

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

***YEAR 2 REPORT ON
DIVERSITY***



UNHCR Evaluation Office

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Executive summary

Introduction and objectives

This is the second annual report of a three-year formative evaluation commissioned by UNHCR's Evaluation Office to assess and support the implementation of the 2018 Age, Gender and Diversity (AGD) Policy. The evaluation explores how key staff and partners understand the AGD Policy and aims to generate evidence to guide and enhance UNHCR's approach to improving AGD practice and mainstreaming the AGD 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 learned and innovative practices, and ultimately to make practical recommendations that can support the roll-out of the AGD Policy. In each of the case study countries the evaluation examined the roll-out of the AGD Policy across the refugees and internally displaced and stateless people population groups as appropriate. The report draws additionally on reports and documentation (internal and published by UNHCR,) including the 2021 AGD Accountability report, as well as other public sources.

Methods

During the second year of the evaluation, the team compared similarities and differences between the five country case studies, interviewing 216 UNHCR staff, donors and government and non-governmental organisation (NGO) partners, and 189 persons UNHCR works with and for. The Greece case study included a two-week in-country mission; similarly, there was an in-country mission to Mexico during 11–22 October and the local consultant in Chad also carried out in-person interviews in refugee-hosting areas; the other three country case studies were carried out remotely due to COVID-related travel restrictions. All country case studies included a document review. Each team also conducted interviews with UNHCR staff, partners in government and NGOs, and (where feasible) focus group discussions (FGDs) with forcibly displaced and stateless people. The 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 learned, and good practices identified.

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 AGD approach to all aspects of our work. Through this policy, UNHCR aims to ensure that forcibly displaced and stateless people can enjoy their rights on an equal footing and participate meaningfully in the decisions that affect their lives, families and communities.

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



Table 1 Total interviews conducted in case study countries

	UNHCR staff, donors, government and partners	Refugees	Total interviews
Chad	68	89	157
Kenya	43	13	56
Mexico	49	31	80
Greece	36	22	58
Thailand	20	34	54

Table 2 Overview of refugees, asylum seekers and stateless persons in case study countries

	Total	Refugees	Internally displaced persons	Asylum seekers	Stateless	Children (%)	Women (%)
Chad	960,980	574,833	381,289	4,858	NAD	54	28
Kenya	555,183	491,675	No available data (NAD)	63,508	18,500	52	49
Mexico	665,921	128,369	NAD	223,180	NAD	NAD	NAD
Greece	147,420	119,650	NAD	37,047	NAD	30.4	17.4
Thailand*	671,890	106,726	NAD	NAD	554,529	NAD	NAD

Source: Based on most recent available figures from data.unhcr.org as of September 2022

*Note, the last official count was done in 2015

Suggested actions

LGBTQI+

- Strengthen staff awareness and expertise in this area to ensure there is sufficient capacity to adequately apply and contextualise the policy to the local context
- Adapt existing systems to support a more nuanced and more systematic disaggregation of data collection and analysis on sexual orientation and gender identity, from registration to programming.
- Strengthen intersectionality, with the support of multifunctional teams with expertise on LGBTQI+ issues.
- There is a need to find mechanism to ensure data on LGBTQI+ is more regularly, consistently, and accurately collected,
- Invest in ensuring adequate environments and systems are in place for data collection, complaints and feedback
- Regional bureaus play an important role in facilitating use of existing tools and promoting learning exchanges
- Visibilize standard setting by headquarters and regional bureaus to guide advocacy and good practices



- Invest in developing the capacities of grass-roots organizations to promote sustainability
- Develop referral pathways that recognise the challenges faced to address particular needs of LGBTQI+ POI in different contexts, identifying possible service providers.

Disability

- Strengthen staff awareness and capacity building related to disability inclusion and the use of information based on the Washington Questions data being collected.
- Invest in better and more systematic disaggregated data collection and analysis on disability inclusion.
- Prioritise partnerships with NGOs that specialize in disability inclusion to strengthen UNHCR's access to relevant expertise.
- Invest in community-based approaches that develop the capacities of non-specialists so as to scale up case management support and the efficacy of referral pathways.
- Support the development of plans to adapt some shelters and other services used by refugees for inclusion of persons with different disabilities.
- Ensure that persons with disabilities are considered as priority audience in communication and accountability mechanisms.



1. Introduction and background

1. This report synthesises progress on findings from the second year of a three-year formative evaluation commissioned by UNHCR's Evaluation Office to assess and support the implementation of the organisation's 2018 AGD Policy. While the AGD 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 learned and to 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 AGD Policy on forcibly displaced and stateless people. The evaluation is being carried out by the Overseas Development Institute.
3. The findings from this report draw on five country case studies (Chad, Greece, Kenya, Mexico and Thailand) undertaken in 2021 as well as a desk review. Two case studies (Greece and Mexico) were undertaken in-person because they had lifted COVID restrictions in these two countries in the second half of 2021; the other three were carried out remotely, with support from local consultants, due to COVID-related travel bans and lockdowns. Fifteen additional remote interviews were carried out with UNHCR staff from five regional bureau offices and three from UNHCR headquarters (HQ) in early 2022.
4. The findings and recommendations will be fed into an adaptive management approach, with progress tracked over the course of the evaluation period (see Box 1).
5. Year one of the evaluation identified two groups requiring increased attention, namely persons with disabilities and the LGBTQI+. While the primary focus of this report remains the roll-out of the AGD Policy, the evaluation team put particular emphasis on these two groups during the year-two interviews. The findings pertaining to persons with disabilities and LGBTQI+ are presented in Sections 3 and 4.
6. The report begins with a brief overview of the evaluation methodology and presents the synthesised key findings organised around six KEQs based on a set of standardised evaluation tools that were adapted to local contexts, followed by brief summary papers on the findings on the work of UNHCR with persons with disabilities and LGBTQI+ refugees and internally displaced persons. The report does not consider stateless persons. The final section presents conclusions and recommended actions.

Box 1 Key evaluation questions

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?
2. To what extent are AGD data systematically and appropriately collected, used and integrated into the OMC and into global AGD reporting and analysis?
3. How effective are the systems and processes that support the implementation of the AGD Policy?
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)?
5. To what extent is the implementation of the AGD Policy achieving – or likely to achieve – the intended objectives?
6. What lessons learned and examples of promising practice are emerging from the AGD Policy implementation in case study countries, at HQ and in UNHCR as a whole?



2. Synthesis of key findings: progress observed for year two

KEQ1: Understanding of the policy and its consistent operationalisation

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 AGD Policy itself and its specific requirements, and a practical understanding of how to embed the principles of the AGD Policy into staff's daily work, is more limited, particularly among new staff, although the evaluation team found progress since year 1 in a range of areas. Currently, 70% of UNHCR staff have been with the organisation for five years or less, highlighting the need for continued investment in training. Knowledge of the policy also varies from country to country depending on the level of investment from management in raising awareness and training.

In line with the findings from year one, the evaluation team observed that responsibility for the policy remains siloed and is considered to be mainly the role of community-based protection officers, in contradiction with the specific outputs as identified in operational guidance which highlights that 'AAP (accountability to affected people) responsibilities do not sit with one or two people but are relevant throughout staffing levels and thematic areas'.¹ Most staff still maintain a narrow interpretation which is almost limited to the annual participatory assessments, as opposed to a more ongoing approach. This imbalance may be related to the confluence between the two policies, with elements of the AAP approach having been absorbed into the AGD policy. A well-developed strategy with a clear theory of change, similar to the one developed for the AAP Action Plan, could help set out a vision to break the silos and provide more coherent linkages between traditional AGD work and areas that need to be better developed (especially AAP and effective participation), by providing a better understanding of how AGD fits into the objectives of the programme through continued engagement with the community and partners.

A strength that was observed, which has already been highlighted in year one of this evaluation, is that country offices can effectively contextualise their work, although this is limited to existing areas of expertise. As a result, work on women – and especially on gender-based violence (GBV) and with children – has been relatively strong, but there is general agreement that support for persons with disabilities and older people still needs to be approached more systematically. Responses to the specific needs of LGBTQI+ persons vary significantly depending on the operation and the operation's environment (see the thematic papers in Section 3 for more detail). However, it should be noted that some progress was observed on both awareness for the specific needs and risks of LGBTQI+ and with the introduction of the Washington Group Questions² for persons with disabilities, although the latter had not yet been introduced evenly across operations. It should also be noted that although the continued use of the Washington Group Questions to assess disabilities might help to strengthen the overall response to vulnerable older persons with physical, psychosocial and intellectual impairments by facilitating their identification, it would not generally address other needs, such as those relating to access to livelihoods.³

In the following paragraphs we look at UNHCR's roll-out for the policy for the three areas of coverage.

¹ UNHCR (2020) Operational Guidance on Accountability to Affected People (AAP), September.

² Washington Group on Disability Statistics. The major objective of the Washington Group is to provide information on disability that is comparable throughout the world. www.washingtongroup-disability.com/.

³ An important exception was the case of the Mexico operation whereby as part of the route for persons with disabilities who have been identified, including through the Washington Questions, additional tests are run to evaluate capabilities and identify possible employment options.



A. Age

Considerations of age in programming tend to prioritise child protection programmes. Prioritised activities include protection for unaccompanied and separated minors and for risks related to nefarious traditions such as child marriage, as well as ensuring access to basic services like health and education and the right to birth registration and citizenship. We observed a less consistent focus on prevention work with youth and programming for older people. This is supported by the findings in the 2021 AGD Accountability report⁴, which indicated that for 2021, 86% of operations reported delivering or supporting child protection-related services, including important initiatives to incorporate children into the national education system (Kenya) and national healthcare systems (Mexico and Ecuador). Special measures have been used to encourage girls' enrolment and retention in schooling, including sensitisation campaigns, provision of 'dignity kits' and crèches for the children of adolescent mothers (Chad). UNHCR is responding to increasing numbers of applications from unaccompanied minors by looking at how to adapt existing programming (e.g. reception, living arrangements, etc.) and attending to family reunification needs. UNHCR is also strengthening programming for mental health through referrals for general cognitive needs (Kenya), as well as the impacts resulting from domestic violence, GBV and from COVID lockdowns (especially in the Middle East and North Africa (MENA) region). Various countries highlighted an existing gap on attendance data which requires further work. Another key challenge is attendance for children on the move, as it is seen to constrain families' mobility. In this regard Mexico offers an example of good practice - UNHCR coordinates with national and state ministries of education to ensure children on the move can register and then end their enrolment in one school, with an easy transfer to schools in a different state, facilitating mobility.

Youth make up 15% of the world population and an estimated 41% (32.5 million) of the people on the move.^{5,6} In spite of this, the programming focus on youth is limited including issues such as potential recruitment by gangs (both for men to as well as for women as 'sexual slaves'); similarly, support for secondary education and economic empowerment could be strengthened. It should be noted that, while all of the operations observed collect disaggregated data for age, both during registration and during follow-ups, not all operations differentiating children from youth, grouping all under 18s together. Figure 1 shows infographics for four of the countries covered in the evaluation, highlighting the lack of consistency in reporting on age, and gender variables.

Some good practices in programming for youth towards peaceful coexistence were reported in Ecuador and Greece, and projects targeting adolescent girls were reported in Kenya. It should be noted that the Bureaus for the Americas, the Bureau for the East and Horn of Africa and Great Lakes reported they were developing youth strategies (AGD Accountability report 2021).

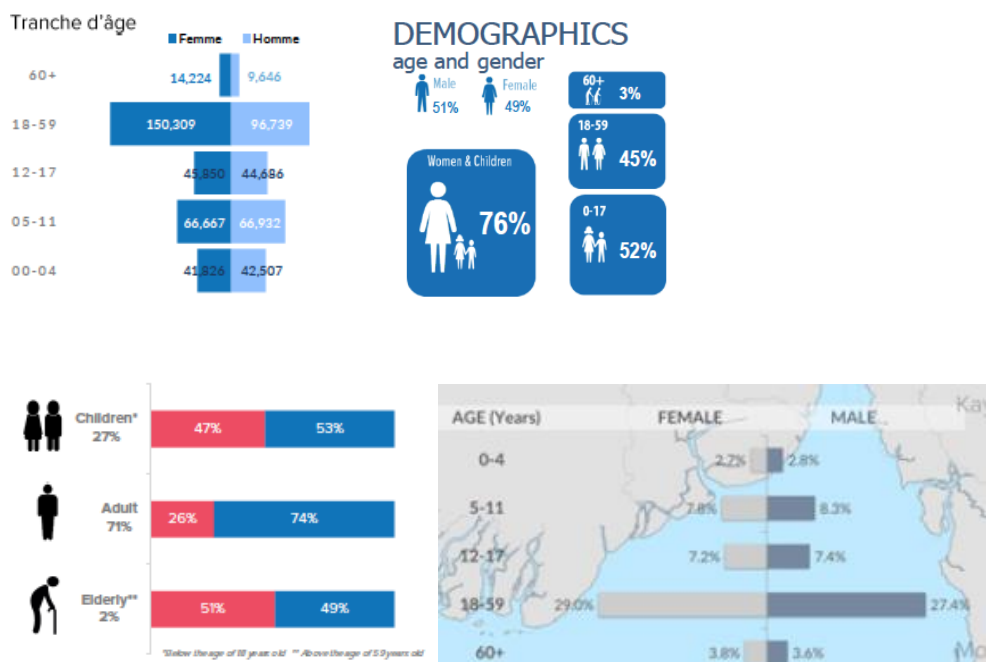
⁴ UNHCR (2021) Advancing participation and inclusion: Age, Gender and Diversity Accountability Report 2021. <https://www.unhcr.org/age-gender-diversity/reporting-on-agd/>

⁵ UNFPA, 'Compact for young people in humanitarian action: Igniting hope' (2018). Available from www.unfpa.org/publications/compact-young-people-humanitarian-action.

⁶ UNHCR (2022) 'Refugee data finder.' <https://www.unhcr.org/refugee-statistics/>



Figure 1 Demographic reporting from four sample countries shows that not all operations differentiate children and youth



Responses to the specific needs of older populations are limited and often skewed towards physical limitations stemming from age. As mentioned above, the introduction of the Washington Group Questions during the last year will help to strengthen UNHCR's support for physically vulnerable older persons by facilitating their identification. However, the team observed that not all operations were equally familiar with these. Prioritisation of the Washington Group questions on the part of the operation seems key for their consistent use. It is also harder for UNHCR to incorporate them when registration is being done directly by governments, although some good practices were observed. For example, in Mexico, where registration is done by the government, this information is not collected during registration but has been added in the protection interviews that UNHCR does later, providing much more detail for programming, with a better understanding not only of existing disabilities but also the type of disability. The Americas Bureau is reportedly working on the production of materials for older persons and for people with disabilities on the move. However, there is an opportunity to expand the approach to older persons beyond disabilities in order to address their needs as caretakers and household breadwinners, and to consider their potential role as influencers (experiences of the latter were reported in Burundi, Bangladesh and Cameroon). One challenge that was highlighted is scarcity of data: in 2021, the Americas Bureau, in collaboration with Help International, undertook the first comprehensive analysis of the intersections between human mobility and ageing.⁷

B. Gender

Programming for gender continues to be an area of strength. However, the focus is still very much on GBV, with less attention given to the structural aspects underlying inequality and limited consideration of the role of men and boys in unequal gender dynamics. According to the 2021 AGD Accountability report, 60% of operations prioritised GBV programming. There is, however, limited work on masculinities, not only as it pertains to structural causes of GBV but also in its analysis of risks specific

⁷ UNHCR, HelpAge International (2021) 'A claim to dignity: Ageing on the move – making older persons visible to enhance comprehensive actions in humanitarian responses'. <https://ageingonthemove.org>.



continued migration towards ProGres v4 and UNHCR's migration to COMPASS as a new programme management system, which is more results-oriented and includes specific AGD indicators, as well as the proliferation of dashboards to visualise data collected. It should be noted that not all staff or partners are aware of the full potential of ProGres v4. There is considerable scope to strengthen understanding and use of this valuable database to improve programme data registration and its use.

The collection of data on refugees, internally displaced persons and asylum seekers on the move presents a challenge, which in some instances is due to limited access and in others is due to the fear of consequences given their legal status. As a result, many of the persons UNHCR aims to serve, especially in urban areas, remain unregistered. It is also important to point out that there is further complexity due to the manner in which refugees are registered by UNHCR – for example, in Mexico the registration process with authorities is different to that with UNHCR, so not all persons UNHCR works with and for who are registered by the government, are registered in ProGres. In Greece last year registration was by authorities, but they do not use ProGres.

Some operations report having mandatory and non-mandatory items during data collection, highlighting the operations prioritisation of some variables over others. Non-mandatory items are not collected with the same consistency. Most operations require reporting on gender and age (with gaps around youth as highlighted above). Operations regularly report on the country of origin and legal status. There remain opportunities to ensure that more systematic data collection and registration efforts are achieved across regions. This is true for age, as highlighted above, but also in areas such as disabilities since definitions may vary from country to country (see section 4 on persons with disabilities for more details). When registration has been handed over to a government there is an additional challenge for categories which may not be culturally acceptable; for example, LGBTQI+ issues in Chad are not openly discussed as they are considered to pose a risk to refugees and internally displaced persons.

