dive,[2] and its staff showed a better understanding of the AGD policy. Some interviewees felt there had been a qualitative change in the AGD approach as a result of the deep dive, leading to greater awareness (among both UNHCR and its partners) of the need to integrate concern for AGD in all phases of the programme cycle:

> *Before, it was limited to the yearly participatory exercises and planning with colleagues. With the policy, however (now), the accent is on accountability. We come back with the results of AGDM derived from focus group discussions with refugee leaders/representatives, and we feed back to refugees at the base. There is a positive effect on both the refugees and our work. Now the refugees understand our work and constraints much better. There has been, thus, a reinforcement of two-way communication.*

42. The success observed from the deep-dive exercise in Chad, even two years on, highlights the effectiveness of this approach in addressing two of the identified weaknesses in the roll-out of the AGD policy: (1) oversimplification of the policy, which is often interpreted as being limited to the yearly participatory exercise; and (2) the perceived necessary shift from an exclusive identification of needs to a more empowering approach that recognises the existing resources and capacities of POCs, and builds on these to identify where and how UNHCR's limited resources may have greater impact. As expected, understanding of the policy among staff was influenced by the level of exposure and training they had received.

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[2] In 2018 UNHCR undertook a series of deep-dive missions to determine, together with the operation baseline, gaps, challenges and good practices in relation to each core action under the AGD policy. These missions were done in Algeria, Chad, Morocco, Poland and Uganda, as well as a regional deep dive conducted in the Americas.

43. The evaluation team saw no signs of a systematic approach to roll-out of the AGD policy; rather, different thematic areas are attempting different approaches (see KEQ 3 for details) but these are not implemented in a coordinated manner, nor are there efforts to assess the effectiveness of the different approaches.

44. **The AGD policy is mostly seen as the responsibility of a few staff (mainly those working in protection), with others (at HQ and in the field) understanding AGD in the context of the earlier AGDM approach only.** Staff interviewed at HQ who were directly responsible for implementing thematic areas of the policy had an in-depth understanding of it, and their area of focus. Similarly, technical teams directly tasked with thematic areas of the policy (such as community-based protection (CBP), child protection, etc.) at country level showed good understanding of their area of focus. However, other staff were still mostly referring to the general AGD approach rather than the policy or the core actions within the policy; few could spontaneously recall having seen a copy of it.

45. **Further, the policy has been interpreted narrowly, as meaning accountability to affected people (AAP) and gender, where AAP is narrowly interpreted as the annual participatory approach and gender is interpreted as a focus on women and, more specifically, gender-based violence (for which there is a separate policy).** However, protection staff more directly involved in AGD and AAP felt there is an urgent need to shift this perception towards an ongoing approach that allows UNHCR to monitor AGD in a more continuous manner.

> *We need to change, rethink how to transmit the message… that it is not a one-time thing but ongoing... that every interaction and dialogue is part of that participatory assessment. We need to find the means to collect and store and analyse that information. It will avoid the need to do a large exercise once a year.*

UNHCR has also been working with shelters and government partners providing training on GBV to strengthen identification and response. In Chad, women's representation in management structures and committees has provided a conduit for effective communication of gender-specific concerns, and helped boost leadership skills, awareness of rights and self-confidence. Across country operations, women are registered on an individual basis and have equal access to available assistance, livelihood support, education and health services. Access to comprehensive GBV prevention and response services has been a key priority for UNHCR and partners. In October 2020, the High Commissioner released UNHCR's first comprehensive Policy on the Prevention of, Risk Mitigation, and Response to Gender-based Violence (UNHCR, 2020a). Across countries in the evaluation, UNHCR has also strengthened collaborations with expert gender-based violence prevention partners such as Raising Voices.

46. However, there has been limited work on masculinities – a key gap in the gender approach. The gendered impacts of certain programmes are not always considered, including issues around masculinities and stigma, and in relation to LGBTQI+ persons. For example, in Mexico, when referring to unaccompanied and accompanied children, there is little attention within the analysis to the numbers of girls and their specific protection needs compared to boys. Similarly, in Ecuador, some partners expressed concern about the lack of support provided to displaced young men who are generally not prioritised by any existing programmes.

47. **Children are generally considered to be a particularly vulnerable group, although the areas and levels of focus vary, depending on context but also staff expertise, with some significant gaps observed by the evaluation team.** UNHCR reports that in 2020, 25 operations increased the proportion of unaccompanied or separated refugee children for whom they initiated or completed a best interest procedure (the same number as in 2019). In total, UNHCR conducted 45,974 best interest assessments in 2020 (compared with 56,091 in 2019), presumably due to Covid-19 limitations. However, the level of response varies; for example, in Thailand, child protection is a strong area of UNHCR engagement, both in camps and in urban areas, and it was reported that staff are well trained in engaging with children (including, for instance, interviewing children during the registration process). By contrast, staff interviewed in the Mexico country office highlighted the need for this type of training and the lack of skills for supporting children as a gap that should be addressed.

48. The Thailand and Kenya operations reported successes in including refugee children into formal education. As a result of UNHCR's advocacy, the Ministry of Education in Kenya included refugees as a key beneficiary group in the national education response to Covid-19. In Thailand, working closely with the NGO, Bangkok Refugee Centre, UNHCR helps find pathways for children's education through access to enrolment passes that enable children to attend school in the cities. In Cameroon, referrals for people with specific needs – including unaccompanied minors – seem to be done on an ad hoc basis during registration rather than systematically, placing the onus for self-advocacy on POCs. In Mexico, interviewees reported a clear commitment by senior management to prioritise actions to support children, particularly unaccompanied children. The focus has been on making these children more visible through increased communication and direct participatory assessments, although these remain rather sporadic. In the case of children in family groups, efforts have been made to interview them individually as part of the registration process to obtain data on their specific protection needs.

49. In Greece, the response to unaccompanied minors was seen as inadequate; basic protection needs were unaddressed, especially for LGBTQI+ minors, with areas assigned for the protection of unaccompanied minors in the island camps being left unattended at night and POCs reporting being subject to abuse, theft and intimidation, and the response for LGBTQI+ minors being limited to a small number of apartments available. While resources clearly limit UNHCR's ability to respond, the findings highlight

the need for a more systematic and consistent approach on standards – for example, guidance and minimum standards similar to those for shelters.[3]

50. **Participation is perceived as a cornerstone of UNHCR's protection work and is rooted in the annual participatory exercises, carefully drafted to include a range of voices within the community.** In Kenya, these exercises have been tailored to go beyond the usual dominant structures to include more marginalised voices and groups. As such, discussions are structured to promote participation of both men and women, with additional meetings for youth (who may not feel comfortable sharing their concerns in front of elders), as well as thematic meetings with women and girls (for example, on livelihoods). Moreover, in Mexico, stakeholders identified the need for more participatory spaces with diverse groups of children (including boys, girls, non-binary children, children with disabilities, children from different ethnicities, accompanied, unaccompanied). Similarly, there is a need to develop more child-friendly materials for use during registration and protection processes, so that children can articulate their needs. The Mexico country office has hired a consultant to develop informational materials and has organised capacity-building sessions for staff and partners to support a more consistent approach to working with children and to roll out the standard operating procedure (SOP) on child protection. In Kakuma (Kenya), a good practice approach involved a more comprehensive methodology for participatory assessment, piloted in 2020, which seeks to move away from the needs-based participatory approach to promoting socioeconomic development, in line with the objectives of the Kalobeyei Integrated Socio-Economic Development Programme (KISEDP).

51. **Response for older populations is not systematic.** An estimated 3.2 million older persons were forcibly displaced worldwide in 2020.[4]The Covid-19 pandemic increased the breadth and depth of the risks these older persons face, with the virus taking a heavy toll on their health and lives. Meanwhile, Covid-19-related measures have disproportionately increased socioeconomic deprivation among older populations, while also disrupting or closing key services that had enabled their autonomy and well-being, such as medical support for chronic conditions, rehabilitation services and access to assistive devices (UNHCR, 2021a). This gap and lack of accountability to older persons is compounded by the absence of a convention that is specific to older persons, limiting or diminishing the accountability of member states towards this population group. As is the case with other groups, staff expressed their frustration at the lack of support, as one UNHCR staff member explained:

> *Even if there were more ways of enabling the participation of the elderly in voicing their needs, this would not in itself address the limited capacity for response or action on behalf of UNHCR.*

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[3] UNHCR Emergency Shelter Standards https://emergency.unhcr.org/entry/36774/emergency-shelter-standard
[4] This estimate results from applying the 4 per cent global estimate on the refugee population over 60 years (UNHCR 2019 Global Trends report) to the almost 80 million forcibly displaced in 2020 (UNHCR 2020 Mid-Year Trends report).

52. However, the percentage of older persons (categorised here as aged 60 and above) among refugee populations remains low (see Figure 5), and, given competing priorities, the response to older persons' needs is seen as lagging, both at country level and at HQ.

Figure 5 Distribution of refugee population worldwide in 2020, by age group and gender

Chart: Share of refugee population (y-axis, 0%–40%) by Age in years (x-axis). Male (blue) and Female (dark).
- 60+: Male 2%, Female 2%
- 18–59: Male 29%, Female 25%
- 12–17: Male 6%, Female 6%
- 5–11: Male 9%, Female 9%
- 0–4: Male 6%, Female 5%
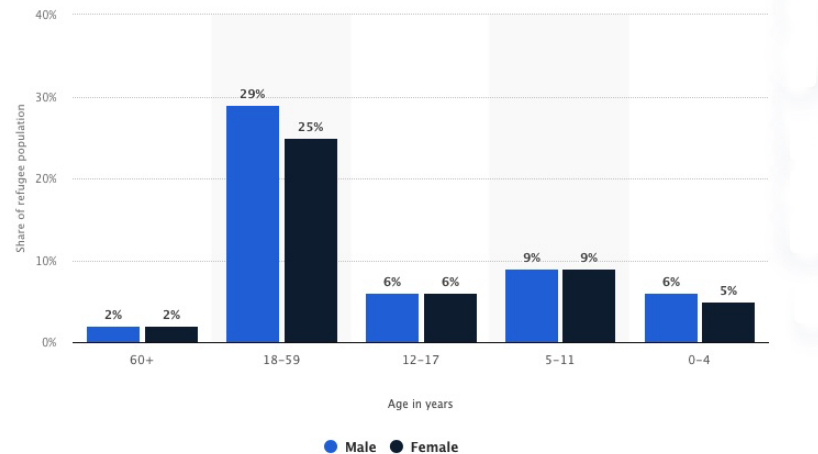
© Statista 2021

53. Across the board, interviews confirm the lack of a comprehensive approach to addressing the needs of older persons. For example, in Greece, older persons receive preferential treatment in access to apartments (through the Emergency Support to Integration and Accommodation (ESTIA) programme) but during the focus groups, older persons complained that there was no outreach and no tailored services, as well as reporting challenges with access, especially as many people were not tech-savvy enough to access support online. In Chad, however, older persons without support are considered among persons with specific needs and qualify for certain benefits such as shelter, non-food items (NFI), and food aid, but again, no specific programmes tailored for older persons were reported. In Thailand, ensuring that older persons were able to participate was considered to be especially challenging. Vulnerable older persons (such as women, those from the Muslim community or those with disabilities) have limited voice, and barriers are amplified by gender-discriminatory social norms and other intersecting inequalities.

54. Some good practices were reported however – for example, in Ukraine, UNHCR used its disaggregated data for targeting purposes, to identify individuals at heightened protection risks. It applied a common set of criteria to select recipients across the different forms of assistance, such as shelter support, core relief items and individual protection assistance through cash. For example, of the internally displaced persons who received cash as a form of individual protection assistance, 64% were women and 60% were older persons, which largely reflected the demographic make-up of the communities in targeted areas. Operations in countries such as Brazil, Croatia, Egypt and Montenegro provided crucial services to older persons, such as adapted housing, individual and group counselling, psychosocial support, and social and recreational events to reduce their feelings of isolation. UNHCR reports that its operations provided targeted services to at least 19,739 older persons in 2020, with 36 operations increasing the percentage of older POCs who received services in that year (compared with 30

17

operations in 2019). Acknowledging that older persons face specific risks and are still often excluded from leadership and action, in 2020 UNHCR updated its guidance on working with older persons in forced displacement, in collaboration with HelpAge International (UNHCR, 2021b).

55. **There are varying degrees of response to the needs of LGBTQI+ persons, depending on both the knowledge of staff and on context, highlighting the need for a more systematic approach and clear guidance to ensure a more thorough response.** Contextual factors play a key role in how much UNHCR can achieve – for example, in Chad, the subject of LGBTQI+ is taboo, whereas in Thailand or Mexico, it can be more openly discussed and addressed. Most countries showed some degree of progress on work with LGBTQI+ persons. In Thailand, for instance, work with the LGBTQI+ community has included new funding for awareness-raising among both POCs and partners, and discussions on the inclusion of the LGBTQI+ community in GBV programmes. One report noted that: 'In Thailand, in collaboration with an operational partner, a peer support group for LGBTQI+ persons of concern was established to combat the overwhelming feelings of isolation often experienced by individuals in this population' (UNHCR, 2019a: 185). A risk assessment has been conducted around protection against sexual exploitation and abuse (PSEA) with different risk groups, including LGBTQI+, resulting in access to psychosocial counselling for specific groups.

56. In Mexico, progress was reported in the resettlement of LGBTQI+ populations, where the durable solutions team is committed to providing tailored responses that meet the needs of diverse populations. As LGBTQI+ persons tend to face increased risks when relocated, UNHCR has found options to integrate individuals into safe jobs and housing in contexts that are more receptive to diverse sexual orientations, gender identities and gender expressions (in Coahuila and Jalisco states, for instance). Furthermore, based on information collected through direct interactions, an SOP for LGBTQI+ populations was being developed at the time of data collection, intended to guide the operational response towards more effective integration.[5] Apart from security concerns within camps, the LGBTQI+ community also faces discrimination in accessing livelihood options. Ecuador provides a useful example of country staff feeling empowered by senior management to develop new programming. Protection for LGBTQI+ populations is especially strong in Ecuador due to widespread materials making the community more visible, deliberate sensitisation training, and frequent and thorough participatory assessments in safe houses, with findings disaggregated by age and sex.

57. Overall, countries in the Latin American region are perceived as more advanced in this area of work and would be well-positioned to provide guidance for other regions.

58. Year 2 of the evaluation will focus on UNHCR's response to LGBTQI+ persons and provide a much more in-depth analysis.

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[5] The Mexico operation released this SOP for working with LGBTQI+ persons in after the mission concluded, in November 2021.

59. **Staff across all country operations reviewed felt that UNHCR's response to persons with disabilities is still lagging**. According to UNHCR (2020b), an estimated 12 million persons with disabilities were forcibly displaced worldwide in 2020. The barriers and discrimination they face were intensified by the pandemic – for example, increasing reliance on digital devices increased their risk of exclusion because persons with disabilities typically have more barriers to accessing digital spaces. One of the main barriers identified is lack of regular data collection with this population group (see KEQ 2). Colleagues in most comparator countries agreed that including disability under the AGD umbrella is difficult in terms of approach and funding. In Bangladesh, key stakeholders cited people with disabilities as the most significant gap among groups covered by the policy, noting that only one partner has the capacity to serve this group:

> *'When AGD becomes inclusive of disability, it really stretches [capacity]… sometimes it feels we are mainstreaming into oblivion.'*

60. Stakeholders interviewed also expressed concern about UNHCR staff having sufficient resources and skills; for example, few staff can communicate using sign language. In Thailand, where UNHCR collaborates with Humanity & Inclusion, support for people with disabilities was reported as a challenging area, with insufficient resources and staffing, which limited the operation's ability to ensure that persons with disability could access facilities because of the geography and physical conditions of the camps. Covid-19 related lockdowns resulted in major difficulties reaching persons with disabilities, which could result in non-provision of food rations, leading to under-nourishment and neglect.

61. Despite these challenges, some good practices were reported – for example, in Ecuador, staff have worked with a local council to promote the rights of people with disabilities and to mainstream disability rights issues within discourses around migrants and refugees. UNHCR and the Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS) developed materials in braille and easy-to-read leaflets. In Ethiopia, UNHCR supported organisations of persons with disabilities to inform people about Covid-19 prevention and response, and to engage them in income-generating activities. In Mexico, it was acknowledged that disability – physical, psychosocial, intellectual, sensory – has received limited attention, but an assessment was carried out in 2020 (through consultations with POCs and stakeholders) to identify a clear plan for how to conduct consultations with persons with different disabilities, the type of interventions they may need, how to reach them with pertinent communication campaigns, and how to increase their visibility and their access to UNHCR support more broadly, with plans to work more closely in this area in 2021.

62. At the end of 2020, UNHCR launched an organisation-wide five-year action plan on Disability Inclusion, which identifies the institutional and operational changes needed to implement the UN Disability Inclusion Strategy (UNHCR, n.d.). It also reported a new partnership with the International Disability Alliance, a global network of organisations

of persons with disabilities, and continued collaborations with national representative organisations in Ecuador, Ethiopia, Honduras, Mexico and Spain.

63. **There is awareness of ethnic dynamics but these are not always incorporated into country response.** There is awareness that ethnicity could be a key factor for qualifying as a refugee, and can be a source of vulnerability – for example, in Kenya, where refugees from countries not undergoing conflict are assumed to be LGBTQI+. These dynamics were not always incorporated into the country response. However, the evaluation team also found that the very diverse nature of the refugee population makes it especially challenging for UNHCR to attend to the breadth of communities and individuals, and to get to know different populations. There may be particular challenges with specific groups, such as (for example) difficulties in securing translation for Somalis in Greece. In other instances, engaging with certain nationalities can be politically sensitive, such as with the Rohingya and Uighur. Similarly, in Mexico, staff acknowledged the limited participation of indigenous minorities as part of their annual participatory exercise and the need to strengthen this area of work in future.

64. Operations **developed a variety of practices to contextualise and make their work relevant**. For example, they translated data collection tools into local languages, developed SOPs that considered local variables, and contextualised templates and modules. In Kenya, one of the modules used for building the capacities of POCs – Engaging Men in Accountable Practices – is adapted from the Inter-Agency Standing Committee (IASC) modules.

65. An effective way to ensure that the response is aligned and relevant to local context is to include refugees in all aspects of it: for example, 87% of teachers in Kakuma camp and Kalobeyei settlement schools (Kenya) are refugees who can speak local languages and are familiar with camp dynamics and local cultures. Similarly, a former refugee has been engaged to support the youth team in UNHCR Kenya. The team was informed that UNHCR was looking to incorporate refugees as much as possible into the country's social protection structures/system. Refugees played an important role during the pandemic, supporting operations to develop, translate and share messages on prevention and hygiene, and ensuring that vulnerable groups and individuals could access information on Covid-19. In many operations, refugees continued doing monitoring missions when UNHCR staff could not visit due to pandemic-related restrictions.

66. The evaluation team found varying degrees of compliance with the ten Core Actions as set out in the AGD policy. These Core Actions represent the minimum that is expected from the whole of UNHCR to deliver an AGD approach.

