Evaluation of UNHCR's Approach to Gender-Based Violence (GBV) Prevention, Risk Mitigation and Response

UNHCR
The UN Refugee Agency

CONDUCTED BY LATTANZIO KIBS | MAY 2025

UNHCR Evaluation Office

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Abbreviations and Acronyms

AHC-O	Assistant High Commissioner for Operations
AHC-P	Assistant High Commissioner for Protection
ARP	Alternative Rite of Passage
AoR	Area of Responsibility
AGD	Age, Gender and Diversity
AoR	Area of Responsibility
BPRM	Bureau of Population, Refugees, and Migration
CAR	Central African Republic
CARE	Cooperative for Assistance and Relief Everywhere
CBI	Cash-Based Intervention
CBP	Community-Based Protection
CoP	Conference of the Parties
COVID-19	Coronavirus Disease 19
CRSV	Conflict-Related Sexual Violence
CSO	Civil Society Organization
CSW	Commission on the Status of Women
DIP	Division of International Protection
DHR	Division of Human Resources
DRC	Democratic Republic of the Congo
DRR	Decentralization and Regionalization Reform
DRS	Division of Resilience and Solutions
DSPR	Division of Strategic Planning and Results
EDG	Emergency Directors Group
EHAGL	East Horn of Africa and Great Lakes
EMAP	Engagement of Men in Accountable Practices
ERC	Emergency Relief Coordinator
ERG	Evaluation Reference Group
EQ	Evaluation Question
EU	European Union
EvO	Evaluation Office
ExCom	Executive Committee
FA	Flash Appeal
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FPS	Field Protection Service
FTS	Financial Tracking Service
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
GLDC	Global Learning and Development Centre
GPC	Global Protection Cluster
GRF	Global Refugee Forum
HC	Humanitarian Coordinator
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HR	Human Resources
HRP	Humanitarian Response Plan

IASC	Inter-Agency Standing Committee
ICVA	International Council of Voluntary Agencies
IDP	Internally Displaced Person
INGO	International Non-Governmental Organization
IOM	International Organization for Migration
IPV	Intimate Partner Violence
IRC	International Rescue Committee
JRS	Jesuit Refugee Service
KII	Key Informant Interview
LoU	Letter of Understanding
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
MENA	Middle East and North Africa
MoU	Memorandum of Understanding
MSC	Most Significant Change
NFI	Non-Food Items
NGO	Non-Governmental Organization
OA	Outcome Area
OCG	Organized Criminal Groups
OSC	One Stop Centres
PEP	Post-Exposure Prophylaxis
PGD	Participatory Group Discussion
PoC	Persons of Concern
PSEA	Prevention of Sexual Exploitation and Abuse
R4V	Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela
RAF	Resource Allocation Framework
RB	Regional Bureau
RBA	Route-Based Approach
RBM	Results-Based Management
RCM	Refugee Coordination Model
RFT	Refugee Funding Tracker
RLO	Refugee-Led Organization
RMS	Results Monitoring Survey
RRP	Refugee Response Plan
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
ToC	Theory of Change
ToR	Terms of Reference
ToT	Training of Trainers
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation, and Hygiene
WFP	World Food Program

WGSS   Women and Girls' Safe Spaces
WHO   World Health Organization
WLO   Women-Led Organization
WPHF   Women's Peace and Humanitarian Fund
WPS   Women, Peace and Security

1 ACKNOWLEDGEMENTS AND PREAMBLE

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The evaluation report was authored by an independent external team: Julienne Corboz, Tania Bernath, Francesca Colombi, and Anna Laura Tosolini with quality assurance from Lattanzio's Monitoring and Evaluation Senior Manager Elena Buonomini. The Evaluation Team would like to thank David Cownie for his inputs into the evaluation design and piloting of the case study methodology. We are also very grateful for the technical and operational support provided by the national consultants from in-person case study countries without whom the case studies would not have been possible: Kessy Martine Ekomo Soignet (Central African Republic), Andrea Villalba (Ecuador), Fardosa Muse (Kenya), and Nicoleta Munteanu (Moldova).

Preamble

The evaluation of UNHCR's approach to Gender-Based Violence (GBV) Prevention, Risk Mitigation and Response was conducted predominantly in 2024. However, this evaluation report was finalized in early 2025 during a period of overlapping global crises that have significantly reshaped the operating environment for GBV programming. The current context presents urgent and complex challenges for humanitarian and development actors, including UNHCR, with direct implications for the prioritization, resourcing, and sustainability of GBV prevention and response efforts.

The humanitarian funding landscape has become markedly more constrained, with overall aid declining despite rising levels of displacement and protection needs. In 2025, UNHCR estimated a requirement of $354 million for GBV programming, a figure that reflects sustained needs across operations. However, funding shortfalls continue to limit the ability to deliver comprehensive GBV prevention and response services. GBV programming often competes with other urgent needs, and without predictable or dedicated resources it remains at risk of underfunding, especially in lower-profile or protracted situations. As High Commissioner Filippo Grandi recently warned, "Brutal funding cuts in the humanitarian sector are putting millions of lives at risk," with refugee women and girls at risk of GBV already losing access to services that once protected them.[1]

At the same time, a growing global backlash against gender equality has had a tangible impact on the legitimacy and sustainability of women-led organizations, many of which are key implementing partners in GBV programming. This trend is likely to continue over the coming years, posing challenges to community-based protection approaches and potentially limiting the reach of GBV services in contexts where women-led organizations face shrinking civic space and reduced funding.

In parallel, significant structural reforms are under discussion within the humanitarian coordination system. While aimed at improving efficiency, these changes risk diluting the visibility and focus of specialized GBV programming if safeguards are not put in place. This moment therefore requires close attention to how UNHCR and its partners structure, resource, and position GBV within evolving coordination and response models.

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[1] https://www.unhcr.org/news/press-releases/statement-unhcr-s-filippo-grandi-impact-global-aid-cuts-refugees

Evaluation information at a glance	
Title of the evaluation:	Evaluation of UNHCR Approach to Gender-Based Violence Prevention, Risk Mitigation and Response Strategic Thematic Evaluation
Timeframe covered:	2020-2024
Completion Year:	2025
Type of evaluation:	Strategic Thematic Evaluation
Countries covered:	In-depth: Central African Republic, Ecuador, Kenya, Moldova Light touch: Democratic Republic of Congo, Malaysia, Italy, Peru, Syrian Arab Republic
Regional Bureau:	Americas, East and Horn of Africa and Great Lakes, Middle East and North Africa
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2 EXECUTIVE SUMMARY

Context

This independent evaluation assesses UNHCR's Approach to Gender-Based Violence (GBV) Prevention, Risk Mitigation, and Response. The evaluation looks at the relevance, coherence, effectiveness, efficiency, impact, and strategic positioning of GBV programming, with the goal of informing UNHCR's 2025 GBV Policy review and the development of the new strategic plan. Through the lens of nine case study countries, as well as data collection with regional and global stakeholders, the evaluation covers refugee, IDP, and mixed situations globally. The mixed-methods, theory-based approach involved 610 participants in interviews and group discussions, and 735 UNHCR staff globally in an online survey. GBV is defined as any harmful act perpetrated against a person's will based on socially-ascribed gender differences. It includes acts that inflict physical, sexual, or mental harm, threats, coercion, and other deprivations of liberty. GBV, which is a core component of UNHCR's protection mandate, is a human rights violation affecting all aspects of a person's protection and well-being.[2] Displaced persons are at high risk of GBV, which is disproportionately affecting women and girls. Between 2018 and 2022, the number of forcibly displaced and stateless women and girls living in humanitarian crises grew from 23 million to 35 million, with a dramatic increase following the onset of the Ukrainian crisis.[3] The number of people in need of a GBV response as represented in 26 Humanitarian Response Plan (HRP) contexts rose from 16 to 84 million between 2020 and 2023.[4] The COVID-19 pandemic further exacerbated challenges, increasing social, economic, and political insecurity and strengthening the culture of impunity for perpetrators. Concurrently, the external funding environment is rapidly contracting, putting huge strains on UNHCR and other organizations.

Key findings

The evaluation findings are presented thematically around the key components of the evaluation analytical framework, including the GBV policy and guidance, the policy's nine core action areas (arranged according to programming areas, operations management cycle and enablers), and GBV cross-cutting issues.

GBV policy and guidance

The GBV Policy provides direction for programming but lacks visibility and ownership across all levels. While highly relevant in contexts governed by the Refugee Coordination Model (RCM), it is perceived to be less applicable in IDP, mixed population, mixed movement, and advocacy settings.

Programme delivery

GBV response including case management

UNHCR's support to GBV response has been most effective when integrating multisectoral services, enhancing survivor-centered care and facilitating greater access to services. UNHCR's leadership in case management is widely recognized by partners and external stakeholders and the evaluation observed improved service availability and survivor satisfaction, particularly in refugee settings. The evaluation found that community-based protection approaches help to fill gaps by leveraging local knowledge but can carry risks for community volunteers. UNHCR plays a vital role in securing justice and legal protection for GBV survivors, despite systemic barriers, and successes are evident in advocacy, capacity development, and survivor-centered approaches. Despite progress, implementation challenges such as staff burnout, turnover, and funding constraints reduce service quality and put survivors at risk. In addition, UNHCR also faces challenges with the following systems: tracking and monitoring the quality of responses, case management data, and adapting protocols to different operating contexts and population groups.

GBV risk mitigation

UNHCR demonstrates commitment to GBV risk mitigation and mainstreaming, particularly through multifunctional sector teams. However, ownership varies across contexts, influenced by operational settings, leadership communication, capacity, resource constraints, and accountability mechanisms. Effective

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[2] UNHCR Strategic Directions 2022-2026

[3] Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.

[4] GBV AoR (2023) Analysis of GBV needs and response in 2023 HNOs and HRPs

mainstreaming is observed in some sectors (for example shelter, water and sanitation), enhancing protection for at-risk populations, but inconsistencies and gaps remain; particularly in relation to uneven implementation of safety audits, challenges in prioritizing risk mitigation in resource-constrained settings, and poor documentation of risk mitigation results.

GBV prevention

Despite global attention on primary prevention, UNHCR and partners have increasingly shifted towards a more limited set of awareness-raising activities in contexts where funding cuts have impacted prevention efforts. Primary prevention efforts were more effective when implemented comprehensively over time and carefully tailored to local realities. This held true even in contexts where long-term social norms and behavior change initiatives are challenging to implement. UNHCR is increasingly supporting GBV prevention through partnerships with Women-Led Organizations (WLOs); however, GBV prevention is often deprioritized in constrained funding environments, due to perceptions that it is less lifesaving than GBV response.