It should be noted that the policy aims for data disaggregation but does not consider that some categories cannot be easily disaggregated; for example, looking at gender as a binary category excludes sexual identity (see Section 3 for more details, as well as the example of Chad, which published statistics on persons with specific needs in 2021 in response to the Y1 report recommendations).

The key limitations identified for adequate data collection and analysis include limited human and financial resources, as well as a siloed and ad hoc approach. For example, in Greece the 'My Schools' database includes a significant amount of relevant data, but there is no capacity to analyse it, with resulting information gaps regarding the education of refugee children. Many of the staff interviewed felt that reporting is fragmented and does not fully convey UNHCR's real contribution to AGD, highlighting an opportunity when considering new ways of capturing and communicating UNHCR's work and the need to innovate knowledge management and communication methods.

Partners play a key role in providing data to inform UNHCR's programming. Ensuring the quality and consistency of data, given differing definitions, legal frameworks and cultural norms, remains a challenge. Even when ProGres is used there is no mechanism to ensure that all AGD variables are considered in a consistent manner. Ensuring knowledge and consistent use of existing guidance, which includes definitions and can be shared with partners, would be helpful in this regard.

Progress to strengthen data was observed as UNHCR is increasingly working with partners to collect evidence to support its work; for example, the Joint Data Centre on forced displacement with the World Bank is supporting UNHCR's creation of an integrated and standardised 'flagship' global survey series. This is also the case at the country level, for example in the economic assessment undertaken in Kakuma jointly with the World Bank, and the UNHCR/ WFP Joint Assessment Mission (JAM) exercise in Chad.



Other examples of joint research initiatives include the advocacy brief against the detention of children, a Europe-wide initiative to gather practices that can be used as alternatives to detention, like case management or semi-independent living arrangements, and the joint work of the Internal Organisation for Migration (IOM), UNHCR and UNICEF to urge European states to end child detention,⁸ as well as research commissioned by the Regional Bureau for Europe on child-friendly and gender-sensitive asylum services across the region looking at intersectionality, which is expected to be published later in 2022.

Some key stakeholders interviewed highlighted the importance of working with national statistical offices to ensure that AGD variables are incorporated into national systems in line with international standards. This is especially relevant in Europe, where most offices don't track refugees once they are registered: '[if] you are doing research on whatever census/nation – there should be a component that is for refugees: the age, gender, diversity etc.' (UNHCR staff). These data are necessary to help prioritise AGD programming and could serve to support advocacy. One good example was reported in Chad, where the country office has signed a data user agreement protocol with the National Institute for Statistics, Economic and Demographic Studies, with another agreement planned for data collection.⁹

Some of the AGD data collection weaknesses identified include:

- Collection data bias towards certain variables (oversampling), where certain groups are systematically prioritised, while other variables are underreported.
- Limited statistical capacity at country level.
- Lack of coordination for data gathering with other partners: 'UN agencies, partners, everyone conducts their own field data collection but with no coordination or synchronisation' (UNHCR staff). This can lead to 'survey fatigue' on the part of those UNHCR serves.
- There is sometimes limited access, systematisation and reliability when the data are not registered by UNHCR. For example, in the EU there are a lot of data available but there is limited integration (administrative data, education, health).
- There is room to better define the technical terminology '[some variables have] never been defined. We think we are speaking about the same thing' (UNHCR staff).

There is considerable scope to strengthen the analysis and use of data, as well as systems to ensure that the data collected inform programming. What often seems to be lacking is the in-house capacity or time to analyse the data available, which means data are often underutilised for programming. 'They [staff] rarely have time to check indicators, gender markers, etc.' (UNHCR staff), highlighting an opportunity for providing tools that facilitate analysis (e.g. the dashboards), as well as ensuring there is adequate capacity and time at the country level to use these tools effectively. There is also limited evidence of how UNHCR uses data to make decisions or how it integrates communities into decision-making: 'we have a lot of data – but we don't analyse' (UNHCR staff). Data use seems skewed towards quantitative over qualitative data, and it remains unclear how the latter is used and integrated to inform programming, with those at HQ and in the bureaus highlighting the lack of consistency in reporting as a barrier to integration and the identification of possible trends.

⁸ www.iom.int/news/iom-unhcr-and-unicef-urge-european-states-end-child-detention.

⁹ UNHCR Operations Plan Chad 2021.



There are opportunities to strengthen intersectionality by strengthening vulnerability analysis. There has been progress in work on intersectional planning, including through the roll-out of multifunctional teams, but more work needs to be done with the individual and family groups who may have differentiated needs. ‘UNHCR has gone down the road of looking at specific groups [which] can sometimes lead to a loss of the bigger picture. [We] need to move away from boxes – you are a separated child or disabled or minority or LGBTQI+, missing the actual degree of being marginalised’ (UNHCR staff).

Figure 2 Simplified representation of how diverse characteristics can intersect



Source: UNHCR 2021 AGD Accountability Report

B. Data sharing

UNHCR has a robust system in HQ to document and share good practices, which includes several steps and peer reviews that are able to provide solid findings. Some KIs suggested that the more informal sharing of ideas and practices could have potential and should also be promoted. Some regional bureaus have put in place ad hoc mechanisms that allow for the informal sharing of good practices.

There is an online global operational data portal,¹⁰ and most operations have systems in place for sharing data with partners as well as providing open-source online information. These include statistics and fact sheets which are produced regularly and made available online, with partners often having the option to request more tailored information. Criticisms from the KIs interviewed include frustration that these systems are centralised, causing delays in access, and that the information available online is not always up to date and is often siloed. Given the importance that AGD-specific data can play in informing a partner’s programming, there remain opportunities to find more dynamic mechanisms for data sharing that can inform partners’ programming in a timely manner.

Language remains a barrier, with limited HQ guidance documentation translated to Spanish or French, although it should be noted that the policy is now available in both. Efforts to address language barriers when communicating with the people UNHCR serves were observed widely in the Americas (including at registration centres, as well as for more general communication, e.g. on COVID-19¹¹). Some attempts to ensure that communications are tailored for persons with specific needs were reported, such as hearing impaired, visual impairment and child-friendly versions. These investments can be shared to increase the value of the investment; for example, the European Bureau did a translation into Arabic of World Health Organization material which was shared with other bureaus.

KEQ3: Systems and processes to support AGD Policy implementation

The AGD approach is ingrained in UNHCR work. However, in practice there are limited systems in place to support the effective implementation of the AGD Policy. The key limitations identified include the lack of a formal roll-out strategy for the AGD Policy, limited and voluntary compliance requirements, limited resources (both funding and staff) and the lack of metrics to assess progress. Positive developments include the migration towards ProGres v4 and COMPASS, the existence of AGD thematic focal points in the operations, the resumption of annual participatory assessment post pandemic and the increased investment in refugee-led and grassroots organisations to support UNHCR’s work.

¹⁰ <https://data.unhcr.org/en/about/>.

¹¹ https://drive.google.com/drive/folders/19B6QcVKFnXjCrf5qnVJldY_-ifXOsCIR.



A. Internal accountability and tools

In terms of *systems and processes* to support the implementation of the AGD Policy, we first note the move towards a results-based management system in 2022 (COMPASS). This system also introduces three AGD-specific indicators and makes disaggregation by age, sex and disability mandatory. Countries continue to migrate to ProGres v4. The 2021 AGD Accountability report states that by the end of 2021, ProGres v4 was used in 117 operations, often supported with training from the regional bureaus. This is considered to be a much more powerful tool for the management, display and utilisation of data, and is currently being piloted for use in programme activities such as cash-based intervention (CBI) distributions, enhancing country offices' (CO) ability to enter and display disaggregated data.

In August 2021, UNCHR integrated the Washington Group Questions on disability into its registration system, issued a set of tools 'to support the systematic identification of persons with disabilities',¹² and the Global Data Service launched the Global Survey on Registration, Biometrics, and Digital Identity across more than 100 operations worldwide (see section 4 on persons with disabilities for more details).

In terms of *reporting*, as discussed in the year-one synthesis report, the annual AGD Accountability report and the year-end mandatory reporting on AGD for country offices allows for better monitoring and tracking of UNHCR's activities and has facilitated a better understanding of promising practices and successes across regions and offices. However, the lack of agreed parameters limits comparability and the identification of trends and more importantly does not allow country operations to assess progress. Moreover, while there were plans to launch the policy monitoring tool to simplify reporting for different protection policies, including AGD, it is unclear whether this has been piloted or if it will be used.

The evaluation team was informed of ongoing efforts to strengthen the *monitoring* of AGD. These focus on trying to build on already existing country processes to avoid further overload on operations. The Latin America Bureau reported mapping all AAP activities as an example of an initiative in line with the AGD and AAP approaches that promotes both monitoring and learning. There is still a need to identify meaningful indicators at the country level, which COMPASS will allow.

The *key limitations* identified include the voluntary nature of compliance requirements that lack concrete metrics and rely on self-reporting. Previous experiences, such as the mandatory application of the Protection against sexual exploitation and abuse (PSEA) or support to GBV through specific funding pockets, point towards the benefits of mandatory elements and the provision of incentives (such as the Safe from the Start initiative) to help roll out a policy. Without either of these, the AGD Policy could remain an overall approach without producing significant progress, especially in the less traditional areas of programming.

B. Accountability to the persons UNHCR serves

Participatory assessments

Progress reported includes the resumption of *participatory assessments*, many of which had been suspended during the COVID-19 pandemic. Overall, 898 participatory assessments were reported in 2021 across all regions. Efforts to increase the scope of representation were also reported; for example, Kenya reported 75 focus group discussions (FGD) with different population groups during their participatory assessments. While recognising progress and efforts, there is room to better link these exercises with UNHCR's planning processes, thus ensuring better timing, and to use them as a tool to help strengthen coordination and coherence with partners. In this regard, the example of

¹² Released jointly by the Division of Resilience and Solutions together with the DIP and the Global Data Service.



Mexico where there was an effort in 2021 to ensure all findings from PAs were systematically presented at annual planning meetings in Mexico City and Sub-offices and to identify concrete planning actions based on issues identified in PAs, is worth highlighting as promising practice.

There is also room to improve the systematisation of the methodology, by looking at how participatory assessments are being designed in different countries to identify good practices and lessons learned that could inform global standard operating procedures (SOP) and strengthen methodological consistency across countries.

The good practices observed include involvement of refugees in the selection of themes to be addressed during the participatory assessments, and the use of participatory assessments for the identification of existing resources within communities (Kenya), with some countries reporting feedback to refugees and displaced persons on results from the participatory assessments with a focus on disabilities (Chad). This, however, is still not the norm: 'at the moment there is little feedback and lack of rapid response after the identification of needs' (UNHCR staff). The limited feedback and lack of a clear linkage between the exercises and allocation of resources can undermine faith in the system, as one male urban refugee leader put it: 'During the last participatory assessment we recommended raising the number of people with specific needs receiving assistance as well as the amount received – instead, both were cut', highlighting the importance of providing feedback to populations after participatory assessments.

An area of focus for the second year of the evaluation was to assess how community feedback is used to inform decision-making and programming. For the most part, the evaluation team observed that this is done but generally in an ad hoc manner, with no systematic mechanisms, learning or reflecting sessions reported, which makes it impossible to assess the quality or effectiveness of these efforts. It was observed in some instances that key information is not available until after key programming decisions are made. There were also reports of duplication and 'copy pasting', which might indicate that this is not seen as a strategic priority but rather as a task to be marked as done. The overall conclusion is that there is room for improvement towards a more systematic and perhaps innovative way to ensure that results from participatory assessments effectively inform programming decisions, with results being brought back to share with the communities.

Feedback mechanisms

Increased efforts to provide feedback mechanisms for the persons UNHCR serves were widespread, with 65% of operations reporting having designed these in consultation with communities.¹³ Reported tools for communication include helplines, call-in radio broadcasts, websites and kiosks, including some innovative practices; for example, feedback through the Inter-Agency Feedback Referral and Resolution Mechanism developed with partners in Bangladesh and Uganda,¹⁴ as well as an increased use of social media tools, which can be particularly useful in urban situations. For example, a pilot initiative in the Americas (including in Mexico and Ecuador) makes use of WhatsApp to engage communities with messages adapted to context. Given its success, this initiative will now be replicated in Chile, Iran, Lebanon, South Africa and Uganda.¹⁵ Similarly, a TikTok video created in Kenya for the 16 days of activism had over 51,000 views. Some efforts were also reported to strengthen reporting mechanisms around sexual violence and GBV, which require a special approach to ensure confidentiality.

¹³ UNHCR (2021) AGD Accountability report.

¹⁴ In Uganda, the Inter-Agency Feedback Referral and Resolution Mechanism now has a team of 34 agents speaking as many as 38 different languages, and a referral network of over 750 focal points across 62 different organizations. In 2021, the system received and provided 26,348 queries and feedback overall.

¹⁵ UNHCR (2021) 'Advancing participation and inclusion', AGD Accountability report, June.



However, the systems in place are often insufficient, with various KIs complaining about the difficulty in reaching UNHCR. Some KIs reported that some systems are not used due to fear of reprisal: ‘not all refugees are in a position to submit a complaint, what mechanisms can be put in place that will enable this?’ (UNHCR staff). In addition, these efforts have not always been supported with enough resources, with excess demand rendering them ineffective (Kenya), and there are only limited adaptations geared towards persons with specific needs. ‘[We] need to keep strengthening community engagement. Now it is mostly one way communication ... how [can they] hold us to account? How can they reach us?’ (UNHCR staff). These limitations lead to information gaps, which can in turn lead to a denial of their rights, either because they are unaware of them, or because authorities and illegal brokers take advantage of their ignorance and expose them to third-party abuse, as was reported in Mexico.

In addition to ensuring that adequate resources are in place to maintain the viability of systems, strategic areas that could help strengthen feedback and complaint mechanisms include the balance of power within the communities UNHCR serves, especially as it pertains to the representation and participation of minorities, as well as how to cater for populations in transit where ‘it is very difficult to close the circle’ (UNHCR staff). It was also noted that more could be done to obtain additional feedback from persons with specific needs in the reception centres, during the reception process but also after ; ‘we are asking for this, to do FGD to [be able to] complement [our views] with [those of] applicants’ perspectives of UNHCR (once the process is finalised’.

Use of community mobilisers and volunteers as part of accountability to affected people.

In many countries, access limitations due to the pandemic led to increased investment and use of community resources such as volunteers or community mobiliser networks (Greece), community promoters (Mexico), elected representative community management (Chad) or feedback provided through different online platforms regularly used for interaction with people UNHCR works with and for (Mexico). Globally, UNHCR reported engaging with or supporting 3,672 community structures.¹⁶ This is a positive practice with the potential to empower displaced and stateless persons and address power dynamics, and as such they should be further supported. Key informants also highlighted the importance of considering the power dynamics between the groups of persons UNHCR serves, as well as issues around balance of power and dignity, for example by providing honorariums for these types of services: ‘members of the refugee community may have been exposed to traumatic experiences, live in challenging conditions – we want to protect their own well-being and not to overwhelm with additional responsibilities’ (UNHCR staff).

UNHCR’s accountability to affected populations would benefit from a move away from a narrow interpretation of accountability – which is understood mainly as being limited to one-off annual participatory assessments under the responsibility of protection officers – towards a more comprehensive interpretation that addresses power dynamics between UNHCR and the people they serve. While, in practice, regular monitoring throughout the year does inform programming, there is no formal mechanism that allows the evaluation team to assess or even outright confirm this is happening. Some KIs felt that there is still resistance on the part of some UNHCR staff to empowering communities, which is perhaps seen as ceding power. This is also reflected in academic examination of the topic, and which would require a change in dynamics and culture. Assessing power dynamics requires identifying communities’ rights and roles in the process, as reflected in comments from one UNHCR staff member: ‘if you don’t know what is expected [of you] then [you] can’t really participate meaningfully’ (UNHCR staff).

¹⁶ UNNCR (2021) AGD Accountability report.



C. Financial and budgeting mechanisms

Current budgeting mechanisms make it difficult to monitor UNHCR's real investment in AGD. ‘We look at proxies. You could not [do this] by looking at the budget’ (UNHCR staff). There are similar limitations regarding staff and expertise on AGD within the organisation. Some KIs suggest using key global strategic priorities, for example women’s leadership, as proxies to strengthen the monitoring of AGD: ‘[we would] have to provide some narrative with a budget attached’ (UNHCR staff). This type of initiative would facilitate the monitoring of investment. The new Global Results Framework, utilised for the first time in 2022 to guide planning and budgeting, will reportedly facilitate the integration of AGD financial data at the regional and global level.

Financial limitations are still widely seen as a core barrier for implementing AGD: ‘[the] financing necessary for a proper roll-out is not there’ (UNHCR staff). The team was informed that there is US\$1.2 million assigned to the roll-out of the AAP five-year plan, but no equivalent allocation for the roll-out of the AGD Policy was reported. Steadily diminishing budgets in chronic emergency situations, reported for example in Chad in years 1 and 2, are an additional concern for UNHCR national staff.