Figure 6: Core Actions as Set out in the *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. ORGANIZATIONAL 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	❶ 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. ❷ 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. ❸ 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. ❹ 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. ❺ 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, operationalizing 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 Policy on Age, Gender and Diversity

Core action 1: Data disaggregation (see also KEQ 2)

67.   The evaluation found that it was standard practice in all operations to disaggregate data by age and sex, in line with the findings of the 2020 AGD Accountability Report: 'All UNHCR operations understood the importance and acted on the need for data to be disaggregated to varying degrees. Many operations reported that disaggregating data by sex and age was standard practice' (UNHCR, 2021b). However, disaggregation by other variables was less consistent, with disaggregation around disabilities consistently

reported as weak or absent. Some stakeholders highlighted the wording of the core action 1 – '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' – without any further clarification or specification, as problematic and too all-encompassing. More detail can be found under KEQ 2.

Core action 2: Participation and inclusion

68. Participation – through inclusive AGD and community-based approaches and, specifically, through the annual participatory approach – was seen as a cornerstone of UNHCR's work and present in all operations under observation, in both camp contexts and urban populations, though there were some important limitations due to the pandemic and other emergencies (in the case of Greece). UNHCR staff signalled that the country operation is set up to enable participation and inclusion, and regular consultation and outreach across different settings and AGD groups. However, many stakeholders highlighted the need to move away from a one-off annual participatory consultation exercise towards an ongoing approach throughout the year that loops back into programming. This would allow operations to understand how implementation is reaching refugees, the role refugees are playing in their protection and integration, the impact of UNHCR in their situation, and to help identify possible course corrections and changes to programme activities.

69. While UNHCR operations were compelled to adapt and modify their activities due to Covid-19 restrictions, the organisation actively and creatively **prioritised and reinforced compliance with its framework on accountability to affected people (AAP),** which covers participation and inclusion, communication and transparency, feedback and response, and organisational learning and adaptation (UNHCR, 2020c).

Figure 7 POC participation feedback loop
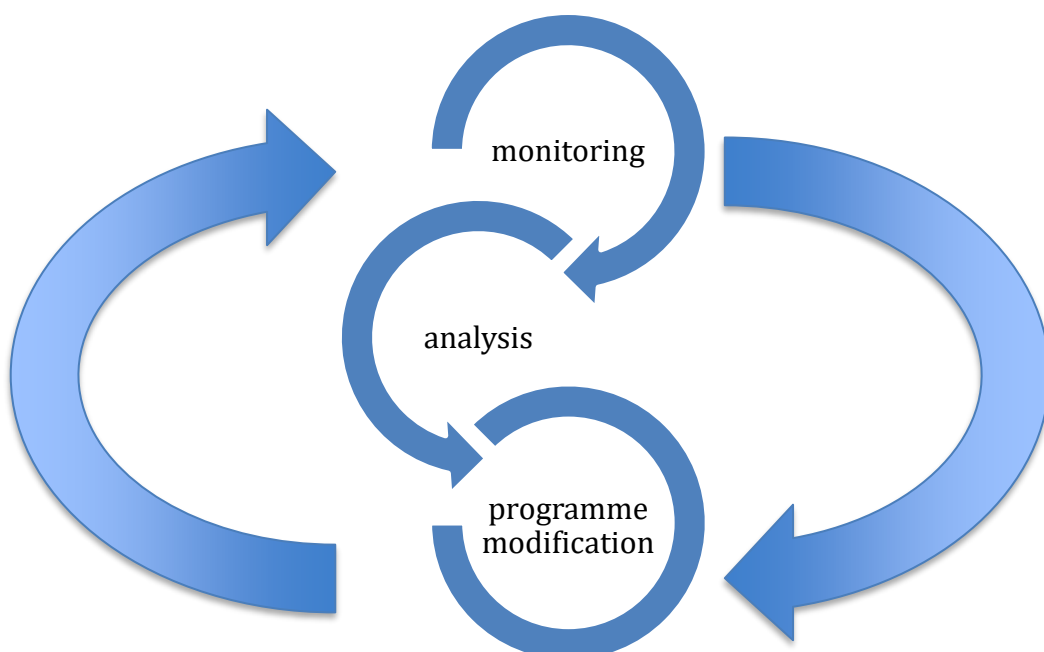
70. In terms of general communication, there were reports of efforts to provide for the linguistic breadth of POC groups, and in ways that accommodate different language needs as much as possible. For example, in Thailand, in collaboration with the Bangkok Refugee Centre, UNHCR supports the provision of translators at counselling centres, with the option for an interpreter to join remotely if there is a requirement to be of the same sex as the interviewee. It was reported that this is especially challenging among urban populations, however, given the large number of nationalities among the asylum-seeking population and the fact that they are spread out geographically. It was less evident that UNHCR has had sufficient resources to ensure that POCs are informed and up to date; this was even observed within camp settings (for example, in Greece). In most operations there are many online resources available, but it was not clear how people who are unable to access online resources would access information. Examples of how to overcome these challenges include an information centre at Kara Tepe camp; or in Ethiopia, where UNHCR is reportedly using community structures and representatives, community meetings, radio, the UNHCR website, noticeboards and megaphones to get information to POCs. In Dadaab, Kenya, UNHCR regularly used Radio Gargaar to share information and receive feedback, as listeners could call in with questions, concerns or queries and get immediate feedback and response.

71. Communication channels with POCs were sometimes reported as siloed. For instance, in Thailand, camp committee meetings are not formally organised for protection purposes, but for camp management. Protection Working Group meetings are organised to collate views from the camp, but there is a need to strengthen feedback channels to communicate decisions back to the camps. Limits on communication seem especially related to insufficient UNHCR resources and to its specific mandate.

72. In some cases, UNHCR blended physical and digital tools – for example, implementing self-service kiosks as a way to improve service delivery to POCs and to facilitate their access to information and their personal data (UNHCR, 2021b).

Core action 4: Feedback and response

73. There are various mechanisms in place for POCs to provide feedback to UNHCR. There is an institutionalised protection monitoring approach, whereby protection staff organise regular FGDs or house visits to hear concerns of particular groups of POCs. These visits have been limited by the pandemic, and in some countries are now led by community volunteers. Some POCs interviewed expressed concern about reprisals when engaging in this type of feedback exercise. While it is not possible to triangulate this information, the fact that asylum-seekers expressed these views suggests that the feedback and response systems – especially for confidential complaints – need to be improved. Another challenge reported by UNHCR was limited engagement with communities for the purpose of designing and establishing feedback and response mechanisms.

74. UNHCR staff expressed an appetite for guidance for strengthening accountability and providing more structured feedback to POCs in a context-specific manner. In response to these challenges, UNHCR has developd a five-year strategy on AAP.

**Core action 5:** Adaptation of programmes and strategies in response to input from POCs (see also KEQ 3)

75. Operations report using the information collected through annual participatory exercises and other feedback mechanisms (such as telephone lines) proactively to inform their planning and programming. Dashboards and infographics also facilitate this. There are, however, no systematic ways to record or monitor how or if programmes adapt or respond to input from POCs. The evaluation team was informed that HQ staff are currently developing a new monitoring tool that will help look at all protection activities through an AGD lens and enable monitoring across all nine protection policies. The tool aims to generate data across indicators for all policies, in a relatively simple way, through a Kobo-based[6] survey with 700 data points, 200 of which are for the AGD policy. The tool intends to generate data that can be easily captured by staff to reveal where implementation is in line with the AGD policy and where there are gaps.

Core actions 6–10: Commitments to women

76. Most operations aimed to achieve all core actions by: promoting participation of women in relevant decision-making structures; ensuring individual registration and even (in some instances) prioritising registration of women in family structures; ensuring that cash and food assistance prioritises women; addressing health and education-specific barriers; and prioritising GBV as a programmatic area. The main challenge continues to be cultural limitations. In this regard, going beyond a women-centred approach to a broader approach that includes addressing masculinities would be helpful.

77. **With some exceptions, the evaluation team did not observe any consistent use of the IASC Gender with Age Marker (GAM)**. Exceptions include Bangladesh, where the UNHCR country office ensures that partners are trained on using the GAM as a prerequisite for submitting project proposals; and Kenya, where although the operation does not use the GAM per se, much of its work is aligned and coherent with that approach. However, as part of the new RBM system, it was reported that the GAM will be made mandatory by 2022.

78. At HQ level, UNHCR does track compliance with the gender equality markers of the UN System-Wide Action Plan (UN-SWAP) (see Figure 7).

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[6] KoBoToolbox is a free toolkit for collecting and managing data in challenging environments. It is built by the Harvard Humanitarian Initiative for easy and reliable use in difficult field settings, such as humanitarian emergencies or post-conflict environments.

Figure 8 UNHCR 2020 UN-SWAP 2.0 Reporting results snapshot
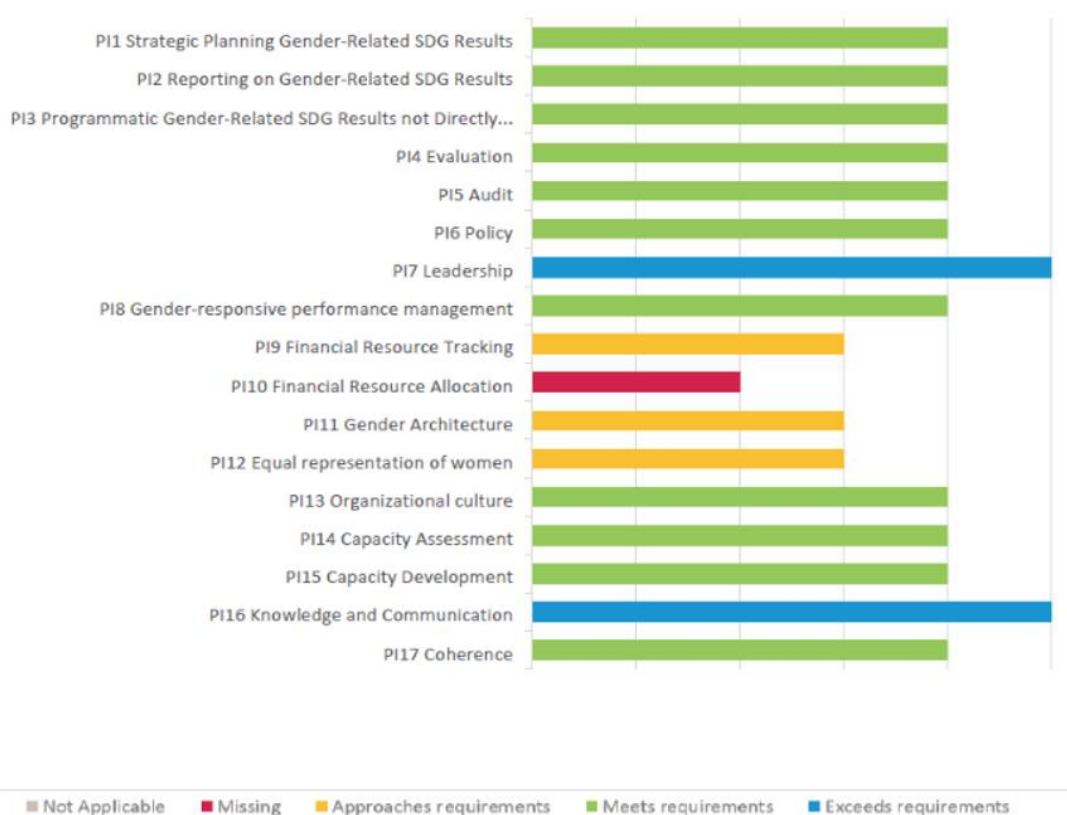
Source : UNHCR/UN-SWAP 2021 report

79. To implement gender equality more meaningfully, the issue will need to be more visible in implementation plans. A good way to bring these elements together is through gender markers and financial resource commitments, which allows organisations to see and measure impacts. A gender equality toolkit was developed last year by HQ and is linked to training. It focuses on examples from an operational perspective, but this resource needs considerable time to read and use effectively.

80. HQ is now focusing on developing guidance on how to translate gender equality into operational plans and practice across programmatic areas. At the moment, there is only one indicator on gender equality (independent of GBV) in the AGD Accountability Report – 'women's participation'.

81. Key challenges identified in the implementation and operationalisation of the AGD policy:

   • **Narrow interpretation of the policy** (as already noted), seen as limited to annual participatory exercises, and data disaggregation (mostly limited to gender and, sometimes, age).

- **Narrow understanding of gender** as primarily limited to women and issues such as GBV, with limited attention to the underlying factors that contribute to different experiences for men, women, girls, boys and trans populations.

- **Indicators used do not adequately capture (or even measure) goals.** There is a need to move beyond counting the number of women participants towards identifying and addressing barriers to meaningful participation.

- **The participatory approach is limited to data collection**, but does not carry through to data analysis, prioritisation and identification of solutions. Similarly, there is a narrow understanding of AAP as a one-off exercise rather than an ongoing process that would, through feedback loops, allow programming to adapt and respond to changes and needs.

- **AGD policy is still not always viewed as cutting across all programmes**; it is still generally seen as falling within the remit of community-based protection. For it to be implemented effectively, it needs to be driven by senior management in country offices and across programmes, including through partners. In this regard, inclusion of programme officers, who are in charge of negotiating memoranda of understanding (MoUs) with implementing partners, may be an important mechanism to ensure that the AGD policy is applied consistently by partners.

- **The complexity of comprehending and dealing with diversity in all its dimensions.** There is a structural challenge in that the categories included under AGD can be very large and varied. For example, in the age category, there can be many subgroups to consider, each with a different set of challenges and needs. The challenges involved in supporting older persons means that progress for this population group has not kept pace with progress in addressing the needs of different categories of children and adolescents – for example, unemployed youth, who could be seen as a security risk; adolescent and young women, who are vulnerable to early marriage, adolescent pregnancy and gender-based violence; and children who are out of school, to name just a few. The challenge of managing expectations was underlined as a major consideration. In Mexico, for example, much of the current analysis and reporting focuses on accompanied and unaccompanied children, as if each were a homogenous group.

- **Uneven skill levels, insufficient staff resourcing and staff turnover** represent major challenges to addressing vulnerabilities across different groups covered by the AGD policy, as country offices do not always have the expertise needed, and it takes time to understand the underlying dynamics within target communities. Identification of specialised partners can play a key role both in addressing continuity and in obtaining adequate levels of expertise.

- **Limited tracking mechanisms at country level:** There are currently no formal mechanisms for tracking progress at country level, as the AGD mandatory annual reporting does not include a baseline or a goal. The evaluation team was informed that the new monitoring system called Compass (introduced in 2021) makes use

of the GAM mandatory indicators but does not contain gender markers, including in terms of budget allocations for gender equality.
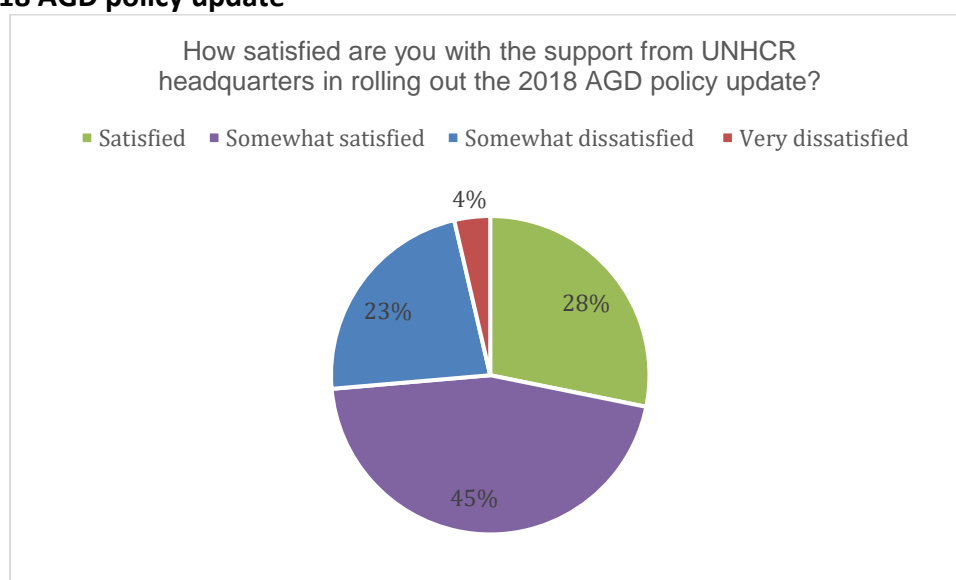
- **Competing priorities.** Key informants in all countries cited **'policy fatigue'** as a challenge to effective implementation of the AGD policy, as well as a lack of clarity on responsibility for implementing different areas of it. While the policy has evolved from previous initiatives, policies and guidance over the preceding two decades, it could have been better integrated with other AGD-related policies. For example, there is a sense that the AGD policy and the disability 5-year strategy and workplan complement each other, with the disability policy going into further detail to address (for example) the duty to provide reasonable accommodation, respect for dignity and individual right to autonomy, as well as barriers not addressed in the AGD policy (for example, strategies for providing accessibility). However, sometimes these competing priorities are not well-connected. For example, some staff felt that while the AGD and GBV policies are, in theory, mutually reinforcing, the focus on strengthening work on GBV has come at the cost of diluting work on gender equality. This is seen as a missed opportunity, as displacement provides an opportunity for roles to change, and to continue these changes when people eventually return home.

- **Steadily diminishing financial resources** and competing priorities for UNHCR programming, which means that concerns voiced by refugees and gaps identified cannot be addressed. This has led to a widely held perception – including among senior management – that implementing AGD policy commitments more systematically would be challenging given this context. This is further hindered by the lack of a clear system (for example) for costing AGD activities, which could help translate findings from the participatory exercise into costed programme directives, which would in turn help advocate for funding.

- **The weight of socio-cultural norms and practices,** which often run counter to AGD principles, is another key challenge. There remain contextual challenges in ensuring participation and inclusion of all groups (for example, some conservative societies do not allow for the participation of women and girls). While there is a mandate to push this issue, there is also a risk that processes to promote participation can expose women to backlash and violence.

- **There can also be challenges related to geographical context**. For example, in Cameroon, internally displaced persons and refugees are scattered, which makes it very challenging to reach POC representatives. The harder it is to organise and reach POCs, the harder it is to obtain their feedback. These challenges have been exacerbated during the Covid-19 pandemic.

- **Limited progress in providing feedback to POCs, especially children.** Mechanisms for children to provide feedback and issue complaints to UNHCR were not identified but are necessary to strengthen accountability to children. Finding ways to support refugee or asylum-seeking children to have a more influential role in their own lives would be an important step forward. This draws

attention to the underlying tension between a policy that seeks to empower POCs and the inherent power imbalance between POCs and UNHCR staff.

- **Covid-19 has impacted outreach, communication and implementation** of planned activities, bringing particular challenges in addressing the needs of internally displaced persons and certain categories of POCs with specific needs, such as those with disabilities and older persons.

82. Overall, respondents were satisfied with the level of support provided by HQ for implementation of the AGD policy (see Figure 8), with 75% either 'satisfied' or 'somewhat satisfied'. It is important to note here that the data that underpins this finding was collected prior to the RRA taking effect, so bureaux roles had not been formally established.

Figure 9: Level of self-reported satisfaction with the support from UNHCR HQ in rolling out the 2018 AGD policy update

How satisfied are you with the support from UNHCR headquarters in rolling out the 2018 AGD policy update?

- Satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

4%
23%
28%
45%

83. The **main demand from field staff is for HQ to provide clearer and practical guidance** on how the AGD policy can be applied in their everyday work. The evaluation team observed that while resources at HQ level are limited, there are ample ongoing efforts geared precisely to supporting implementation of the policy, which are gathered in the global protection cluster website,[7] highlighting the need to strengthen communication and knowledge management mechanisms.

84. Creating an easy-to-use AGD website – where staff can find examples of 'how-to', including tip sheets, guidance and examples of good practice – could facilitate this process; currently, many staff do not know where to get this kind of information from.

85. Again, regional offices stand to play a key role in identifying good practices, contextually adapting existing guidance (including translation as relevant) and ensuring that this

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[7] See: https://www.globalprotectioncluster.org/tools-and-guidance/essential-protection-guidance-and-tools/age-gender-diversity-essential-guidance-and-tools/

central database is adequately populated with good quality learning content and up to date.

Figure 10 Impact of regionalisation 2020/21 process on AGD focal pathways

Before regionalisation

AGD focal point

After regionalisation

AGD focal point

Regional offices
Regional offices
Regional offices
Regional offices
Regional offices
Regional offices
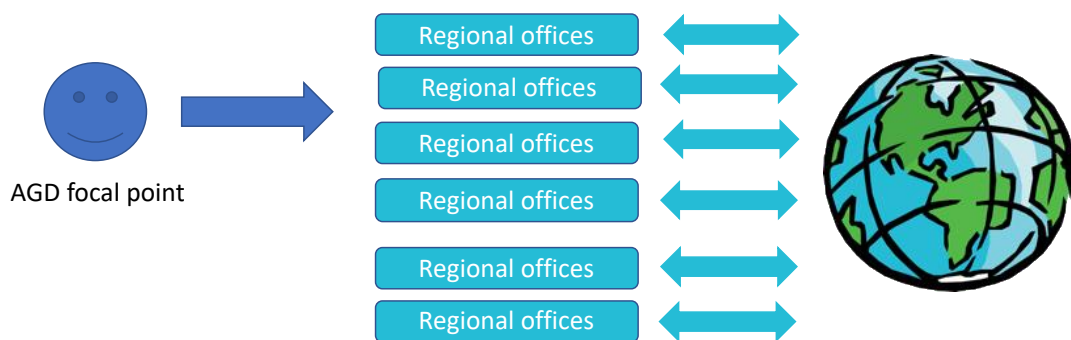
86.   The **regionalisation process**[8] (Figure 9) represents an opportunity to strengthen this process. While previously, the focal point for work with (for example) LGBTQI+ was responsible for reaching all staff in all regions, now the HQ focal point has a focal point in each region, who can act as a multiplier.

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[8] Part of a transformation aimed at strengthening the organisation and better positioning it to deliver on its mandate seeks to achieve the right balance between HQ and the field, with agile country operations supported more effectively by seven regional bureaux. 'As part of the APR [Annual Protection Report] for 2020, UNHCR repositioned or created more than 150 technical positions to strengthen country operations, as well as the new bureaux structures with the requisite expertise to support them. More than 100 of these positions, some which require experience in the development field, will be placed directly within the country operations.' EC/70/SC/CRP.22

3.2 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?

Findings in a nutshell

Reporting on key programme activities regularly provides updates by gender, age, country of origin, legal status, family size and location, but less regularly by other variables such as disability. There is considerable scope to strengthen analysis and use of data, as well as systems to ensure that the data collected informs programming.

The AGD policy aims for data dissaggregation, but does not consider that some categories cannot be easily disaggregated – for example, looking at gender as a binary category leaves sexual identity aside, including some categories that may be at the root of a refugee's persecution.

Partners play a key role in providing data. Ensuring the quality and consistency of data, given differing definitions and legal frameworks, remains a challenge. Having clear and common guidance that includes definitions and can be shared with partners would be helpful in this regard.

Key limitations identified for adequate data collection and analysis include limited resources and a siloed approach. Most staff interviewed felt that reporting on age, gender and aspects of diversity is fragmented and does not fully convey UNHCR's progress and contribution to AGD, highlighting the need to consider new ways of capturing UNHCR's and their partners' work with a focus on strengthening knowledge management and learning.

Data collection

87. In terms of data collection, guidance on registration and identity management clearly sets out the AGD variables for identification (UNHCR 2020d):
    - Unaccompanied and separated children
    - Child-headed households or child spouses
    - Persons with disabilities and their families
    - Persons with serious medical needs
    - Older refugees, particularly those 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 (e.g. LGBTI individuals)
    - Where feasible, single parents and families with small children

88. Staff identified three main mechanisms for collecting and reporting on data for the purposes of analysis and programming: (a) the proGres4 database; (b) annual participatory assessments with POCs; and (c) reporting requirements for partners regarding the use of disaggregated data, as well as (d) describing the piloting of innovative tools.

a) ProGres4 database

89. Overall, UNHCR's database for entering information on asylum-seekers and refugees provides good potential for disaggregating data by gender, age, disability, country of origin, legal status and family size. It also allows for recording of additional social characteristics, including LGBTQI+ status, and religious and ethnic minority status, if POCs self-disclose. ProGres4 also allows for a range of marital status options (single, married, separated, divorced), and indirectly allows for polygamy to be recorded, as subsequent wives are treated as single female-headed households but linked with the family and husband's record. However, the evaluation team observed one key limitation in that staff and partners often lacked adequate understanding of the full potential of proGres4 and had not been trained in how to use it fully for the purpose of capturing key AGD related descriptors of asylum-seekers and refugees.

90. ProGres4 also serves as a project and case management tool, with modules that **facilitate case management** in specific domains such as children 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 (CBIs), protection referral pathways, etc. In fact, proGres4 is often the core data source for managing CBIs but also 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 persons in mobility do not receive the same benefit more than once. The current pilot in Ecuador – where the World Food Programme (WFP) and the Hebrew Immigrant Aid Society (HIAS) have agreed to use proGres4 as a primary data collection tool to facilitate case management and shorten interview time for POCs – is an innovative pilot that may prove useful in other contexts.

b) Annual participatory assessments with persons of concern

91. Annual participatory assessments complement the data contained in proGres4 by collecting feedback from POCs on their specific needs and vulnerabilities, and the extent to which services are meeting their needs. Some operations reported a significant change as a result of the AGD policy and increased awaress from an initial 'men, women and children' approach towards greater diversity in participation, which also allowed them to identify gaps (for example, indigenous minorities in Mexico). Participatory assessments were conducted regularly in all the case study countries, as well as in comparator countries – although the COVID-19 pandemic and other emergencies has sometimes created barriers to participatory assessements - for example, in Mexico (COVID) and Greece (state of emergency on the Aegean islands).

92. The COVID-19 pandemic severely limited physical access of UNHCR and partners to communities; however, operations shifted to using alternative communication tools (such as phones) as a means to consult, monitor, inform and engage with communities. In Kenya, for instance, the country office ran a telephone survey targeting different AGD groups 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. They also reported relying more on volunteers.

93. Key stakeholders also highlighted the need to move away from identifying vulnerabilities towards a more realistic and empowering approach – for instance, moving away from asking 'what do you need' to focus instead on identifying and harnessing existing resources and skills available within each community or group. Staff also highlighted the importance of ensuring that POCs understand UNHCR's limitations. One interviewee said: '*[the participatory exercise] focuses on vulnerabilities rather than opportunities, looking at the refugees as clients. Unless the data is, at least in the second round, interrogated and questioned by a wider group of colleagues from different functions, the problem is that we end up with a huge list of needs… The way the needs are assessed is completely unrealistic.*'

c) Reporting requirements for UNHCR partners

94. UNHCR partners also contribute to generating AGD data, and this is often part of their agreement with UNHCR. However, partner reporting requirements in some instances appear somewhat loose, rather than mandatory; for example, they are not always required to report against the GAM, but are requested to use the GBV tool, though again, this is not compulsory. It was also noted that contract monitoring does not pay specific attention to compliance around disaggregated data. Some stakeholders felt that reporting tools and monitoring systems for partners need to be strengthened, noting that to the extent that partners are monitored, this generally occurs without an AGD focus.

95. That said, many of the NGO partners with whom UNHCR works have their own internal systems for disaggregating data and provide this breakdown routinely (some partners are especially strong on generating targeted data on AGD groups). For instance, in Greece, data collection on unaccompanied minors is consistent across the different agencies due to cooperation in the Child Protection Working Group. Similarly, in Thailand, Humanity & Inclusion is the partner with the most accurate data on disability. Also in Thailand, UNHCR regularly uses data collected by its partner, the Catholic Office for Emergency Relief Refugees (COERR), for education purposes.

96. **Ensuring the quality of data collected remains a challenge, particularly for local or grassroots organisations with limited resources and capacity.** In larger countries with more diffuse UNHCR operations, differences in data reporting procedures between regional offices can complicate central analysis. For example, in Ethiopia, consistency is an issue within data collection given the size of the operation, and staff noted that central data analysis was made difficult by non-streamlined data parameters. However, relying on partners' information is key, especially as UNHCR moves increasingly away from direct implementation in many countries. Some partner NGOs thought that a key value-added role for UNHCR would be to provide timely data updates and analysis to inform the work of government and NGOs, including on issues related to GBV and homelessness. To address this, UNHCR has invested in capacity-building for partners in Algeria, Malawi, Mozambique and Venezuela (UNHCR, 2021a). In Mexico, UNHCR partners have been requested to report data based on sex, age and other dimensions of diversity (disability, LGTBQI+, pregnancy, specific risks including sexual activity, etc.)

on a monthly basis through a Kobo database as part of their reporting requirements to UNHCR. The Ecuador office has strong collaboration with partners that focus on vulnerable groups included under the AGD policy, especially unaccompanied minors, and two dedicated partnerships with LGBTQI+-focused organisations, which UNHCR supports with training. UNHCR uses a similar approach with partners and the government in Ethiopia, to support unaccompanied minors.

97. Standard operating procedures (SOPs) have been developed at HQ for GBV, child protection, and to identify persons with special needs, and these are being strengthened to reflect insights derived from participatory assessments and other sources of information from POCs. An SOP on LGBTQI+ is also being developed. SOPs provide clear guidance on how to work with vulnerable groups under the AGD policy and, in doing so, increase accountability. However, it should be noted that some country offices have also developed their own SOPs, highlighting the need for better communication and coordination between HQ and country offices.

98. **Organisational mechanisms to ensure compliance with the AGD policy were more limited.** Staff responsible for contracting admitted that they do not apply the GAM in their partner reporting requirements, and that reporting specifications are typically left up to technical evaluation committees. However, new partners are usually requested to apply the UNHCR GBV tool, and most partners (but not all) accept this. While this can lead to a discussion with the partner, its use is not mandatory for contract-holders. It is worth noting that there is no specific budget line for data collection or processing and analysis within partner contracts, as it is considered '*just part of the work'.*

d) Innovation in data and feedback mechanisms

99. A series of tools are being piloted to further strengthen data collection and direct communication between POCs and UNHCR. These include the Kobo toolbox, and the Kiosk Automated Services and Information (KASI). The latter, developed in Kakuma, Kenya allows refugees to directly self-report changes in status (such as marital status or contact number), to request appointments with different functional units (registration, refugee status determination, and so on), and to send or receive secure messages to the organisation (UNHCR, 2020b). POCs in Kakuma and Kalobeyei can also use the iMonitor tool to report water, sanitation and hygiene (WASH) or shelter issues directly to UNHCR. iMonitor is a simple tool that can be pre-loaded to access offline. Users can record the location and description of an issue, upload a picture and request feedback (UNHCR, 2021c). Kakuma piloted a more comprehensive methodology for the participatory assessment in 2020. That approach seeks to move away from the needs-based participatory approach toward the promotion of socioeconomic development, in line with Kalobeyei Integrated Socio Economic Development Plan (KISEDP) objectives.

100. Other sources of information include **protection surveys** at camp level (which gather information on age and gender especially, and some aspects of diversity), and on-the-ground monitoring visits, although these were mostly halted or conducted by community volunteers during the pandemic.

101. The evaluation found that it was standard practice in all operations to disaggregate data by age and sex, in line with the findings of the 2020 AGD Accountability Report.

102. However, while the proGres4 fields for entering data are extensive, the actual data collected for different thematic domains is more limited. Lack of time and resources are often cited as preventing more in-depth registration. Key informants in Greece also highlighted limitations linked to donor priorities, and in Chad, as the open discussion of some variables within the proGres 4 tool are considered taboo.

103. Here, we address findings for each category:

    a. **Age:** Age information was observed to be systematically registered. However, this should be contextualised, as there can be significant variation across countries in terms of when a child is considered an adult and able to take on associated roles (for example, to work or marry).

    b. **Gender**: Information on gender was observed to be systematically registered. However, it is not possible to disaggregate by gender, only by sex; this undermines nuances around sexual and or gender identity. For example, Mexico receives many asylum-seekers fleeing their home country because of persecution, discrimination and GBV, resulting from their sexual preferences and/or gender identities. This includes trans individuals (mostly trans women), although the specific number is unknown, as proGres4 does not have an option to enter 'trans' as a sexual identity. It is important to incorporate gender diversity explicitly into registration criteria, in addition to sex (not exclusive of one another).

       Challenges also arise from who collects data and how. For example, in Mexico, the registration process used by COMAR (Comisión Mexicana de Ayuda a Refugiados) only interviews one person per household (if a family unit, only the male head is interviewed). This potentially loses crucial information about the situation of women and children in the family, as well as reinforcing gender biases in data. However, UNHCR is investing human and financial resources in the Quality Assurance Initiative with COMAR to strengthen its data management tools.

    c. **Persons with disability**: Nearly all operations acknowledged that they were not registering disability-related data systematically or consistently. Another challenge is that data on disability is often managed by states, and every system has different measures, making it difficult to standardise data. Other challenges include contextualising and interpreting data that is often context-specific; for example, being albino (with visual impairments) in Tanzania may have different implications from being albino in the United Kingdom (UK). The tendency to interpret 'disability' as a homogeneous category is another challenge: '*There is a tendency to think of disability [only among] one type of person: adult men. However, persons with disabilities are a very heterogeneous group that cannot*

be easily reflected numerically. [Looking at disability] is also a protection factor – an accessible building is safer. The advantages have yet to be better understood' (UNHCR staff member).

Progress in this area includes incorporating the Washington Group on Disability Statistics short list of six questions (which were designed to collect internationally comparable disability statistics) within proGres4 (July 2021) to identify people with disabilities more easily and consistently. The model used locates disability as at the interaction between a person's capabilities (limitation in functioning) and environmental barriers (physical, social, cultural or legislative) that may limit their participation in society. The questions focus on functionality without considering the cause of the disability (for example, difficulty washing, dressing or walking up steps). Using these questions will allow UNHCR to capture a wider number of persons with disabilities, including disabilities associated with older age. This methodology will identify a disability in an estimated half of all older persons. The evaluation team was informed that the Washington Group Questions will not be included in the main demographic section of a person's record but in a separate module at this individual level, which means they will only be considered if and when staff are able to do an additional module.

104. The evaluation team identified some important challenges to systematic and adequate data collection.

105. **Quality and consistency of the data collected varies, depending on who collects it and how it is defined.** Partners are an important source of data; however, experts highlight challenges linked to differing definitions – for example, this is the case for some types of disability. There may also be different data sets in operation due to differing legal definitions, as observed in Thailand, where the legal framework means that UNHCR documentation for urban refugees is not officially recognised, though it does inform official statistics on urban POC populations.

106. **Lack of systematisation of data collection protocols to ensure a systematic AGD approach.** For example, as noted earlier, to ensure that the additional disability module is filled out.

107. **Some partners raised issues around data security and privacy.** Although proGres4 allows for different levels of access to ensure that sensitive information is kept confidential (see KEQ 3), there should be additional systems in place in order to ensure that confidentiality is maintained. For example, in line with UNHCR Policy on the Protection of Personal Data of Persons of Concern, some operations in Africa have limited access to personal data collected on sexual orientation and gender identity to the few staff who work directly with LGBTQI+ people for protection and solutions (UNHCR, 2021a).

108. **Most operations report limited capacity for data collection and analysis**. UNHCR staff noted that while the organisation draws on quantitative data in general terms to inform programming, engagement and activities, it does not have enough resourcing or capacity to engage in more in-depth analysis that would inform strategic planning and operations, which can lead to operational gaps: 'delayed or insufficient attention and analysis of registration data can lead to critical protection gaps on the ground, seriously impacting UNHCR's preparedness, negotiating position with the host government as well as resource capacity to respond to urgent protection needs' (UNHCR 2020d). For example, in one case study country, weaknesses in data collection were reported due to overwhelmed registration officers sometimes not filling out questionnaires thoroughly, leaving out useful protection information. As a mitigation mechanism, 30 new registration officers will be recruited, with better supervision to comply with registration and data management requirements. Ensuring that they receive adequate training on AGD from the outset will be vital for them to understand the relevance of capturing all necessary data to inform planning and response. This change can improve data collection efforts overall but can also improve the quality of data disaggregated by age, gender and diversity.

109. **Gender analysis** was considered to regularly inform operations, albeit mostly focusing on women and girls. For example, in Thailand, tailored activities for different groups of women and girls were seen as a prominent feature of UNHCR's work, with specific actions to mitigate GBV and a long history of supporting women's and girls' participation in decision-making processes and roles in camps.

110. **Limitations presented by siloed working.** The data system has limitations due to siloed working and the narrow interpretation of the AGD policy, which is considered as something separate and relevant only to protection staff. For example, although UNHCR has a health information system, there is no analysis conducted to assess implications and progress for AGD in that sector. One good practice was reported in Mexico, where CBI targeting draws on key characteristics, including those linked to diversity and exclusion, such as age, language spoken, disability or severe illness, identifying as LGBTQI+, or pregnancy. The CBI targeting mechanism (which was still being refined at the time of data collection) also considers women as recipients of cash grants when they are the ones who initially contacted UNHCR, even if their male partner is registered with COMAR.

Reporting

111. Reporting on AGD at field level is mostly done through the annual report, which includes a mandatory section on AGD but does not identify the type of data to be included, and there are limited common indicators (for example, 'Participation of women in structures' is one). This leads to inconsistencies in reporting between operations, as highlighted in the 2020 AGD Accountability Report. Due to this lack of consistency, findings are anecdotal or, as noted in the 2020 report (ibid.): 'The varying quality of the source materials created some limitations with data not systematically complete and identical

in nature for each operation. It therefore did not lend itself to aggregation for quantitative data or to systematic comparisons between operations.'

> *It is qualitative, the quality is not optimal, you can't find any impact, you can't identify any trends, there is no real consistency.*

112. The data that is reported comes mainly from participatory assessments done at field level, and is mostly qualitative in nature, though some operations do use quantitative tools including the Kobo tool. UNHCR then develops reports that include general findings by population group, although level of detail and disaggregation varies. There is rarely any information about responses planned by UNHCR to address the issues being raised. In this sense, reports are useful for partner organisations to have a diagnostic, but not as much for anticipating UNHCR's plans.

113. **Global-level reporting** takes the form of 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 bureaux. Here, too, the decentralisation process plays a role; as of 2020, it was reported that 'AGD materials to be included are selected by the regional bureaux, UNHCR experts on internal diversity and inclusion, and various UNHCR technical experts in fields such as protection, knowledge and data, accountability to affected people (AAP), gender equality, GBV, child protection, youth, disability and older persons, livelihoods, health and education' (UNHCR, 2021a).