Operations management cycle

Assessment and monitoring

Some strong examples of data utilization to strengthen GBV programming were observed, including safety audits (where they occur), participatory assessments, and survivor satisfaction data. However, gaps in measuring broader impact persist, particularly in risk mitigation and prevention due to inconsistencies in data collection and limited availability of baseline and endline data.

Planning, prioritization and resource allocation

Globally, GBV sector funding has increased but not proportionately to the needs. UNHCR's GBV programming remains underfunded, with trends varying across regions. The analysis of UNHCR's GBV planning and expenditure data indicates that UNHCR has overall utilized its funds in line with budgetary allocations for GBV. UNHCR's commitment to GBV prioritization through resource allocation varies across operational contexts, and the data shows an overall increase in prioritization relative to other outcome areas. This is not necessarily linked to the GBV policy, with widespread perceptions within UNHCR that prioritized resourcing continues to be exercised by those who were already supportive prior to the implementation of the policy. Despite the overall positive trend in GBV prioritization, internal and external concerns about senior leadership visibility, communication, and commitment to policy implementation persist. While positive influence on resource mobilization is emerging, greater effort is needed for UNHCR to be recognized as a key GBV actor globally.

Organizational enablers

Partnerships and coordination

UNHCR is increasing its commitment to localization and engaging with WLOs, though gaps were identified, particularly related to heavy bureaucratic and administrative requirements. Diverse partnerships are maintained at the local level, but a shift towards generalist protection partners has resulted in reduced GBV expertise which has impacted service quality. Proactive steps to address coordination gaps are being taken, with strong coordination at the sub national level. However, gaps persist at the national level, emphasizing the need for strategic engagement to sustain credibility and influence in inter-agency coordination.

Staffing

The GBV workforce has increased over time, however, recent reductions in senior GBV positions have affected leadership and resource mobilization capacity. Strong results are associated with specialization, though views on generalist vs. specialist positions are divided. Irrespective, the evaluation found that excessive multi-hatting of protection staff, including those with GBV roles, negatively impacts the quality of GBV programming.

Knowledge and capacity

UNHCR is building stronger e-learning platforms for capacity-building, but staff access is uneven due to resourcing gaps. These include lack of translated materials and insufficient time for staff (particularly those multi-hatting) to engage in online courses. UNHCR's technical capacity to support protection outcomes (and GBV) is widely recognized, with partners increasingly taking on capacity-building responsibilities in resource-constrained settings. Strong examples have been observed in relation to UNHCR's focus on building government's GBV capacity and in peer-peer learning and capacity building, both within UNHCR and between partners.

Cross-cutting areas

Age, gender and diversity

The GBV policy is relevant to the lives of people UNHCR works with, particularly women and girls, and UNHCR is largely complying with minimum standards of the Age, Gender and Diversity (AGD) policy. However, the evaluation identified gaps in policy content and implementation in certain areas including engagement with LGBTQI+ individuals, men and boys, and people with disabilities.

GBV advocacy

UNHCR has achieved strong progress in relation to advocacy with government actors on GBV, with tangible impacts observed. However, the strength and success of advocacy efforts vary substantially according to contextual factors on the ground. The evaluation findings suggest that across different contexts, sub-national advocacy efforts are most effective, including in highly challenging settings.

The comparative advantage of UNHCR

Rooted in its protection mandate, the greatest comparative advantage of UNHCR is its operational presence, which facilitates several strengths in access, partnership, and coordination. This operational footprint can also be a disadvantage given that UNHCR is often the one left when others are absent from or leave the field. While UNHCR has advocated for GBV prevention and response in high-level forums, it could do more to leverage its protection mandate to ensure that GBV is consistently central to discussions and participate more actively in a broader range of platforms where GBV is discussed.

Conclusions

The GBV policy provides clear direction for programming, highlighting GBV as a shared responsibility, and is highly relevant for refugees and asylum seekers, particularly women and girl GBV survivors. However, its relevance has diminished for other populations due to coordination gaps and challenges in implementing guidelines. The policy aligns with other UNHCR interventions and the AGD Policy, though prioritization varies across levels. Effective advocacy, data collection, multi-sectoral response, and coordination are observed, though gaps in single-sector response and AGD programming persist. Efficiency measures have sometimes hindered long-term goals, with staffing reductions affecting leadership and advocacy. Progress towards impact is observed in response and advocacy, though measuring outcomes remains challenging.

UNHCR's comparative advantage lies in its operational presence and protection mandate, though commitment to risk mitigation and mainstreaming varies. At global and regional levels, UNHCR's implementation of the GBV policy aligns with inter-agency approaches, showcasing strong partnerships and coordination, influencing collaboration at the country level. Despite these efforts, UNHCR is not widely recognized as a significant GBV actor among some donors at the global level. At the operations level, UNHCR and partners' GBV response programming align with survivor-centered approaches and GBV minimum standards but face resourcing constraints, affecting the quality of response and case management. Legal protection gaps persist in countries not signatories to the Refugee Convention, hindering access to justice. Internal questions about UNHCR's role in GBV prevention reflect broader concerns about its long-term prevention efforts, misconceptions about the role of prevention, and perceptions that it is non-lifesaving, negatively impacting prioritization and resourcing decisions.

Recommendations

(1) Align planning and resource allocation with GBV needs and prioritization

The evaluation found that the delivery of GBV policy objectives has been constrained by limited accountability for mandatory policy implementation and that prioritization of GBV is often driven by individual staff advocacy rather than robust institutional mechanisms. As seniority of GBV positions is reduced, so is staff ability to occupy leadership spaces and advocate for prioritization in funding allocations. UNHCR must elevate GBV as a strategic priority at the institutional level and actively prioritize core funding to safeguard GBV prevention and response programming.

Proposed Actions:

1. **Draw from operations' risk registers and GBV policy self-assessments to establish an annual global GBV risk register** that allows for ranking of priority countries/operations requiring support.

2. **Implement a budget red-flag mechanism to trigger early leadership action** when resources for GBV interventions are disproportionately de-prioritized compared to other Outcome areas, in alignment with situational analyses of contexts most in need.

3. **Diversify funding streams** by developing multi-year GBV funding flagship proposals with diverse donors to advance innovative and impactful interventions while stepping up efforts to fundraise with private sector, foundations and individual giving.

(2) Promote sustainable GBV expertise and localization

The evaluation found that UNHCR's partnerships are diverse but that a shift towards generalist partners has sometimes led to a reduction in GBV expertise. UNHCR is increasing its commitment to localization and engaging with WLOs, though gaps were identified, particularly related to heavy bureaucratic and administrative requirements. Local WLOs deliver cost-effective, culturally relevant services but face barriers to funding. Strong GBV partnerships are essential to maintaining GBV minimum standards.

Proposed Actions:

4. During partner selection processes, **consistently implement criteria to assess the strength of GBV funded partners** to ensure that all partners have the required institutional capacities, minimum standards for programme delivery, and expertise to deliver quality GBV programming.

5. **Maintain partnerships with WLOs**, ensuring that resources are allocated swiftly and efficiently while easing administrative and reporting burdens.

6. **Consider a GBV localization mentoring pilot** in selected operations to support transitioning GBV partnerships with INGOs to partnerships with local WLOs.

7. As part of contingency plans, **map local WLOs who can assume GBV coordination** in refugee settings and/or programming roles**.**

(3) Define UNHCR's comparative advantage in GBV coordination and leverage its potential to empower local action

The comparative advantage of UNHCR lies in its operational presence and knowledge, where it is deeply embedded in subnational structures and communities. The evaluation found that UNHCR's coordination is strong at the sub-national level but often weaker at the national level, emphasizing the need for strategic engagement to sustain credibility and influence in national inter-agency coordination.

Proposed Actions:

8. **Clarify UNHCR's comparative advantage in GBV coordination** across the diverse settings where it operates together with other actors. Prioritize those areas where UNHCR's coordination results are strongest and ensure visibility and advocacy in national coordination platforms is maintained.

9. **Mandate co-leadership roles** for WLOs and government actors in coordination platforms where feasible.

(4) Ensure GBV risk mitigation is mainstreamed across all operational contexts

The evaluation found that UNHCR demonstrates commitment to GBV risk mitigation and mainstreaming, particularly through multifunctional sector teams. However, ownership varies across contexts, influenced by operational settings, leadership communication, capacity, resource constraints, and accountability mechanisms. GBV risk mitigation should be a minimum requirement in all operational contexts and a priority for UNHCR. This aligns with its core protection mandate i.e. in refugee settings and leadership role within the Protection Cluster, and other clusters it leads and co-leads in IDP contexts.

Proposed Actions:

10. **Mandate GBV risk mitigation as a core responsibility** across all sectors and response phases.

11. **Provide technical tools to support the rollout of the GBV risk mitigation indicator**, monitor uptake, and document good practices in its implementation.

(5) Streamline policy guidance and accountability

The evaluation found that while the GBV policy provides important direction, its implementation is hampered by a lack of timely and adaptable guidance, particularly in non-refugee settings. Accountability for policy implementation is weak at the senior leadership level.

Proposed Actions:

12. **Develop concise operational guidance that can be contextualized,** prioritizing essential principles, minimum requirements, and adaptability for different types of settings. Ensure guidance is aligned to inter-agency frameworks with a focus on exit strategies and building local capacity for a gradual hand-over of responsibilities.

13. **Enhance accountability** by integrating GBV policy implementation responsibilities and measurable targets into existing performance appraisals for senior managers and leaders.

14. **Prioritize UNHCR participation and leadership in global strategic advocacy spaces**, including capitalizing more strongly on the spaces in which UNHCR is already fully present. In particular, ensure strengthened advocacy and engagement on protection from GBV in the Global Refugee Forum, Standing Committee, Ex Com meetings and similar spaces.

(6) Prioritize GBV response and case management in refugee contexts, develop clear exit strategies, and pivot towards more sustainable partnership models particularly for GBV prevention

The evaluation found that UNHCR's leadership in case management is widely recognized by partners and external stakeholders and the evaluation observed improved service availability and survivor satisfaction, particularly in refugee settings. UNHCR plays a vital role in securing justice and legal protection for GBV survivors, despite systemic barriers, and successes are evident in advocacy, capacity development, and survivor-centered approaches. UNHCR should prioritize lifesaving GBV services in refugee settings where it leads. This entails ensuring the continuity of services through responsible exit strategies, which involve carefully planned transition processes to maintain the integrity and availability of GBV services. Further, prevention efforts are often underfunded and reduced to awareness-raising activities, limiting their impact.

Proposed Actions:

15. Prioritize and focus programme delivery by **concentrating resources on GBV programming in refugee operations while strategically transitioning out of direct service delivery where feasible** through local capacity building.

16. Enhance programme effectiveness through **investment in scalable, evidence-based primary prevention models delivered through local partnerships**. Advocate for dedicated, multi-year funding for sustainable prevention efforts.