Developing a strategy would require looking at existing investment and capacity gaps, very much in line with the process used to develop the AAP strategy. It might also benefit from a percentage allocation in operations. For example, some donors require that a certain percentage of a programme allocation is used for monitoring and evaluation (M&E). It is likely that significant funds are already allocated to AGD in some form or other, but there is currently no mechanism to see this as it is blended with other goals—possibly a function of the AGD Policy’s inherently composite nature, which integrates aspects of both gender and accountability. Another challenge is the earmarking of the funds, which don’t allow operations to prioritise based on population needs. This is a challenge that in some instances is not properly understood; for example, the team was told that Greece operation applied for GBV funding but was considered too large for it to be granted. However, most of the operation’s funding is strictly earmarked and not available to address the massive GBV challenges that displaced persons face there.

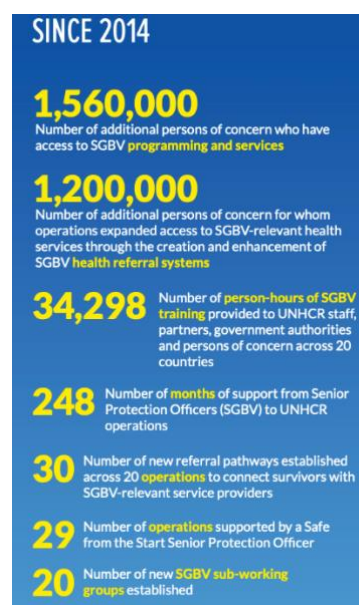
Short-term funding is also seen as a limitation, as it limits the possibility of undertaking work that addresses structural causes. Ultimately, funding is a limitation that affects not just programming but all areas or implementation: ‘in Burundi we want to strengthen feedback systems but [we are] really under-resourced’ (UNHCR staff). Similarly, the quality of data collection also depends on the funds available: ‘Production of gender statistics, across the different areas – livelihoods, economic empowerment, participation, action to decision-making spaces, gender equality and community engagement work – we say we need to do it but practicality of how we do it – [we are] not walking the talk in allocation of resources’ (UNHCR staff). One result of short-term programming is the ‘projectisation’ of the response to specific population groups, that is, the work is only done on the basis of a funded project and continues only as long as the funding/project lasts.

Experience in other areas has shown that even small amounts of funding can act as a strong incentive, as was seen by results from the Safe from the Start initiative (2014–19) (see Figure 3).

D. Human capacity for AGD

One positive development is the existence of AGD thematic focal points in most of the operations observed. However, some of the KIs interviewed were concerned about the prioritisation of these

Figure 3 Achievements of the Safe from the Start initiative



Source: UNHCR



posts: 'GBV is always the first to be cut and the last to be prioritised – this is my experience in UNHCR' (UNHCR staff). During data collection, various offices reported the end of AGD-specific contracts in the last year.

Limited staffing for AGD leads to double hatting, which sometimes leads to prioritisation based on existing know-how rather than need; for example, if there is more in-house expertise on GBV than on gender equality or persons with disabilities, the latter may be overlooked or not adequately addressed during planning. 'The biggest challenge for the implementation of the AGD agenda in the region is the dearth of staff, which means that there isn't enough time to work on all the issues. This hinders the full development of the policy' (UNHCR staff). The inclusion of thematic focal points is seen as a positive development. However, a more in-depth understanding would be needed to know how effective these are, by looking at key variables such as level of seniority (expertise and ability to influence programming) and time available (degree of double hatting). Moreover, in contexts where the flow of refugees with a specific need are limited (older persons, LGBTQI+, etc) and given overall budget constraints, it may not be realistic to have specific focal points focusing only on these, so if there is double hatting, it should be strengthened with capacity building and planning to ensure effective responses.

Overburdening of staff was also raised as a barrier for learning, including for the sharing of promising practices across regions in a systematic manner. 'There is a limit to the absorption capacity of field offices and bureaus' (UNHCR staff). The need to strengthen knowledge-sharing 'to support learning and adaptation and the scale-up of innovative approaches' was highlighted in the 2021 AGD Accountability report.¹⁷

In addition, existing human resource systems do not allow us to assess the level of investment or the resources available in any given region, although some have undertaken specific efforts to map this (see Box 2). A better understanding of existing strengths and gaps is needed to better target learning gaps.

Box 2 Mapping of existing AGD resources in Asia

The regional office in Asia and the Pacific has mapped out staff working on AAP issues as well as training needs for country-specific operations. This means they now have a clear understanding of priorities vis-à-vis AAP, including capacity requirements and training requirements for each operation.

The *size of the office* was also highlighted as a factor: '[smaller offices] don't' have bandwidth' (UNHCR staff), which makes advocating for consistency across operations more difficult. In some instances, smaller offices have advocated for the capacity-building of local authorities and partners as a more sustainable – and realistic – mechanism for response. This has been the strategy of some small offices in Europe, which have built the capacity of reception authorities and focused on feedback and monitoring mechanisms. Building local capacities – either partners with AGD expertise or local authorities – or prioritising local staff may be a more sustainable strategy. However, it requires a certain degree of stability to be in place.

Lastly, some KIs felt that existing expertise and recruitment practices do not necessarily align with the strategy: while UNHCR is progressing in the use and sophistication of its tools, it is not necessarily recruiting/training people who have the skills/expertise to fully utilise them. For example, we were told that there is one statistician in East Africa to cover 46 countries and two for Asia. While there are experts at HQ (e.g. disability, GBV, etc.), they have a limited amount of time to support processes in-country: 'Absorption takes time, and it is challenging to take forward in the field.' (UNHCR staff). For some this was also true for emergency response, stating that UNHCR doesn't always have the right

¹⁷ UNHCR (2021) 'Advancing participation and inclusion', Age, Gender and Diversity Accountability report, June.



capacity to ensure that emergency responses are able to address some of the less traditional aspects of AGD. Having experts on the ground at the right time has proved essential to ensure that AGD areas are effectively addressed, especially during humanitarian emergencies. For example, through the Safe from the Start initiative, UNHCR has been able to recruit and deploy expert senior protection officers for GBV to 29 operations since 2014. However, as one UNHCR staff member highlighted, ‘we [UNHCR] focus on GBV because there are funds’. Similar funding initiatives could be put in place to consolidate other areas of work, for example LGBTQI+ or persons with disabilities.

E. Role of regionalisation in the roll-out of the policy

During year two of the evaluation, the team sought to understand the role regional bureaux could play in the roll-out of the AGD Policy and the implications of the decentralisation. The key functions that were identified for regional bureaux in the roll-out of the policy (some of which are already taking place) include the following.

Information management, by identifying and adapting (and/or translating) the most relevant guidance and documentation and making it available to country offices: ‘there is so much information that I select what issues are prioritised for communication and dissemination to avoid overburdening staff in the region’ (Regional Office staff). In this regard, the Americas Bureau has been developing and sharing CBP mainstreaming tools, as well as CWC tools that can help adapt communications to different contexts and types of communities.

Promoting learning exchange by collecting and sharing promising practices in the region, and from other regions when relevant, and commenting on country-level policies and strategies to bring in learning in other countries. One good practice shared from the European regional office is their community-based protection (CBP) bimonthly call done by thematic area, with each country sharing experiences. Similarly, in Sub-Saharan Africa there are regular webinars hosted by the Southern Africa Bureau where country staff can share experiences. It should be noted some KIs expressed a preference for in-person support.

There are opportunities for increased cross-regional learning, with the support of a survey finalised by UNHCR in December 2021 that provides better understanding of the available tools and good practices from other regions that could be adapted, and a sense of where specific experts are located that could be deployed. At a technical level, there is an inter-region coordination network of bureau statisticians which was created to share best practices and training materials, and the Europe Bureau developed SOPs to support smaller and advocacy-oriented operations with feedback and response mechanisms which were made available to all operations.

Provide clarity of concepts and tools, ensuring coherence and consistency in the use of concepts.

On a more strategic level, *bureaus are seen as key to supporting high-level advocacy and a regional approach to solutions*, for example through the support of regional platforms such as the R4V¹⁸ and Quito processes (both for Venezuelan refugees) in Latin America, ensuring these spaces cater for persons with specific needs.

Some KIs from smaller offices expressed the need for a higher level of support from RB due to limited in-house staffing. However, some KIs interviewed at regional level felt that larger crises/operations tended to take up more of their time and resources. At the same time, some larger offices felt there was less benefit from RB given the high level of in-house technical expertise.

¹⁸ R4V is the regional interagency platform for the response to the Venezuela refugee and migrant situation



Issues around limited capacity for AGD are also evident at the regional level. For example, it was reported that one senior community-based protection officer, who had been in an African regional bureau since 2019, is covering AGD, gender mainstreaming, GBV and specific needs (LGBTQI+, disability inclusion), as well as sports, youth, working with cities and municipalities, social protection, AAP, communication with communities, CBI and livelihoods (we were informed that in 2022 they were recruiting a national officer to support her).

KEQ4: Engagement and dialogue with partners

Country offices have been able to select and work with technically competent and highly committed operational 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. In the case of persons with disabilities, the Thailand and Kenya country offices were working closely with Humanity Inclusion and in Mexico with a partner with strong disability expertise, but generally there was a recognition by country offices and regional bureau staff that partnerships with disability rights organisations needed greater attention. Generally, there is a need to harness and strengthen expertise around working with person with disabilities, older persons and LGBTQI+ persons, and to earmark resourcing to establish longer-term partnerships where such relationships and expertise could be developed and deepened. 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 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 addition to engagement with core operational partners, all country offices are actively involved in various interagency working groups and humanitarian country teams, especially those related to GBV, child protection, mental health, education and health, and to varying degrees in working groups related to persons with disabilities and LGBTQI+. For example, while the Greece country office was actively engaged in the LGBTQI+ working group through a protection associate, and despite the dearth of funded UNHCR programming with LGBTQI+ refugee support groups in the country, it was noted that in Kenya, due to sensitivities around the politicisation of LGBTQI+ rights within the refugee community, UNHCR had limited its interaction with the working group. The working groups are seen as key spaces to share knowledge, programming activities and expertise, and to coordinate support to minimise gaps when funding and project cycles leave especially vulnerable populations without support and protection.

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 social affairs ministries (e.g. in Greece around alternative care arrangements for unaccompanied minors, and in Mexico with the Mexican Commission for Support for Refugees (COMAR) through the funding and training of COMAR staff, especially with regard to addressing GBV and providing support for vulnerable children). In Chad, UNHCR's principal *government partner*, CNARR¹⁹, reports regularly taking part in the annual participatory exercises, regarding these as central to ensuring the involvement and participation of all categories of forcibly displaced people. They highlight their own role in registering forcibly displaced people according to age, gender, nationality and other social characteristics. However, there are lower levels of engagement around AGD

¹⁹ Commission Nationale d'Accueil et de Reinsertion des Réfugiés Et des Rapatriés



commitments from other ministries (e.g. education, health, justice, labour) across country contexts. In Chad, a focal point in the Ministry of Education is designated to support national policy on integration of refugee education into the national system.

In both Greece and Mexico, there has also been increased interaction with municipal governments. The municipality of León in the state of Guanajuato, for example, has explicit policies for the inclusion of persons with disabilities in housing and jobs, and it has an active programme of collaboration with UNHCR to integrate refugees with disabilities. In the case of Greece, an agreement with the Municipality of Athens has been established to provide legal aid support for refugees with disabilities as part of a new focus on integration on the part of the Greece country office. Similarly, this partnership is also aimed at strengthening referral pathways, especially to healthcare services. In other contexts, government capacity remains weak at the sub-national level, requiring significant capacity development to achieve the efficacy of partnerships at this level.

In contexts such as Thailand, where the government has not signed the 1951 Refugee Convention, engagement with government partners is relatively limited. Nevertheless, several important areas of cooperation in 2021 have included strategic engagement with the Royal Thai Government to change conditions for detained refugees, and to develop the national screening mechanism to regularise the stay of refugees, asylum seekers and stateless persons and lend predictability to the asylum space, in line with customary international law and Thailand's human rights obligations.

In Greece, since the baseline report (year one of this evaluation), as the Mitsotakis administration (in power since 2019) has bedded down its approach to asylum seekers and migration, UNHCR has experienced considerable challenges in championing an AGD approach with the Ministry of Migration and Asylum, particularly on border security, and UNHCR is spearheading an observatory to monitor violations in terms of pushbacks at the borders. UNHCR has also been involved in supporting the training of asylum officers and interpreters to encourage more understanding of AGD principles and for this to be reflected in their interview techniques. However, the reach of this training is limited, resulting in many LGBTQI+ asylum seekers and those with specific needs continuing to report discriminatory and humiliating treatment during interviews.

In the case of issues related to persons with disabilities and LGBTQI+ persons, engagement with government partners was relatively limited across contexts, with the partial exception of Greece, where there is close cooperation with the Ministry of Social Development regarding the provision of supported accommodation for persons with disabilities, although the initiative is very small scale.

KEQ5: Likelihood of achieving AGD Policy objectives

Most staff, NGO and UN agency partners agreed that UNHCR is playing a valuable role in championing AGD concerns in a range of forums, including through its ProGres v4 database, participatory assessments and working group leadership, and particularly in the areas of child protection and GBV. Opportunities that were identified in further supporting advancement of the mainstreaming of AGD Policy aims included:

1. progress in the legal environment (a law of asylum in Chad and the Kampala Convention, and in the national screening mechanism in collaboration with the Royal Thai Government, which will help to distinguish between people who need international protection versus economic migrants, and in turn to improve protection spaces, especially in urban areas; and support for the relocation of unaccompanied minors and their inclusion in the National Foster Care System in Greece);
2. strengthened data collection and management through ProGres v4;
3. fostering partnerships and alliances with specialised partners responding to AGD areas which can help make responses more sustainable over time.



4. a greater focus on strategy development (GBV prevention and response in Chad; inclusive education for refugees in Greece through increased commitment to support refugee education and integration by the Ministry of Education, facilitated by refugee education coordinators); foundational processes and systems (regular participatory assessments with partners, forcibly displaced people community structures and outreach);
5. regional approaches and support (e.g. emergency responses in the Lake Chad basin in Chad) and increased investment by European Union Agency for Asylum (EUAA) in the training of government-sector staff dealing with forcibly displaced and stateless people, including on AGD issues (and inclusive of LGBTQI+ rights in Greece);
6. some boost in funding linked to the COVID-19 response; and
7. some progress in terms of the participation of displaced persons from minority communities, in both leadership positions and participatory assessments. In Kenya, for example, this included the greater participation of women as well as of persons with disabilities and LGBTQI+ people in elected governance structures (both in camps and in Nairobi) and leadership positions.

However, all respondents noted that there is still much work to do in the face of major constraints, most notably:

1. the very constrained funding environment, with limited flexibility for innovation, which had been exacerbated by the COVID-19 pandemic as well as by the handover of major cash and accommodation programmes to the government in Greece (which had been a key source of funding and data generation to inform programming approaches);
2. the complexity of dealing with diversity in all its dimensions and especially given the wide range of countries of origin and circumstances under which displaced persons arrive. For example, in Mexico it was noted that there is a need to strengthen linkages between the CBP and Durable Solutions teams to provide more tailored support to displaced persons, whereas the Chad operation is faced with specific challenges in dealing with IDPs;
3. emergency contexts – including the continued influx of refugees and asylum seekers in Chad and Mexico, the possibility of a new wave of asylum seekers from Myanmar to Thailand and the tensions at the border between the Greek and Turkish governments and resulting border pushbacks – that add to the urgent priorities facing country offices;
4. weaknesses in social service provision and bureaucratic governance structures;
5. insufficient opportunities for dedicated learning via peer exchange of good practices that advance AGD Policy implementation;
6. limited attention to embedding the AGD Policy and principles within project proposals, contracts and end-of-programme cycle reviews;
7. the limited incentives (systems and processes) in place throughout the organisation to encourage compliance with the AGD Policy, the dearth of sanctions for non-compliance and an ongoing concern that AGD-related work is the responsibility of community-based protection staff only rather than a collective office-wide endeavour; and
8. entrenched sociocultural attitudes and norms that hinder progress on gender equality, child rights, LGBTQI+ rights and the rights of persons with disabilities.

KEQ6: Lessons learned, and good practices identified

The second year of the evaluation identified some key lessons and good practices.

A. Diversified information channels are critical for supporting refugees and displaced persons in accessing information, services and support

The evaluation findings underscore the fact that context-specific conditions create different constraints and opportunities, and that the tailoring of information needs to take into account



information-sharing and awareness-raising. Similarly, a nutritional survey and the Joint Assessment Mission have strengthened the evidence base for programming on nutrition, food security and livelihoods for the most vulnerable people, and new partnerships have been established to strengthen the database for programming around internally displaced persons. In Greece, the ongoing support of the Association for Regional Development and Mental Healthcare's (EPAPSY) programme, which provides psychosocial support to refugees through community workers, also offers a very effective model for mental health programming for forcibly displaced people.