114. A further challenge is to ensure that areas which have limited human resources assigned to them within UNHCR are adequately identified and incorporated into the annual report (for example, work with older persons).

115. To address this weakness, UNHCR developed and piloted a guide for AGD reporting in 2019. This was found to be effective but time consuming, which meant that many country operations simply did not use it. In 2020, with the change to the Compass monitoring system, UNHCR gave an instruction to avoid additional burdens to operations, which means that the detailed questions and structure cannot be made mandatory. Due to the time limitations already described, the guide for AGD reporting will most probably not be used.

Adequacy of reporting

116. **Some stakeholders highlighted the need to rethink how reporting is done and who the reporting is intended for.** Some felt there was a need to move away from 'business as usual' to find better ways to capture the entirety of UNHCR's work.

117. Some interviewees argued that the lack of evolution in reporting means it does not effectively capture UNHCR's progress, and has led to limited readership of the AGD Accountability Report.

118. Suggested mechanisms for reaching a wider audience include greater use of infographics, brown-bag lunch discussions, thematic reporting or storytelling, but also to have others tell the story – for example, to have refugees and partners produce reports, or use tutorials put together by children. Other suggestions included thinking differently about how and when data is collected and shared – for example, compiling case studies during consultations as opposed to waiting for the end of the year.

119. Most reporting is still focused at the activity level, with limited attention to the 'so what?' (impact). Strengthening understanding of how activities can achieve the ultimate goals – through an organisational Theory of Change – would help not only in reporting but should provide country offices with clearer metrics that allow them to report on progress and achievements.

120. There appears to be limited documenting and sharing of good practices within the organisation. Some good practices were reported – for example, in Greece, focal points meet monthly via Webex to share experiences and give insights into new and emerging promising practices, and try to develop a common approach to incidents and cooperation with authorities. Institutionalising and helping to develop and strengthen networks such as this – not only within countries but between countries – could be an effective mechanism to promote learning.

121. **There are no incentives for reporting/sharing good practices**, despite an appetite among staff for doing so**.** Some key informants felt that there is no recognition and no visibility for taking on the additional burden of describing and documenting the good practice. Some interviewees mentioned that there used to be league tables and prizes for innovative work, but this is no longer the case; some managers highlighted the need to provide incentives to drive innovation on AGD.

122. One final challenge is that **reporting is done almost exclusively in English, and is not inclusive of people with disabilities.** The annual AGD Accountability Report and

most of the relevant information it contains is in English; it is difficult to find tools and guidance in Spanish or French, which inevitably limits access. To promote knowledge sharing, regional bureaux could allocate a budget to translate key tools and guidance into national or local languages, as appropriate.

123. **Mechanisms for systematically feeding findings into the regular planning and programme cycle are less robust** and, as alredy noted, there is no mechanism to usefully monitor how UNHCR has responded to feedback generated in the participatory assessments. Insufficient resourcing, staffing and time were cited as limitations preventing UNHCR making more use of the monitoring data it collects. Year 2 of this evaluation will look at this issue in more depth.

124. Evidence suggests that the current RBM systems are not set up to ensure triangulation and analysis of the data collected, which undermines the capacity to use AGD data to inform programming. Some stakeholders felt that data accountability remains weak, and that having stronger data accountability on AGD that would facilitate use of disaggregated data for planning across teams, would improve the situation.

125. Another challenge that emerged in some operations is when programming is heavily donor-driven, as in Greece (for example), there is little scope for UNHCR to shape content and add components that would support stronger adherence to AGD principles and respond to findings.

126. Dashboards were highlighted as a good tool to facilitate better use and access to data for planning future activities. While not still widely used, the aim (as expressed to the evaluation team) is for them to become common tools for planning, where programmes are able to visualise relevant data according to their area of work. In the case of community-based protection, for instance, dashboards could provide a visualisation for specific AGD planning.

127. Data collected is also used for advocacy purposes. For example, the Spain operation used analysis of population trends disaggregated by age and gender to advocate for mechanisms to identify persons in need of international protection and refer them to the asylum procedure. It also used this data to call on government authorities to develop a system to manage sea arrivals that would consider AGD characteristics and protection needs when tailoring the response (UNHCR, 2021a).

Data sharing

128. **There are systems in place to share data with partners, although some partners expressed frustration that this data is limited and not always up to date.** Data is shared with partners regularly through UNHCR fact sheets as well as through the UNHCR data portal.[9] Partners and donors can also ask for specific data breakdowns. However, some partners wanted data to be more readiliy accessible. As one donor stated:

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[9] See: https://data2.unhcr.org/en/country/ken

129. External partners have limited ability to fully assess the different dimensions of vulnerability and diversity that characterise different populations of POCs, which sometimes remain largely un-analysed by UNHCR itself in its different reports. Some partners felt there is a general reticence on the part of UNHCR to share data, and some UNHCR staff agreed with this perception.

3.3 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?

Findings in a nutshell

The evaluation found that UNHCR generally has a robust system in place for data collection and disaggregation. The system allows processing of the raw data for different types of analysis. It also allows to link groups while maintaining individual identity. And it allows different levels of access so that sensitive data can be viewed on a need-to-know basis and remain hidden to other users. Summary statistics and fact sheets are produced regularly and made available online. However, not all staff or partners are aware of the full potential of proGres4. There is considerable scope to strengthen understanding and use of this valuable database to improve programme implementation.

Supporting vulnerable POC groups such as unaccompanied minors, people with disabilities and older persons is resource-intensive, and most operations felt they lacked adequate funding to fully implement the AGD policy. Staffing to support implementation of the AGD policy is limited; many AGD-related positions have been left vacant or are outsourced through affiliate workforce positions.

The evaluation concludes that existing accountability to AGD mechanisms lack metrics that would allow staff to measure progress. There are also no incentives for implementing the AGD policy, either at an operational or individual staff level. As such, staff have increased requirements with no additional resources or incentives, but at the same time, they are not being held accountable to comply with the policy. Similarly, AGD training is available but is not a requirement. It is also not yet mainstreamed into other mandatory training (such as training required to be eligible for promotion).

Institutional capacity

130. UNHCR data collection is done through the Population Registration and Identity Management Eco-System (PRIMES) (see Figure 11), which includes proGres4, the Rapid Application (Rapp) and the Biometric Identity Management System (BIMS), so that partners and staff can collect data while offline (when working from remote locations), capture biometrics through BIMS, and record cash and in-kind assistance. As well as being a database, proGres4 can be used as a case management system that

allows for all data collected to be consolidated and accessed online, helping to avoid multiple registrations and fraud. The Rapp collects data at the household and/or individual level, including biographical data, photographs, biometrics and information on specific needs, allowing UNHCR to issue documentation such as ration cards to families. Rapp can also be used to make referrals, and form connections with other registration databases. The BIMS captures and stores all fingerprints and iris scans from POCs. The system has been designed to work seamlessly without internet connection or with weak connectivity, and can be used on a laptop, allowing for mobility and requiring no extra source of power to use the USB-driven fingerprint scanners, iris scanners and webcams.

Figure 11 Population Registration and Identity Management Eco-System (PRIMES)
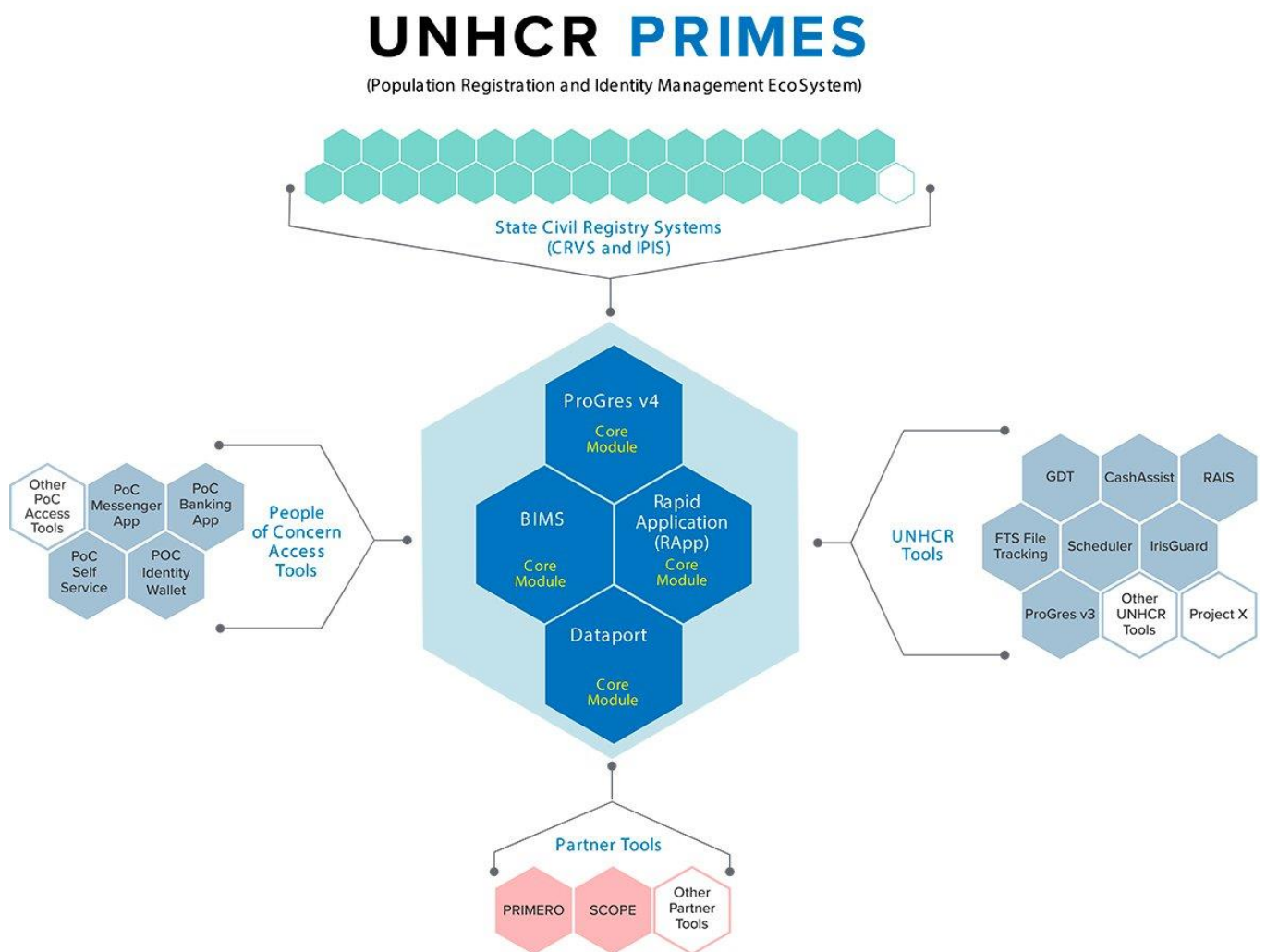
131. UNHCR's Live Capture Unit (LCU) allows for interconnectivity between proGres4 and the national registration system. In Kenya, for example, government partners are trained to use these systems. One government counterpart explained how…

132. Not all 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. Partners were generally less aware of the wider potential of proGres4 and the range of indicators that could be reported against. There is considerable scope to strengthen use of this valuable database to improve programme implementation.

Financial capacity

133. **Supporting vulnerable POC groups is resource-intensive, and most operations felt they lacked adequate funding to fully implement the AGD policy.** All operations highlighted the challenge of addressing and prioritising AGD given their limited resources. Some staff were fully aware of the shortcomings; this was also reflected in the survey (see Figure 12).

Figure 12 Self-reporting on resources available for AGD

How sufficient are your resources to effectively engage with vulnerable populations under the AGD policy?

- Generous - Sufficient - Limited - Insufficient

12%   8%

29%

51%
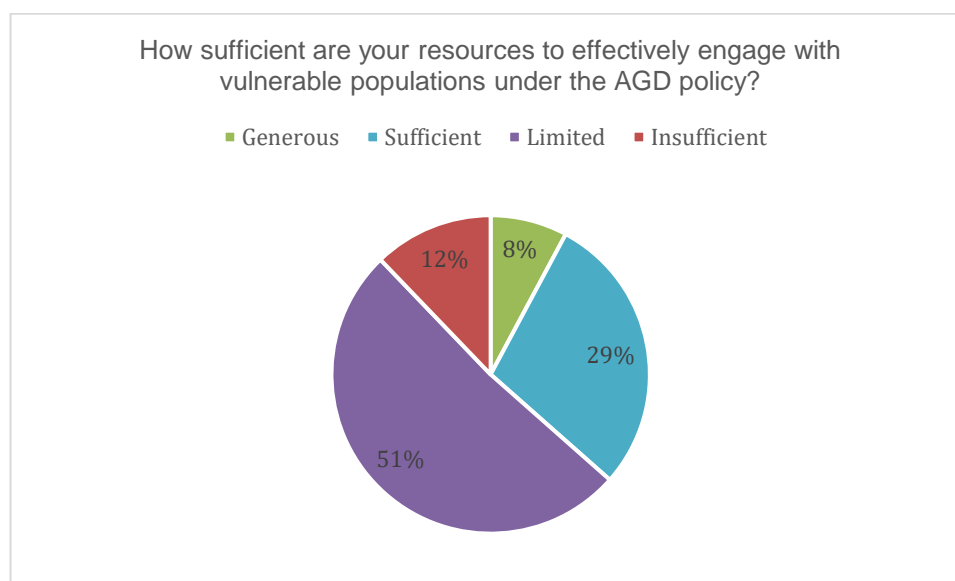
Source: Evaluation survey.

134. However, when funding was insufficient even to cover necessities, it was hard to find resources for an AGD-specific response:

135. Some operations highlighted their frustration with undertaking the participatory assessments year after year only to find they had no resources to act on the findings:

> *[It is] difficult to ask the same questions – around security, health, etc. when their issues remain the same a year later and solutions are at best ad hoc and individual*.

136. Prioritisation is guided by findings from the participatory assessments but also by donors who earmark funds. It is often the same staff member within UNHCR country offices that covers various AGD areas. One key informant noted the gap between increased responsibilities and requirements placed on country offices without the financing attached to these responsibilities or to properly roll out the AGD policy.

137. Financial resourcing can make a major difference to how effectively the AGD policy is implemented. The Mexico operation, for example – which has grown significantly over the past three years, allowing for a significant increase in human resources – now has *focal points* for various issues related to diversity and the inclusion of groups of POCs with specific needs. 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 disability, LGBTQI+, and older POCs). The focal points for child protection and GBV undertake a number of activities linked (explicitly or implicitly) to the implementation 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.

Accountability mechanisms

Accountability to Affected Populations
The AAP policy outlines key commitments that contribute to UNHCR's goal of holding itself accountable to the populations it is mandated to protect. To this end, the AAP policy defines four key pillars of accountability: 1) communication and transparency, 2) feedback and response, 3) participation and inclusion and 4) learning and adaptation. In support of these pillars, the policy 'standardises the language used in reporting; informs priorities; supports assessments of the extent to which UNHCR achieves its AAP commitments; and provides criteria for evaluating learning and improvements.'[10]
The evaluation identified two staff in the CBP unit dedicated to AAP alongside one consultant and two Innovation Service colleagues whose portfolios include AAP support, a relatively minor presence given the scale of the policy and the resources required to implement it. The evaluation found that AAP is interpreted narrowly, often considered to consist only of single annual participatory assessments as opposed to an approach that can provide continuous feedback to inform programming. However, UNHCR did successfully prioritise and reinforce compliance with its AAP framework when COVID-19 restrictions forced operations to adapt their approach to generating feedback from POC.
Moreover, though the evaluation found relatively little explicit invocation of and reference to AAP in its case study missions, a variety of positive findings throughout this report conform with the AAP Policy's goals and four pillars, especially with respect to Participation and Inclusion and organisational Learning and Adaptation, including the publication and dissemination of an array of promising practices for generating feedback from POCs and the high potential for flexible and adaptive programming that was demonstrated in the context of the COVID-19 pandemic.

Accountability for AGD can be observed at different levels within UNHCR.

Internal accountability

138. The only internal formal mechanism observed is the annual mandatory reporting on AGD. There is no guidance or metrics for this though; any level of reporting is considered adequate to fulfil compliance. Staff members would only be accountable if AGD were specifically included in their ePad; again, there is no mechanism for checking if this is done or how often. As a result, there is no mechanism to know if staff are implmenting the policy, and if operations are making progress on AGD.

139. Similarly, the evaluation team found no indication of incentives for representatives and directors to apply to policy or to measure progress, even though other issues had such incentives:

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[10] UNHCR AAP Overview: https://emergency.unhcr.org/entry/42554/accountability-to-affected-people-aap

140. Some stakeholders felt that such incentives would be an effective mechanism to motivate management. Others felt that the AGD policy was effectively 'toothless', as there are no consequences for non-compliance.

141. At the time of the evaluation, there was no mechanism in place for regular monitoring of how the AGD policy is implemented, or how staff understand or interpret it**.** As previously mentioned, existing tools such as the annual country report and the annual AGD Accountability Report recognise any activity linked to AGD, but do not set goals or measure progress. As a result, compliance with the policy comes to mean anything that includes any consideration based on age, gender or diversity.

142. There may be better progress on monitoring implementation of the AGD policy as UNHCR shifts its approach to RBM, with a new system called Compass. The evaluation team was informed that, as part of Compass, reporting on GAM will become a requirement as of 2021. Similarly, a disability marker has been introduced that allows operations to report if they consider that the programme will have a positive impact on persons with disability. This marker is expected to become mandatory as of 2022. Two AGD indicators, both relating to AAP, have also been developed and are now part of Compass:

- Indicator on participation that goes beyond numbers
- Feedback and response mechanisms

143. The score for both indicators is determined by answering specific questions for each. Moreover, it was reported that under Compass, all indicators will require disaggregation of data as relevant (by age, gender and disability).

144. Another important mechanism to promote internal accountability is the **protection monitoring tool,** which was developed and piloted in 2019 (see Figure 13) and is due to be launched in Q4 of 2021 to function in tandem with Compass. The tool is essentially a checklist that covers and promotes compliance with key policies, and gives senior protection officers a good overview of how the operation is performing on these commitments. This monitoring tool is supposed to be administered continuously as opposed to annually.

Figure 13 Countries where the protection tool was piloted

Field pilots	Virtual pilots
Rwanda	Ethiopia
Uganda	Chad
Eswatini	Bangladesh
Namibia	Tanzania
South Africa	DR Congo
Algeria	Cameroon
	Senegal
	Peru
	El Salvador
	Venezuela
	Syria
	Iraq
	Lebanon
	Yemen

Source: UNHCR 2019

*Countries that formed part of this evaluation are highlighted in blue.

Accountability to donors

145. There is external accountability to AGD-supportive donors – for example, the UK's Foreign, Commonwealth and Development Office (previously the Department for International Development), which has a strong focus on disability inclusion; the United States and European Union (EU) were also seen as strong promoters of work on gender-based violence. Key informants indicated that some donors are driving a greater focus on AGD. Some interviewees also noted donor reports as an accountability mechanism; however, this would only apply if the donor specifically required reporting on AGD.