(7) Invest in GBV staffing, learning and talent development

The evaluation found that staff burnout and turnover, and a lack of clarity on GBV roles and responsibilities, are important challenges. UNHCR should find ways to maintain GBV technical expertise that can serve operations and partners in a flexible manner. Staffing optimization should be accompanied by a strong focus on capacity building, fostering a culture of learning by establishing platforms for peer exchange, and interagency collaboration.

Proposed Actions:

17. **Provide clear guidance and benchmarks for when GBV expertise (staff) are required vis-à-vis generalist staff who can manage certain GBV tasks**. Integrate GBV expertise requirements into national and international job descriptions and performance evaluations to ensure accountability.

18. **Strengthen platforms for peer learning opportunities and build linkages across protection areas** (e.g., GBV, CBP, AGD, Child Protection) to ensure that peer learning opportunities are integrated and avoid burdening staff.

(8) Streamline data/monitoring systems for reporting and planning

The evaluation found data systems to be fragmented and inefficient, with limited opportunities to monitor/measure progress towards results. The evaluation also found inconsistent implementation and use of safety audits to support risk mitigation activities and missed opportunities to better utilize Results Monitoring Surveys (RMS) other assessments/data for planning, prioritization, and decision-making.

Proposed Actions:

19. **Strengthen the consistent implementation of safety audits**, **including with the integration of appropriate AGD tools**, and ensure that multifunctional teams use data to influence GBV risk mitigation strategies, and multi-year planning for programmes.

20. **Conduct a comprehensive review and revision of the current GBV results indicators** to address gaps in measuring outcomes and impact, especially for prevention programming and in localizing the response with WLOs.

3 INTRODUCTION AND BACKGROUND

This report constitutes the second phase of an independent evaluation of how UNHCR addresses gender-based violence (GBV) prevention, risk mitigation, and response. It will inform a five-year Action Plan under development, a Theory of Change (ToC) review, and the review of the 2020 GBV Policy planned for 2025.

The GBV Policy is mandatory.[5] Its objectives are to reduce the risk of GBV for all Persons of Concern (PoC[6]), and to ensure that survivors have adequate and timely access to quality services. The Policy was developed in alignment with existing global guidelines and commitments,[7] and recognizes that women, girls, men or boys can be survivors of GBV, although women and girls are disproportionately affected. It highlights the need to address the root causes of GBV and to embed gender equality in all aspects of UNHCR work. The GBV Policy applies to the work of all members of the UNHCR workforce. It applies to all stages of the programme cycle, in emergencies and protracted displacement settings, mixed flows and onwards movements, and situations of statelessness. UNHCR further supports governments to meet international standards, including the Inter-Agency Minimum Standards for GBV in Emergencies Programming; it advocates with authorities where international standards are not met. The GBV Policy focuses on nine core action areas, for which groups at heightened risk, in particular women and girls.[8]

Phase I of the GBV evaluation, conducted in 2023, consisted of an evidence synthesis and readiness review by international consulting firm IOD PARC. It was largely based on secondary data from a desk review, complemented by consultations with UNHCR focal points. Phase I was intended for an internal audience to inform improvements in readiness to deliver on GBV-related commitments. Phase II started in February 2024 and was implemented by the Consultancy firm Lattanzio KIBS. It expanded on key findings from Phase I, with a focus on primary data collection.

4 PURPOSE, SCOPE AND METHODOLOGY

The present chapter includes a summary of the purpose, objectives, and scope of the evaluation, the approach and methods employed, the ethical considerations guiding the evaluation, and the challenges and limitations encountered. Detailed information about the evaluation methodology can be found in Annex A.

4.1 Purpose, objectives and scope

The purpose of this evaluation is twofold:

- Accountability: To assess UNHCR work on GBV prevention, risk mitigation, response, and additional core areas in the GBV Policy, while analyzing internal and external factors affecting progress.
- Learning: To analyze UNHCR positioning in the GBV ecosystem and provide recommendations for future programming, strategy, and policy development.

The evaluation has two main objectives: to assess the relevance, coherence, effectiveness, efficiency, impact, and strategic positioning of GBV programming within UNHCR, and to inform a review of the 2020 GBV Policy and related operational guidance, planned for 2025, and ongoing work on the GBV strategic plan. Its scope includes five domains:

- Contextual: Encompassing refugee, IDP, and mixed situations across UNHCR operations.

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[5] UNHCR (2020) Policy on the Prevention of, Risk Mitigation, and Response to Gender-Based Violence.

[6] While the GBV Policy refers to PoC, more recent UNHCR guidance has recommended the use of alternative language, including 'people with and for whom UNHCR works'. See UNHCR (2023) Note on selected terminology alternatives to "Persons of Concern (POC)" to UNHCR. Division of International Protection.

[7] These include the 2030 Agenda for Sustainable Development, Agenda for Humanity, the Global Compact on Refugees, the Call to Action on Protection from Gender-Based Violence in Emergencies, the United Nations Action Network Against Sexual Violence in Conflict, the GBV Accountability Framework, the Inter-Agency Minimum Standards for GBV in Emergencies Programming, the IASC Guidelines for Integrating GBV Interventions in Humanitarian Action, the Inter-Agency Gender-Based Violence Case Management Guidelines, the Secretary General's Bulletin on Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13) and the IASC Six Core Principles to Sexual Exploitation and Abuse. It further complements and aligns with UNHCR Policy on Age, Gender, and Diversity (AGD).

[8] Ibid.

- Temporal: Focused on 2020-2024, while incorporating earlier data to analyze shifts in norms and effectiveness.
- Geographic: Global coverage, with nine countries studied – four in-depth and five light-touch – and three Regional Bureaus visited.
- Policy Action Areas: Evaluating prevention, risk mitigation, and response,[9] as well as: i) case management, ii) assessment and monitoring, iii) planning, prioritization and resource allocation, iv) partnerships and coordination, v) staffing, and vi) knowledge and capacity.
- Cross-Cutting Areas: Advocacy and Age, Gender and Diversity.

The evaluation's intended users include UNHCR's Senior Executive Team and Senior Management Committee, the Division of International Protection (DIP) including the global GBV team, Field Protection Service (FPS), Division of Resilience and Solutions (DRS), Regional Bureaus, country offices, and strategic partners like donors and other UN agencies. Stakeholders were classified into seven categories: primary users, decision-makers, Operations, influencers, external partners, people served by UNHCR and interested actors (see Annex B).

4.2 Methodological approach

The methodological approach is summarized in Figure 1. The evaluation was guided by three core evaluation principles outlined in the UNHCR Evaluation Policy: impartiality, credibility and utility. Additional principles from UNEG guidance included ethics and human rights and gender equality.[10] Full details are provided in Annex A.

FIGURE 01.   Summary of the evaluation's methodological approach
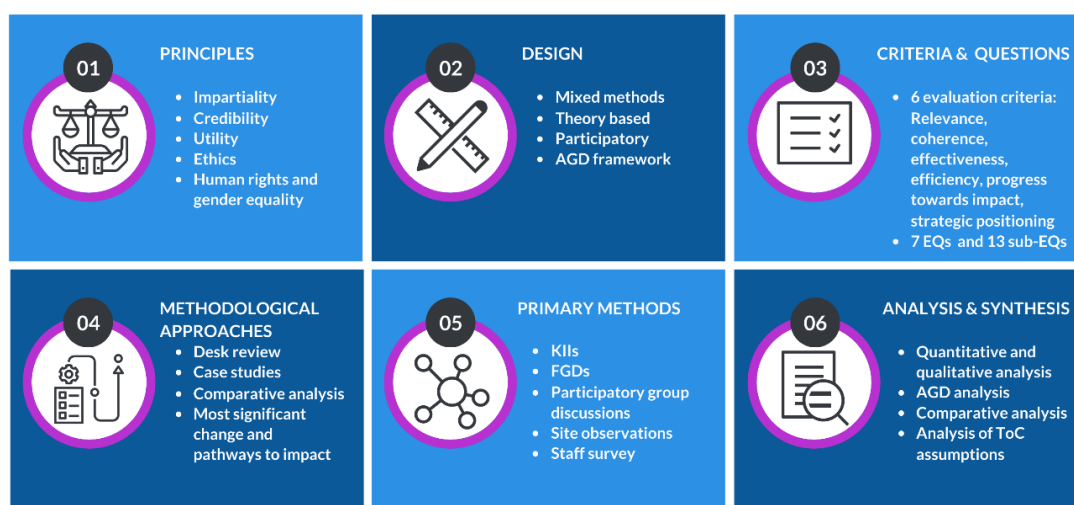
4.2.1 Evaluation design and methodologies

The evaluation is a mixed-methods, theory-based evaluation design informed by participatory approaches and an Age, Gender and Diversity (AGD) framework.

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[9] GBV response includes assistance to survivors of sexual exploitation and abuse (SEA) as part of GBV service provision.
[10] United Nations Evaluation Group (2016) Norms and Standards for Evaluation. New York: UNEG.

Mixed methods: The evaluation team conducted primary data collection aligned with the Evaluation Matrix (see Annex C),[11] drawing on qualitative and quantitative methods including key informant interviews (KIIs), focus group discussions (FGDs), participatory group discussions (PGDs), structured observations, desk review and an online staff survey.

Theory-based: In the absence of a Theory of Change (ToC), the Evaluation Team developed an analytical framework to assess the two 'streams' of GBV Policy implementation: 1) delivery; and 2) institutional strengthening. The nine 'core areas' of the GBV Policy cut across these two streams. These pathways target a reduction in GBV risk and increased reach of GBV services.

Participatory: *Stakeholder engagement with UNHCR* occurred during all phases, both in-person and remotely. Structured meetings and consultations with the Evaluation Reference Group (ERG) supported this process. *Participatory methods* prioritized the input of stateless and forcibly displaced persons. *Validation of findings* involved debriefing sessions with UNHCR staff after country visits, meetings with focal points from case study countries and two sessions with primary users. *The co-creation of recommendations* was facilitated through two stakeholder workshops.