D. Partnerships with government agencies, although often challenging, need to be strategically prioritised, as change can be achieved at scale when there are AGD champions in post

Key examples in the year-two evaluation included: excellent cooperation on child protection with the permanent secretary in the Greece Ministry of Labour and Social Affairs, which has achieved unprecedented rapid and positive change over the past two years; close linkages with COMAR in Mexico around extending support for GBV and child protection initiatives for persons UNHCR serves, including through improved referral pathways; and engagement with the Royal Thai Government on the national screening mechanism to differentiate between people who need international protection versus economic migrants.

In addition, in Mexico, strategic and tailored engagement with municipal governments has been another promising practice. The UNHCR country office has been proactive in reaching out to municipalities which are welcoming to refugees, but there is some variation as to the type of AGD inclusion that can be promoted, depending on the nature of the locality (e.g. the state of Guanajuato). The city of León has branded itself as inclusive for persons with disabilities in general, so there was an entry point for persons UNHCR serves with disabilities, but it is not very open to a gender diverse population; the city of Saltillo does not have a particular policy on gender diversity, but the authorities and society in general have been open to the resettlement of gender diverse displaced persons. So there is a 'bespoke' outreach to different cities for different dimensions of refugee inclusion, as long as there is openness and work opportunities. This is done largely by the Durable Solutions team, with the support of COMAR (the agency in charge of registering and providing refugee status). UNHCR officials have engaged with local authorities, using their visibility as part of the UN system, with backup from COMAR and the Deputy Ministry of Interior, which oversees issues of migrants and refugees. However, once the initial approach happens, negotiations are mostly bilateral (UNHCR and state/municipal governments) based on the identification of mutually beneficial opportunities and some financial support from UNHCR for these initiatives.

E. Inter-agency working groups are important mechanisms for sharing information and experiences, agreeing and prioritising joint actions, and cascading training

UNHCR should continue to play a key role in these, especially given its stature with government partners. Of particular note is UNHCR's work within humanitarian country teams, as evidenced in the Chad operation's focus on protection, GBV and AAP, and in Mexico in the context of the Comprehensive Refugee Response Framework (CRRF or MIRPS in Spanish) there are several working groups between governments in central and north America and UN agencies, led by UNHCR, to agree on how to best respond to the protection needs of refugees moving north.

F. Structures for representation are important and increasingly effective as greater emphasis is being placed on inclusivity.

However, more work is needed to address structural inequalities (e.g. gender norms whereby men may dominate decision-making within camps even if women are represented, such as in Thailand; self-exclusion due to stigma against LGBTQI+ persons, such as in Greece in the Reception and Identification Centres and shelters) and an imbalance of power between camp authorities and refugee representatives.



G. Annual participatory exercises 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 and acted upon throughout the programme cycle, including involving displaced and statelessness persons from the early planning stages

They should also inform organisational learning processes at country and regional levels more systematically.

H. Investing in complementary data generation and analysis efforts can help to raise the visibility of persons with specific needs and better inform and monitor programming efficacy

In Chad, for example, the visibility of forcibly displaced people with disabilities is being enhanced through the inclusion – for the first time – of data on persons with specific needs in the statistical information sheets published online, and with the development of an infographic with a more detailed breakdown of people with specific needs (by age, status, locality and category of specific need, including disability). Statistics on people with disabilities are also presented on a map of forcibly displaced people in the Lac region, which is included in the presentation of results of the 2021 participatory assessments in that region. In Mexico, data on persons with specific needs is helping the office develop specialised routes for local integration of forcibly displaced and stateless persons who have specific needs to localities where they can find more suitable services and inclusive job opportunities.

I. Strengthening the capacity of government partners to implement programming for internally displaced persons, asylum seekers and refugees, including through staff secondments and joint programming at national and municipal government levels, can help to build sustainable systems

However, these will need to be further strengthened to deliver on UNHCR commitments at scale. For example, in Mexico, in the case of LGBTQI+, Clínica Condesa, part of a national network of health service providers funded by the government, provides antiretroviral treatments and the ability to continue treatment as an asylum seeker or refugee moves through the territory, while in Greece there is an agreement with the Municipality of Athens to provide legal aid support for refugees with disabilities and to strengthen referral pathways (particularly to healthcare services).



3 Thematic focus on LGBTQI+ refugees and internally displaced people

3.1 Context and policy environment

The 1951 Refugee Convention²⁰ and its 1967 protocol set out the grounds under which individuals should be granted protection.

Over the last three decades, the AGD Policy environment related to LGBTQI+ has evolved significantly. Key milestones include the Yogyakarta Principles, which were initially drafted in 2007 and revised in 2017. The revisions provide guidelines intended to serve as universal standards and include the Guidelines on International Protection No. 9,²¹ which states that persecution on the basis of sexual orientation and/or gender identity can be considered as grounds for international protection (see Box 3 for further details).

While the convention does not specifically reference LGBTQI+ persons, Article 2 of the convention outlines ‘members of a particular social group’²² at risk of persecution as meeting the criteria of ‘refugee’, and thus outlines the rights and legal obligations of states to those within a particular social group (PSG). Further, the Guidelines on International Protection No. 9 specify: ‘There is no “closed list” of what groups may constitute a PSG within the meaning of Article 1A(2).’ The convention includes no specific list of social groups, nor does the ratifying history reflect a view that there is a set of identified groups that might qualify on these grounds. Rather, the term membership of a PSG should be read in an evolutionary manner, such that it is open to the diverse and changing nature of groups in various societies and evolving international human rights norms.

Persons identifying as LGBTQI+ fleeing persecution on the basis of their identity are therefore entitled to the protections set out in the convention.²³ Moreover, persons identifying as LGBTQI+ may flee their countries of origin or places of habitual residence in search a safe environment as a result of persecution unrelated to their sexual or gender identity, but as a result face persecution on other grounds such as political opinion, race or religion.²⁴

As of 2019, there were 70 countries that criminalise consensual same-sex sexual acts, and the death penalty is a possibility in 11 of these countries. Many of these 70 countries include the countries of origin from which people are fleeing, countries hosting significant numbers of refugees and countries where there is significant internal displacement and statelessness. It is within this context that UNHCR commits to ‘try to protect all LGBTQI+ refugees, asylum seekers, internally displaced and stateless people and works with partners to provide inclusive services, protect their rights and identify safe options’.²⁵

Two key points directly impact on UNHCR’s ability to work in this area: (1) there are significant differences – both legal and customary/religious – between countries regarding the treatment and status of LGBTQI+, which can support or significantly constrain UNHCR’s ability to work; and (2) to date there is no legally binding international convention on the rights of LGBTQI+ persons in force. As a consequence, while UNHCR’s work relies on the international conventions, treaties and policies as described above, it must in practice negotiate this space at the national level.

²⁰ UN General Assembly, Convention relating to the status of refugees, 28 July 1951, United Nations, Treaty Series.

²¹ UNHCR, 23 October 2012, HCR/GIP/12/09. www.unhcr.org/publications/legal/50ae466f9/guidelines-international-protection-9-claims-refugee-status-based-sexual.html.

²² Article 1A(2) of the 1951 Convention. Persons identifying as LGBTQI+ fleeing persecution on the basis of their identity.

²³ Guidelines on International Protection No. 2, ‘Membership of a particular social group’ within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees (HCR/GIP/02/02).

²⁴ www.unhcr.org/uk/631f45ad9.pdf.

²⁵ UNHCR website on LGBTQI+ persons, as seen on 18 November 2022 www.unhcr.org/lgbtiq-persons.html.



Moreover, UNHCR has to balance its global commitment to ensuring the protection of LGBTQI+ displaced persons with existing legislation and social conventions in the countries it works in, many of which are hostile to LGBTQI+ rights or do not accept the persecution of LGBTQI+ communities as qualifying an individual for asylum.

While UNHCR routinely faces challenges in advocating for the protection of marginalised displaced and stateless groups, advocacy and programming for LGBTQI+ in many contexts are particularly challenging and often set UNHCR in direct opposition to the legal position of host governments and the social conventions of many communities hosting refugees and displaced persons, and indeed within the refugee and displaced communities themselves. Furthermore, even in countries where it is assumed that legal conventions are generally supportive of LGBTQI+ persons, shifts in popular political discourse and evolving legal standards can place LGBTQI+ communities, including refugees and displaced persons, at heightened risk, and thus require UNHCR to engage to ensure the protection of all refugees and displaced persons regardless of their identity; for example, in asylum systems and processes.²⁶ As the case studies in this evaluation demonstrate, each country office has to contextualise UNHCR's commitment to LGBTQI+ persons within the social and legal contexts they operate in, and determine the optimal strategy that can realise the greatest degree of safety and protection achievable for LGBTQI+ displaced persons and refugees – whether this is direct engagement with governments, communities and other stakeholders or less visible and more informal types of support. Simultaneously, as discussed in Section 3.2, while navigating country-specific constraints, UNHCR has to engage with expectations from key partners and stakeholders that are not uniform and continue to uphold the Refugee Convention in global forums which includes member states that are not supportive or do not recognise LGBTQI+.

This report focuses on the way in which UNHCR includes persons identifying as LGBTQI+ within its work and how it engages with, plans for and works with key stakeholders on protection and solutions for LGBTQI+ communities based on UNHCR's experience working in Chad, Greece, Kenya, Mexico and Thailand.

Box 3 Major international milestones to support LGBTQI+ rights in the international policy environment

1993: Vienna Declaration and Programme of Action

The Vienna Declaration was adopted at the World Conference on Human rights at the conclusion of the Cold War. It reaffirmed the Universal Declaration of Human Rights and identified human rights as an issue of global priority, representing a significant milestone in the evolution of the international human rights system. While the declaration itself does not make explicit reference to LGBTQI+ groups, it constitutes the legal basis for protecting LGBTQI+ persons based on human rights that derive from a person's inherent dignity and worth and was invoked in successive resolutions targeting LGBTQI+ persons' rights specifically.

1994: Toonen vs. Australia

The Human Rights Committee (OHCHR) finding in the case of *Toonen vs. Australia* is the result of a human rights complaint brought before the UNHRC. A homosexual man in Tasmania lost his job as the general manager of the Tasmanian AIDS Council due to his sexual identity and argued that the Tasmanian statute criminalising homosexuality violated Article 26 of the Universal Declaration of Human Rights. The committee found that the Tasmanian law illegally discriminated against Mr Toonen on the basis of his sexual identity and ultimately resulted in the repeal of Australian sodomy laws. The decision held that sexual orientation is included as a protected status the International Covenant on Civil and Political Rights.

²⁶ www.unhcr.org/news/press/2019/7/5d19bdc04/un-rights-experts-urge-protection-lgbti-refugees.html.



2003: General Comment number 4 on the Convention on the Rights of the Child

This General Comment by the Committee on the Rights of the Child clarifies that the right to non-discrimination includes sexual orientation, gender identity and intersex status.²⁷

2007: The Yogyakarta Principles plus 10 (2017), which build on the Yogyakarta Principles²⁸ (2007) and provide the most authoritative global human rights guidance on protecting the rights of LGBTQI+ persons²⁹

This set of international principles relating to sexual orientation and gender identity is intended to serve as a universal guide to human rights that affirms binding international standards. In 2017, a panel of experts published additional principles to act as a corollary to the original document, reflecting developments in international human rights law and containing additional state obligations relating to human rights protection.

2011: Resolution 19 of the 17th Session of the UN General Assembly

Resolution 17/19, focused on human rights, sexual orientation and gender identity, was the first UN resolution explicitly targeting LGBTQI+ rights.³⁰ Using the Vienna Declaration as its basis, the resolution commissioned a report documenting discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity. The report affirmed the use of international human rights law as a tool 'to end violence and other human rights violations based on sexual orientation and gender identity'.³¹

2013: UN Free and Equal

This global public information campaign launched by the Office of the United Nations Commissioner for Human Rights (OHCHR) aims to promote equal rights and fair treatment for LGBTQI+ people.³²

2015: 'Discrimination and violence against individuals based on their sexual orientation and gender identity', A/HRC/29/23, 2015³³

This report by the OHCHR describes a 'pattern of discrimination and violence directed at people in all regions on the basis of their sexual orientation and gender identity' and aims to document and share good practices in the application of international human rights law and standards to maintain the rights of LGBTQI+ persons.

2016: Human Rights Council Resolution 32/2

This resolution established a mandate of the 'Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity', renewed in 2019, which was designed to explore ways to protect LGBTQI+ persons from violence and discrimination suffered on the basis of their sex or gender identity.³⁴

²⁷ Committee on the Rights of the Child, General Comments No. 4 (CRC/GC/2003/4), 2003, para. 6; and No. 3 (CRC/GC/2003/3), 2003, para. 8.

²⁸ <https://yogyakartaprinciples.org/>.

²⁹ See 'The Yogyakarta Principles: Principles on the application of international human rights law in relation to sexual orientation and gender identity' (International Panel of Experts in International Human Rights Law and on Sexual Orientation and Gender Identity, 2007) and 'Yogyakarta Principles plus 10: Additional principles and state obligations on the application of international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics to complement the Yogyakarta Principles' (Second International Panel of Experts in International Human Rights Law, Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics, 2017). www.refworld.org/pdfid/48244e602.pdf and www.refworld.org/docid/5c5d4e2e4.html.

³⁰ <http://arc-international.net/wp-content/uploads/2011/08/HRC-Res-17-191.pdf>.

³¹ Resolution of the UN Human Rights Council (A/HRC/RES/17/19).

³² www.un.org/en/fight-racism/vulnerable-groups/lgbtqi-plus.

³³ <https://digitallibrary.un.org/record/797193?ln=en>.

³⁴ www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity.



2019: UNDP and World Bank: indicators to measure LGBTQI+ inclusion in global development³⁵

A set of 51 indicators was proposed across the domains of health, education, economic empowerment, civil and political participation and security and violence. These indicators align with the Sustainable Development Goals' global indicators and would support efforts to establish a global LGBTQI+ inclusion index

3.2 Understanding of policy commitments in UNHCR vis-à-vis LGBTQI+ and consistent operationalisation

In terms of an operational understanding of the AGD Policy commitments vis-à-vis LGBTQI+ refugees, internally displaced people and asylum seekers, it should first be noted that the AGD Policy itself does not identify specific commitments, as it does, for example, for women and children, and identifies the LGBTQI+ group by name only in the annex to the Policy. However, as the primary objective of the AGD Policy is to 'put people first' and ensure that all refugees, internally displaced people and asylum seekers play an active role in ensuring they are able to access and exercise their rights, the implicit intention is to guarantee that the necessary conditions are in place for these objectives to be met for LGBTQI+ persons without discrimination. 'This is why UNHCR has redoubled its commitment to protecting the autonomy, agency, and rights of all forcibly displaced and stateless LGBTQI+ people' (Filippo Grandi).³⁶

Overall staff at the country level were aware that LGBTQI+ persons are included within the diversity pillar of the 2018 AGD Policy and noted that this is an area of work that is gaining momentum in UNHCR programming, especially since 2021 under the rubric of 'persons with specific needs'. Box 4 presents the overall approach to LGBTQI+ programming as observed during this exercise.³⁷

Box 4 UNHCR's areas of focus when programming for LGBTQI+

- Proactive *expansion of partnerships with LGBTQI+ organisations*, including civil society and grassroots actors who can provide specialised and context-relevant assistance towards ensuring LGBTQI+ inclusive programme design and access to programmes. UNHCR's partnership includes providing capacity development, technical support and sometimes financing.
- *Strengthening UNHCR's own capacity and resources* to support staff and partners to address attitudes and beliefs in a way that improves service delivery for LGBTQI+ individuals, and to better address LGBTQI+ challenges when programming.
- *Improving systems and processes for the collection of data on sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC)*, including during registration, refugee status determination, resettlement and complimentary pathways.
- *Strengthening UNHCR communication* and messaging to internal and external audiences on policy, resources and programming for LGBTQI+.
- Strengthening *knowledge of and awareness of existing resources* available to this group (p.e. by mapping existing organisations).
- *Awareness-raising* initiatives for local communities, other refugees, internally displaced people and asylum seekers, partners, local governments and even UNHCR staff.
- *Advocacy for the inclusion of LGBTQI+* into existing national services, p.e. health (including GBV response and psychosocial support) or education systems.

³⁵ <https://sdg.iisd.org/news/undp-world-bank-propose-indicators-to-measure-lgbti-inclusion-in-development/>.

³⁶ INFOMIGRANTS (2022) 'UNHCR chief warns LGBTQI+ refugees risk violence and abuse', Ansa, May.

³⁷ Source: KI interviews and UNHCR documentation, including UNHCR internal documentation on LGBTQI+ programming, June 2022.



- Establishment of *peer support groups or networks* for LGBTQI+ to combat the feelings of isolation often experienced by individuals in this population.
- *Risk assessment* around protection risks, including against sexual exploitation and abuse (PSEA).

The AGD approach with regard to LGBTQI+ persons was seen as important in highlighting specific vulnerabilities that require distinct protection responses, leading to, for example, prioritisation in resettlement or identification of specific housing arrangements. To adequately meet the protection and assistance needs of LGBTQI+ persons, the full range of forms of discrimination needs to be considered, including gender, nationality, religion and ethnicity. This element of intersectionality of the AGD Policy is not yet apparent in UNHCR's programming, as it has a tendency to address LGBTQI+ as a more or less heterogeneous group, with the implication that this may lead to an overly simplistic understanding of the individual protection needs of LGBTQI+ or the differentiated needs of, for example, persons identifying as trans versus persons identifying as lesbian or gay.