Accountability to persons of concern

146. Within UNHCR, there is strong emphasis on the annual participatory assessments as a vehicle for listening to the voices of POCs included in the AGD policy. Operations have embedded more and more diverse participatory assessments as part of their planning, and promote different forms of communication and engagement with diverse POC groups. In line with the policy, they have also established various mechanisms for POCs to provide feedback through their preferred and trusted channels, such as through community leaders, field offices, a complaints box or dedicted phone line. UNHCR can also be reached by email (although many refugees do not have internet access),[11] WhatsApp trees, bulk SMS, and a free protection helpline, as well as through refugee community leadership structures/community-based organisations, community workers

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[11] OECD highlights poor or intermittent connectivity as a key barrier. Kakuma Ventures notes: 'connectivity to the internet remains expensive and unreliable inside the camp for individuals and businesses to get connected to the rest of the world either for business, information, communication or learning. Students learning online are the most affected.' https://www.kakumaventures.com/projects/connectivity-wifi-hotspot/

and volunteers. The evaluation team found some good examples of accountability to POCs: for example, in Kenya, while drafting the Community-based Protection Strategy for urban areas, the planning and implementation process involved the participation of refugees in the three major urban areas that host them. One staff member said: *'We go back to validation. Another draft and then [this is] shared with refugees.'* Of note is the Kakuma participatory assessment methodology piloted in 2020. However, despite this commitment to participation, there is still little or no reporting back to the POCs who were consulted, to explain how their views are informing planning and what is being done to improve the response. Feedback from the annual participatory exercises is not sufficiently embedded in organisational processes to inform changes to programming. Some UNHCR staff acknowledged this challenge, which prevents POCs holding the organisation accountable and ultimately reflects the inherent imbalance of power between UNHCR staff and POCs.

Advocating for accountability

147. In many instances data is collected by national governments, who are, for the most part, the ultimate guardian and accountable entity. For example, in Poland, the UNHCR operation does not collect data directly; this is done by the Polish authorities whose systems are geared toward EU requirements (Eurostat). Data collected is not disaggregated, and there is no data collected on vulnerabilities such as disability, health issues or (old) age. This highlights the importance of UNHCR's advocacy work and as a provider of evidence-based advocacy.

Accountability mechanisms

148. **Staffing to support implementation of the AGD policy is limited.** For example, there is one staff member at HQ to oversee two key areas (disability 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. This is in comparison to staff from the CBP unit dedicated to AAP, which includes two staff dedicated alongside one consultant and and stwo staff members in Innovation Service whose portfolios include AAP support. Meanwhile, response to minorities and indigenous peoples is overseen by one junior professional officer (JPO), who is supervised by the LGBTQI+ focal point. Key stakeholders interviewed felt that this limited their ability to make progress in the respective areas.

149. This constraint (limited human resources) is also apparent at **regional** and country **levels,** where it was reported that one staff member, the community protection officer, is often the focal point for all AGD areas (gender equality, child protection, youth, older persons, people with disabilities, work with LGBTQI+ persons). It should be noted that a recent analysis undertaken by by UNHCR showed that 74% of community-based protection staff are general service staff or 'G' level.[12] As one staff member noted:

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[12] 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." Ie it is not intended to be a professional grade. However the evaluation

150. According to an analysis undertaken in March 2021 by UNHCR covering staff working in gender-based violence (GBV), community-based protection (CBP) and child protection (CP), 38% of the dedicated GBV/CP and gender equality capacity (64 positions) reviewed are 'lost', meaning they are either inactive or have been converted to general protection positions; moreover, 78% of 'lost' staff positions were replaced by affiliate workforce positions[13] (AWF), which account for 43% (for GBV) and 44% (for CP) of total workforce capacity. Affiliate workforce positions are easier to cut and therefore provide incumbent staff with less security and can therefore negatively impact institutional expertise embedded within the operations .

151. A key challenge to strengthening AGD capacity within staff is that there is currently no way to identify which staff are working on AGD. The only way to do this is if a job title reflects AGD explicitly; otherwise, it is impossible for current HR systems to identify such staff. The evaluation team was made aware of some attempts to identify staff working on AGD; the organisation needs a system that can readily identify what resources they have for AGD and where they are. There could be an internal roster of sorts, produced at regional level, so that country offices know where to access this expertise when needed.

Capacity-building and training

152. Training for staff on AGD is limited, and is recommended rather than mandatory, and often linked to the AGD approach (rather than the policy). For example, the e-learning modules were developed in 2011, so do not address the policy and its core commitments. The evaluation team was informed of plans to update the module on the AGD approach to reflect the 2018 policy, with the new e-module completed in September 2021 alongside modules on working with LGBTQI+ persons.

153. However, even with the updated module, the the course is optional, not compulsory. Where courses are optional, this may impact the skills staff are able to develop. As Figure 13 shows, many staff self-reported a training focus on gender equality, with limited uptake of training in other areas such as work with LGBTQI+ persons, older persons or youth/children.

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team was informed that G staff in UNHCR have specialised functions including protection, GBV, PSEA, health, shelter etc.

[13] 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

Figure 14 Self-reported training received

Have you received training on enabling LGBTI+ persons of concern to self-identify with UNHCR operations staff?

Have you received training on children-, adolescent- and youth-friendly programming?

Have you received training on services that meet the specific needs of older people?

Have you received training on gender equality
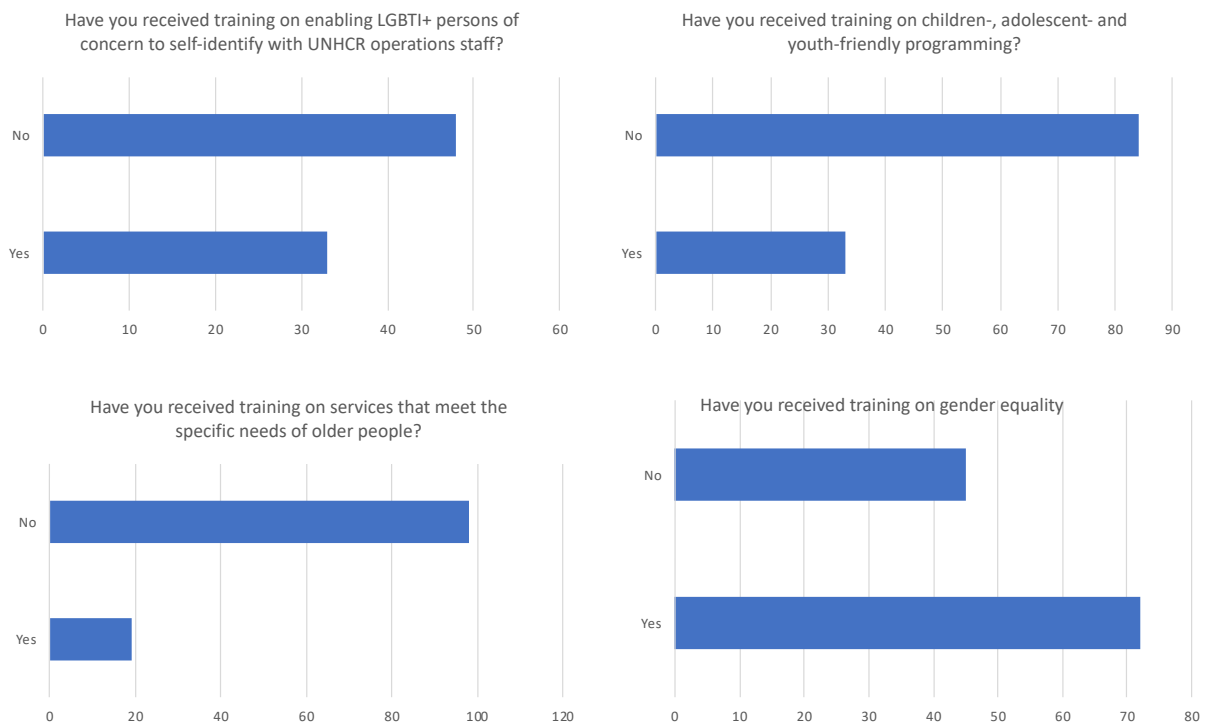
Source: Evaluation survey

154. The **Protection Learning Curriculum** (PLC) for the P3 level, which staff need to complete to gain clearance to apply for a protection position, does not include the AGD policy or approach, while the **CP-IP for the P4 level** (which must be completed to attain protection positions in the International Professional category at the P4 level) includes a voluntary AGD module. Unless the module is widely undertaken (by all programme staff, not just those in CBP), the policy is unlikely to be fully understood and implemented.

155. Within UNHCR, AGD is widely understood as falling within the remit of protection officers only, who themselves feel they lack the bandwidth to participate in training. As a consequence, training on AGD is described as mostly 'on-the-job'. For example, in Ethiopia, a Gender Equality Learn and Connect forum was made available as an opportunity for training on gender issues, but participation was not mandatory; protection staff themselves do not believe such programming is well attended.

156. For those staff that did participate in the forum, they mostly felt that the training adequately reflects the needs of POC populations (see Figure 14).

Figure 15 Self reporting on the accuracy of UNHCR's AGD policy, training and materials reflection of the status and needs of vulnerable people

How accurately do UNHCR's AGD policy, training and materials reflect the status and needs of vulnerable populations in your country or region?

- Accurately
- Somewhat accurately
- Somewhat inaccurately
- Inaccurately

25%
62%
12%
1%
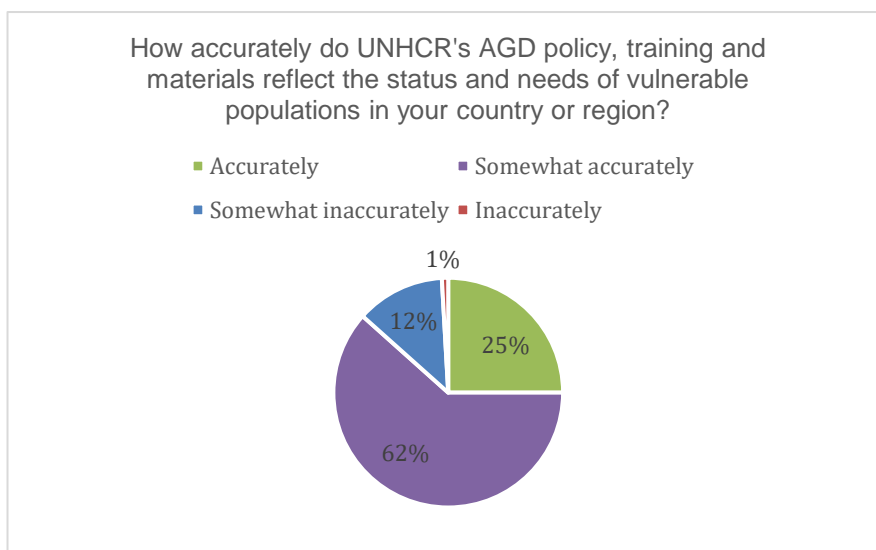
Source: Evaluation survey

157. Some key stakeholders felt that the problem with mandatory training is that it is usually very general, which makes it less interesting for staff. The challenge for AGD training is to tailor it to context so that it is directly relevant to the daily work that staff do: '*What they want is to understand how it applies to what they do – for example, how does it affect if you want to do resettlement or determination? You want to know what it means to me.*'

158. UNHCR's current strategy is based on providing guidance that is widely disseminated; however, this approach also requires advocacy to convince staff of the value of the additional work required for complying with the policy. A good example of this can be seen in efforts to improve the identification of persons with disabilities. UNHCR invested in **promoting the use of the Washington Group Questions**, and developing capacity for their use, as was the case in the **Americas, Europe,** and the **Middle East and North Africa region** (UNHCR, 2021a). The evaluation team was informed that the Global Learning and Development Centre was reviewing the existing training offer based on feedback provided through a learning needs assessment. As a result, they are developing webinars that promote interaction and exchange of experience, where staff can ask questions of their colleagues in other operations and regions.

159. The evaluation team was informed that leadership training incorporates diversity and inclusion but does not directly address the AGD policy and its commitments**.** As one staff member explained,

The leadership learning programme is at a higher level than the policy itself.

160. This approach assumes that leaders already know the core principles involved, although given that the AGD policy is relatively new, that may not always be the case. It also reinforces the idea that the policy is not a priority (if it is not prioritised for training, why should it be priorised for progamming?).

161. **High staff turnover presents another challenge to implementing the AGD policy, with some interviewees suggesting that focusing on national staff may be a more effective long-term strategy.** For example, staff in Bangladesh felt that turnover is so high that training was unable to achieve institutional learning, and staff who have undergone AGD training are overwhelmed by its scope. Similarly, the growth of the Mexico operation since 2018 has resulted in a greater response capacity and opportunities to implement the AGD policy, yet the rising numbers of staff and high turnover have also highlighted the challenge of ensuring consistency of the approach, and has required the development of systems and processes to support its implementation. In this context, in order to monitor progress, it would be useful for the office to have relevant indicators to capture the extent to which core actions of the policy are being met, but these are currently not available.

162. Other training experiences include the resource-intensive **deep-dive exercises,** which provide operations with a more in-depth understanding of the AGD policy. Interviewees noted that the deep-dive in Chad built capacity within the country office, although more continuous follow-up (for example, developing an implementation workplan, and help identifying challenges in implementation and the kind of support they might need from HQ) would have helped to further embed learning. Where there is high turnover of staff, it was suggested that continuous learning opportunities and support are essential.

163. UNHCR also offers **e-learning,** with dedicated modules on AGD for staff interested in developing their knowledge of these areas further. At the time of the evaluation, staff were developing an online course on the fundamentals of working with LGBTQI+ persons, which is expected to be ready in the third quarter of 2021 (it includes 4-5 hours' basics on terminology, how to communicate respectfully, risks in displacement, and good practices in addressing those risks). A series of training modules for working with **persons with disabilities**, developed in cooperation with the International Disability Alliance, were also expected to be available online in 2021. The intention is to roll out the e-learning modules progressively through partnerships. UNHCR is in the process of reviewing other modules being developed, as well as an additional module on **AGD**, so there will soon be basic and advanced modules aligned with the new policy. However, as already explained, the modules are voluntary only, so unlikely to reach a significant number of staff (especially staff outside of the protection field).

164. Operations use different strategies for rolling out capacity in AGD, and close attention to the effectiveness of different strategies could inform future training. The current strategy for building capacity in the case of supporting **persons with disabilities** is to permeate other training – for example, ensuring that training for resettlements has an AGD component. Building capacity to respond to LGBTQI+ persons also has a regional approach, with two 'training of trainers' sessions scheduled for 2021 to **increase regional capacity**. The aim is to target one region only initially, as experience suggests the best approach is to target specific operations and train all staff, even though in

practice it is usually only protection staff that undertake training. There is a need to ensure a more mainstreamed approach.

165. It was noted that because of the regionalisation process, responsibility for building capacity now rests at the regional level. Therefore, a regional approach might be most effective, as it also allows regions to adapt training content to their context.

166. **Regionalisation and decentralisation will add some layers to rolling out the AGD Policy, but ultimately these processes will increase capacity for AGD and can facilitate contextualisation.** Some staff at HQ felt that the decentalisation process was hampering their ability to reach country offices, as they no longer have direct contact. *'With the regionalisation we don't have contact with the country offices. If we want to do consultations, etc… it goes through the regional office. For the AGD accountability report, [when] looking at identifying best practices, [we] don't have access to the country, [we] have to go through bureaux that can be challenging.'* However, other staff, who initially saw regional bureas as an additional layer, felt that the advantages and value-added were slowly becoming apparent. Initially, the bureaux can filter what is important and relevant for the regions, making policies and training more relevant for operations; bureaux can strengthen knowledge management by ensuring that information (research or good practice examples) reaches the offices where it is most relevant. For example, in 2020, 'Multiple regional bureaux issued guidance or compilations of positive practices on risk communication and community engagement in the context of COVID-19, including East and Horn of Africa and Great Lakes (guidance), the Americas (guidance and positive practices), Europe (positive practices) and Middle East, North Africa (guidance). The regional bureau for Europe also supported country operations by collecting and disseminating good practices. The regional bureau for West and Central Africa, working with partners in an inter-agency approach, set up a multilingual information website with hundreds of audio and visual tools for community engagement on COVID-19, curated by UNHCR, and launched a digital platform, "Communication with Communities", which offers simplified tools, accessible to all, for digital community engagement on COVID-19' (UNHCR, 2021a: 29–30).

167. Regionalisation creates opportunities to strengthen the focus on AGD and to implement the policy – for example, by adapting global-level tip sheets and incorporating lessons learnt from country-level tip sheets and SOPs (work that currently stays at country level). Regionalisation could also have an impact on knowledge exchange, as bureaux could provide translations (into Swahili, Bengali, etc.) so that relevant experience and good practices can reach country level. There is also an opportunity to make regional reports better contextualised and provide more visibility to AGD (as an incentive), with more relevant case studies, ultimately leading to a more substantive global report that would better reflect UNHCR's work on AGD, as well as existing gaps. Informal networks for different AGD thematic areas could be harnessed both for roll-out of the policy and capacity-building.

168. Ultimately, for AGD, regionalisation means an increase in the available human resources for guidance as HQ staff will count on the regional resources for support, (see Figure 9), as one staff member noted:

> *The resources have been multiplied. Previously there was one senior CBP [community-based protection] officer at HQ, now you have four or five additional at regional level who can support and advise.*

3.4 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?

Findings in a nutshell

The extent to which the AGD policy implementation is increasing dialogue, engagement and action on AGD with partner organisations and governments is mixed.

The AGD policy and its underlying principles are reflected in relationships that UNHCR country offices are building with NGO partners. Partnerships have been forged with technically competent and highly committed organisations, including those with expertise on children, unaccompanied minors and gender equality (and especially GBV prevention and response) issues. In some contexts, such as Mexico, partnerships with NGO networks specialising in work with LGBTQI+ communities have been forged, enabling more innovative practice in this area. Generally, though, there is a need to harness and strengthen expertise around working with POCs who identify as LGBTQI+ as well as with POCs with disabilities and older POCs.

While partner contracts do not provide detailed provisions around monitoring regarding AGD commitments and the use of disaggregated data, staff noted that partners were typically happy to provide this information as part of their regular working approach. In some contexts (such as Thailand), country offices are increasingly embedding AGD principles within funding proposals. This could be an effective mechanism for strengthening the mainstreaming of AGD into programme implementation and monitoring, evaluation and learning.

In the case of UN agencies, the quality of cooperation around AGD issues is context-dependent; generally, links with UNICEF tended to be effective in supporting children's education and health and protecting their rights.

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 ministries (for example, in Greece, around alternative care arrangements for unaccompanied minors), but lower levels of engagement around AGD commitments from other ministries and high-level dialogue at regional bodies (such as the European Union in the case of Greece, and the African Union).

169. **The evaluation found that country offices generally enjoy strong partnerships with NGOs and other UN agencies involved in humanitarian affairs, and generally held shared values around the importance of AGD and participatory approaches to working with POCs.** While partner contracts do not provide detailed provisions on monitoring about AGD commitments and the use of disaggregated data, staff noted that partners were typically happy to provide this information as part of their regular work. In Cameroon, staff noted that they share the AGD policy with partners and organise sessions to orient them to AGD principles and their implementation.

170. Country offices produce statistics and fact sheets that are updated regularly (all disaggregated by age and sex at a minimum) and these 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).