FIGURE 02. **Snapshot of evaluation methods and sample**
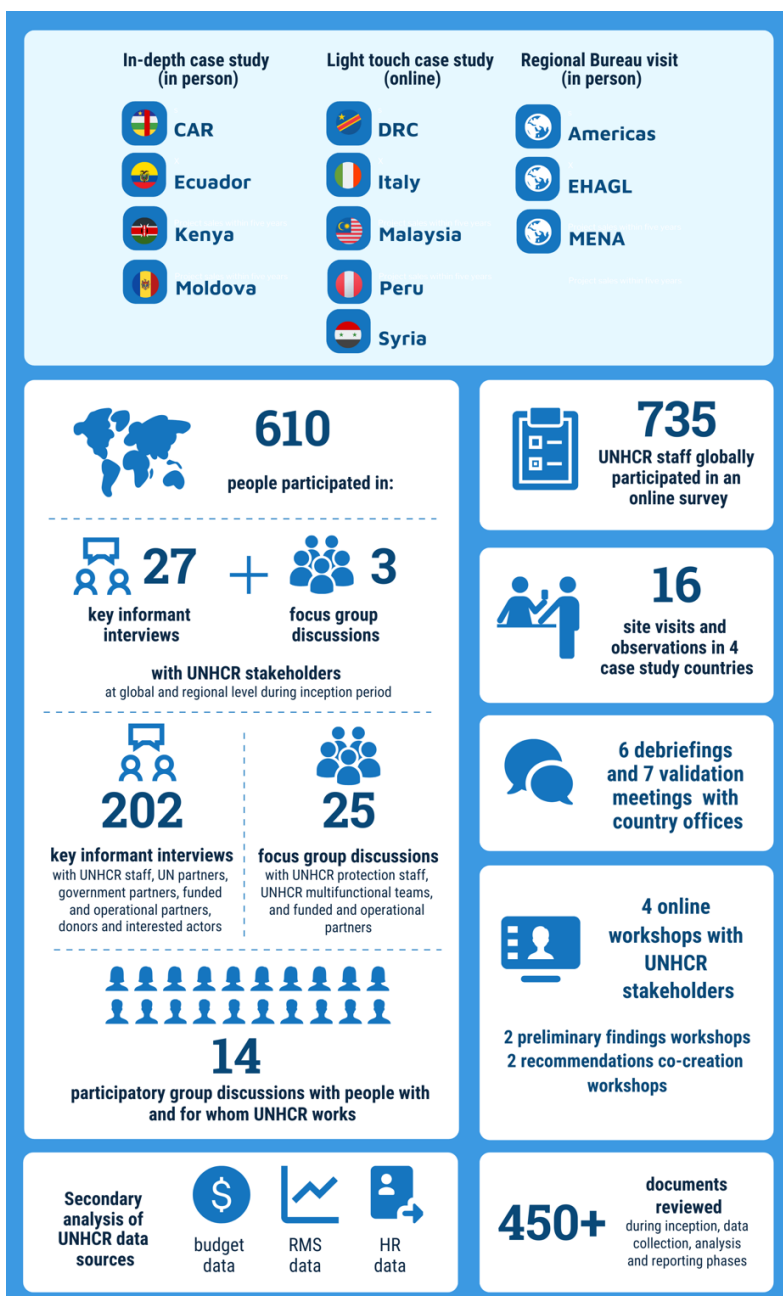
Age, Gender and Diversity framework: An intersectional AGD lens was applied at two levels: embedding AGD principles in primary data collection and secondary data analysis and assessing alignment with AGD objectives. The Evaluation Team integrated an AGD perspective in all primary and secondary data collection activities carried out as part of the evaluation (see Annex A on the methodological approach to AGD analysis, and Annex D for the mapping of AGD results).

Four core methodologies were employed:

- *Desk review*: The evaluation included a comprehensive desk review conducted in two phases, during the inception period and data gathering period, with a total of approximately 450 documents reviewed for the evaluation. The evaluation team also conducted secondary analysis of UNHCR datasets (see Annex A).
- *Case studies*: The Evaluation Team conducted primary data collection through nine case studies implemented at country level, including four covered through in-person data collection and five

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[11] The sampling methodology and data collection tools are detailed in Annex F.

covered in a light-touch way through remote interviews.[12] These were complemented with short in-person visits to three Regional Bureaus (RBs) and qualitative data collected at global and regional levels.

- *Comparative analysis*: The aim of the analysis was to explore partnerships with other GBV actors concerning GBV programming and seek feedback from others on how UNHCR positioning, and guidance have enhanced the overall response to GBV in humanitarian settings (see Annex E).
- *Most Significant Change and Pathways to Impact*: Participatory group discussions were used to collect stories of change through Most Significant Change and Pathways to Impact approaches.

4.2.2 Evaluation criteria and questions

The evaluation was guided by seven evaluation questions (EQs) and 14 sub-questions mapped against six evaluation criteria: relevance, coherence (internal and external), effectiveness, efficiency, progress towards impact, and strategic positioning (see Table 1). The full Evaluation Matrix is included in Annex C. Risks to the evaluability of some sub-EQs, as well as proposed mitigation measures are presented in Annex F (see also section 4.4).

4.2.3 Analysis and synthesis

The Evaluation Team's analysis and reporting approach relied on mixed-methods primary data collection, secondary data analysis to triangulate and contextualize findings, and ongoing stakeholder consultation and validation of data and recommendations. Qualitative data, including transcripts and desk review documents, were coded in Dedoose. Quantitative survey data were analyzed in STATA using frequencies and disaggregation where applicable. The team employed a four-pronged triangulation approach to ensure rigor and coherence: data triangulation (multiple sources, timeframes, and locations), methodological triangulation (combining qualitative, quantitative, primary, and secondary data), evaluator triangulation (team collaboration on analysis), and user triangulation (validating findings with key users).

The analysis of AGD as a cross-cutting element of the GBV policy and wider implementation of GBV programming is structured around a five-point AGD continuum: discriminatory, non-sensitive, sensitive, responsive, or transformative, with AGD sensitive programming representing minimum compliance. The evaluation team developed a framework to support the AGD analysis by mapping evaluation results linked to GBV activities across two axes: the five elements of the AGD continuum framework; and key pillars of the AGD Policy. Further details about the analytical approach can be found in Annex A, and the AGD mapped results can be found in Annex D. The evaluation team conducted a strength of evidence assessment for each finding presented in the evaluation report according to a classification of evidence as strong (three sources of data), medium (two sources of data) or limited (one source of data) (see Annex G).

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[12] Light-touch country case studies involved a more limited document review and more limited number of key informant interviews. Note that the distinction between in-depth and light-touch case studies is purely methodological and is not linked to operational engagement by UNHCR in the countries. The country selection process for case studies is detailed in Annex F.

TABLE 01. Evaluation questions and sub-questions

Evaluation Questions	Evaluation Sub-Questions
Relevance: Is the Policy doing the right things?	
EQ1: To what extent does the UNHCR approach to GBV prevention, risk mitigation and response respond to the needs of the people with and for whom UNHCR works?	EQ1.1: Is the design and implementation of the GBV Policy and corresponding guidelines responsive to the needs of the people with and for whom UNHCR works, including focused attention to AGD?
	EQ1.2: Is the design and implementation of the GBV Policy and corresponding guidelines relevant to the needs of UNHCR at regional and country level and its funded partners, including focused attention to AGD?
Coherence: How well does the Policy fit?	
EQ2: To what extent is UNHCR current approach to GBV prevention, risk mitigation and response aligned in terms of corporate policy and strategy?	EQ2.1: Is the design and implementation of the GBV Policy and corresponding guidelines aligned with overall corporate policies and strategies? What enabled and constrained this alignment?
EQ3: To what extent is UNHCR current approach to GBV prevention, risk mitigation, and response aligned in terms of the broader UN system, other partners, and countries?	EQ3.1: Is UNHCR implementation of the GBV Policy and corresponding guidelines and protocols consistent with the UN and broader approach to GBV in humanitarian settings?
Effectiveness: Is the Policy achieving its objectives?	
EQ4: What progress has been made towards achieving UNHCR commitments to GBV prevention, risk mitigation and response at all levels and in all contexts where UNHCR works?	EQ4.1: To what extent has UNHCR delivered against its objectives in the GBV Policy, including the effectiveness of different types of partnerships?
	EQ4.2: To what extent has UNHCR created the institutional infrastructure and capacity necessary to deliver against the objectives in the GBV Policy, both internal to UNHCR and with partners?
Efficiency: How well are resources used?	
EQ5: How efficient is delivery of GBV programming under the Policy?	EQ5.1: How adequately have required resources (e.g., financial, human, management decision-making) been made available and utilized to support the achievement of planned results?
	EQ5.2: How are decisions made in a resource scarce environment that enables or undermines efficiency?
Progress Towards Impact: What difference does the Policy make?	
EQ6: To what extent has the GBV Policy contributed to progress made in GBV prevention, risk mitigation and response at all levels and in all contexts where UNHCR works?	EQ6.1: To what extent is there evidence that GBV Policy and corresponding guidelines implementation has resulted in progress in preventing, mitigating risks against, and/or responding to GBV among target populations?
	EQ6.2: To what extent has UNHCR implementation of the GBV Policy and corresponding guidelines strengthened state and non-state actors and institutions to enable long-term progress in the broader GBV ecosystem?
Strategic Positioning: How well is UNHCR positioned in the GBV ecosystem?	
EQ7: Looking forward, what should UNHCR do to ensure that it is strategically positioned and ready to deliver on its objectives to address GBV?	EQ3.2: Have the GBV Policy and corresponding guidelines enabled UNHCR to exercise its comparative advantages vis-à-vis other actors?[13]
	EQ7.1: How does UNHCR use its protection mandate to better advance overall GBV objectives?
	EQ7.2: How does UNHCR best position itself to work with other GBV actors using its comparative advantage?

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[13] This sub-question was originally included under coherence but was shifted to EQ7 to reduce duplication in findings with the sub-questions under strategic positioning.

4.3 Ethical approach

The evaluation's ethical approach complies with the UNEG evaluation ethical guidelines and code of conduct, and UNHCR policy for evaluations and data protection. The evaluation drew from protocols presented in WHO guidelines for research and evaluation on GBV, and from other UNHCR ethical guidance and training (see Annex H). The team did not acquire approval from an ethics committee as ethical risks were deemed to be low since the team did not seek the participation of survivors receiving GBV services or case management from UNHCR and its partners. The Evaluation Team received ethics training from the Team Leader and full briefings from UNHCR protection staff in the field.

4.4 Challenges and limitations

The Evaluation Team faced several challenges and limitations, some of which were anticipated during the inception period and others which arose during the data collection phase.

In line with UNHCR evaluation guidance on ethics, GBV survivors receiving GBV response or case management services were not sampled. To mitigate this limitation, the Evaluation Team sought the perspectives of partners and local civil society organizations that work with survivors and drew from secondary data including case management exit and satisfaction surveys.