More generally, however, many staff included in our interviews recognised that often the inclusion of LGBTQI+ persons was assumed to be the responsibility of a protection officer, and was constrained in practice by various factors including the limited resources and competing priorities (see Section 3.4). While this is true for AGD in general, the implication that it is predominantly the responsibility of protection officers to engage with and ensure the inclusion of LGBTQI+ is a significant obstacle to ensuring there is a supportive culture that is conscious of the specific challenges faced by LGBTQI+, and to guaranteeing that LGBTQI+ persons are considered in UNHCR's strategies and approaches at all levels of a country operation. An uneven awareness of the many resources that UNHCR has made available to its country operations points to a lack of coherence among UNHCR staff in understanding and engaging on LGBTQI+ issues. The team observed repeated requests for increased practical guidance, which can be found, for example, in the document 'Need-to-Know Guidance: Working with LGBTQI+ Persons in Forced Displacement'.³⁸

UNHCR's ability to programme for LGBTQI+ is very much influenced by contextual factors beyond its control, such as the legal and social environment in which it works. To be able to adequately contextualise the AGD Policy is essential for the successful delivery of strategies and approaches that support the protection of LGBTQI+ refugees and displaced persons. The countries included in this evaluation provide a good understanding of the breadth of challenges UNHCR can encounter depending on context. In some countries, such as Mexico or Thailand, LGBTQI+ benefit from a wide range of legal protections in what could be described as an inclusive legal environment, while Greece is considered to have among the most comprehensive LGBTQI+ laws in Europe (a supportive legal environment), but a less inclusive society. These types of legal environments allow for a more open and formal approach to programming, which can build on and benefit from existing national approaches (e.g. in Mexico UNHCR benefits from the national health network called CAPACIT). However, as the Equaldex index of LGBTQI+ rights shows in the case of both Greece and Mexico, there is often a disconnect between legal protections and public opinion, as demonstrated by the rise in violence against asylum-seeking and refugee women and the LGBTQI+ population in both locations, and in reports of stigma and discrimination from the KIs interviewed. Stigma and discrimination are often further exacerbated in camps, with LGBTQI+ persons reporting increased hostility from members of the refugee population who come from more conservative societies as well as from government authorities.

Chad provides an example on the opposite side of the scale, with a very restrictive legal environment which severely hampers UNHCR's ability to programme, given the legal prohibition on same-sex sexual activity since 2017, negative sociocultural attitudes and little to no public awareness, including (according to some KIs interviewed) among UNHCR staff. The issue thus remains very much 'hidden',

³⁸ <https://inee.org/resources/need-know-guidance-working-lgbtqi-persons-forced-displacement>.



with very limited opportunities for open discussion. As would be expected in this context, there is no explicit mention of protection programming for LGBTQI+ individuals within the country operation, which most of the staff and partners interviewed attribute to the sensitivity of the issues involved and the sociolegal context. Lastly, Kenya provides an example of a legal context that is somewhere in-between completely restrictive and fully supportive of LGBTQI+. There, the operation navigates a complex legal environment when it comes to working with LGBTQI+. While Kenya is the sole country in the region that accepts LGBTQI+ asylum seekers from neighbouring countries, and there is the legal right to change one's gender, homosexuality is criminalised under Kenyan law and punishable with up to 14 years in prison, and same-sex marriage remains illegal. These contradictions make working to support LGBTQI+ protection a particularly challenging endeavour.

3.3 Systematic collection, analysis and sharing of AGD data on LGBTQI+

An effective approach combines knowledgeable staff, supportive data systems, effective tools and a conducive environment. However, even within societies that are supportive of LGBTQI+ communities, gathering information on SOGIESC³⁹ identity markers can be fraught. Individuals may wish for personal identities to be concealed and may be reticent in sharing information that could compromise their safety or complicate their lives. Within many of the contexts UNHCR works in, the risks associated with collecting, storing and analysing data are significant. However challenging, it is essential for UNHCR to responsibly collect, analyse and share data to drive a solid understanding of LGBTQI+ refugees and displaced persons and to better advocate and programme for protection.

Human capacity and environmental limitations to effective data collection and registration

Data collection, including for the purposes of registering LGBTQI+, is done based on self-identification and the use of comment boxes within UNHCR's databases. However, a safe environment for self-identification is not always guaranteed, and as a result the data collected are assumed by most KIs to be unreliable and not all-encompassing. In some operations where registration is done by local authorities, refugees, internally displaced people and asylum seekers openly complain of harassment from registration officers if they self-identify. Similarly, in other operations individuals can, in theory, self-identify as LGBTQI+ and attempt to seek asylum on the basis of their sexual orientation and gender identity, for example in Greece. However, in practice they face a number of barriers, including limited specialist expertise on this issue on the part of registration officers and legal aid workers supporting asylum seekers. This was reported even when UNHCR had made a specific effort to train registration staff on this issue. A good example can be observed in the Mexico CO, which has been highlighting the need for continued monitoring and refreshed capacity to ensure more effective data collection. Some operations will have LGBTQI+ specific registration officers to facilitate this process.

Data systems limitations to effective collection and categorisation

A strength of the system is that it allows access to data on a need-to-know basis, protecting sensitive information, which is particularly relevant for this category.

A key challenge is that, while the registration questionnaires and ProGres (UNHCR's case management database) include relevant questions to generate data under all AGD indicators, non-compulsory subcategories tend to be less consistently asked given the capacity and time limitations. In more restrictive environments it is not possible to collect data on forcibly displaced and stateless people who identify as LGBTQI+, and it is unlikely that individuals would declare their sexual orientation or gender identity at the border and attempt to seek asylum on such a basis. In these instances, when cases are identified or referred to UNHCR, they are handled discreetly and not reported publicly.

³⁹ Acronym for sexual orientation, gender identity, gender expression and sex characteristics.



of existing in-house expertise on LGBTQI+. The evaluation team was informed of a recent exercise to identify AAP staff, and a similar exercise across regions on LGBTQI+ expertise would be key to understanding UNHCR’s real capability and highlight where the gaps are. This would also allow for better targeting in trainings, as well as provide a resource pool for operations that might need support.

Furthermore, the ‘double hatting’ of many staff charged with AGD responsibilities is a key challenge to consider in country offices’ organigrams and overall staffing strategy. Double hatting could, in theory, support the mainstreaming of AGD, but only if this is done to reach beyond the protection officer to promote AGD across in other areas. The downside of double hatting is that time pressures and multiple demands might limit the ability of staff to focus on this group, especially if they don’t already have specific expertise that may allow them to identify opportunities, hindering their ability to coordinate on cross-cutting actions within and across offices.

Box 5 Use of focal points

The Mexico CO has introduced the presence of AGD focal points for most offices across the country working on issues such as child protection, gender equality and GBV, persons with specific needs (including LGBTQI+ and disabilities). These focal points are in charge of driving work on issues related to diversity and the inclusion of groups with specific needs, through the identification of concrete actions to move the AGD agenda forward. Efforts reported include identifying non-discriminatory work opportunities for LGBTQI+ refugees those with disabilities, and providing adequate housing for refugees with gender identity and diverse sexual orientation. The sustainability of these posts relies on the capacity to secure sufficient funding going forward.

Training and staff participation

At a global level, training as a priority area was validated by the Global Roundtable recommendations (June 2021). UNHCR’s priorities (as described in Box 3) include building up its in-house capacity to reach critical mass, ensuring that protection staff at the regional and country levels acquire the knowledge and skills necessary to identify and meet the needs of refugees, internally displaced people and asylum seekers with diverse SOGIESC, and partnering with those already working on the ground.

In line with these priorities, UNHCR provided dedicated learning opportunities for working with LGBTQI+ persons in forced displacement to almost 900 members of its workforce and partners (see Table 3). Of note is UNHCR’s inclusion of LGBTQI+ persons to help contextualise training sessions. The numbers here are an example, many more training efforts are done at local and regional level.

Table 3 Training on LGBTQI+, 2021–2

Type of training	By end of 2021	By July 2022
Learning programmes	403	434
Training of trainers (TOT)	111	111
Online course/e-learning	148	285

Source: UNHCR.

A key part of the capacity-building strategy relies on the replication capacity of TOTs. UNHCR reports the 29 TOTs trained in 2021 had undertaken country-specific training, targeting more than 560 participants by mid-2022. This training largely targeted UNHCR protection staff (including registration, refugee status determination (RSD)/resettlement (RST), but also UNHCR partner and government staff (in Ethiopia, Kenya, Chad, Montenegro, Italy, Brazil, South Africa, Trinidad and Tobago, Guatemala, Switzerland, Niger, Malawi, Bangladesh, Thailand, India, Tunisia, Iraq and Malaysia).



In addition, and to promote immediate impact at the field level, participants of these training programmes are expected to apply acquired knowledge to implement a project. Examples of these projects from the 2021 cohorts are summarised in Box 6.⁴⁰ This is seen as a good practice.

Box 6 Examples of projects developed by trained staff

- Sensitisation for UNHCR staff and partners on SOGIESC concepts and use of appropriate terminology.
- Training front-line colleagues on SOGIESC and the protection risks experienced by LGBTQI+ persons.
- Developing an action plan to improve protection for LGBTQI+ people.
- Mapping local partners to strengthen sensitive services and assistance.
- Updating case management SOPs for response and referral to make them more inclusive of LGBTQI+.
- On-the-job coaching for registration staff on safe referrals.
- Developing inclusive communication and information material.
- Adapting waiting rooms and interview facilities to create a safe and welcoming environment for LGBTQI+ persons.

At the field level, some operations reported a strong push in training for LGBTQI+ responses; for example, Thailand reported that UNHCR has recently provided training and webinar sessions on LGBTQI+ for staff and some partner organisations, including training on LGBTQI+ awareness, key terminology, sexual orientation and gender identity, interview techniques, counselling and how to create safe spaces. Training was also reported as being undertaken with refugees (once for urban and once for camp populations). In addition, the operation is supporting forums with partner organisations to provide guidance on counselling and support, and to make information available on how to access relevant health services to address medical needs. The KIs interviewed perceived this focus on training to be recent and noted a positive impact on visibility and improvement on the understanding and knowledge of the AGD Policy and its implementation in addressing the specific needs of LGBTQI+ persons. UNHCR has also been involved in supporting the training of government asylum officers and interpreters to encourage more understanding of AGD principles, which is reflected in their interview techniques (e.g. in Greece). However, as mentioned earlier, the reach of this training is limited, with many LGBTQI+ asylum seekers continuing to report discriminatory and humiliating treatment during interviews. In the case of Chad and Greece, the workshops and training were conducted by a staff member, and in the case of Chad this was specifically a staff member who had participated in the global training, benefitting from the global strategy.

Budgeting

In terms of LGBTQI+ rights and protection, all of the operations interviewed highlighted limited and often earmarked financing as key barriers to programming in this area. As with many other programming areas, UNHCR's budget system makes it difficult to disentangle funding for LGBTQI+ from funding for other areas of work. Being able to identify actual investment in LGBTQI+ persons would be useful for UNHCR to understand the real level of investment in this area. It is also important to consider investment in partnership agreements (including financing) to NGOs working on LGBTQI issues and resourcing for capacity development.

3.5 Engagement and dialogue with partners around AGD

Most operations reported increased engagement with LGBTQI+ organisations, sometimes as partners, other times providing funding as well as reaching out to organisations for support in training in support of UNHCR's protection work.

⁴⁰ At the time of data collection, the 2022 cohort of the Asia and the Pacific Bureau was still in the process of developing their projects.



Advocacy

Given the sensitive nature of SOGIESC, the type of role that UNHCR can play in terms of engagement and advocacy with national partners is heavily determined by the context and existing norms. A restrictive legal environment leaves very little room for manoeuvre, although work can be done with donors and (in a more limited manner) with some partners. It should be noted that even in contexts where there is legal acceptance, for example Mexico, there is still de facto discrimination and violations of rights reported by refugees, internally displaced people and asylum seekers (e.g. unjustified detention by police, stigmatised treatment in shelters or fear of violence, which limits options for livelihoods). Here UNHCR can play an important role, for example by closely monitoring these detentions. Also supporting trans refugees in particular to access livelihood options to avoid the risk of engaging in survival sex, which is a common problem which is seen to result in GBV. Similarly, in Greece, where UNHCR has very limited programming and advocacy work on LGBTQI+ rights, while legally the reception country is very advanced, in practice UNHCR has encountered considerable challenges in championing an AGD approach with key government partners, particularly on border security. In instances where there is a more ambiguous legal context, UNHCR could play an important advocacy role for LGBTQI+ rights vis-à-vis national governments, other operational partners and donors to help strengthen protection mechanisms but also to secure more directed services and earmarked funding. These scenarios highlight the complicated balance UNHCR must strike between its role in protection, expectations from partners and the need to maintain a good working relationship with the host government. That noted, there is a lack of clarity on the degree to which UNHCR country offices consider LGBTQI+ persons in their advocacy with governments and partners, or whether risk analysis exercises conducted by UNHCR consider the potential benefits and risks of more forthright positions and exchanges with stakeholders. Further analysis of existing practices could provide context and good practice for operations.

Partners

In both urban and camp settings *UNHCR partners with networks and civil society organisations (CSOs)* to provide services, although in some operations it was suggested that UNHCR can do more to improve the formalisation of partnerships. For example, in Greece UNHCR does not have partnership agreements with any of these organisations. The inclusion of specific data collection requirements in partnership agreements is an important source of information for UNHCR, and the lack of agreements limits UNHCR's scope to influence data disaggregation in line with the AGD Policy.

Partners underline that, in addition to providing funding when available, UNHCR can play a role in setting humanitarian standards for the protection of LGBTQI+ refugees and asylum seekers, helping to mainstream actions across different sectors and ensuring coherence across partnerships.

Box 7 Blue Dots as an example of a coherent interagency response

A good example of an effective interagency partnership can be seen in the context of the response to Ukraine, where UNHCR together with UNICEF and local governments is establishing Blue Dots, which essentially serve as a platform for the identification, assessment, documentation and referral of vulnerable and at-risk individuals, including LGBTQI+ people. Social workers, psychologists, counsellors and legal aid providers are trained to identify urgent social service and protection needs for vulnerable refugees.



These Blue Dots are key to addressing LGBTQI+ refugees' discrimination and protection risks, especially in some EU countries bordering Ukraine, which pose increased challenges to for LGBTQI+ populations.⁴¹

Blue Dots are established at border crossings and other anticipated points along major refugee routes (including bus or train stations). They are also being embedded into refugee registration sites, reception facilities and cash distribution points. At the time of writing, there were over 30 operational locations in Bulgaria, Hungary, Italy, Moldova, Poland, Romania and Slovakia, with more planned as the crisis continues.

Box 8 The Regional Safe Spaces Network

The *Regional Safe Spaces Network* (RSSN) was established in 2017 with the support of the Americas Bureau to address the needs of people displaced because of violence and persecution and other people on the move, including LGBTQI+ persons, for example identifying protection structures in the Americas' regional safe spaces toolkit, such as the Inter-American Court of Human Rights advisory opinion⁴² and the UNHCR emergency handbook. This network includes more than 50 organisations providing services in seven different countries (Costa Rica, Guatemala, Mexico, Colombia, Venezuela, Chile and Peru).⁴³

Accountability/participation

Specific engagement with LGBTQI+ communities was not always reported by the operations. In some cases, due to contextual limitations, in other scenarios regular consultations and outreach activities with LGBTQI+ are still not described as 'normal practice' in the way engagement with different nationalities or women's organisations are, for example. Similarly, only half of the countries participating in this evaluation reported addressing or including LGBTQI+ focus groups or LGBTQI+ issues during their 2021 participatory assessments.

Engagement with LGBTQI+ refugees and displaced persons in many contexts is challenging, with full participation and accountability requiring tailored and potentially informal approaches outside of existing mechanisms. The KIs interviewed reported increased commitment to integrating LGBTQI+ into programme activities, planning, programming and implementation, highlighting as a specific challenge the need to strengthen effective mechanisms to communicate with this group, which might benefit from the inclusion of LGBTQI+ persons and organisations in the process of design or delivery. As highlighted in the RSSN toolkit, the 'heightened risk of sexual exploitation and abuse for women, girls, boys and LGBTQI+ people are due to increasing vulnerabilities, and the limitations in accessing services and assistance. Safe spaces providing services in border areas and along the displacement cycle should exercise particular caution to ensure the accessibility of complaint and feedback mechanisms for all individuals in accordance with the AGD approach.' In practice, a common complaint from refugees, internally displaced people and asylum seekers, in both camp and urban settings, is the sense of isolation and limited benefits from existing refugee and internally displaced person representation structures and services. They emphasise the importance of having dedicated

⁴¹ Deepa Parent (2022) 'LGBT Ukrainians find both solidarity and discrimination in Poland', *Inside Development*, 10 June; The New Humanitarian (2022) 'How LGBTQI+ to LGBTQI+ support is helping Ukrainian refugees find safety in the EU', June.