171. However, the evaluation findings do suggest there is scope to strengthen engagement with partners on AGD issues. For example, in Greece, there could be more training and sensitisation for interpreters on the use of non-discriminatory language, as well as terminology that is sensitive to the experiences of survivors of GBV. In other cases (for example, Cameroon), staff noted that partner capacities were a challenge, as UNHCR's standards for cooperation include requirements on funding, internal and human resources procedures that many potential partners cannot meet. There may, therefore, be a need to provide more holistic capacity-strengthening inputs to expand the pool of potential partners (see also the concluding section of this report).

172. Implementing partners had varied but generally positive views about 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 LGTBQI+ persons). However, other partners noted that they had their own pre-existing and well-established AGD guidance that is aligned with UNHCR's policy.

173. 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 government partners' uptake of AGD principles is more uneven. In some cases, such as Kenya and Mexico, UNHCR was advocating for improved legislation on refugees, and engaging with country-level government on the roll-out of national policies affecting refugees. In other cases, there were important gaps, largely due to capacity issues but also on account of ideological differences. 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 minors in Greece, in cooperation with UNICEF) 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.

174. Overall, there was a strong consensus on the need for greater advocacy around AGD, and especially resource mobilisation, to address key gaps in implementation across all social categories with specific needs. There was recognition that to realise the AGD

principles of participation, non-discrimination and equity at scale within the populations UNHCR serves, the organisation needs to invest more resources.

3.5 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?

Findings in a nutshell

The potential of the AGD policy to achieve its intended objectives of non-discrimination and inclusion for all POCs is yet to be realised. Most staff, NGO and UN agency partners agreed that UNHCR is playing a valuable role in championing AGD concerns in a range of fora, including through its proGres4 database, annual participatory assessments and working group leadership, and particularly in the areas of child protection and GBV.

Yet across contexts, it was widely noted that there is still much work to do, in the face of major constraints. These 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 POCs arrive; (3) weaknesses in social service provision and bureaucratic governance structures; (4) insufficient opportunities for dedicated learning via peer exchange of good practices that advance AGD policy implementation; and (5) the limited incentives systems and processes in place throughout the organisation to promote compliance with the AGD policy – and the dearth of sanctions for non-compliance.

175. While there is a broad commitment to AGD principles among staff at all levels and across teams, with systems and processes to support the AGD policy (for example, the ambitious proGres4 database, the appointment of AGD focal points, the annual participatory assessments, and strong partnerships); there are also many significant challenges in achieving the policy objectives.

176. In terms of realising the rights of all POCs, our findings indicate that there is uneven attention and resourcing devoted to different groups. First, in terms of **gender**, while there is a relatively strong focus on gender commitments to girls and women, some dimensions appear to be more effectively addressed than others. Gender analysis was considered to regularly inform operations through sex- and age-disaggregated data collection (albeit mostly focusing on women and girls). Overall, there was a perception that work with men and boys is less developed. There is less support provided to boys, as a group, than to girls, other than in relation to detention or GBV.

177. More specifically, there appears to be a strong focus on promoting women's and girls' access to a comprehensive GBV response and associated services (this was highlighted by respondents in Chad and Greece) and in 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 has been a key priority for UNHCR and partners, with many positive actions taken. Remaining constraints include: continued reluctance to report cases of GBV; weak legal service structures and processes; lack of specialised female staff; limited work on positive masculinities; and lack of safe houses to protect women from continued abuse.

178. 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 addressing unequal power relations within the household, with the risk of unequal distribution of social assistance packages. Similarly, in some contexts, there does not appear to be a strong focus on ensuring equal access to education for girls. In Greece, for example, the Ministry of Education was not able to provide sex-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.

179. 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 has boosted women's leadership skills, awareness of their rights and self-confidence. However, continuous nurturing and support are needed to counter discriminatory social norms and practices that continue to privilege men. Moreover, our case studies highlight that POC camp committees are often male-dominated (for example, the Moria camp on Lesvos, Greece).

180. In the case of **LGBTQI+ POCs**, the evaluation found that there is no comprehensive approach to addressing their vulnerabilities and needs. There are, however, some important exceptions among our case study and comparator countries, namely Mexico and Ecuador. In Mexico, UNHCR's main government partner, COMAR, is in charge of refugee registration and status determination procedures, as well as facilitating links to other government agencies. Since 2018, UNHCR has supported COMAR 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. Training on the core actions of the AGD policy that focus on empowerment of and accountability to POCs, as well as capacity-building on gender-responsive approaches and understanding of LGBTQI+ persons' needs, is designed to improve COMAR's response capacity.

181. More recently (2021), UNHCR has been working with the Office of the Independent Expert on Sexual Orientation and Gender Identity on LGBTQI+ refugee concerns and a multi-stakeholder group comprised of key NGOs and other UN organisations and some refugee and LGBTQI+ leaders. 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 'friendly' states (including Nordic countries, Germany, France, Spain, the United States, Argentina and Malta). During this process, there was consensus that training resources on LGBTQI+ issues are very limited, though there are increasing initiatives by DIP and GLDC to provide regionally tailored training and support.

182. UNHCR has recently updated a joint training package on working with LGBTQI+ persons in forced displacement with the International Organization for Migration (IOM). The new version is expected to be available later in 2021 for field staff.

183. In terms of **vulnerabilities based on age**, across contexts, the evaluation found that there is limited focus on the multiple and intersecting needs of older persons, even though (due to greater likelihood of chronic ill-health and disability), older persons tend to be people who benefit from cash transfers and other forms of social assistance. At the other end of the age spectrum, there appears to be a relatively strong focus on the rights and needs of unaccompanied minors. The country offices in Greece and Ecuador stood out as having strong relationships with partner organisations and relevant government agencies. Despite this, there is a general consensus that available resourcing is inadequate to tackle the depth and breadth of this challenge, especially as it is a resource-intensive area.

184. In this first year of the evaluation, we did not focus on children in the country case studies so we are unable to comment adequately on support for children in terms of health and education. However, HQ interviews 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.[14] This is a renewed partnership to promote and protect the rights of refugee children and the communities that host them by including them in national plans, budgets and service delivery systems. The current blueprint framework spans child protection, education and WASH, across 10 countries (Bangladesh, Cameroon, Ecuador, Ethiopia, Honduras, Indonesia, Iraq, Lebanon, Libya and Rwanda).

185. Finally, in terms of *persons with disabilities*, our case study findings underscore that there is limited focus on technical expertise and partnerships that promote inclusion of persons with disabilities generally, and persons with different types of impairments in particular. Thailand is an important exception, where there appears to be a reasonable level of awareness about the specific needs of POCs with disabilities but limited resources to promote their inclusion. Resource constraints around inclusion of POCs with disabilities are also echoed in comparator countries.

186. UNHCR country offices that focus on advocacy rather than on programme implementation, such as Poland, also noted that while staff are aware of the AGD policy, it is challenging to incorporate it in their work without more detailed guidance.

Key cross-cutting challenges that require a strategic approach

187. **First, our findings point to the need for more meaningful involvement of POCs, especially in UNHCR governance and accountability structures, so as to provide feedback to programming beyond the annual participatory exercises.** While AGD focal points can design useful participatory methodologies, their primary limitation (as reported in both case study and comparator countries) is capacity to enable participation on a larger scale. There is a disconnect between feedback generated through the participatory assessments and use of that feedback to inform future planning and activities. In some cases (such as Ethiopia), there is a sense that colleagues use the feedback productively, but there is no institutionalised mechanism to catalogue how

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[14] Note – there is an ongoing evaluation on the Blueprint.

UNHCR has responded to feedback generated through annual participatory assessments nor how it has communicated its response to feedback to the people who generated it.

188. Second, because policy creation and an emphasis on mainstreaming AGD principles is perceived as emanating from HQ, **there is a need for clear and practical guidance that allows for adequate context-specific tailoring, given the enormous diversity of vulnerabilities and needs across all POC groups and the multi-layered disadvantages they face**. 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 include vulnerabilities linked to: ethnicity and asylum or displacement status (for example, among IDPs 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 to determine the degree of vulnerability for rationing of assistance (for example, among asylum-seekers in Greece since the change of government in 2019). A number of interviewees suggested that creating communities of practice to share emerging promising practices – even if modest in scale – would help promote innovation and learning around applied AGD approaches.

189. **Third, in terms of human resources, the case study findings suggest a need to strengthen capacity on how to use the AGD data that is generated, strategically and consistently. This includes guidance on how to monitor and report on AGD outcomes, especially in larger countries characterised by considerable diversity (for example, Ethiopia).** There is also a need to strengthen monitoring and 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. Senior management should provide more support through championing AGD principles; this is especially important given high levels of staff turnover and limited institutional memory around good practice on AGD. One way to mitigate this would be to ensure that national staff are engaged and empowered to continue good practices and to participate in driving AGD good practice (especially given that they are less likely to leave the organisation).

190. **Fourth, a critical and cross-cutting concern highlighted by all stakeholders is the very limited dedicated financial resources to AGD policy implementation and sensitisation (comparator countries flagged this as a concern for all areas in terms of programming and training but especially for persons with disabilities and older persons).** There were also concerns about limited budget flexibility to support innovative approaches (for example, especially in Greece, due to a high proportion of tied funding) and to deliver on expectations (which in turn weakens trust between UNHCR staff and POCs).

191. **Fifth, at the macro level, continuing challenges in promoting the inclusion of POCs in national systems hinders longer-term sustainable solutions for supporting an AGD-responsive approach to the wellbeing of POCs.** 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

is the case with the Emergency Support to Integration and Accommodation (ESTIA) programme in Greece), thereby limiting the mechanisms through which UNHCR can hold duty-bearers to account for POC outcomes. Weaknesses in social service provision by host governments, especially where national social protection systems are limited, represent another challenge.

192. **Finally, interviewees in both the case study and comparator countries underscored that discriminatory social and gender norms within host and POC communities render attention to AGD outcomes challenging, and 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 deliberately targeting women to promote greater economic empowerment and decision-making within the household – would appear to be a missed opportunity to shift gender norms.

3.6 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?

Findings in a nutshell

Diversified information channels are critical for supporting POCs to access services and support. Information and messaging should be translated to relevant languages reflecting the heterogeneity of POC populations, (e.g. a close relationship forged with a network of interpreters through partnership with the NGO METAdrasi in Greece), and adapted to take account of context-specific social norms (e.g. formatting a magazine on GBV prevention in Mexico like a gossip magazine to avoid partners' scrutiny and censorship). Materials should be adapted to be accessible to POCs with disabilities (e.g. with visual and hearing impairments) and for POCs who are non-literate (e.g. use of oral and pictorial methods, and via community workers drawn from the POC populations (and thus peers), as in Chad). Similarly, UNHCR should consider using internet-based tools and apps (e.g. WhatsApp and Facebook) where there is good access to mobile phones, as in Mexico. Finally, posters and pamphlets with child-focused messages and content should be placed in locations that are readily accessible to children.

Partnerships with NGOs and NGO networks with expertise in programming with specific groups of POCs have enabled UNHCR country offices in some contexts to forge stronger relationships and enabled more innovative practice (as noted in KEQ4).

Cross-agency working groups are an important mechanism for sharing information and experiences, agreeing and prioritising joint actions, and cascading training, and UNHCR can continue to play a key role in these, especially given its stature with government partners.

Structures for POC representation are important but not as effective as they could be due to insufficient inclusivity and an imbalance of power between camp authorities and POC representatives.

Annual participatory exercises with POCs 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 POCs from the planning stages.

Strengthening the capacity of government partners to implement programming for migrants, asylum-seekers and refugees, including through staff secondments, can help to build sustainable systems, but will need to be further strengthened to deliver on UNHCR commitments.

Finally, cash-based interventions offer important models of at-scale support to POCs; 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.

193. 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 POCs; (2) staff resourcing and organisational culture; and (3) partnerships. For each lesson, we provide ***examples of promising practices from the case study countries and comparator countries in blue text***.

194. ***Use findings from feedback from POCs to inform programme design and improvements:*** Representative structures, alongside annual participatory assessments, were consistently identified as critical to promoting a feedback loop between UNHCR and POCs. In the wake of the COVID-19 pandemic, the same holds true for remoted feedback modalities. However, findings from these fora need to be better integrated into programme design and programme adaptations.

    - In Chad, interviewees identified support and nurturing of camp-level representative structures as a promising practice.
    - In Kenya, efforts have been made to harness refugees' skills and resources – for example, involving refugees as teachers in camps and as monitors of WASH programming during the pandemic.
    - In Thailand, the regular process of visiting camps and urban populations to consult with POCs 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.

195. ***Invest in diverse information and communication channels***: Given POCs' different levels of connectivity and capacity (not just know-how but also affordability), it is vital that information is disseminated through multiple preferred channels – including radio, dedicated telephone lines, written formats, online, community noticeboards, at health centres, and through social workers and other trusted members of the community.

    - In Ethiopia, UNHCR is piloting a digital request and complaint system, which could provide useful lessons, although there are questions about how accessible the system will be to POCs who lack digital literacy.
    - In Chad, community radio has proved an effective way to support learning opportunities for young people out of school during the pandemic.
    - In the Americas, compiling of good practices has included a report published in 2015 identifying five promising practices, including two on disabilities and one on work with LGBTQI+ persons.
    - In Iraq and Pakistan, joint consultations with POCs were workshopped and the results used to directly inform programming cycles and resource allocations.

196. ***Strengthen approaches to addressing vulnerabilities based on gender, age, disability and sexual orientation and gender identity within camps and shelters in a more systematic manner***: The humanitarian context often results in uneven attention to addressing these vulnerabilities, especially where UNHCR is not the lead implementing agency. Interviewees highlighted the need to establish robust minimum standards and monitoring to address these vulnerabilities more systematically. Key informants also underscored the importance of evidence to inform programme design and address barriers to inclusion for POCs.

- Kenya's Kobo-based questionnaire enabled a more comprehensive and larger sample of POCs to be involved in participatory assessment exercises, thus strengthening the evidence base to inform and tailor programming to maximise AGD outcomes.
- In Thailand, post-distribution monitoring gathers refugees' feedback on receiving the cash assistance. The assessment format explicitly captures AGD information and needs.
- In Mexico, dashboards are being developed[15] 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 gives visibility to key protection statistics. Similarly, a dashboard could be developed for different AGD dimensions (age groups by gender, ethnicity and linguistic origin, sexual orientation, gender diversity, disability [by sex and age], etc.). Dashboards can be very useful planning tools if designed correctly. Collaboration between community-based protection and registration teams would be needed 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 can then become a tool that is used regularly.
- In Mexico, CBI targeting (currently using a scorecard developed specifically for Mexico by a team that includes CBP and registration staff) is designed to account for specific protection needs based on gender such as pregnancy, sexual orientation and gender identity and negative coping strategies such as child marriage.

197. ***Recognise that displacement can present opportunities to shift norms and behaviours among host communities and POCs:*** Where lessons and programming can improve AGD outcomes for both POCs and host communities, sustained change is more likely. For example, in contexts where women POCs come alone or widowed and take on roles that were traditionally carried out by men in their society and in this way come to enjoy more voice and agency, and those around them accept this change because of the displacement situation. This is an opportunity to make those positive changes permanent, and for them to be brought back to societies of origin when POCs eventually return.

Lessons related to staffing and organisational culture

198. ***Strengthen staff resources to lead on AGD principles***: It is vital that responsibility for implementing the AGD principles and approach goes beyond protection officers. The AGD policy must be embedded within UNHCR's broader working culture, and should be championed by senior leadership at HQ and country office levels.

- 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

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[15] Development of the AGD dashboard has since been completed.

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 comply with the AGD policy and principles.

- There is a CBP community of practice on UNHCR's SharePoint platform (currently internal but soon to be opened up to partners). It holds various tools, resources and examples, and is an interactive platform where people can find Q&As, quarterly updates, and can upload articles and examples of promising practices they are aware of.

Lessons related to partnerships

199. ***Invest more in partnerships with NGOs, other UN agencies and POC-led organisations 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 (e.g. organisations working on inclusion of persons with disabilities and LGBTQI+ persons) are critical for effective implementation of AGD principles. During Covid-19, being able to rely on local partners and POC communities themselves to continue some elements of programme work was particularly important.

- In Kenya, the private sector got involved in supporting economic empowerment of refugees (e.g. launch of the Kakuma and Kalobeyei Challenge Fund (KKCF) funded 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 minors to partners but tracks progress through multi-functional teams. It also works with the government to identify families who can host minors 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 adolescent unaccompanied minors, helping them develop life skills, and legal and financial literacy skills.
- In Greece and Kenya, partnerships with NGOs have helped to roll out large-scale cash and accommodation programming for especially vulnerable asylum-seekers and refugees. Drawing on local expertise and community networks and connections has allowed rapid programme scale-up.
- The Global Academic Network is a partnership based on solidarity between academics in the global North and South, as well as refugee scholars and those in exile. It involves 17 universities that have pledged to support the Global Compact until 2023, and aims at providing robust data and evidence to inform programming and programme adaptations.
- UNHCR's partnership section holds NGO consultations monthly at HQ with representatives from NGOs across the world on different topics in order to inform policy direction and programming.
- Several operations, such as Myanmar, Somalia and Yemen, contributed to wider institutional coordination and collaboration by sharing their AGD-disaggregated

data within and outside UNHCR (while still complying with confidentiality, data protection and security requirements).

- In the global Risk Communication and Community Engagement Collective Service, UNHCR co-chaired a subgroup on refugees, migrants and IDPs. This led to the publication of inter-agency guidance on best practices on risk communication and community engagement, which was widely shared.
- In Bangladesh, UNHCR provides training for partners on GAM as a prerequisite for submitting proposals. It also requests that partners nominate an AGD focal point to liaise with their counterpart at UNHCR.

200. ***Invest in strengthening 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.

- In Greece and Mexico, UNHCR secondments are helping to provide alternative care arrangements for unaccompanied minors.
- 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 accountability purposes to POCs.

3.7 Findings related to AGD outcomes in the context of the Covid-19 pandemic, organised by core action

201. We now briefly discuss the findings relevant to programme adaptations aimed at delivering AGD outcomes in the context of the pandemic. The evaluation team had completed the fieldwork component of the Greece country case study prior to the pandemic, so we will only include insights from Greece in the midline report.

AGD-inclusive programming

202. In response to the additional burdens borne by vulnerable groups within POC populations during the pandemic, we found several instances of new programming targeting people covered by the AGD policy. In Thailand, UNHCR provided extra support to extremely vulnerable groups in camps to cater for the additional costs related to Covid-19. In Chad, adapted learning programmes allowed children to continue their education when schools closed, through distance learning modules. For youth, higher education scholarships were maintained despite university closures to prevent sudden financial burdens for refugee students. In Kenya, UNHCR supported the roll-out of distance learning modules through daily five-hour broadcasts of radio lessons in Turkana West, Dadaab and Fafi sub-counties. With partners' support, UNHCR also procured and distributed solar-powered radios for children who needed them to access distance learning. Also in Kenya, some special needs education teachers were able to

carry out home visits to children with disabilities, although this proved extremely challenging. There was no specific support, however, to older persons who were shielding indoors during the pandemic. In Mexico, however, older persons' needs became more visible to UNHCR as they were able to use helpdesk phone lines to express their needs, while younger people shifted to social media channels. While UNHCR has targeted vulnerable groups – especially women and LGBTQI+ asylum-seekers – with dedicated spaces and mental health services, many shelters either closed or reduced their intake, limiting options for those still in search of somewhere to stay during the pandemic.