- The Evaluation Team was unable to reach its target sample of interviews in Central African Republic (CAR) given the security restrictions, which limited interaction with government stakeholders and other UN agencies. To address this gap, the Evaluation Team conducted online interviews with non-funded partners and donors and drew from secondary data.
- The Evaluation Team was unable to obtain interviews with certain stakeholders in some country and regional contexts, particularly decision makers and senior management, and members of multi-functional teams. In some cases, UNHCR stakeholders did not agree to be interviewed as they thought they had little to contribute to discussions about GBV.
- There were gaps in the representation of marginalized groups. For example, interviews could not be conducted with LGBTQI+ people and people with disabilities in settings deemed to expose them to risk. Where possible, the Evaluation Team addressed these gaps by interviewing civil society organizations who represented these groups.
- One of the in-person case studies from the original sample (Tanzania) was not conducted because of delays in obtaining permits. The Evaluation Team did not receive a draft of the GBV focus area strategic plan Theory of Change (ToC) until after the evaluation had been designed during the inception period. Hence, the evaluation was not designed with this in mind.
- Many usable staff surveys was obtained (n=735), but about 60 percent of respondents came from only 15 countries (out of 64 countries for which at least one person participated in the survey). The least represented areas are all in Africa. The Evaluation Team faced several challenges with the quality of secondary data extracted from UNHCR systems and dashboards. Budget and HR data came from different sources and were not always comparable.[14]

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[14] The temporal scope of the evaluation was from 2020 to 2024, and this resulted in two broad areas for differences in secondary data as follows:

- Two strategies overlapping within the temporal scope of the Evaluation i.e. Strategic Directions 2017 – 2021 and Strategic Directions 2022-2026 with an updated Results Framework effective as of 2022.
- Overlapping changes in the UNHCR HR, Financial and Reporting systems. During this period there was a change in the different systems for UNHCR. The formerly used MSRP system had two sections: HR, which has been replaced by Workday, and finance and supply, which has been replaced by Cloud ERP. The planning and results tool COMPASS was introduced in 2022 and does not include data from 2020-2021. Furthermore, the budgetary information in this tool change throughout the year depending on the operational context and shifts in priorities.

5 CONTEXT AND UNHCR OPERATIONS

5.1 Global GBV context

Three main challenges in recent decades have placed at-risk communities under unprecedented pressure: i) the COVID-19 pandemic, ii) political upheaval and conflict, and iii) climate change. Forced displacement around the world doubled from 41 million in 2010 to 82.4 million in 2020.[15] By mid-2024, the number of forcibly displaced people worldwide rose to 122.6 million as a result of persecution, conflict, violence, human rights violations or upheaval events, including 72.1 million IDPs, 32 million refugees, and 8 million asylum seekers.[16] Among the forcibly displaced, 7 in in 10 people are women and children.[17] GBV is "an umbrella term for any harmful act that is perpetrated against a person's will and is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such actions, coercion and other deprivations of liberty."[18] GBV, a core component of the UNHCR protection mandate, is a human rights violation that affects all aspects of a person's protection and well-being.[19] Displaced persons (forcibly displaced and stateless persons, and returnees) are at high risk of GBV, irrespective of their age, gender, or other diversity considerations, although GBV disproportionately affects women and girls. Between 2018 and 2022, the number of forcibly displaced and stateless women and girls living in humanitarian crises and conflict situations grew from 23 million to 35 million, with a dramatic growth in 2022 following the onset of the Ukrainian crisis.[20] The number of people in need of a GBV response as represented in 26 Humanitarian Response Plan (HRP) contexts rose from 16 to 84 million between 2020 and 2023.[21] The COVID-19 pandemic has exacerbated the challenges faced by forcibly displaced populations, who already struggle with insufficient social, economic, and political security, as well as a culture of impunity for perpetrators. At the same time, the external funding environment is contracting, putting huge strains on UNHCR and other organizations; including, for example, UNFPA, which has the main responsibility for coordinating and supporting GBV responses in IDP contexts.[22]

5.2 Regional and national context

The global forcibly displaced and stateless population is primarily concentrated in the East and Horn of Africa and the Great Lakes region, the Americas, and Europe.[23] UNHCR estimates the regions with the highest needs of GBV programming are the East and Horn of Africa and the Great Lakes, West and Central Africa, Middle East and North Africa, and The Americas.[24] The Refugee Coordination Model (RCM) is a framework designed to ensure effective, inclusive, and accountable responses to refugee crises. It emphasizes government leadership, supported by UNHCR and a broad range of stakeholders, including local authorities, civil society, and refugee-led organizations (RLOs). The model prioritizes protection, meaningful participation, and the integration of refugee responses into national systems to avoid duplication and promote sustainability. It is adaptable to diverse contexts, enabling tailored responses that address immediate needs while fostering longer-term solutions.[25] In IDP and mixed settings, the Humanitarian Coordinator (HC) or Resident Coordinator (RC) oversees the response, while GBV coordination falls under the GBV Area of Responsibility (AoR), led by

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[15] UNHCR (2024) Mid-Year Trends Report

[16] Ibid.

[17] UNHCR (2023) Global Trends Report

[18] IASC (2015) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Reducing risk, promoting resilience and aiding recovery. Inter-Agency Standing Committee.

[19] UNHCR Strategic Directions 2022-2026

[20] Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.

[21] GBV AoR (2023) Analysis of GBV needs and response in 2023 HNOs and HRPs

[22] Ibid.

[23] UNHCR (2023) Global Report. East and Horn of Africa and the Great Lakes; UNHCR (2023) Global Report. The Americas; UNHCR (2023) Global Report. Europe; UNHCR (2023) Global Report. Asia and the Pacific; UNHCR (2023) Global Report. Middle East and North Africa; UNHCR (2023) Global Report. West and Central Africa; UNHCR (2023) Global Report. Southern Africa.

[24] UNHCR (2024) Global Appeal 2025

[25] UNHCR released updated guidance on the RCM in October 2024, emphasizing a collaborative approach that integrates humanitarian, development, and peacebuilding efforts (see Refugee Coordination Model (RCM) | UNHCR).

UNFPA.[26] In mixed movement settings (refugees and migrants), UNHCR and IOM share coordination and the GBV coordination is led by UNHCR, IOM, or UNFPA, depending on the context.[27] The nine selected case study countries span the globe and represent a range of coordination frameworks as highlighted in Table 2.

TABLE 02. Characteristics of nine case study countries

Country	Region	GBVIMS	Coordination structures[28]	GBV Coordination
CAR	West and Central Africa	Yes	RCM, Mixed Settings / IDPs	UNFPA
DRC	Southern Africa	Yes[29]	Mixed Settings / IDP	UNFPA
Ecuador	Americas	No	Mixed Movements / Migrants[30]	Multiple[31]
Italy	Europe	No	"Resembles" RCM[32]	Multiple[33]
Kenya	East and Horn of Africa and Great Lakes	Yes	RCM	State Department of Gender[34]
Malaysia	Asia and the Pacific	No	UNHCR supports government	Multiple[35]
Moldova	Europe	No	RCM	UNHCR and UNFPA co-lead
Peru	Americas	No	Mixed Movements / Migrants[36]	UNHCR and UNFPA co-lead
Syria	Middle East and North Africa	No	Mixed Settings / IDPs	UNFPA

Forcibly displaced people reside in camp settings (e.g., in Kenya) or urban areas (e.g., Peru). Some countries serve as both origin and destination for displaced populations, while others, such as Ecuador, also function as transit countries for those moving through the region. GBV is a pervasive issue across all the case study countries, manifesting in forms such as violence, as well as forced and child marriage. In conflict-affected contexts, like the Democratic Republic of the Congo (DRC), conflict-related sexual violence (CRSV) is

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[26] In IDP settings, UNHCR leads the Protection Cluster and is an active member of the GBV Area of Responsibility (AoR), which is coordinated by UNFPA. While GBV coordination falls under the AoR, UNHCR also implements its own GBV programs to prevent and respond to gender-based violence, particularly in displacement contexts where it has an operational presence (Joint UNHCR-OCHA Note on Mixed Situations: Coordination in Practice, 2014; IASC Cluster Approach, 2005).

[27] In mixed movement settings, the coordination of Gender-Based Violence (GBV) responses is not uniformly assigned to a single agency and varies depending on the specific context and existing agreements. The IOM/UNHCR Framework of Engagement (2022) outlines collaboration between the International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR) in areas such as mixed movements of migrants and refugees.

[28] The assessment is aligned with the terms found in the UNHCR public information found in interactive map: Map | UNHCR Refugee Coordination Model which highlights RCM, Mixed Settings IDP, and Mixed Movements, Migrants.

[29] While the GBVIMS has been previously used in the DRC, the national authorities are currently using a template based on the GBVIMS with the support of UNFPA but without drawing from GBVIMS software.

[30] In Ecuador UNHCR has mandated accountabilities under the with regard to refugees, so UNHCR looks at the refugee component and IOM looks at the migrant one - see GTRM - Ecuador | R4V

[31] In Ecuador, GBV coordination is a collaborative effort involving UNFPA, UNHCR, government institutions, and NGOs. UNFPA leads national GBV coordination, while UNHCR focuses on GBV prevention and response for refugees and asylum-seekers, working closely with government agencies and civil society organizations to ensure access to services and protection.

[32] The approach in Italy reflects a mixed model of refugee coordination, combining elements of the RCM with tailored solutions to address specific challenges.

[33] In Italy, GBV coordination is a collaborative effort between UNHCR, NGOs, and national authorities, ensuring refugee survivors have access to protection and support within the national system.

[34] In Kenya, the national-level coordination of GBV initiatives is led by the State Department for Gender under the Ministry of Public Service and Gender. UNHCR does not lead this national GBV coordination structure but participates and contributes by addressing GBV within refugee settings, providing technical expertise, and engaging collaboratively with other stakeholders in the country's broader GBV response framework. In Dadaab and Kakuma UNHCR and WLO co-lead these mechanisms.

[35] In Malaysia, UNHCR leads GBV prevention and response for refugees and asylum-seekers, working with local partners to provide support services, legal assistance, and community-based protection.

[36] In Peru UNHCR has mandated accountabilities similar to the situation in Ecuador. For more information see GTRM Perú - Plataforma Nacional de Coordinación | R4V

widespread.[37] A key challenge in addressing GBV is the absence of systematic data collection systems in several countries, hindering the ability to accurately assess characteristics and trends of reported GBV cases. Full profiles of the country and GBV contexts for the nine case study countries are provided in Annex I.

5.3 GBV in the context of UNHCR mandate and operations

GBV is a key institutional priority for UNHCR.[38] UNHCR plays a critical role in emergencies, scaling up GBV prevention and response services through the deployment of GBV experts. In 2023, UNHCR allocated 146 million USD to GBV interventions. It supported 275 partners in 69 operations to implement GBV prevention and response programs. By mid-2024, it had reached over 630,000 individuals, primarily forcibly displaced women and girls, with essential GBV prevention and response services. UNHCR coordinates 46 inter-agency GBV mechanisms in refugee and IDP settings.[39] In 2025, it has appealed for 354 million USD to support GBV interventions.[40]

The UNHCR Sexual and Gender-based Violence (SGBV) Strategy (2011–2016) was developed in alignment with international guidelines and commitments to prevent and respond to SGBV among displaced populations and served as a programmatic framework guiding operational responses to GBV in humanitarian settings.[41] The UNHCR GBV Policy (2020) built on this and other international guidance including the interagency minimum standards for GBV in humanitarian settings.[42] The GBV Policy explicitly incorporates Protection from Sexual Exploitation and Abuse (PSEA), recognizing SEA as a form of GBV and ensuring that survivors receive appropriate assistance and support.[43]

The GBV Policy is articulated into nine core actions, including four programming areas (GBV prevention, risk mitigation, response, and case management), two actions related to the operations management cycle (assessment and monitoring, and planning, prioritization, and resource allocation) and three enablers (partnerships and coordination, staffing, and knowledge and capacity). A description of the core action areas is provided in Figure 3. The key cross-cutting areas are i) age, gender and diversity and ii) advocacy.