⁴² Advisory opinion oc-24/17 of 24 November 2017. Requested by the Republic of Costa Rica. Gender identity, and equality and non-discrimination of same-sex couples.

⁴³ Source: UNHCR Safe Space Network in the Americas, Lessons learned and Toolkit as seen in November 2022 <https://www.acnur.org/5c05b97d4.pdf>



spaces (such as shelters) as well as clear and safe access to information, ideally run by persons from their own LGBTQI+ communities to avoid stigmatisation. The balance of power (or the ability to be heard and influence decisions that have an impact on their lives) is not always clear; for example, specific nationalities or ethnicities may dominate the representation structures set up as accountability mechanisms, and these groups may not prioritise or represent LGBTQI+ group needs. There is further scope to consult with LGBTQI+ groups outside these representational structures.

Across the case study countries the evaluation team has, however, observed important efforts tailored to the needs of LGBTQI+. One example is in Mexico, where UNHCR worked on enhancing its communication with specific population groups, including LGBTQI+ persons. There, UNHCR encouraged the identification of leaders within their own communities and developed 'routes' or 'referral pathways' for persons with specific needs as they move through the territory, which is an example of how to ensure there is differentiated and adequate support for refugees, internally displaced people and asylum seekers through relevant partners at the local level.

UNHCR's approach to LGBTQI+ community-based organisations

Questions have also been raised regarding the expectations from the people UNHCR works with and for in some operations, especially when the actions of vocal LGBTQI+ groups attract negative attention to UNHCR. Some refugees, internally displaced people and asylum seekers perceive their active attempts to obtain support –sometimes by bypassing UNHCR and reaching out to donors directly – as leading to them being ostracised or as going unsupported by UNHCR.⁴⁴ Given the global and interconnected nature of campaigning, UNHCR is likely to face further scenarios where their strategy and approach to protection and durable solutions for LGBTQI+ persons is challenged, especially in contexts where UNHCR is publicly perceived as proactively engaging. UNHCR should anticipate that some LGBTQI+ displaced persons will take forceful and robust actions towards the realisation of protection and durable solutions and not necessarily defer to UNHCR, even if these actions may place UNHCR in a challenging position vis-à-vis hosting governments. As set out in the AGD Policy, UNHCR seeks to empower the persons it serves and will need to consider how to manage national and international advocacy efforts, ensure its programmes are responsive to the persons it serves and engage with community-based and international organisations and movements regardless of differing perspectives on the best means of achieving an enhanced protection environment and safety for LGBTQI+ persons. Key to this is to continue to build trust with multiple sets of stakeholders, in hosting countries, displaced LGBTQI+ communities and globally.

3.6 Achievement and likelihood of realising policy commitments

There is clear progress in UNHCR's commitment to supporting LGBTQI+ refugees, internally displaced people and asylum seekers. However, a recurrent message from the KIs interviewed was that UNHCR's work for LGBTQI+ is limited vis-à-vis other areas covered under the AGD Policy, and the level of commitment to LGBTQI+ varies from operation to operation, with some KIs interviewed recognising that in practice LGBTQI+ is not always a priority.

Institutionally, there is awareness LGBTQI+ have specific protection risks, and operations were able to identify existing gaps, but mitigation measures had not always been identified, and often when they were identified, the response consisted of activities that were not fully integrated into an overall strategy with clear outcomes and means to measure progress. It also seems that not all offices have sufficient in-house expertise to adequately incorporate it into programming and advocacy work.

It should be recognised that, depending on the level of cultural acceptance, it will undoubtedly take more time in some operations for LGBTQI+ issues to be more fully understood and ingrained more

⁴⁴ Kate Pincock (2020) 'UNHCR and LGBTI refugees in Kenya: The limits of "protection"', ODI, May.



broadly in staff perceptions as an aspect of diversity that is covered by the AGD Policy, and even more time for any proactive protection strategies or measures to be firmly established. However, contextually appropriate efforts to address this will be required in order to achieve progress, starting with ensuring sufficient in-house capacity and unofficial means of support when persons in need are identified; such practices are already observed in some operations.

UNHCR's key areas of work in this area include training and sensitisation to authorities, particularly those in charge of processing asylum applications, as well as to partners and to UNHCR staff on the ground. A high turnover of staff requires continued efforts. UNHCR also delivers technical and financial support to a small number of partners to develop LGBTQI+ friendly and inclusive spaces as well as provide access to livelihoods. Other services supported include legal and psychological support, including for GBV survivors, as well as access to sexual health services, including hormonal treatment and treatment for HIV. Some operations have made efforts to increase the number of specialised partners that provide protection, psychosocial support and access to sexual health services to this population, as well as strategic efforts to coordinate with partner organisations on training for LGBTQI+ awareness.

Key challenges for UNHCR to address

Effective livelihoods options, particularly for transgender refugees, internally displaced people and asylum seekers are limited in many contexts. In Mexico, UNHCR has begun collaborating with a partner that focuses on placing transgender refugees in formal work that is accepting of their diversity. In other contexts, relocation may be the only solution. Higher exposure to arbitrary detention is another risk specific to this group that requires close attention, as is guaranteeing available shelters do not discriminate and provide a safe environment.

Context is a key element for progress. Even within a country, some locations may have many qualified partners and services, while others may prove very hard to work in, and for some operations it is particularly challenging to identify solid partners that are able to work with LGBTQI+ populations and transgender refugees in particular.

Formal inclusion in representation structures and participatory assessments is still not always the norm, highlighting the importance of having an effective communication strategy beyond traditional channels such as complaint boxes or hotlines, making use of LGBTQI+ organisations where they feel they will be safe and understood. Relatedly, there are initiatives to improve information-sharing, communication and engagement with the person's UNHCR services, with the aim of supporting their voice and creating a safe space for exchange and support (e.g. in Thailand).

Given the contextual challenges, some operations with restrictive legal environments opt for discreet one-to-one support instead of more public support. While this is unavoidable, in more ambiguous contexts there is a balance to be sought in order to avoid potential negative effects in other areas of work or working relationships with the government. However, as part of the risk analysis it should be noted that the more discreet approach can be perceived as lack of action on the part of UNHCR by refugees, internally displaced people and asylum seekers, donors and partners.

Access to information for urban refugees continues to be a challenge in general but especially for this cohort, with some KIs interviewed expressing a preference for having LGBTQI+ organisations in charge of providing information. At the *camp level* there are important differences between operations; for example, in Kenya there are strong refugees advocacy groups within camps as well as designated areas which were not observed in other countries. However, these do not always seem to ensure increased protection, but in some instances facilitate the targeting of LGBTQI+ refugees. Overall, most KIs assume LGBTQI+ refugees, internally displaced people and asylum seekers in camps do not come forward for fear of retribution from other refugees. In Thailand, it was reported that self-identification is limited, and LGBTQI+ refugees do not tend to come forward if they are experiencing problems.



Similar concerns were observed in Greece, and no specific mechanisms were in place for the protection of this community within camps.

3.7 Promising practices to support the inclusion of LGBTQI+ persons

In this section we highlight some good practices identified during the exercise which could help to identify opportunities in other operations:

- UNHCR in Mexico has partnered with CAPACITS, a national ambulatory health services network provider funded by the government that provides services for the prevention and specialised care on an outpatient basis, including to refugees and persons on the move. These are located throughout the country and allow refugees, internally displaced people and asylum seekers to continue treatment as they move through the territory. UNHCR collaborated particularly with one CAPACIT, Clínica Condesa in Mexico City, which does specific outreach to LGBTQI+. In addition, this space is used to communicate messages about preventive health care (including prevention of COVID-19), sexual and reproductive health.
- In Tapachula (Mexico), Una Mano Amiga provides GBV case management, including access to legal services, psychosocial support and access to antiretroviral treatments for LGBTQI+ asylum seekers, as well as being a safe space for them to connect with local networks.
- In Greece, UNHCR is spearheading an observatory to monitor violations of the rights of displaced LGBTQI+.
- In countries with some of the more restrictive approaches to LGBTQI+, awareness-raising on LGBTQI+ issues is under way through orientation and sensitisation workshops for UNHCR staff led by a staff member who benefited of the online ‘training of trainers’ programme. Colleagues who participated in the workshop reported that it had opened their eyes to the complexity of the issue, and helped to familiarise them with terminology that they had not necessarily heard of before.
- In Mexico, given the additional risk of violence faced by LGBTQI+ people, SOPs were developed to guide support for LGBTQI+ refugee and asylum-seeking populations and implemented across all UNHCR offices.
- In Thailand, UNHCR has tried to establish youth groups, which are seen as potential drivers of change within their communities in terms of helping to change attitudes and social norms.
- In 2022, the Division of International Protection (DIP) and the Global learning and development centre (GLDC), in collaboration with the Regional Bureau for Asia and the Pacific, conducted a learning programme dedicated to 31 UNHCR staff from the region. Based on the feedback received from participants, UNHCR engaged some representatives of LGBTQI+ organisations to support the facilitation of later training sessions to help contextualise contents and terminology.
- There are *guidance documents* that have been developed at HQ level, providing practical examples of actions that support operations to further the roll-out of the AGD Policy, and some of the operations have or are developing specific SOPs for LGBTQI+ people, and many provide a mapping of existing services (i.e. the RSSN) and referrals (e.g. Ecuador).
- The RSSN toolkit⁴⁵ was developed by the Americas Bureau to promote common standards and to foster cross-border coordination in the countries affected by the Venezuelan situation. It includes tools developed or used by the network and is considered a ‘living document’ that will be reviewed and updated as the RSSN expands and develops new tools. This toolkit is aimed at the more than 50 organisations providing services in seven different countries. The RSSN mapped out the services of each participating organisation, including those specifically provided for LGBTQI+ persons, as well as regional information-sharing protocols.

⁴⁵ www.acnur.org/5c05b97d4.pdf.



- The Americas Bureau developed a series of guidance notes to address COVID-19, including for LGBTQI+ specifically and in various languages (see Figure 4).



Figure 4 Multi-language guidance developed for the COVID-19 response with a focus on LGBTQI+ refugees

¿Pertenece a la comunidad LGBTI?

En esta contingencia por Coronavirus (COVID-19) **tú también tienes derecho a acceder a los servicios de salud en caso de contraer el virus.** Y no olvides seguir en todo momento los siguientes consejos:

- Evita salir, pero si es necesario **toma las medidas de prevención** básicas como: mantener al menos un metro de distancia con otras personas, lavarte frecuentemente las manos con agua y jabón (como recomienda la OPS) y evita tocarte la cara.
- **Mantente en contacto** con tus redes de apoyo y amistades.
- **Infórmate periódicamente** a través de Organizaciones de la Sociedad Civil sobre temas de apoyo y acceso a servicios para personas LGBTI.

Para emergencias llama al 911

Busca al Jaguar en Facebook @ConfuEnElJaguar

COMÚNICA EN EL JAGUAR

Avec le COVID-19, les réfugiés, les demandeurs d'asile et les apatrides LGBTI peuvent être plus vulnérables et exposés à des risques sanitaires et sans mesures de protection suffisantes.

Vous avez le droit d'accéder aux services de santé publique en cas d'être infectés par coronavirus.

Si vous recherchez des soins de santé spécifiques et si vous besoin de médicaments y compris pour le traitement du VIH ou des infections sexuellement transmissibles, recherchez les services de santé publique plus proches.

During the COVID-19, LGBTQI+ refugees can be more vulnerable and exposed to health risks and without enough protection measures.

If you are unemployed or with financial difficulties

You can request the government's "Auxilio Emergencial" to cope with the economic impact of the pandemic.

Always use the official channels.

The process is free.

Platform NHELP <https://nhelp.org/>

UNHCR ACNUR

REPUBLICA FEDERAL DO BRASIL

MINISTÉRIO DO TRABALHO, DESEMPREGO E PROTEÇÃO SOCIAL

MINISTÉRIO DA SAÚDE

PÁTRIA AMADA BRASIL

3.8 Conclusions and implications for the roll-out of the AGD Policy when working with LGBTQI+ populations

Our findings suggest that in order for UNHCR to progress towards achieving a more inclusive and effective response to the needs and social dynamics related to LGBTQI+, in line with the AGD pillar on diversity, a clear and adequately resourced action plan is required that encompasses the following.

Strengthen staff awareness and expertise in this area to ensure there is sufficient capacity to adequately apply and contextualise the policy to the local context. Overall, an increased awareness for LGBTQI+ refugees' needs was observed. However, the findings indicate that support for this group still lags behind other areas of the AGD Policy. The findings also underscore that this is an area strongly affected by existing legal context and social perceptions, which are outside of UNHCR's sphere of influence. As such, being able to adapt the policy to the local context will be key. Being able to do this effectively requires continued capacity-building and awareness-raising, including among UNHCR staff, to ensure there is sufficient in-house capacity to adequately integrate LGBTQI+ issues into



programming, identify opportunities and address needs. These efforts would benefit from the support of local LGBTQI+ organisations, which are best placed to adapt UNHCR's guidelines to the local reality.

Adapt existing systems to support a more nuanced and systematic disaggregation of data collection and analysis. Existing tools lack sufficient detail for the proper categorisation of the LGBTQI+ population. There is a need to go beyond the binary male/female/other categorisation based on sex to include gender identification with additional options. While registration questionnaires include relevant questions to generate data under multiple AGD indicators, non-compulsory subcategories tend to be less consistently asked. As such, to increase the accuracy of the data this category needs to be prioritised during data collection (unless legality does not allow for this).

Strengthen intersectionality. There is a need to integrate work in support of LGBTQI+ refugees, internally displaced people and asylum seekers into the greater AGD spectrum, while avoiding its dilution into it, taking into account the multidimensionality within this cohort. This also requires seeing beyond the label 'other' in order to have a more nuanced understanding of the variances within this cohort and to comprehend the full spectrum of needs, some of which are specific to this group. These needs might involve protection (e.g. stigma) or healthcare (e.g. hormonal treatments), together with the socio-economic needs common to all refugees, internally displaced people and asylum seekers, like access to education, livelihoods and safe housing, and being able to understand how these interact in a specific environment. For the adequate mainstreaming of UNHCR's work with LGBTQI+ persons, it is essential that it is not seen as the responsibility of a single protection officer but part of the whole section's routine work.

Find a mechanism to ensure that data on LGBTQI+ people are more regularly, consistently and accurately collected. This will sometimes require specialised staff or parallel mechanisms to the national/official ones.

Invest in ensuring adequate environments are in place for data collection and feedback. Data collection relies on self-reporting, and this requires a safe environment. These safeguards can be achieved by making use of existing networks (e.g. the Safebow initiative for the Ukraine response⁴⁶), by making use of locations run by LGBTQI+ organisations or through volunteers who are able to collect more reliable data. Given existing sensitivities and stigma, there is a need to identify safe feedback mechanisms to ensure LGBTQI+ voices are considered in programme design.

Regional bureaus play an important role in facilitating the use of existing tools and promoting learning exchanges. Regional bureaus are best placed to identify which tools and guidelines developed at the HQ level are best, bring them to the attention of the operations and adapt them to their needs (including through translation). Regional bureaus are also best placed to provide opportunities for the exchange of good practices and lessons learned, within and across regions. Incentives, such as public recognition (e.g. league tables) or making specific funding available, could help to mainstream this area across operations.

Prioritise standard setting to guide advocacy and good practice. There is demand for UNHCR to play a more substantive role in terms of setting standards for protection of LGBTQI+ in the humanitarian

⁴⁶ The initiative started when Rain Dove and other LGBTQI+ activists outside Ukraine began messaging with Ukrainians who reached out asking for assistance through social media platforms during the early days of the war. 'We formed WhatsApp groups. We thought it would only last a couple of weeks', Rain Dove told *The New Humanitarian*. Safebow soon grew into a network of over 200 volunteers around the world, according to Rain Dove. But as the fighting intensified, more reports emerged of marginalised people being unable to leave Ukraine. Source: *The New Humanitarian*, "How LGBTQI+ to LGBTQI+ support is helping Ukrainian refugees find safety in the EU" 8 June 2022 as see on <https://www.thenewhumanitarian.org/news-feature/2022/06/08/How-LGBTQI-to-LGBTQI-support-is-helping-Ukrainian-refugees-find-safety-in-the-EU>



sphere, which could help support advocacy. This latter role will take different forms depending on the context.

Invest in grassroots organisations to promote sustainability. As resources are limited, existing incentives to promote investment in grassroots organisations can be an effective mechanism to promote sustainable response. However, these should be accompanied by other types of support (e.g. training, strengthening of networks, etc.) with a view to ensuring sustainability. The skills and know-how of this cohort should also be built upon to strengthen UNHCR's response, for example to help contextualise training, for effective communication or to support protection monitoring.

4 Thematic focus on refugees, internally displaced people and asylum seekers with disabilities

4.1 Context

Policy environment related to disability

Over the last four decades, the AGD Policy environment related to persons with disabilities has evolved significantly. Key milestones have included the 2007 UN Convention on the Rights of Persons with Disabilities, the Sustainable Development Goals launched in 2015 that explicitly call for the realisation of the rights of persons with disabilities in terms of education, employment, urban infrastructure and social and political inclusion as part of a broader commitment to 'leave no one behind', and the 2018 UN Disability Inclusion Strategy aimed at fast-tracking progress across UN agencies to improving the inclusion of persons with disabilities across the UN's portfolio (see Box 9 for further details).