Participation and inclusion

203. Staff at HQ emphasised that the pandemic had highlighted the critical role that communities play as first responders, and that this had reinforced the value UNHCR places on participation by POCs in its programming. In Thailand, in camps and urban settings, UNHCR has put in place systems to stay in contact with POCs so that the organisation is aware of additional vulnerabilities and challenges people are facing due to Covid-19. In Chad, UNHCR provided and expanded use of telephones for refugee leaders to convey their needs in N'Djamena and the south, where connectivity allowed for it.

Communication and transparency

204. UNHCR was able to innovate to address the communications problems created by Covid-related lockdowns. In camps in Thailand, it provided new ICT equipment and SIM cards for mobile phones, investing in women's organisations for capacity-building. In Chad, it used community radio, printed information material and multimedia to maintain information and communication flows to POCs. In Kenya, it organised a series of (Covid-compliant) physical meetings with community leaders, strengthening communication channels through WhatsApp trees and community radio, and setting up a dedicated email address as a channel for POCs to communicate directly with the UNHCR operation.

Feedback and response

205. In Thailand, UNHCR has invested time and resources to understand the livelihood and other impacts of Covid-19 on POCs' specific vulnerabilities in order to adapt support accordingly. The Covid-19 Rapid Needs Assessment in the urban operation has a section on 'Accountability to POCs' (UNHCR, 2021a). This is an example of specific reporting on how POCs have experienced UNHCR's cash-based intervention response to Covid-19. In Mexico, during the pandemic, helpdesks were supplemented by a shift to social media-based communication to collect feedback and inform responses to the needs of vulnerable POCs.

206. In Kenya, a number of initiatives have been undertaken to assess the impacts of the pandemic. One involves the National Bureau of Statistics, the World Bank, UNHCR and the University of California, Berkeley, collaborating on a joint telephone survey (with

multiple rounds over a short period), reaching more than 25,000 POCs by the end of 2020. The survey results are expected to inform programming for 2021. In Nairobi, also with the World Bank, a socioeconomic survey was conducted to assess the impact of the pandemic on refugee households, aiming to provide comparable poverty and welfare profiles for refugees and host communities.

Organisational learning and adaptation

207. In the case study countries, resources have been redirected to adapt to the changing needs of vulnerable POC groups, as these vulnerable groups covered by AGD are generally most severely affected by economic downturn and resource scarcity. This has included dedicating new resources for remote working, investing in protection through the distribution of masks, and distributing sanitary towels to cater for women's and girls' needs. In Chad, UNHCR provided additional spaces for health consultations to facilitate social distancing, and used different techniques for growth monitoring (brachial measurements rather than weighing sessions) to reduce physical contact. In Kenya, POCs received additional support including donations of soap, buckets and masks. It was reported that WFP's cash-based food assistance (*bamba chakula*) was increased from 500 Kenyan Shillings (KES) to 600 (approximately $5.50). In Mexico, eligibility criteria were adjusted and the period for provision was extended, making it easier for POCs to obtain cash grants during the pandemic. Older POCs were also targeted among individuals with high risk of infection with a Contingency Protection Top-Up.

Advancing gender equality

208. In Kenya, UNHCR offices proposed alternative mechanisms to support female POCs, such as telephone counselling (sometimes in small groups), virtual meetings, or the use of existing helplines to facilitate confidentiality, particularly where spouses may be monitoring contacts. Given the increase in domestic violence during the pandemic, messages for gender-based violence prevention and response were customised, including through production of graphic materials with subtitles and sign language interpretation. In Mexico, communication platforms set up by UNHCR – such as the El Jaguar Facebook page, email, WhatsApp group and feedback from partner institutions – were used more frequently during the pandemic and became useful data sources. This was particularly the case for population groups facing the greatest Covid-related vulnerabilities, such as older women and women experiencing domestic violence.

4. Conclusions

209. **The AGD approach is well-known and understood, and widely seen as a cornerstone of UNHCR's work. However, within UNHCR, knowledge of the AGD policy is more limited**. Several strategies (formal and informal) were reported for the roll-out of the different thematic areas covered by the policy (such as disability and work with LGBTQI+ persons), yet the evaluation found no evidence of a systematic approach to the roll-out of the policy itself, except for the deep-dive exercise in Chad, which was effective but also resource-intensive and thus unsustainable.

210. **UNHCR's has a strong understanding of and capacity for engagement with different AGD groups and needs, but there is uneven capacity in its engagements *across and within* the different AGD categories.** This is dictated by operational context as well as internal factors such as staff expertise and the degree of commitment among management. Work with older persons, LGBTQI+ individuals and persons with disabilities are categories that are particularly in need of strengthened programming.

211. **Responsibility for the AGD policy and its various thematic areas mostly falls to community-based protection (CBP) officers.** This not only overburdens those staff but also prevents progress on AGD in other key areas such as health, asylum or environment and climate change. In the absence of a coordinated strategy to operationalise multiple policies and guidances related to AGD, disabilities or GBV, protection officers are overwhelmed by increasing demand and responsibilities, with no clear guidance for prioritisation and no additional resources. The lack of incentives for complying with the policy – or consequences for non-compliance – means that in effect, progress comes down to personal commitment (either by leadership or staff), as well as contextual factors such as existing resources and competing priorities.

212. **The AGD policy is often interpreted narrowly, with compliance mostly limited to the annual participatory exercise and a consideration of gender issues (primarily understood as a focus on women and GBV)**. This means there is a substantial gap, when operationalising the policy, on masculinities and the underlying structural causes of gender inequality. Similarly, AAP is narrowly interpreted as the one-off annual participatory exercise, rather than an ongoing approach that provides continual feedback loops to inform programming and ensure inclusion and effective and transparent communication with POCs. Country offices need more support to integrate AGD activities into their regular operations. There has been much progress at HQ level, highlighting the need for better communication mechanisms between HQ and field operations.

213. **Financial and human resourcing were consistently identified as major constraints to implementing the AGD policy**. Many areas of AGD are resource-intensive and often cover only small fractions of the population under UNHCR's care; without earmarked resources, there will continue to be incentives to focus limited resources towards responses that reach larger population groups and/or groups that more closely match donor priorities.

214. **The proGres4 database is a key tool supporting disaggregation of data on AGD to inform policy and programming within UNHCR and with partners, but its full potential is yet to be realised.** Information on some aspects of AGD, such as age and sex, is systematically collected, disaggregated and operationalised, but less so on others, including disability and gender identity. The reasons for this vary, but limited resources or time during data collection was commonly cited, as was limited knowledge of the policy and of the full potential of proGres4 and other tools in implementing it. Other limitations relate to the cultural context, as in some cases, some of these variables (such as sexual orientation or gender identity) may be considered taboo. Also, some are not easily disaggregated; for example, a binary gender approach leaves trans populations invisible in the system.

215. **UNHCR country offices and HQ enjoy a diverse and rich array of programming and policy partnerships with NGOs, UN agencies and, more recently, new joint ventures with researchers and academic networks.** Partnerships with NGOs that specialise in supporting particularly vulnerable groups of POCs (such as LGBTQI+ persons and unaccompanied minors) emerged as especially important during the evaluation. However, UNHCR could do more to embed its AGD policy and principles within project proposals, contracts and end-of-programme cycle reviews. Partnerships with government agencies varied across contexts, depending on government political sensitivities, capacities and resourcing for support to asylum-seekers, refugees and IDPs; where UNHCR country office staff had been seconded, this appeared to be an effective mechanism for strengthening government capacities and alignment of goals regarding POCs.

216. **Although the AGD approach is ingrained in UNHCR's work, there is little evidence of effective systems and processes in place for its roll-out, and results-based management systems are not fully utilised to promote documentation and knowledge-sharing**. Key challenges identified during the evaluation include financing to address findings of participatory exercises, and promoting a more development-oriented approach. Despite the many tools available to staff for data collection and management, there are no consistent mechanisms to ensure that a more in-depth and systematic analysis of the data feeds into the programme cycle. Although this was sometimes attributed to lack of resources and siloed ways of working, it was also reported as reflecting a certain tendency for inertia and to carry on with 'business as usual'. The current system often leads to a simplistic use of the data collected (how many of a certain POC group need assistance) as opposed to a more nuanced approach that considers intersectionality and can help shape a more effective response. There is also a need to better define the goals behind the core actions and to communicate this to staff. For example, why should all data be disaggregated? This should help the organisation shift from a focus on reporting numbers of POCs reached with activities towards reporting on impact and progress in achieving AGD goals.

217. The fact that most staff are working at capacity – together with the lack of incentives to implement the AGD policy, or consequences for non-compliance – means that implementation is reliant on individual staff commitment. Ensuring that the organisation's

leaders at all levels, from HQ to country offices are knowledgeable of and committed to implementing the policy, is vital to successful roll-out.

218. **Limited staff capacity is also an argument for ensuring that the AGD principles and policy are incorporated into mandatory training along the career path.** To avoid overburdening staff, roll-out and training on related policies should be done in an integrated manner (for example – the AGD policy, guidance on working with persons with disabilities and older persons, the policy on GBV). This integration should also apply to data collection and reporting requirements. The Global Protection Policies Monitoring tool, which integrates various policies, could serve as a basis for this in future. Ensuring that AGD training reaches non-protection staff, and that they understand how to apply the policy in their daily work, will also be key to successful roll-out.

219. Current HR systems do not allow for identification of AGD responsibilities within staff job titles. Although the existence of some informal networks was reported, the organisation should be able to identify and support staff that have skills in AGD to ensure that there is adequate capacity to implement the policy.

220. The regionalisation process may go some way to making up for limited capacity at HQ level for specific AGD thematic areas, as focal points are intended to exist in each regional bureau to help roll out the policy, though it is possible that single individuals will still wear multiple hats within the AGD context. The regional bureaux are also best placed to ensure contextualisation of the policy and guidance. Initially, the regionalisation process intends to increase the available resources from (for example) one focal point on disability at HQ to six (the HQ focal point plus one focal point in each region). However, the reality may refect the same person acting as a focal point for more than one area of focus. It is also an opportunity for better communication with regional bureaux in order to identify, adapt and translate the most relevant tools and practices from HQ to the regions and national operations. Bureaux are best positioned to identify and promote intra- and inter-regional learning opportunities and, ultimately, to ensure that progress and good practices are identified and shared to support global learning, as well as reporting. Similarly, using the regional offices to roll out the AGD policy through training, as well as training of trainers, could be an efficient mechanism to reach the operational level. At country level, due to high staff turnover, there is an argument for focusing on national (local) staff, and it was suggested that in such cases, continuous learning opportunities and support for national staff are essential.

221. The evaluation found that accountability in relation to the AGD policy is structurally weak. However, the new Compass monitoring system will systematise reporting on age, sex, gender and disability, incorporating two AGD markers in addition to the IASC GAM. These changes should go a long way towards strengthening formal accountability.

222. **Across the five country case studies and five comparator countries, the evaluation team found an array of promising practices (on UNHCR's relations with POCs, staff resourcing and organisational culture, and external partnerships) that could provide valuable learning for other country offices. They also highlight the urgency of strengthening how UNHCR documents good practices and lessons learnt within countries, regions and globally, to support organisation-wide**

learning and knowledge. The evaluation findings underscore the high degree of innovation that has been taking place, particularly on information and communications channels with POCs, and in new and old partnerships with NGOs, UN agencies and research networks.

223. **Finally, our findings point to a significant degree of flexible and adaptive programming approaches in the context of the Covid-19 pandemic**, including use of innovative communication channels with POCs, and the importance of strong partnerships with local NGOs that can ensure sustainable activities and more consistent access to and support for POCs, as well as involvment of POC communities themselves, drawing on their skills and resources.

5. Suggested actions

How to strengthen accountability culture

224. There are two current assumptions within the organisation around AGD that render change difficult: (1) that AGD is the sole responsibility of protection officers, so anyone that is not a protection officer does not need to be concerned with AGD or change what they do on a daily basis; and (2) that what protection officers already know and do regarding AGD is sufficient.

225. Both assumptions together lead many staff to conclude that there is no need to learn about AGD or change what they do. It will be challenging to both fast-track and deepen the application of the AGD policy across the organisation's operations if many staff are unwilling to engage with it because they do not see it as relevant to their work.

226. Research suggests that effective behaviour change training does more than increase awareness, it requires changes in behaviour and tracking progress on changes. In a recent survey of more than 500 working adults from a wide range of US organisations (Gino and Coffman, 2021), three findings stand out as being aligned with UNHCR's current approach to rolling out the AGD policy:

   - Worried about backlash, most organisations opted to make training voluntary. As a result, it was mostly embraced by people who were already familiar with and interested in the subject matter.
   - The vast majority (91%) of respondents indicated that their organisation did not collect information on the metrics they claimed to care about.
   - The vast majority (87%) of respondents indicated that their organisation's training was limited to explaining facts about an issue, with only 10% of training programmes providing strategies to achieve goals.

227. Evidence around strategies for behaviour change include the following:

   - Provide information that contradicts existing assumptions.
   - Organisations with good results track progress made both by individuals and the organisation.
   - Behaviour change cannot be achieved in one-off sessions; it requires a longer-term approach and commitment, with standardisation of processes and the institutionalisation of incentives.

228. In order to address these shortcomings, UNHCR would need to:

   - Either make training on AGD mandatory for staff, or alternatively attach clear incentives/benefits for staff to participate in training and apply the AGD policy in their daily work.
   - Find ways to track progress both at the personal and organisational levels.
   - Provide specific and context-relevant strategies and tools to track progress.

229. More specifically, the evaluation team propose five key recommendations to UNHCR for consideration:

a) Strengthen accountability for the AGD policy

i) **At the regional level:** Institutionalising regional AGD reports would facilitate accountability for AGD at the regional level, simultaneously making the reports more context-relevant and promoting sharing and exchange of lessons learnt and good practices by countries and staff within the region. These reports would also provide richer information for the global-level reporting. Additional incentives could include:
   (1) Ensuring that good practices recognise not only the country operation but also the staff involved in implementing them.
   (2) Incorporating a league table that recognises countries that have undertaken significant efforts (see gamification)
   (3) Holding country representatives accountable for progress towards AGD policy implementation, and rewarding effective country operations with additional resourcing to implement innovative projects that advance AGD goals.

ii) **At the country level**: It is not feasible for countries to address the full breadth of AGD, so they should choose two or three areas of focus as relevant and identify specific goals to report on in the end-of-year report. This brings accountability to the country level, under the leadership of the representative. It will require identification and prioritisation of necessary resources (human and otherwise), a clear workplan and specific indicators to monitor progress in line with a country-tailored Theory of Change (that looks at processes) and RBM framework (that focuses on outcomes).

iii) **At the individual staff level:** Develop an AGD training database for staff that looks at how the AGD policy applies to different areas of work, and enable staff to select training in areas that are most relevant to their work (whether finance and budgeting, data management, protection, etc.). The online platform would track progress (see Figure 16) and this should be reported as part of the ePad. There could be a requirement to pass a minimum number of courses to be eligible for promotion. Any participation included in the regional AGD reports would also be reflected here.

Figure 16 Example of what the personalised area for AGD learning could look like
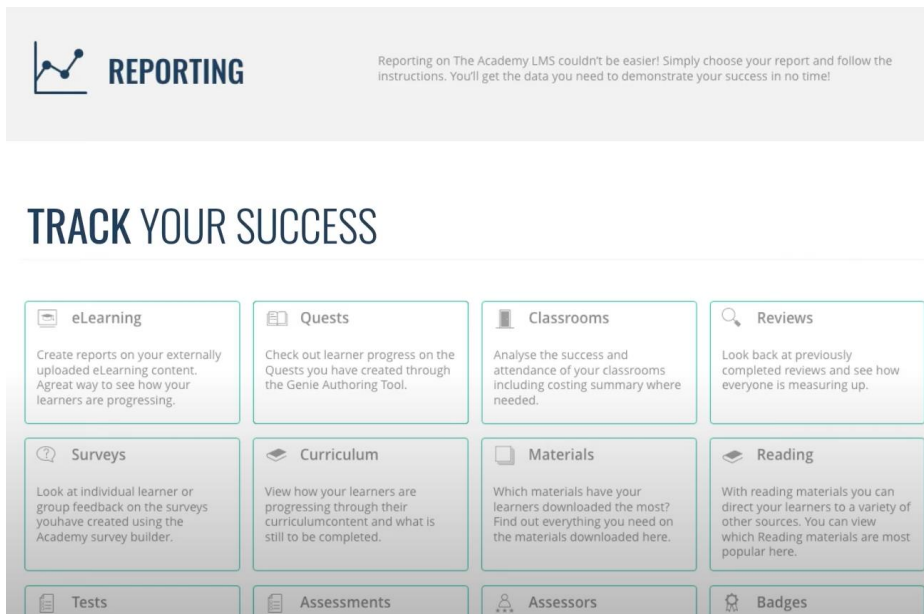
iv) **Institutional accountability:** Provide resources/incentives through the creation of an AGD specific 'pot' that donors can support and that country offices can apply to for funding (similar to the resources made available for GBV-related programming).

b) **Use gaming theory approach to promote competition and progress on AGD.** Introduce gamification as a mechanism to incentivise staff to engage with learning materials and adapt the policy to their context by providing 'trophies' that will be useful for ePad, but also to make visible comparisons with other sections'/staff uptake of training materials and engagement with the policy. These would feed into ePad and could be linked to career promotions.