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[37] In 2023, verified cases of CRSV increased by 50% compared to 2022, highlighting the worsening vulnerability of women and girls in war-affected regions. The DRC remains one of the most affected countries, where persistent conflict has led to widespread CRSV. See UN Women (2024) Facts and figures: Women, peace and security.

[38] UNHCR Strategic Directions 2022-2026

[39] UNHCR (2025) Global Appeal 2025 - Impact, Focus, Outcome and Enabling Areas

[40] Gender-based violence | Global Focus

[41] The 2011-2016 UNHCR Sexual and Gender-Based Violence Strategy was developed in alignment with key international guidance, including the Inter-Agency Standing Committee (IASC) Guidelines for Gender-Based Violence Interventions in Humanitarian Settings (2005, updated 2015), which provided a coordinated approach for preventing and responding to GBV in humanitarian crises, and the Global Protection Cluster (GPC) GBV Guidelines, which ensured GBV prevention and response were mainstreamed across humanitarian action.

[42] International guidance includes: *UNHCR 2030 Agenda for Sustainable Development, Agenda for Humanity, Global Compact on Refugees, Call to Action on Protection from Gender-Based Violence in Emergencies, United Nations Action Network Against Sexual Violence in Conflict, GBV Accountability Framework, Inter-Agency Minimum Standards for GBV in Emergencies Programming, IASC Guidelines for Integrating GBV Intervention in Humanitarian Action, and Inter-Agency Gender-Based Violence Case Management Guidelines.*

[43] The GBV Policy is also in line with commitments related to SEA, including the *Secretary General's Bulletin on Protection from Sexual Exploitation and Abuse (ST/SGB/2003/13)*, and the *IASC Six Core Principles Relating to Sexual Exploitation and Abuse.*

FIGURE 03.   Description of nine core actions areas of the GBV Policy

NINE CORE ACTION AREAS OF UNHCR'S POLICY ON THE PREVENTION OF, RISK MITIGATION, AND RESPONSE TO GENDER-BASED VIOLENCE

PROGRAMMING AREAS

OPERATIONS MANAGEMENT CYCLE

GBV prevention	GBV risk mitigation	GBV response	GBV case management	Assessment and monitoring	Planning, prioritization and resource allocation
GBV prevention refers to activities and programs that focus on preventing GBV from occurring by addressing root causes of violence, including systemic discrimination, unequal power and gender inequality, to effectively change behavior and social norms. The policy also emphasizes the importance of GBV prevention programming being accountable to women and girls, including when engaging men and boys, and being initiated only once GBV response services are in place.	GBV risk mitigation refers to specific actions taken in humanitarian sectors and areas of work to reduce GBV risks, including risks of SEA, and improve safety, and is often referred to by UNHCR as 'GBV mainstreaming'. The GBV policy notes that risk mitigation interventions should be integrated into all planning documents, workplans, and strategies.	GBV response refers to survivor-centered interventions that address survivors' needs and appropriate referral pathways to facilitate access to these interventions. The GBV policy emphasizes the provision of minimum, multi-sectoral services that include health, mental health and psychosocial support (MHPSS), safety and security, access to justice, education, and livelihoods. The policy also highlights the availability of GBV response services for survivors of sexual exploitation and abuse (SEA) by humanitarian and development workers and the necessity to avoid establishing parallel services.	GBV case management refers to a specialized part of GBV response that supports survivor-centered, confidential and non-stigmatizing access to GBV services in line with GBV guiding principles and safety standards. The policy also emphasizes the importance of safe, ethical and confidential information management tools and systems to support quality case management, including through proGres.	The policy outlines operations' need to conduct appropriate assessment and monitoring to support policy implementation. This includes conducting protection monitoring and GBV situational analyses to identify GBV risks, gaps in services and capacities, and linking data to planning, prioritization, and management decision making. It also includes program monitoring to track progress towards reaching program objectives.	According to the policy, GBV must be prioritized as lifesaving in multi-year protection and solution strategies and in other internal and inter-agency planning processes. Operational strategies must contain provisions for the core GBV program areas (response, mitigation and prevention) and allocate and advocate for appropriate GBV funding and resourcing, including from the onset of an emergency and in situations of internal displacement.

ENABLERS

Partnerships and coordination	Staffing	Knowledge and capacity
The GBV policy outlines directives for UNHCR to strengthen partnerships and coordination with a wide range of stakeholders, including host governments, national and international NGOs, other UN agencies, CBOs, local WLOs or RLOs, and people with and for whom UNHCR works. Partnerships with local WLOs and organizations offering specialized GBV programming are particularly emphasized. The policy also outlines UNHCR's GBV role in different settings, including leading or co-leading all coordination (including GBV) in RCM settings and leading on protection in IDP settings and supporting UNFPA's leadership of the GBV AoR.	According to the policy, UNHCR management is responsible for putting in place adequate workforce arrangements to ensure GBV expertise for effective GBV response and prevention programming and coordination.	UNHCR must support the GBV capacity of its own workforce and that of its partners, including national authorities and civil society, through appropriate learning initiatives including online and in-person training.

There are several other roles and responsibilities of UNHCR staff at country, regional, and global levels for the implementation of the GBV Policy.[44]

- **At country level**: Representatives are accountable for the implementation and monitoring of the GBV Policy, reporting results and adequate allocation of resources in their respective Operations.
- **At regional level**: RBs are expected to ensure country operations comply with the Policy in their respective regions and report on its implementation annually. Division Directors provide oversight and ensure that technical guidance and support, assessments, policies, strategies, monitoring tools, guidance documents, and learning initiatives are consistent with and promote the Policy and inter-agency standards.
- **At global level**: The DIP, through its GBV Unit within the FPS, promotes organization-wide coherence by developing functional guidance and operational support. The Assistant High Commissioner for Operations (AHC-O) oversees the implementation of measures on prevention, risk mitigation and response, together with the Assistant High Commissioner for Protection (AHC-P). The Deputy High Commissioner supports the implementation of the Policy through proactive resource mobilization, strategic planning and the implementation of adequate workforce arrangements. The High Commissioner ensures that regular monitoring of the implementation progress is discussed, and that overall leadership and direction are provided.

UNHCR management is responsible for ensuring that GBV risk mitigation is mainstreamed across all sectors and within UNHCR-led clusters. The process of mainstreaming measures for GBV risk mitigation is a shared responsibility of all members of the workforce. Globally, UNHCR leads GBV coordination and programming in refugee situations under the RCM and other coordination structures.[45] In IDP settings where the cluster system is activated, UNFPA leads GBV Coordination.[46] UN agencies including UNHCR, intergovernmental

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[44] See section 10 of the GBV Policy on Accountabilities, Responsibilities and Roles.
[45] Joint UNHCR-OCHA Note on Mixed Situations Coordination in Practice
[46] Coordination is governed by the Principles of Partnership, so all agencies and NGOs are in equal footing, with a Sector or Cluster Lead agency being accountable for the overall coordination.

organizations, and international non-governmental organizations (INGOs), as well as national organizations and community-based organizations, are all accountable to their overall programmatic contribution to the Sector or Cluster workplan. UNHCR GBV Policy was launched in 2020. A draft GBV Policy Operational Guidance document was never officially released. A strategic plan and theory of change for GBV was in its final stages of completion at the end of 2024 (at the time of drafting the evaluation report).

6 KEY FINDINGS

The evaluation findings are presented both thematically and in alignment with the evaluation criteria. Sub-sections of the findings section are largely framed around the key components of the evaluation analytical framework, including the GBV policy and guidance, the policy's nine core action areas (arranged according to programming areas, operations management cycle and enablers), and GBV cross-cutting issues. Summaries are included for each sub-section mapped against corresponding evaluation criteria. As per the evaluation matrix and evaluation questions, some criteria and questions are focused on certain thematic areas. Consequently, some thematic areas presented in the findings section map more strongly against certain evaluation criteria. In some cases, findings related to specific criteria have been concentrated in certain sections to avoid duplication and repetition across the report. In addition, key findings are presented for the UNHCR comparative advantage in GBV programming and reflections on the recent GBV ToC to support the focus area strategic plan. Conclusions against the evaluation criteria are presented in section 7 of the report.

6.1 GBV policy and guidance

Summary of key findings

Relevance: The GBV policy provides clear direction for GBV programming, emphasizing shared responsibility and offering a framework for design, implementation, and advocacy. However, relevance of the policy and guidance varies by operational context. The absence of timely and adaptable guidance has further limited the policy's usefulness, particularly in non-refugee settings.

Coherence (internal): UNHCR staff perceive the GBV policy to be aligned with other corporate policies, but GBV staff are still seen as the "owners" and primary implementers of the policy. There are mixed views on whether the policy has led to stronger prioritization of GBV. *Coherence (external)*: The GBV Policy aligns with international standards in refugee and IDP contexts where coordination is well defined but in mixed movement settings with migrants the international guidance is less straightforward as in refugee and IDP settings. As a result, GBV focal points rely on the UNHCR GBV Policy for direction.

Effectiveness: Limited accountability for mandatory policy implementation and constrained resources affects the delivery of GBV Policy objectives. Senior leadership has not ensured appropriate accountability mechanisms for policy resourcing and implementation. Operations seek stronger guidance on priorities for effective policy delivery given chronic under-funding.

Efficiency: Lack of funding and guidance on prioritizing activities under the nine action areas hinders GBV Policy implementation.

Progress toward impact: Evaluating progress toward impact has been hampered by the delayed release of the policy monitoring framework and guidance, and by significant regional variations in awareness of the GBV policy.

Strategic positioning: The GBV policy and associated guidance have helped UNHCR to leverage its comparative advantages in RCM contexts, in particular its multiyear programming and local presence. Its role in IDP contexts remains significant through its leadership of the Protection Cluster and membership in the GBV AoR.

Finding 1: The GBV Policy has been an important tool to focus and provide direction for GBV programming, highlighting that GBV is everybody's responsibility, and providing a platform for GBV and protection focal points to advocate for GBV resourcing. However, this has not necessarily led to tangible change in the visibility and ownership of GBV and the GBV policy across all levels of the organization or strengthened accountability for its implementation.