Box 9 Timeline of major international milestones to support disability inclusion in the international policy environment

1981: International Year of Disabled Persons

- The UN General Assembly called for Plans of Action at the international, national and regional levels to equalise opportunities, rehabilitation and the prevention of disabilities. Efforts to implement these action plans identified the lessons that social attitudes constituted a significant barrier to realising the goal of full participation by persons with disabilities.⁴⁷

1982: World Programme of Action Concerning Disabled Persons

- This Programme, adopted by the UN General Assembly in Resolution 37/52,⁴⁸ represented a primary outcome of the International Year of Disabled Persons and constituted 'global strategy to enhance disability prevention, rehabilitation and equalisation of opportunities, which pertains to full participation of persons with disabilities in social life and national development'. The programme additionally emphasised a rights-based approach to participation and inclusion.

1983–92: UN Decade of Disabled Persons

- Under the purview of the Sub-Commission on Prevention of Discrimination and Protection of Minorities, this decade of focus was intended to prompt an increase in activity to improve

⁴⁷ www.un.org/development/desa/disabilities/the-international-year-of-disabled-persons-1981.html.

⁴⁸ www.un.org/documents/ga/res/37/a37r052.htm.



the status and situation of persons with disabilities.⁴⁹ A key achievement during this decade was the 1991 adoption by the General Assembly of the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care, defining basic freedoms and rights to serve as a guide to governments in the promotion of full participation and inclusion for persons with developmental and cognitive disabilities.⁵⁰

1993: Adoption of Standard Rules on the Equalization of Opportunities for Persons with Disabilities

- While these standard rules do not constitute a legally binding instrument, they represent stakeholders’ commitment to promote equality and inclusion for persons with disabilities and provide for the appointment of a Special Rapporteur on the Rights of persons with disabilities.⁵¹

2007: Convention on the Rights of Persons with Disabilities⁵²

- This convention, adopted in December 2006 by the General Assembly, collected the highest number of signatories to any UN convention on its opening day.⁵³ It embodies the shift in framing persons with disabilities as ‘objects’ of treatment and/or charity to ‘subjects’ capable of claiming their rights. The convention employs a broad understanding of disability and reaffirms the application of basic human rights and fundamental freedoms to persons with disabilities. The convention additionally includes an optional protocol facilitating the adjudication of individuals’ or groups’ claims of discrimination on the basis of disability.⁵⁴

2015: Establishment of the Sustainable Development Goals

- The Sustainable Development Goals continually reaffirm rights and protections for persons with disabilities:⁵⁵
 - Goal 4: Eliminating educational disparities on the basis of disability and ensuring equal access to education for persons with disabilities.
 - Goal 8: ‘achieve full and productive employment and decent work for all women and men, including for persons with disabilities, and equal pay for work of equal value’.
 - Goal 10: ‘reduce inequality within and among countries by empowering and promoting the social, economic and political inclusion of all, including persons with disabilities’.
 - Goal 11: promoting inclusive cities and human settlements by expanding public transit with special attention to the needs of persons with disabilities.
 - Goal 17: increase the availability of high-quality data that are also disaggregated by disability.

2018: UN Disability Inclusion Strategy

- The UN Secretary-General established an executive committee to address the need for the UN to improve its performance with regard to disability inclusion. The committee is tasked with ‘[providing] the foundation for sustainable and transformative progress on disability

⁴⁹ www.un.org/development/desa/disabilities/history-of-united-nations-and-persons-with-disabilities-united-nations-decade-of-disabled-persons-1983-1992.html#:~:text=The%20proclamation%20in%20December%201982,status%20of%20persons%20with%20disabilities.

⁵⁰ www.un.org/development/desa/disabilities/history-of-united-nations-and-persons-with-disabilities-united-nations-decade-of-disabled-persons-1983-1992.html#:~:text=Persons%3A%201983%20%E2%80%93%201992-,History%20of%20United%20Nations%20and%20Persons%20with%20Disabilities%20%E2%80%93%20United%20Nations,status%20of%20persons%20with%20disabilities.

⁵¹ www.un.org/development/desa/disabilities/standard-rules-on-the-equalization-of-opportunities-for-persons-with-disabilities.html.

⁵² www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf.

⁵³ www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html.

⁵⁴ www.ohchr.org/en/instruments-mechanisms/instruments/optional-protocol-convention-rights-persons-disabilities.

⁵⁵ www.un.org/development/desa/disabilities/about-us/sustainable-development-goals-sdgs-and-disability.html.



inclusion through all pillars of the work of the United Nations'. The committee also established a policy and accountability framework to track the implementation of the AGD Policy, consisting of:

- A framework of 15 indicators against which all UN agencies report annually.
- A country team scorecard on disability inclusion with a focus on delivery at the country level.

UNHCR policies and guidance relating to persons with disabilities.

Against this international policy environment backdrop, UNHCR has also made important advances in strengthening its inclusion of refugees with disabilities within its work. Following the 2010 conclusion on refugees with disabilities, in which the General Assembly Executive Committee called on UNHCR and states to protect and assist refugees with disabilities, the 2018 AGD Policy marked a key milestone in mandating the inclusion of refugees with disabilities in UNHCR programming, and subsequent guidance notes and handbook chapters have sought to further support for the operationalisation of the AGD Policy vis-à-vis persons with disabilities. Adoption of the Washington Group Questions, a survey module that focuses on an individual's functioning or competencies rather than on medical or charity models of disability, has also been an important development in terms of strengthening the evidence base used to inform the organisation's programming with persons with disabilities (see Box 10 for further details).

Box 10 Evolution of UNHCR's policy and its operationalization vis-à-vis the protection and inclusion of persons with disabilities among asylum seeker and refugee communities

2010: Conclusion on refugees with disabilities protected by UNHCR⁵⁶

- A conclusion by the General Assembly Executive Committee recognising the unique challenges faced by persons with disabilities, as well as their specific protection needs, and calling on UNHCR and states to protect and assist refugees and other persons with disabilities against discrimination and for UNHCR to provide other actors with support and guidance.

2018: Policy on Age, Gender and Diversity⁵⁷

- The AGD Policy includes persons with disabilities in its definition of vulnerable groups, and requires that operational planning be inclusive and supportive of persons with disabilities, facilitating their active participation in structures designed for their protection.

2019: Working with Persons with Disabilities in Forced Displacement⁵⁸

- This guidance includes UNHCR's key guiding principles regarding persons with disabilities in forced displacement, as well as cross-cutting actions that contribute to inclusive programming and accountability.

2019: UNHCR's approach to persons with disabilities in forced displacement⁵⁹

⁵⁶ www.unhcr.org/excom/exconc/4cbeb1a99/conclusion-refugees-disabilities-other-persons-disabilities-protected-assisted.html.

⁵⁷ www.unhcr.org/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html.

⁵⁸ www.refworld.org/docid/5ce271164.html, first drafted in 2011, reviewed in 2019.

⁵⁹ http://reporting.unhcr.org/sites/default/files/UNHCR%27s%20Approach%20to%20Persons%20with%20Disabilities%20-%20November%202019.pdf#_ga=2.6812594.1210708684.1659982471-864962965.1659982471.



- This document, developed in 2019, provides an overview of specific measures for disability inclusion, including practices and work with partners, as well as highlighting operational challenges.

2021: Working with Persons with Disabilities in Forced Displacement Facilitator’s Guide⁶⁰

This guidance for strengthening protections for persons with disabilities in forced displacement includes several modules focused on a conceptual understanding of disability and how vulnerabilities related to displacement can intersect with disability, as well as outlining strategies to foster inclusion.

Continually updated: UNHCR Emergency Handbook – Persons with Disabilities⁶¹

Use of Washington Group Questions

- The Washington Group Short Set Questions on Disability are designed to ascertain the level of difficulty a person faces when performing basic activities related to domains of functioning (e.g. hearing, seeing, communicating, walking, concentrating, self-care) regardless of impairments.
- UNHCR is a participant in the Washington Group annual meetings and regularly employs the Washington Group Questions to identify persons with disabilities in order to fulfil the 1st Core Action of the AGD Policy (disaggregation of data including by disability, in alignment with UNHCR guidance).⁶²
- Accordingly, in its guidance for working with persons with disabilities, UNHCR identifies the usage of the Washington Group Short Set as a key step in its identification and assessment procedures.⁶³
- To this end, UNHCR integrates data generated through the use of the Washington Group Questions into ProGres, where, as of 2021, they comprise an element of UNHCR’s registration systems worldwide.⁶⁴
- UNHCR further recommends the Washington Group Questions’ use in the Facilitator’s Guide for strengthening protections of persons with disabilities in forced displacement,⁶⁵ as well as providing training for their use in both online and paper data collection training modules.⁶⁶

Table 4 Framings of disability in focal countries and social protection provisioning

Country	Disability framing	Social protection
Chad	Chad does not have a working legal definition of disability ⁶⁷	Persons whose ability to work has been significantly diminished qualify for a disability pension if they have registered with the social insurance scheme

⁶⁰ www.unhcr.org/60ec2cd64/working-persons-disabilities-forced-displacement-facilitators-guide. Full training package: [UNHCR - Training Package: Strengthening Protection of Persons with Disabilities in Forced Displacement](#)

⁶¹ https://emergency.unhcr.org/entry/43586/persons-with-disabilities#_ga=2.6812594.1210708684.1659982471-864962965.1659982471. UNHCR (2019) ‘Guidance: Working with persons in forced displacement’. www.refworld.org/pdfid/5ce271164.pdf.

⁶³ <https://emergency.unhcr.org/entry/43587/persons-with-disabilities>.

⁶⁴ www.unhcr.org/age-gender-diversity/reporting-on-agd/.

⁶⁵ www.unhcr.org/60ec2cd64.pdf.

⁶⁶ www.unhcr.org/62962b364.pdf.

⁶⁷ www.state.gov/reports/2021-country-reports-on-human-rights-practices/chad.



Greece	Disability is defined primarily in terms of its impact on an individual's labour/earning potential ⁶⁸	Persons with severe disabilities meeting certain conditions are entitled to a disability pension
Kenya	'A physical, sensory, psychosocial or other impairment, including any visual, hearing, learning or physical incapability, which impacts adversely on social, economic or environmental participation' ⁶⁹	Persons with disabilities are exempt from paying income tax Persons with disabilities are entitled to 'a barrier-free and disability-friendly environment to enable them to have access to buildings, roads and other social amenities, and assistive devices and other equipment to promote their mobility'
Mexico	Any person who, due to congenital or acquired reasons, has one or more deficiencies of a physical, psychosocial, intellectual or sensory nature, whether permanent or temporary and which, when interacting with the barriers imposed by the social environment, may prevent their full and effective inclusion, on equal terms with others ⁷⁰	'Standard norms' are required in workplaces that employ persons with disabilities to ensure their safety Persons with disabilities are entitled to a disability pension if they are unable to work
Thailand	'Persons with disabilities or disabled persons shall mean persons who encounter certain limitations in performing their daily activities or social participation due to their impairment in vision, hearing, mobility, communication, mind, emotion, conduct, intellect, learning or any other impairment/disabilities along with various difficulties, and specifically need some assistance to enable them to perform their daily activities or social participation same as ordinary persons' ⁷¹	Thailand provides an unconditional cash transfer to all citizens with disabilities Thai nationals with disabilities are entitled to free medical rehabilitation services

⁶⁸ <https://ec.europa.eu/social/main.jsp?catId=1112&intPageId=4566&langId=en>.

⁶⁹ <https://disabilityin.org/country/kenya/>.

⁷⁰ <https://disabilityin.org/country/mexico/>.

⁷¹ <https://disabilityin.org/country/thailand/>.



4.2 Understanding the UNHCR policy commitments vis-à-vis persons with disabilities and consistent operationalisation

Overall, staff at the country level have a general understanding of UNHCR policy commitments vis-à-vis persons with disabilities, and compared to in the past, when AGD was largely considered to focus on gender considerations and persons with disabilities were all but invisible, there have been recent efforts, especially since 2021, to strengthen the focus under the rubric of ‘persons with specific needs’. KIs were aware that persons with disabilities are included within the diversity pillar of the 2018 AGD Policy but not necessarily in follow-up guidance notes (see Box 9). The AGD approach with regard to persons with disabilities was reported as being important in helping to ensure that, for example, the distribution of food or cash-based assistance was equitably provided without discrimination, and moreover that assistance was provided with dignity to the most vulnerable people. It was also noted by KIs in Chad, for example, that the approach helped ensure that applications for resettlement are approached without discrimination and that disability is considered as a specific vulnerability criterion to be taken into consideration. Some KIs further noted that because the Washington Group Questions have been adopted, which define disability in terms of functioning rather than adopting more narrow medical definitions of disability, the category of persons to be considered has broadened (e.g. some older persons may have specific disability-related needs due to limited functioning across some dimensions, such as mobility or self-care), and this is gaining prominence within UNHCR’s programming category of ‘persons with specific needs’.

In terms of recognition of persons with disabilities as a heterogeneous group with diverse needs requiring tailored support, the KIs interviewed suggested that this was more limited. For example, there was a greater focus on persons with physical disabilities and infrastructure accessibility issues rather than on the needs of persons with hearing, visual or cognitive impairments, which was partly ‘justified’ by low numbers of refugees with different types of impairment in a given setting.

Some KIs also noted important considerations related to the intersectional challenges faced by women and children with disabilities. Women and girls in the Thai context, for example, were noted to be more vulnerable to GBV and especially sexual violence; there were also increased protection risks related to child neglect and an increase in negative coping mechanisms, including child, early and forced marriage. It was observed that this situation is not helped by the fact that camp structures remain male-dominated. Moreover, even when women chair some of the camp committees (e.g. education), there is a perception that they are less likely to speak out to protect persons with disabilities due to discriminatory social norms against the latter.

More generally, however, many staff included in our interviews recognised that they had not engaged in detail about how to ensure inclusion across the spectrum of programming activities, and that often disability inclusion was assumed to be the responsibility of a protection officer. This lack of detailed attention was often related to resourcing challenges and to the dilemma of competing priorities among persons with specific needs (as discussed further below).

4.3 Systematic collection, analysis and sharing of AGD data on persons with disabilities

In terms of disaggregated data on persons with disabilities, it was repeatedly mentioned that while data collection on gender and age is relatively good in UNHCR, the challenge is around the ‘D’ of the AGD Policy – that is, on ‘diversity’, including data on persons with disabilities: ‘We need to be doing more on the D – this is the challenge.’ (UNHCR staff).



A key constraint is the reliance on people to self-identify as having a disability or caring for a family member at the time of registration, but self-exclusion and stigma, as well as budget and time constraints in registration centres, often limit the extent to which such data are collected.

An important development in 2021 has been the adoption of the Washington Group Questions by UNHCR in order to identify refugees and internally displaced and stateless people with disabilities. Regional bureau staff from Asia, Africa, Europe, Latin America and the Caribbean and MENA noted that several webinars have been held to raise awareness and capacities in using the questions. A KI from the Asia and the Pacific Bureau noted that, '[i]f we do it properly this can be quite revolutionary and provide us with a much better picture of disability ... once we get numbers, this will also help support bring in budgets for programming'. However, there was also an awareness that in order to execute the questions effectively, practical training would be required in order to ensure data quality in diverse contexts. A KI from the MENA Bureau noted that training to date has been especially helpful in expanding the focus beyond persons with physical impairments to persons with psychosocial health issues. The webinars focused on building up the capacity of front-line staff so that they are able to ask questions that could capture psychosocial disabilities, recognising the high levels of self-exclusion, stigma and discrimination that persons with disabilities often face. Using the questions that focus on functioning to help encourage the disclosure of psychosocial disabilities was also emphasised by staff at the East Africa Bureau (EHAGL), where stigma around psychosocial illness is also very high and complex and will require a strong outreach component given family efforts to hide family members affected by such conditions.

At the country level, however, data collection system limitations need to be addressed before the Washington Group Questions are systematically embedded into data collection and analysis plans. UNHCR largely relies on collecting data on refugees and internally displaced and stateless people at the point of registration, and the use of these questions is not yet routinely applied, with a high risk of underreporting (see Box 11). A major challenge is the absence of a unified database on refugees and internally displaced and stateless people with disabilities, which results in multiple small-scale data sources that make comprehensive responses challenging, as the scale and patterning of disability exclusion remains only partially visible. In Mexico, follow-up country-level training following the regional training was given in Spanish, with the support of a local NGO, COAMEX, but some subnational staff noted that the training was still insufficient to support them in operationalising the use of the questions in their daily work. They also noted that there is a need for differentiated approaches depending on the type of functional difficulties, not only mobility disabilities.

In some contexts, such as Chad, data related to disability status are later updated with information collected through house visits. Community leaders also help identify persons with specific needs and refer them to UNHCR and operational partners. It is not clear, however, how systematically this is done, and some KIs reported that COVID-19 restrictions have interfered with such procedures, while others reported that the database is not really up to date, as the situation is dynamic and needs regular monitoring. There also appears to be some elision that merges discussion of persons with disabilities into the larger category of persons with specific needs, such that it is not always clear which statistics apply to which group of people.