Figure 17 Example of what a gamification approach could look like
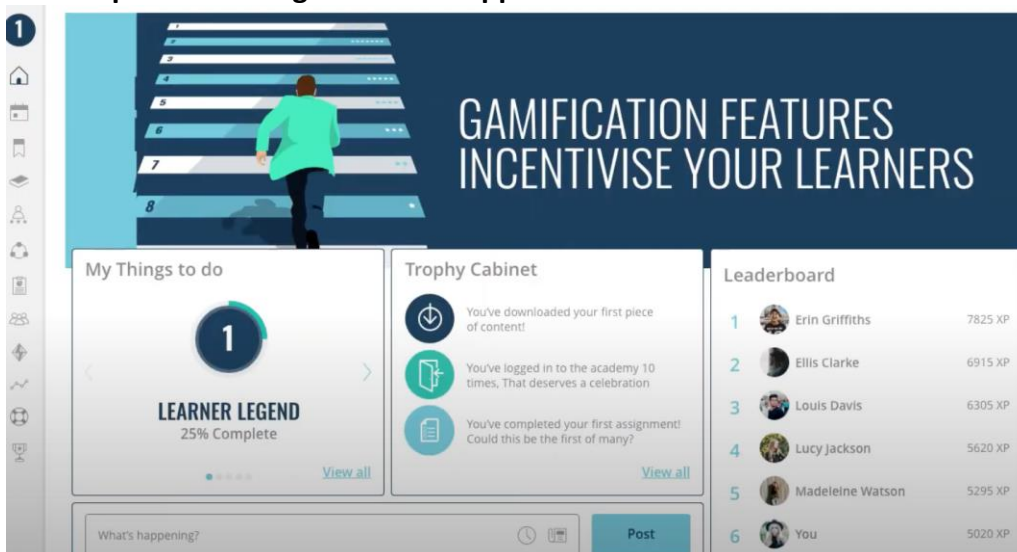
c) Strengthen AGD capacity and promote knowledge exchange

i) Introduce mentoring by staff with substantial AGD experience as a mechanism to incentivise and support staff as well as to involve leadership in mainstreaming and strengthening AGD throughout the organisation. Mentoring should promote the sharing of specific examples and solutions in terms of how to apply the AGD policy, whether that be in AAP aspects including communication, transparency and inclusion of POCs or inclusion of specific disadvantaged groups of POCs.

ii) Embed regular opportunities for staff from different cadres, within country offices and across countries, to share experiences, lessons learnt and promising practices, especially in areas where there is still limited expertise – for example, in programming to tackle harmful masculinities, and to support non-discrimination and inclusion of LGBTQI+ groups, and persons with disabilities. Regional bureaux could play a key role in identifying opportunities and developing thematic 'communities of practice'.

iii) Encourage secondments of UNHCR staff within government agencies as a key mechanism for strengthening capacity around AGD programming with POCs and to promote rights-based alignment of goals with government partners.

iv) Focus on programme officers as key staff to ensure that partners are involved and reporting on AGD in a systematic and coherent manner.

d) Provide systems and tools that facilitate and promote application of the AGD policy

i) Develop mechanisms to track progress in AGD (for example, using the GAM or the protection monitoring tool) for country offices and staff (as described above).

ii) Provide integrated guidance for all AGD-related policies that guide staff on how to link core commitments and goals with their everyday work, and guidance on integrated AGD reporting. Guidance could include specific recommended metrics for reporting.

iii) Invest in developing an easy-to-navigate online repository with AGD tools and promising/good practices. Regional bureaux could play a key role in ensuring that this repository is relevant and easily accessible to staff (including through translation of relevant information), but thematic sections should allow staff to access relevant information both within their region and beyond. This repository could be linked to the learning site to provide real-life examples.

iv) Develop SOPs to guide partner proposals, agreements and monitoring of partner deliverables, to ensure coherent and systematic reporting on AGD across regions (with context-related adaptations).

v) Identify existing AGD human resources and create an internal roster (with personnel profiles, including where the staff member is based).

vi) Give more resources (through small grants, for example) to organised groups of POCs that have innovative proposals for solving AGD challenges. These groups could work with UNHCR, which could provide some technical know-how, but be led by the issues and solutions proposed by POCs. These could then be piloted to assess replicability.

vii) Allocate resources to documenting good practices across the three engagement areas of AGD-Inclusive Programming, Accountability to Affected People and Advancing Gender Equality. This may not always be possible for staff as they are very busy, but there could be a regional focal point/person in charge of identifying good practices and documenting them in concise ways, using innovative communications mechanisms (infographics, talking head short videos, interviews, interactive charts, etc.). This repository should include practical information on (for example) costs, how challenges were overcome, and the results that were achieved.

e) **Prioritise advocacy with donors**

Prioritise advocacy with donors aimed at securing more financial resources for the AGD pot to be distributed by UNHCR in accordance with RBM data.

References

ALNAP (2018) *The State of the Humanitarian System.* London: ALNAP (https://www.alnap.org/our-topics/the-state-of-the-humanitarian-system)

Gino, F. and Coffman, K. (2021) 'Unconscious bias training that works' *Harvard Business Review*.

Human Rights Watch (HRW) (2021) 'UN Shared Rohingya Data Without Informed Consent: Bangladesh Provided Myanmar Information that Refugee Agency Collected', HRW website, 15 June (www.hrw.org/news/2021/06/15/un-shared-rohingya-data-without-informed-consent)

IASC (2019) *Guidelines: Inclusion of Persons With Disabilities in Humanitarian Action.* Geneva: Inter-Agency Standing Committee (https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines)

IFRC (2018) *World Disasters Report 2018: Leaving No One Behind.* Geneva: International Federation of Red Cross and Red Crescent Societies (https://media.ifrc.org/ifrc/world-disaster-report-2018)

MOPAN (2019) Office of the United Nations High Commissioner for Refugees: 2017–18 performance assessment (www.mopanonline.org/assessments/unhcr2017-18/index.htm)

Open Society Justice Initiative (2019) 'Kenya's National Integrated Identity Management System'. Briefing Paper (https://www.justiceinitiative.org/uploads/8f3b665c-93b9-4118-ad68-25ef390170c3/briefing-kenya-nims-20190923.pdf)

United Nations (1979) Convention on the Elimination of All Forms of Discrimination Against Women. General Assembly Resolution 24/180.

United Nations (1989) Convention on the Rights of the Child. General Assembly Resolution 44/25. Article 22.

United Nations (2006) United Nations Convention on the Rights of Persons with Disabilities. Article 11

United Nations (no date) Disability Inclusion Strategy (www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/03/UNDIS_20-March-2019_for-HLCM.P.pdf)

UNHCR (2005) Report on the High Commissioner's Five Commitments to Refugee Women (www.unhcr.org/excom/standcom/42ada2f32/report-high-commissioners-five-commitments-refugee-women.html)

UNHCR (2010) Changing the Way UNHCR Does Business? An Evaluation of the Age, Gender and Diversity Mainstreaming Strategy, 2004–2009. Geneva: UNHCR (www.refworld.org/pdfid/4c21ac3a2.pdf)

UNHCR (2017) *UNHCR Age, Gender and Diversity Accountability Report 2016*. Geneva: UNHCR (www.unhcr.org/uk/protection/women/595cdf5c7/unhcr-age-gender-diversity-accountability-report-2016.html)

UNHCR (2019) Global Trends Report (https://www.unhcr.org/flagship-reports/globaltrends/globaltrends2019/)

UNHCR (2020a) UNHCR Policy on the Prevention of, Risk Mitigation, and Response to Gender-based Violence. Geneva: UNHCR (https://www.unhcr.org/5fa018914.pdf)

UNHCR (2020b) Mid-year trends report (https://www.unhcr.org/5fc504d44.pdf)

UNHCR (2020c) Accountability to affected people. (https://emergency.unhcr.org/entry/42554/accountability-to-affected-people-aap)

UNHCR (2020d) UNHCR Guidance on Registration and Identity Management. Geneva: UNHCR (https://www.unhcr.org/registration-guidance)

UNHCR (2021a) *People at the Centre: The Intersection of Age, Gender and Diversity*. Age, Gender and Diversity Accountability Report 2020. Geneva: UNHCR (https://www.unhcr.org/uk/publications/brochures/60df385f1e/age-gender-diversity-accountability-report-2020.html)

UNHCR (2021b) *Working with Older Persons in Forced Displacement.* Geneva: UNHCR (https://www.unhcr.org/uk/older-persons.html)

UNHCR (2021c) Kenya 'How to contact UNHCR' (https://help.unhcr.org/kenya/kakuma/how-to-contact-unhcr)

UNHCR (2021d) 'Emergency shelter standard' (https://emergency.unhcr.org/entry/36774/emergency-shelter-standard)

UNHCR (no date) Global Academic Network, 'Linking academia, policy makers and practitioners in the field of forced displacement and statelessness' (https://www.unhcr.org/5d31e7b34.pdf)

UNHCR Community-Based Protection Quarterly updates (no date) (https://communities.unhcr.org/communitybasedprotection/en/cbpquarterlyupdates.html) accessed August 2021

UN Women (1995) Beijing Declaration and Platform for Action. Chapter 4, Sections A, D, E and I.

World Bank (2017) *Forcibly Displaced: Toward a Development Approach Supporting Refugees, the Internally Displaced, and Their Hosts*. Washington DC: World Bank

List of abbreviations

AAP	Accountability to Affected People
AGD	Age, Gender and Diversity
AGDM	Age, Gender and Diversity Mainstreaming
APR	Annual Protection Report
BIMS	Biometric Identity Management System
CAR	Central African Republic
CBP	Community-Based Protection
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CRRF	Comprehensive Refugee Response Framework
FGD	Focus Group Discussion
GAM	Gender with Age Marker (IASC)
GBV	gender-based violence
HIAS	Hebrew Immigrant Aid Society
HQ	Headquarters
IASC	Inter-Agency Standing Committee
ICPD	International Conference on Population and Development
IDI	In-depth Interview
IDP	Internally Displaced Person
IRC	International Rescue Committee
JPO	Junior Professional Officer
KEQ	Key Evaluation Question
KII	Key Informant Interview
KISEDP	Kalobeyei Integrated Socio-Economic Development Programme (Kenya)
LGBTQI+	Lesbian, gay, bisexual, transgender, queer/questioning and intersex plus
MENA	Middle East and North Africa
MOPAN	Multilateral Organisation Performance Assessment Network
NGO	Non-Governmental Organisation
NIIMS	National Integrated Identity Management System (Kenya)
ODI	Overseas Development Institute
OMC	Operations Management Cycle
POCs	Persons of Concern
PRIMES	Population Registration and Identity Management Eco-System
PSEA	Protection from Sexual Exploitation and Abuse
SDG	Sustainable Development Goal
GBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedure
WFP	World Food Programme

Annexes

Annex I: Total instruments

Total participants in IDI and FGD interviews

Stakeholder	Chad	Greece	Kenya	Mexico	Thailand	HQ
UNHCR	22	47	8	22	8	13
UN Agencies		2		1		
Government partners	5	7	4	8		
Donors		2	2		2	
NGO Partners	22	32	6	15	9	
TOTAL	49	90	20	46	19	13

Total POC interviews

POC	Chad	Greece	Kenya	Mexico	Thailand
Women	9	83	11	6	24
Men	9	44	16		20
Children		29			
TOTAL	18	156	27	6	44

Survey Language	Total responses
English	56
Spanish	50
French	13
TOTAL	119

Annex II: Key evaluation questions

Proposed evaluation question and sub-question	Revised evaluation question and sub-question	Rationale
KEQ 1: Based on the five case studies, how is the AGD policy understood and implemented in country operations? How consistently are all aspects of AGD operationalised?	**KEQ 1:** To what degree is the AGD policy understood and implemented in country operations/HQ-level policies? How consistently are all aspects of AGD operationalised?	Need to bring in the HQ perspective. Accountability framework looks at directors reflecting AGD into planning and programming, which applies to the HQ level.
This KEQ will also seek to answer the following sub-questions:		
1.1 How have the AGD policy *core actions* been **localised and contextualised,** and how appropriate and coherent is the practice of the AGD policy in case study countries?	1.1 How effectively have the AGD policy *core actions* been **localised and contextualised,** and how appropriate and coherent is the implementation of the AGD policy in case study countries?	Aims to assess if the AGD policy is understood consistently in the different country operations. If not, what are some of the differences and why is it interpreted differently? E.g. investments in capacity strengthening, technical assistance, guidance notes.
	1.2 Is the AGD policy understood and implemented consistently in the different country operations? If not, what are some of the differences and why is it interpreted differently?	This is part of the original 1.1 but is, in effect, a different question. Have added reference to application (not just understanding).
1.2 In the case study countries, to what extent are the minimum standards set out in the *core actions* being met?	1.3 To what extent are the minimum standards set out in the *core actions* being met? (note, this will be done overall for the country not for each area of engagement)	All KEQs apply to the five case study countries, the HQ assessment, as well as a review of existing data, information systems and processes. We will consider as part of this how far these core minimum standards are sensitive to required adaptations to ensure equity and accessibility for different persons of concern.
1.3 What practices are in place to identify and include persons with disabilities in planning and programming implementation?	1.4 What good practices are in place and what lessons can be identified from how the different aspects have been implemented and operationalised, including for identifying and including persons of concern under the policy (different age groups, people with different disabilities, different SOGIE, ethnic or religious minorities) in planning and programming implementation?	It does not make sense to focus only on people with disabilities; proposed question would allow evaluation team to identify good practices for the different aspects and persons of concern as appropriate.

1.4 In what ways does the practical application of the AGD policy reflect the IASC Gender policy and IASC revised Gender with Age Marker (GAM)?	1.5 In what ways does the practical application of the AGD policy reflect the IASC Gender policy and IASC revised Gender with Age Marker (GAM)?	
	1.6 What are some of the key challenges to the implementation and operationalisation of the AGD policy?	
	1.7 How consistently is the AGD policy understood at HQ level? What role has HQ played in shaping a consistent understanding and implementation of the AGD policy? What modalities have been used? What has worked well? What has worked less well? What are some possible ways forward?	The questions are only focused on the country level; it is important to look at the linkages.
KEQ 2: Based on the five country case studies as well as reviews of data, information systems and processes, 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?	KEQ 2: To what extent is AGD data systematically and appropriately collected, used and integrated into the OMC and into global AGD reporting and analysis?	All KEQs apply to the five country case studies, *the HQ assessment,* as well as *a review of existing data,* information systems and processes.
This KEQ will also seek to answer the following sub-questions:		
2.1 To what extent is AGD data routinely collected and how appropriate are the data systems and tools for AGD data collection?	2.1 To what extent is AGD data routinely collected for all persons of concern and what steps are country operations taking to ensure that AGD-appropriate data disaggregation and analysis is available?	Questions 2.1 and 2.2 have been restructured.
2.2 What steps are country operations taking to ensure that AGD-appropriate data disaggregation and analysis is available for all persons of concern?	2.2 How appropriate are the data systems and tools used for AGD data collection?	This has been separated from KEQ 2.1.
2.3 Related to KEQ 1, to what extent is AGD data used to inform the design, implementation and	2.3 To what extent is AGD data analysed and used to inform the design, planning, implementation and	Expanded to highlight link with HQ.

monitoring of programmes and in decision-making more generally?	monitoring of programmes and in decision-making more generally? 2.4 Does data collected at country level inform planning and policymaking at HQ level?	
2.4 How effectively are global, regional and country operations' AGD data and reporting integrated?	2.5 How effectively are global, regional and country operations' AGD data and reporting integrated?	We have incorporated with a view to understanding the challenges encountered. DIMA will be a key player in this
2.5 How is AGD data collated, shared and used to inform coordination with other agencies?	2.6 How is AGD data collated, shared and used to inform coordination with other UN agencies and partners? What are some of the challenges encountered?	
KEQ 3: From the five country case studies as well as reviews of HQ, how effective are the systems and processes that support the implementation of the AGD policy?	**KEQ 3:** How effective are the systems and processes that support the implementation of the AGD policy?	
This KEQ will also seek to answer the following sub-questions:		
3.1 To what extent does UNHCR have the institutional and financial capacity to plan, advocate for, achieve, monitor and report on AGD at HQ and field levels?	3.1 To what extent does UNHCR have the institutional and financial capacity to plan, advocate for, achieve, monitor and report on AGD at HQ and field levels?	
3.2 How are responsibilities for reaching the core actions delineated in country operations and HQ, and how are resources allocated to meet AGD priorities?	3.2 How effectively are the accountability mechanisms around the AGD policy being operationalised at country and HQ levels?	
3.3 To what extent are UNHCR staff equipped and supported to deliver the AGD policy? What actions should UNHCR prioritise to capacitate staff?	3.3 To what extent are UNHCR staff equipped and supported to deliver the AGD policy? How effective are the human resources allocated? What actions should UNHCR prioritise to enhance staff capacities?	Added note to see effective use as well as looking into seniority of AGD resources.
3.4 What factors enable progress towards the AGD policy realisation, including the core actions?	3.4 What are the key enabling and limiting factors in progress towards effective application of the AGD policy (including the core actions)?	This will look as well to what extent processes are institutionalised or dependent on staff

3.5 What factors limit progress toward the AGD policy realisation, including the core actions?		Merged into 3.4.
3.6 In the context of UNHCR's regionalisation and decentralisation, what opportunities are there to strengthen regional and country operations' capacity to apply the AGD policy?	3.5 How does UNHCR's regionalisation and decentralisation affect the implementation of the policy? Do these processes present opportunities to strengthen UNHCR's capacity to apply the AGD policy (at HQ, regional or country level)?	Integrating HQ level. Will investigate to what extent the AGD knowledge and processes are actually institutionalized in country offices where there is likely to be high rates of changing staff over time
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?	**KEQ 4:** To what extent is the AGD policy implementation increasing dialogue, engagement, and action on AGD in UNHCR's interactions with partner organisations and governments (considering contextual changes including the Global Compact and CRRF, UN Reform and the Grand Bargain)?	To a great degree, this KEQ considers the criteria of sustainability through advocacy, mainstreaming, linkage to development, and alignment.
This KEQ will also seek to answer the following sub-questions:		
4.1 What steps are being taken to mainstream the AGD policy with partners as part of UNHCR's coordination function globally and in the case study countries?	4.1 What steps are being taken to mainstream the AGD policy with partners as part of UNHCR's coordination function globally and in the case study countries?	Here we include UNHCR's operational partners, other humanitarian partners linked through the cluster system, government agencies responsible for refugees and IDPs, and local level actors (such as community leaders) as appropriate to the context and feasible within the scope of the field missions.
4.2 How is UNHCR working with governments and sister agencies on shared approaches to AGD?	4.2 How effectively do UNHCR staff advocate for, coordinate with, and support implementing partners to reflect the principles of the AGD policy in their frontline work? What is working well? What are the challenges?	This is to better reflect accountability under the framework.
4.3 To what extent is AGD considered when engaging in longer-term planning in areas such as refugee inclusion and self-reliance? (sustainability nexus)	4.3 How effectively do UNHCR staff incorporate the different aspects of the AGD policy when engaging in longer-term planning in areas such as refugee inclusion and self-reliance? (sustainability nexus)	
4.4 How aligned is UNHCR AGD practice to relevant inter-agency standards and practice? (sustainability)	4.4 How aligned is UNHCR AGD policy and practice to relevant interagency standards and practice? (sustainability)	It is important to start by looking at the alignment of the policy and then the practice. Both need to be considered, and at global and country levels.

	KEQ 5: To what extent is the implementation of the AGD policy achieving – or likely to achieve – the intended objectives?	This question has been added to assess whether the AGD policy, as it is being rolled out, is having (or likely to be having) the intended results.
This KEQ will also seek to answer the following sub-questions:		
	5.1 Has implementation of the policy led to increased diversity in the participation of persons of concern?	
	5.2 Has implementation of the policy led to increased participation in meaningful decision-making on the part of diverse groups (based on gender, age, ethnicity, religion, etc. as relevant)?	
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?		More than UNEG criteria, this KEQ seeks to identify best practices and lessons learnt.
This KEQ will also seek to answer the following sub-questions:		
6.1 What examples of innovative and promising new AGD practices are emerging from the case study countries?	6.1 What examples of innovative and promising new AGD practices are emerging from the case study countries?	
6.2 To what extent are country operations able to capture, reflect and demonstrate best practice and innovative AGD practices? What opportunities are there to improve AGD-relevant knowledge-sharing with other country operations and with HQ and regional bureaux?	6.2 To what extent are country operations able to capture, reflect and demonstrate best practice and innovative AGD practices? 6.3 What opportunities are there to improve AGD-relevant knowledge-sharing with other country operations and with HQ and regional bureaux?	
6.3 What lessons are emerging from the AGD policy implementation that can be applied to other similar UNHCR policy implementation and roll-outs?	6.4 What lessons are emerging from the AGD policy implementation that can be applied to other similar UNHCR policy implementation and roll-outs?	