Strength of evidence: Strong

UNHCR GBV staff across nine case study countries and in regional and global interviews shared that the GBV Policy has been crucial in their work, especially at the operations level. GBV programming preceded the Policy, but the GBV Policy has provided a stronger framework for program design, implementation and advocacy through the nine core action areas. It helped articulate minimum standards and highlight GBV programming as everyone's responsibility, enabling GBV focal points to mobilize support for GBV in multifunctional and sectoral teams and advocate for resourcing for GBV among senior management. Most staff survey respondents found the GBV Policy aligned with other corporate policies (82 percent) and with the UN and broader humanitarian approach to GBV (80 percent). Alignment was perceived to be stronger by GBV and management staff.

The evaluation data presents a mixed story about the GBV policy's impact on visibility, ownership, and accountability. GBV focal points noted increasing awareness of the Policy since its launch, but non-GBV staff were less familiar with its details. The staff survey confirmed greater familiarity with the Policy among GBV staff compared to others, with significant regional variation. For example, 91 percent of GBV staff in West and Central Africa were very familiar with the GBV policy compared to 50 percent in the Asia Pacific and Southern Africa regions.[47] This variance may be linked to human resourcing as dedicated GBV positions in the Asia Pacific and Southern Africa RBs were only established in mid-to-late 2024, which may have affected Regional Bureau (RB) GBV support to operations (see also section 6.4.2). The evidence does not suggest, however, that GBV financial investment is responsible for regional variations in policy awareness since all three regions experienced large reductions in GBV financing and operational needs met over time (see Finding 12). Overall, approximately eight in ten staff members responding to the survey stated that they were somewhat or very familiar with the GBV policy.[48]

FIGURE 04. UNHCR staff familiarity with the GBV Policy, disaggregated by focus area of work[49] (N=735)
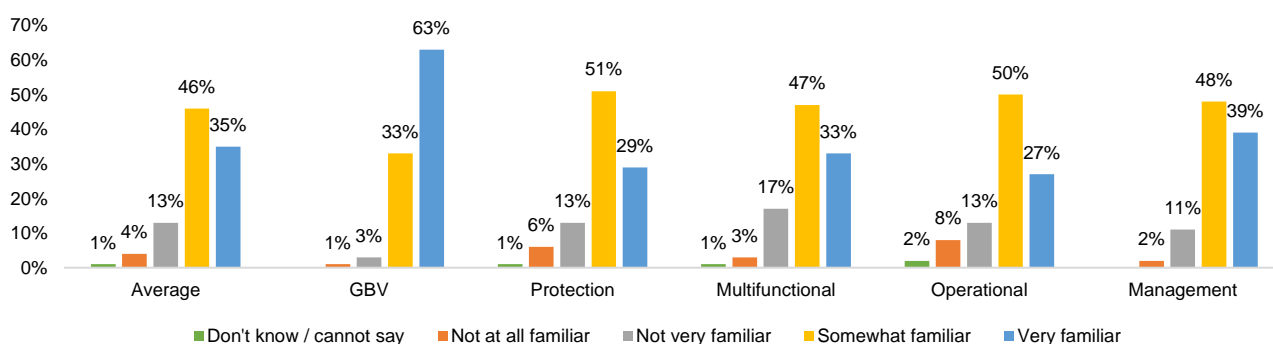
Note: Due to rounding off, the percentages may not necessarily add up to 100.

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[47] In the staff survey, focus area classifications for GBV included any respondent stating that they worked on GBV (see Annex J).

[48] Familiarity with associated guidance and tools is slightly lower (69 percent of respondents are very or somewhat familiar with them), with similar focus area patterns.

[49] Focus area categories are organized as follows:
- Protection: Includes UNHCR staff working in protection, child protection, or community-based protection, but not in GBV.
- Multifunctional: Includes staff working in multifunctional teams (e.g., WASH, health, education), but not in protection or GBV.
- Operational: Includes staff working in areas such as M&E, communications, or external relations, but not in the previous categories.

GBV focal points are seen as the 'owners' of the GBV policy and responsible for its implementation, and some described challenges mobilizing support and building commitment from staff, including multifunctional teams. Management in some operations suggested that without a GBV focal point (whether specialist or non-specialist) to push forward policy objectives, operations would likely struggle given huge demands across other outcome areas.

These findings are linked to policy accountability. As noted in section 5.3, there are various levels of accountability for GBV policy implementation, including at country, regional, and global levels. Key informant interviews identified gaps in the accountability for GBV policy implementation at all levels, linked predominantly to two interrelated factors: lack of resourcing for GBV policy implementation, and lack of guidance on minimum policy delivery. Insufficient funding for mandatory GBV Policy implementation and concerns about lack of accountability mechanisms from senior leadership hinder GBV policy implementation. Processes are needed to ensure all staff are responsible for policy implementation. Additionally, mechanisms to flag concerns to senior leadership when action areas are not delivered or when GBV budget allocations drop below a certain level are needed. The challenges with accountability mechanisms cannot be disentangled from the resource constraints that UNHCR continues to experience, including on GBV (see section 6.3.2 on prioritization and resourcing). UNHCR staff both at country and regional levels consistently sought stronger guidance on whether all nine action areas should be retained in a context of severe shortage of funds, or whether operations should prioritize certain action areas (e.g., whether response should be prioritized over prevention and in which settings).

Finding 2: The GBV Policy and associated guidance and tools are highly relevant in contexts governed by the Refugee Coordination Model but are perceived to be less relevant to operations in IDP settings, mixed population (refugee/IDP) settings, mixed movement (refugee/migrant) settings, and advocacy settings.
Strength of evidence: Strong

Staff survey respondents found the GBV policy and guidance useful for their work (85 percent), and relevant to the lives of the people with and form whom UNHCR works (82 percent). GBV focal points in case study countries under the RCM shared positive examples of how the GBV policy strengthened GBV programming. In Kenya, particularly in the Dadaab and Kakuma refugee camps, the GBV policy aligned well with the existing GBV work, providing additional structure and guidance to core programming areas (i.e., GBV response, case management, risk mitigation and prevention). In Moldova, a newer operation, the Policy and tools guided the design and implementation of GBV activities. The GBV policy monitoring framework was particularly useful for the Moldova team in identifying key steps and sequencing in GBV design and programming according to the policy action areas. On the other hand, refugee operations faced challenges with the policy monitoring framework, which was perceived to be too linear and inflexible for varied operational realities. The framework's milestones were not well-suited for urban refugee contexts, where activities like safety audits and GBV risk mitigation are easier in camp settings. Poor knowledge of available guidance may contribute to these challenges given that global inter-agency guidance on GBV minimum standards covers GBV risk mitigation in urban populations. Several operations found GBV policy guidance more useful for humanitarian emergencies than for the transition from humanitarian to development contexts, or in nexus work. This issue also emerged in the staff survey, with several respondents adding that much of the guidance was less relevant for longer-term development approaches.[50]

The GBV policy and associated guidance and tools are clear and refer to international guidance about the division of roles in all settings.[51] However, as highlighted in Annex J, operations perceived the Policy and guidance to be less relevant in operations in IDP, mixed, mixed movement, and advocacy settings. There appeared to be some lack of clarity about the application of international guidance such as the Joint Note given the complexity of such environments, which suggests that potential misunderstandings could occur. However, in mixed movement settings with migrants, the existing international guidance on GBV coordination is not as

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[50] The three main sets of guidelines asked about in the survey included the Inter-agency Minimum Standards for GBV in Emergencies Programming, IASC Guidelines on Integrating GBV in Interventions in Humanitarian Action, and Inter-Agency GBV Case Management Guidelines.

[51] In IDP settings, where clusters are activated, the GBV Policy clearly defines coordination arrangements. UNHCR leads the Protection Cluster, while UNFPA leads the GBV AoR. In these contexts, UNHCR advocates for GBV-related issues through the GBV AoR with the participation of the Protection Cluster, rather than directly as an individual agency. In mixed movement settings, where GBV coordination is led by another agency, the same principle applies; however, UNHCR co-leads the platform at regional and/or national level.

straightforward as in refugee and IDP settings.[52] Perceptions of reduced relevance of the GBV policy in some contexts are strongly linked to gaps in the delivery of timely and appropriate GBV policy guidance, training and tools, particularly the delayed release of the policy monitoring framework and the failure to complete and release operational guidance on policy implementation. As noted in the 2023 GBV audit, a provisional tool was released in 2021 in several regions (Asia Pacific, EHAGL, MENA, and West and Central Africa); however, only 39 percent of operations globally were using the provisional monitoring framework. This increased to 56 percent in early 2025.[53] Delayed release of GBV policy guidance has led to perceptions that the GBV policy is not adaptable to different contexts. UNHCR GBV focal points at operations level suggested that in the absence of clear operational guidance, staff relied on the GBV policy and monitoring framework for implementation guidance, although neither document was intended for that purpose. Feedback from several regions indicated that country operations treated the GBV self-assessment as an audit rather than learning tool. RBs felt that not all operations responded accurately, hindering the ability to identify capacity needs and reducing the relevance of the self-assessment process

6.2 GBV delivery on core program areas

Summary of key findings

Relevance: GBV prevention programming is increasingly replaced with awareness-raising activities that do not support primary prevention. Tailoring prevention programs to local contexts improves relevance.

Coherence (internal): Case management approaches are not well adapted in mixed movement settings requiring a Route-Based Approach and among men and boys and LGBTQI+ people, weakening alignment with AGD commitments. Poor accountability mechanisms and lack of communication from leadership hinder GBV mainstreaming.

Coherence (external): Multisectoral GBV response models align with survivor-centered approaches and GBV minimum standards. Legal protection gaps persist, especially in countries that are not signatories to the Refugee Convention or where refugees lack documentation, hindering access to justice.

Effectiveness: UNHCR support for GBV response is most effective when integrating multiple services, enhancing survivor-centered care. Community-based protection (CBP) programming can fill GBV service gaps but may present risk. Justice and legal responses face persistent difficulties due to refugees' legal status, limited judicial capacity, and reliance on traditional justice systems that fail to protect survivors' rights. The quality of case management varies due to limited resources and challenges with information management systems. While GBV is recognized as a critical protection issue, mainstreaming risk mitigation remains inconsistent with a reliance on GBV focal points for implementation. Effective GBV risk mitigation examples exist but are poorly documented and indicators are not widely or consistently used, although a new good practice indicator was recently introduced for 2025 implementation. Unintended consequences are also not systematically captured.

Efficiency: Reduced resourcing for GBV case management leads to high partner caseworker-to-survivor ratios, staff burnout, and turnover, reducing quality case management services. Reduction in quality is exacerbated by UNHCR reduced ability to monitor case management quality. There are also gaps in GBV capacity within multifunctional sector teams, linked to reduced GBV staffing resources.