Box 11 Risks of underreporting if Washington Group Questions are not utilised

Not using the Washington Group Questions, which are increasingly recognised as the global standard, may lead to significant undercounting, as illustrated in the case of the Dar es Salam refugee camp in Bagasola (Lac) in Chad, where an assessment conducted by Humanity & Inclusion based on the Washington method identified 110 children with disabilities, compared to 59 identified in the UNHCR database (KI, Humanity & Inclusion). These include 39 children in school and 24 out of school; 16 with hearing impairments; 16 with visual impairments; 31 with intellectual impairments; and 6 with multiple impairments.



In contexts such as Greece, where there has been a major handover of cash and accommodation programmes to the government, UNHCR has much more limited say in terms of what data are being collected. For example, KIs from the Greece country office reported that government authorities are not collecting real-time data on forcibly displaced persons with disabilities, except for in the case of children with specific learning needs who may be in touch with local authorities regarding their educational needs.

Given these limitations in terms of data collection, country office staff reported that they often rely on the data of programme partners working with refugees and internally displaced and stateless people with disabilities. At the camp level, Hias is the partner with the most accurate data on disability. In its work with the Catholic office of emergency relief and refugees COERR, UNHCR is able to use qualitative data for education purposes, the identification of child-at-risk cases and general child protection issues in the camps. Partner organisations with UNHCR funding contribute to generating data in relation to AGD, including as part of their agreement with UNHCR. In Thailand, for example, at the camp level UNHCR works with Humanity Inclusion and has access to data, especially with regard to the survivors of land mine-related disabilities, and it is able in its work with COERR to use qualitative data with children in terms of inclusive education and identifying child-at-risk cases in the camps. However, more broadly it was also noted at the camp level that there are issues with ensuring disability-friendly access to facilities because of the geography and physical conditions of the camps, which can hamper accurate evidence generation, and that the COVID-19 related lockdowns further hindered data collection efforts, which had to be undertaken remotely during the pandemic. The conditions are even more challenging in urban areas, where refugees and internally displaced and stateless people are spread out and also cautious about accessing services, given their precarious legal status.

In terms of participatory assessments, country offices include forcibly displaced and stateless people to varying degrees. In Chad, for example, the assessments for N'Djamena and Mayo Kebbi East, as well as Bagnola, which included a sizeable population of internally displaced persons, did not include persons with disabilities as a separate category within persons with specific needs, and only the assessment in Sila included persons with disabilities, including children with disabilities in a disaggregated format. In other contexts, persons with disabilities were included, but there was greater attention given to mobility disabilities rather than hearing or cognitive or visual disabilities.

Another challenge is related to the ways in which these assessments are rolled out, which is not necessarily aligned with the timings of the programme cycle. Accordingly, the findings do not smoothly feed into work planning and programme design. We also noted that the analysis of the findings of the participatory assessment does not consistently disaggregate by type of disability further limiting the utility of the data. Moreover, published statistics from UNHCR on disabilities (at the national and subnational levels) are not further broken down by type of disability, age, gender, country of origin or status. Similarly, most UNHCR staff could not report on the statistics related to persons UNHCR serves within their domains (e.g. the percentage of children with disabilities attending school, or the percentage of persons with disabilities receiving assistance). This indicates that while such data may exist in the database, they are not readily accessed or used.

4.4 Systems and processes to support AGD Policy implementation

A cross-cutting theme from both regional and country office interviews was the dearth of human and financial resources to adequately address barriers to the inclusion of refugees and internally displaced and stateless people with disabilities, and a dearth of systems and processes to proactively support the implementation of the AGD Policy with respect to persons with disabilities.



Human resourcing vis-à-vis disability inclusion

At both the regional and country level, the disability portfolio was handled by a protection officer but generally as part of a broader range of responsibilities. At the regional level and also at the country level in particular, expertise in disability-related protection issues was generally limited at best to a single staff member or associate, and there was a concern that they were often a lone champion of disability inclusion within the organisation, with limited visibility and financial resourcing. There was a recognition that investing in disability-specific expertise needed to be prioritised in order to make advances in achieving the AGD Policy. In this regard, the East and Horn of Africa and Great Lakes Bureau underscored that they were investing in disability inclusion capacity-building for staff across country offices in the region as a priority. Similarly, the Kenya country office reported that they had trained psychosocial officers in the community who use Washington Group Questions to assess disability, as well as a secondary questionnaire to assess some of the more medical aspects, with a focus on children's specific needs.

Budgeting

Overall, country office staff emphasised that budgets were already very tight and there was very limited financial resourcing to support solutions and inclusion of persons with disabilities. There was also no clear sense that improvements were being seen in this regard over time. In Greece, for example, the trajectory was one of cutbacks, not expansion, due to declining resources. There were only two programming initiatives that focused on disability: one on psychosocial support services with EPAPSY (the Greek Association for Regional Development and Mental Health), which was facing significant funding cuts despite very positive evaluations, and another pilot project on referral pathways for refugees with disabilities to access local government social assistance in the Athens governorate. The protection associate, who had a long history of work with civil society organisations working with persons with disabilities, was retiring and there were no plans to replace that role.

Managing responses to specific and complex individual needs versus systematic approaches to access and inclusion of persons with disabilities

Overall, there has been little investment in programming to support access to services and inclusion of persons with disabilities, and approaches have been small scale and piecemeal. For example, in Greece the Ministry of Social Development is partnering with UNHCR to seek to integrate refugees with severe mobility constraints into a subsidised housing scheme available to all persons with disabilities, but the bureaucratic hurdles in establishing this are significant and the scale is extremely small. The country office is also establishing a pilot in one governorate to enhance referral pathways for refugees with disabilities, which was seen as an important learning opportunity (see Section 4.7), but it leaves a significant needs gap in terms of asylum seekers who urgently need support, especially in terms of accessing the necessary education and health services. In Mexico, the Durable Solutions team paid particular attention to persons with specific needs in terms of labour market integration and accessible housing and has been collaborating with local networks to identify non-discriminatory work and housing opportunities for refugees with disabilities. In addition, there has been investment in identifying ways to adapt some shelters along the refugee route from South to North to make them accessible, through a collaboration with "Libre Acceso", a specialised NGO.

In terms of communication and accountability mechanisms, while it was clear at both the regional and country office levels that more attention has been paid since 2021 to this aspect of the AGD Policy, including working through community structures to improve outreach, very limited attention if any was being given at the country level to ensuring inclusion of persons with disabilities and diverse disability types in this regard. For example, while it was reported in Chad that AAP aspects had overall been enhanced since the baseline year of this evaluation, there were no specific efforts related to persons with disabilities in terms of communication or accountability. Moreover, there seems to be



no clear or consistent attempt to ensure that forcibly displaced and stateless people with different types of disability benefit from a forum to express themselves or appropriate mechanisms of communication (e.g. for people with hearing or intellectual impairments). An important exception was the Kenya country office, where specific efforts to support vulnerable groups included a helpline that has been set up to support persons with hearing disabilities; the team was informed that information materials tailored to visually impaired persons were also distributed. However, the kiosks pose limitations for those who can't see, read or write.

4.5 Engagement and dialogue with partners around AGD

Overall, there was a clear recognition that UNHCR at the regional and country levels needs to do more to collaborate with existing organisations working with persons with disabilities and organisations of people with disabilities so as to strengthen the inclusion of persons with disabilities in terms of UNHCR's protection efforts and in ensuring equitable access to services and durable solutions. In particular, while UNHCR's standard approach has been to prioritise case management, durable solutions, cash and in-kind assistance, and the distribution of assistive devices, there is scope to strengthen referral pathways, access to inclusive education and health services, and non-discriminatory employment opportunities through expanding partnerships with disability-focused organisations. Moreover, given the diversity of needs that people with heterogeneous disability types have, as well as intersecting vulnerabilities (e.g. on the basis of age, gender and nationality) and relatively small numbers, there is also a recognition among some KIs that UNHCR needs to find creative ways of including persons with disabilities in the absence of significant standalone programme resources through partnerships. Both regional and country-level staff noted that partnerships require a budget, and that financial resourcing is often a challenge to achieving such synergies.

Interagency working groups on disability issues emerged as an important source of knowledge and experience-sharing regarding disability inclusion, especially with UNICEF, UN Women and the United Nations Population Fund (UNFPA) in the East Africa region. Similarly, in the case of the Greece country office, UNHCR is an active participant in the mental health working group, which protection staff noted was useful for sharing updates and exchanging information among actors within the sector, including in facilitating continuity of support for forcibly displaced and stateless people when specific project cycles end.

4.6 Achievement and likelihood of realising AGD Policy commitments

The consensus at the regional and country levels was that there is a great deal to be done in improving data systems so as to increase the visibility of persons with disabilities and their diverse needs, in strengthening staff capacities to operationalise AGD Policy commitments and in terms of financial resourcing to support inclusive programming and partnerships with organisations which specialise in disability inclusion. Efforts to institutionalise the Washington Group Questions were seen as a positive first step, and the broader national adoption of this approach was advocated to counter the excessively medicalised definitions of disability to which many governments still subscribe. However, given budget resources and limited programming with refugees and internally displaced and stateless people with disabilities, the ability to expand the organisation's expertise and footprint in this sphere is currently very constrained. It is also further hampered by the fact that disability inclusion is often assumed to be the responsibility of an individual protection officer, thereby limiting the opportunities for programmes to be designed that are responsive to the access and needs of persons with disabilities or for persons with disabilities to be incorporated into nexus planning. A useful counter example is the joint work in Mexico by the protection and durable solutions team on the referral pathway for persons with disabilities that includes healthcare, rehabilitation, adequate shelter and work opportunities.



Where regional and country offices have partnerships with NGOs who have expertise in disability-inclusive programming, such as in Thailand with Humanity Inclusion and in Greece with EPAPSY, there is more opportunity for engagement and advocacy, and this emerged as a priority area for improving UNHCR's work in this area in the eyes of multiple KIs. In addition, limited efforts have been made to include persons with disabilities in communication and accountability mechanisms, further hampering advances in mainstreaming disability inclusion in line with the AGD Policy commitments in the short or medium terms.

4.7 Promising practices to support disability inclusion

Notwithstanding the very substantial challenges that have been outlined regarding progress in advancing the inclusion of refugees and internally displaced and stateless people with disabilities in UNHCR's work, a number of promising practices emerged which offer important lessons and which could be shared with other country offices. A key promising area was that of partnerships.

In the Europe Bureau, protection offices identified positive examples of the integration of refugees with disabilities in Spain, Belarus and Lithuania, and had organised working group calls for country office staff to learn from these experiences. The bureau was also engaging with the European Disability Alliance to learn from additional good practices and about opportunities for the integration of refugees into existing programming for persons with disabilities in the region.

The Europe Bureau also noted that it was investing in capacity-building around the roll-out of the Washington Group Questions for reception authorities by developing simplified tools and advocating with governments about the benefits of the approach.

In Greece, although the funding declined in 2022, UNHCR has been supporting EPAPSY to provide psychosocial health case management support to refugees, including involving refugees themselves as para-social workers. This programme was very well evaluated, both by the refugees receiving support and those involved in the para-social worker training and mentoring programme.

In the East Africa Bureau (EHAGL), protection staff emphasised that they had benefited from an international Memorandum of Understanding (MOU) signed at the global level with the International Disability Forum, which had run two capacity-building workshops involving 11 countries in the region and facilitated the sharing of resources and training packages to be cascaded down to national-level staff with regard to disability inclusion.

The bureau also noted that in the Dadaab camp they had invested in partnering with community and religious leaders (e.g. with sheiks who hold high social importance in the Somali community) in order to generate community awareness and tackle stigma against persons with disabilities. This partnership is seen as a long-term approach and aims to help reach out to people who may be sequestered in their homes and not registered, and thus excluded from protection services and assistance.

The Bureau also noted that participation in disability inclusion working groups is critical in ensuring there are concrete and accessible services available as part of referral pathways. By cooperating across multiple agencies it is more likely that highly vulnerable persons will be supported, as no single organisation can provide the intersectoral programming and assistance that is needed.

Another key innovation of the East Africa Bureau (EHAGL) is proactive efforts to secure funding for youth engagement and participation that also includes youth with disabilities, implemented together with UNICEF and the International Labor Organization (ILO). Protection staff are now seeking to replicate this model that can tackle gender discrimination, and also simultaneously look at intersections with disability inclusion. Protection staff emphasised that this type of intersectional lens has the added advantage of linking technical experts who do not always work together and expanding learning and expertise in this way.



In the case of the Asia and the Pacific Regional Bureau, a secondment model of statistical experts from donor governments – in this case the Norwegian government funds the post – is playing a key role in strengthening statistical design and analysis capacities in the region, including with regard to the operationalisation of the Washington Group Questions, and is model that could potentially be replicated in other regions.

Finally, UNHCR also supports a shelter in the state of Guanajuato specialising in helping asylum seekers and refugees who have been maimed in their transit through Mexico (typically falling from ‘The Beast’ cargo train). This shelter provides temporary accommodation to individuals who – through a Red Cross-financed initiative – are getting prosthetics and rehabilitation at INGUDIS, a highly specialised rehabilitation centre for persons with disabilities in the state of Guanajuato. UNHCR staff in the field office in Guanajuato, who are promoting the inclusive jobs agenda with the state and local governments, liaises with the shelter to identify potential job opportunities for those who have undergone treatment.

5 Conclusions and implications for the roll-out of the AGD Policy

5.1 Conclusions and implications for the roll-out of the AGD Policy when working with persons with disabilities and LGBTQI+.

Our findings suggest that in order for UNHCR to progress towards achieving a more inclusive and effective response to the needs and social dynamics related to disability inclusion and the needs of LGBTQI+, in line with the AGD pillar on diversity, a clear and adequately resourced action plan is required that encompasses the following.

Strengthen staff awareness and capacity related to disability inclusion. While there is a general understanding and appreciation of the importance of ensuring equitable and non-discriminatory approaches, there is a need to deepen staff knowledge, especially with regard to diverse disability types and intersectionality for LGBTQI+, so that UNHCR is better positioned to operationalise these broad commitments into the programming cycle. The guidance notes that are being developed at the global and regional levels could provide a useful starting point in this regard, but they will need to be tailored to country specificities. It is essential that if disability inclusion and a SOGIESC perspective are going to be mainstreamed into UNHCR’s work, it is not seen as the responsibility of a single protection officer but part of the whole section’s routine work.

Invest in better and more systematic disaggregated data collection and analysis. A key challenge that needs to be urgently addressed is the dearth of robust data on refugees and internally displaced and stateless people with disabilities, and the limited/partial information for SOGIES. Action plans tailored to specific countries are required to develop coordinated databases on persons with disabilities, combining data from registration processes, UNHCR’s direct programming (e.g. cash, food, housing), partners’ programming, government counterpart service provision (e.g. education, health, employment services) and participatory assessments. Such action plans also need to provide guidance on the analysis and use of these data so that persons with disabilities can be rendered visible in all of UNHCR’s work. Only when they are counted can they be effectively included. In this regard, dashboards that provide disaggregated data by disability type, gender and age are urgently needed to promote progress. The systems need to allow for a more nuanced understanding of SOGIE, as well as a more consistent inclusion of the Washington Group Questions

Prioritise partnerships with specialised NGOs to strengthen UNHCR’s access to relevant expertise and promote sustainability. Due to very limited human resourcing in-house with the requisite expertise, learning by partnering should be a critical priority for both regional and country offices in



the short and medium term. Partnerships will be especially important in going beyond cash and food assistance, the distribution of assistive devices and helping to support refugees and internally displaced and stateless people with disabilities' access to inclusive education, healthcare, housing and non-discriminatory employment opportunities. This will require adequate financial resourcing, which could also be sourced by applying for grants that look at disability and its intersection with other vulnerabilities (e.g. age or gender), as well as robust monitoring and evaluation of the extent to which persons with disabilities have equitable access to protection and services. Similarly, in the case for LGBTQI+ refugees, support in identifying adequate livelihood opportunities and culturally appropriate protection mechanisms should be prioritised.

Invest in community-based approaches that develop the capacities of non-specialists so as to scale up case management support and the efficacy of referral pathways. Given the resource constraints, prioritising low-cost approaches embedded in the community will be key and could involve the development of a cadre of para-social workers from the refugee community (as in the Greek EPAPSY model) so as to simultaneously navigate cultural sensitivities and facilitate the empowerment of the refugee community.

Ensure that persons with disabilities are considered a priority audience in communication and accountability mechanisms. Given the importance of communicating with and promoting accountability to refugees and internally displaced and stateless people, and its inherent role in the AGD Policy, it is essential that the differing needs of persons with diverse disability types are explicitly taken into consideration. This includes, for example, ensuring accessibility to community conversations for persons with mobility constraints, providing materials in Braille or with voice readers for persons with hearing impaired and investing in sign language interpretation for the deaf and in materials that are appropriate for persons with learning disabilities/cognitive impairments. Again, such investments can be resource-intensive but need to be factored into budget planning from the outset.