Progress towards impact: Integrated services improve outcomes for GBV survivors. Strong results in CBP programming include improved access to survivors, increased GBV referrals, and reduced stigma, although

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[52] The GBV AoR has acknowledged challenges in coordinating GBV interventions in mixed settings. In its 2021-2025 Strategy, the GBV AoR emphasizes the importance of collaboration with agencies like UNHCR and IOM to ensure that guidance and tools are relevant for practitioners working in refugee and migration contexts. This collaboration aims to address the specific requirements and experiences of asylum seekers, refugees, and migrants. Several reports have also recognized a lack of clear guidance in GBV coordination in mixed movement settings besides the GBV AoR strategy. These include IRC (2018) Pushing the Boundaries: Insights into the EU's Response to Mixed Migration on the Central Mediterranean Route; and IRC (2019) Safety First: Time to Deliver on Commitments to Women and Girls in Crisis.
[53] OIOS (2023) Audit of UNHCR arrangements for prevention, risk mitigation and response to gender-based violence. Report number 2023/076, Office of Internal Oversight Services, Internal Audit Division.

the evaluation identified some unintended impacts. Despite challenges, some progress in justice support was observed, including increased convictions of GBV perpetrators. Response and case management results have shown improvement over time, although they vary substantially across contexts. Strong results were observed in GBV prevention programming when implemented by WLOs.

Strategic positioning: Management is uncertain about long-term prevention efforts amid funding constraints and perceptions that UNHCR should withdraw more quickly from emergency settings. While UNHCR's protection mandate requires GBV prevention to be embedded within its broader protection strategy, regardless of the operational phase, lack of understanding of GBV response and prevention as part of a continuum is leading to questions about UNHCR's suitability to lead GBV prevention programming.

6.2.1. GBV response including case management

Finding 3: UNHCR support to GBV response is most effective when integrating multiple response services in the same location. Integrated, multisectoral GBV response services provide enhanced survivor-centered care and facilitate greater reporting and access to services by survivors; however, some implementation limitations may be reducing quality and putting survivors at risk.

Strength of evidence: Strong

Across multiple operations,[54] UNHCR and its partners are increasingly adopting multisectoral GBV response models to deliver integrated services in one location, including health, MHPSS, legal aid and access to justice, cash, and other types of services. These integrated services are typically being implemented in One Stop Centers (OSC), Women and Girl Safe Spaces (WGSS) or community centers. The evaluation found that GBV response service delivery is more effective when implemented through multisectoral models (see Box 1). Providing survivors with multiple, coordinated services in the same location reduces their need to visit multiple different locations and tell their stories to multiple service providers. There were reports from operations about survivors' greater likelihood of accessing multisectoral services when compared with uni-service locations and completing cycles of GBV care or case management.

BOX 1: Good practice examples of integrated GBV services

In Kenya, UNHCR has supported partner-run One Stop Centers (OSC) in camp settings in Dadaab and Kakuma, and a government-run urban OSC at the sub-county level in Nairobi. OSC have been successful in increasing GBV survivors' access to services. In Kalobeyei Settlement in Kakuma, the OSC is linked spatially to sexual and reproductive health (SRH) services and uptake of GBV services has grown after stronger awareness raising and sensitization about family planning, mitigating barriers to women's access to services through SRH entry points. In Dadaab, an OSC in Hagadera camp has seen an increase in survivors' access to services, compared to limited help-seeking in other camps where survivors must visit multiple different points of service delivery, often failing to reach legal and justice services as the last point in the care pathway.

In CAR, GBV response is centered around the *Ma Mbi Si* (Listen to Me Too in Sango) initiative, which consists of centers where survivors can access integrated services, including psychosocial support, case management, referrals to other services, and accompaniment to justice and legal services. There are currently 25 Ma Mbi Si centers covering 15 out of the 20 prefectures in CAR, with psychosocial support available in all centers.

In Syria, UNHCR-supported community centers act as hubs for integrated protection services, including for GBV survivors, offering specialized services and referrals that include case management, MHPSS, legal aid, shelter, livelihoods, cash-based support, social and recreation activities, and non-formal education programmes.

Despite the effectiveness of multisectoral response models, the evaluation found some limitations in their implementation.

- Comprehensive coverage of GBV response remains a challenge in resource constrained environments with limited local services and staffing options. In CAR, the availability of services aside from MHPSS is limited in some geographical locations within a context of wider service gaps. In Dadaab, Kenya, the OSC has suffered from staffing gaps affecting service delivery, particularly in relation to female health sector staff. In Kalobeyei, Kenya, there are limited health facilities able to provide specialized services for survivors of sexual violence, especially those with fistula complications. In Syria, UNHCR has faced challenges integrating GBV-specialized healthcare

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[54] For example, in CAR, Ecuador, Italy, Kenya, Moldova, and Syria.

response into community centers or making external referrals due to inadequate funding and risks of mandatory reporting.[55]

- **Multisectoral services are not always delivered in safe spaces accessible only to women and girls**. In Syria, integrated protection services, including for GBV, are delivered in community centers where programming for men and boys also takes place. In one camp in Dadaab, Kenya, WGSS were not always found to be safe or adequately resourced. One WGSS observed by the Evaluation Team had poor fencing, with men able to access or view the safe area.

Finding 4: UNHCR GBV response implemented through community-based protection approaches can help to plug gaps in GBV service delivery and can strengthen the contextualization of GBV programming approaches but can also carry risks for community members and volunteers.
Strength of evidence: Medium

GBV response and prevention activities are supported through UNHCR's community-based protection (CBP) approach, which centers the voices, capacities, agency and rights of the people with and for whom UNHCR works to build effective and sustainable protection outcomes. The evaluation identified examples of how CBP has enhanced GBV service delivery and adapted GBV programming to specific contexts, strengthening their relevance and impact.[56]

In the DRC, host communities perceived the arrival of IDPs as an additional burden, leading to erosion of trust and solidarity. UNHCR and its partners have supported **community protection structures**, drawing from existing structures where relevant, to bring together host and displaced communities for joint decision-making, planning, and preparedness, building social cohesion. This approach was piloted with 10 community structures in North Kivu in 2018, resulting in 105 GBV survivors being referred to services. The approach was scaled up with 65 community structures in North and South Kivu in 2019.[57]

In Kenya, UNHCR expanded access to safe shelter for GBV survivors in Dadaab and Kakuma. **Safe home volunteers** fill gaps in safe accommodation for GBV survivors at immediate risk, needing interim shelter, or without family support. The program also supports volunteers to provide temporary care for people with disabilities or mild to moderate mental illness. A participatory group discussion with volunteers in Kakuma identified positive impacts, including reduction in stigma against GBV survivors and people with disabilities, and stronger social cohesion between people from different countries of origin or ethnic groups. **In Syria**, UNHCR supported the development of **Women's Committees** for community-level GBV response, accompaniment and referrals for GBV survivors. **Men's Committees** have also been engaged for prevention. In 2023, 158 community-based committees (130 women's and 28 men's committees) were established, and **2500 outreach volunteers** were trained to identify risks and support survivors.[58]

Despite positive results, the evaluation found some risks faced by volunteers and unintended impacts. For example:

- Several mechanisms are put in place to mitigate risks to safe home volunteers and the survivors they support. Only low and medium-risk cases are admitted after appropriate assessments, volunteers' views are considered, and regular case conferences are held to track progress.[59] However, female volunteers in Kakuma shared negative unintended impacts, including intra-family conflicts and violence from partners or male family members. Several volunteers also faced theft or threats from guests/survivors, particularly those affected by drug or alcohol addiction.
- In Syria, UNHCR and its partners faced challenges engaging with Men's Committees, particularly around messaging on women's rights, gender equality, and protection. This was partly mitigated by scheduling activities on weekends to support men's participation and using male staff and case managers to engage men in GBV prevention and awareness raising activities.

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[55] UNHCR (2023) Annual Results Report 2022 Syrian Arab Republic.
[56] For additional examples of how CBP has been used to strengthen GBV response and prevention, see Mballa, C., Ngebeh, J., De Vriese, M., Drew, K., Parr, A. *& Undie, C. (2020) UNHCR and Partner Practices of Community-Based Protection across Sectors in the East and Horn of Africa and the Great Lakes Region. UNHCR and the Population Council.
[57] UNHCR (2024) Transforming Community Structures into Community Protection Structures: Promising Practice in North Kivu, South Kivu and Ituri in the Democratic Republic of Congo.
[58] UNHCR (2024) Annual Results Report 2023 Syrian Arab Republic.
[59] Mballa, C., Ngebeh, J., De Vriese, M., Drew, K., Parr, A. *& Undie, C. (2020) UNHCR and Partner Practices of Community-Based Protection across Sectors in the East and Horn of Africa and the Great Lakes Region. UNHCR and the Population Council.

Finding 5: UNHCR plays a vital role in securing justice for GBV survivors in refugee settings, despite systemic barriers. Through advocacy, capacity-building, and survivor-centered approaches, UNHCR has achieved some progress in enhancing legal protection for GBV survivors. However, challenges with weak judicial systems, traditional justice practices, and funding constraints highlight the need for sustained investment and stronger coordination with partners to ensure meaningful access to justice.

Strength of evidence: Medium

UNHCR plays a critical role in ensuring that GBV survivors in refugee and mixed migration settings have access to justice and legal support. However, significant barriers remain, including weak survivor-centered judicial systems, high costs of legal services, entrenched social norms that perpetuate stigma, and fear of retribution. These challenges are particularly acute in countries where government legal services are weak or non-existent, leaving many survivors without safe legal pathways. While UNHCR integrates GBV response and prevention within its protection programming, access to justice remains one of the most difficult areas to address.[60] Through its CBP approach, UNHCR works to strengthen legal awareness, support survivor-centered approaches, and improve access to legal services. However, several gaps and challenges hinder these efforts.

Legal status of refugees. In contexts where refugees lack legal status, GBV survivors avoid reporting cases to police or the judicial authorities as they are considered illegal immigrants. This was reported by stakeholders in Kenya and Peru.[61] In Malaysia, which is not signatory to the 1951 Refugee Convention, UNHCR conducted advocacy and protection and human rights training with police and other judicial actors with some positive results. In 2022, for example, the number of refugee survivors receiving legal support increased by 15 percent and the number of survivors who obtained legal protection orders doubled from the previous year.[62] However, progress has been fragile. In 2023, UNHCR observed an increase in negative public sentiments towards refugees, a decline in help-seeking by refugee GBV survivors, an increase in cases denied protection by police, and 30 percent fewer survivors lodging police reports.[63] Partners perceive the lack of UNHCR presence on the ground due to funding cuts (see Finding 6) to have an adverse effect on engagement with subnational police and authorities.

Capacity of legal and justice actors. Lack of resources and lack of capacity emerged as a significant challenge to UNHCR work to support GBV survivors' access to justice. In Kenya, there were no female police or interpreters in any of the camps at the time of the evaluation field mission.[64] Access to legal aid and justice in DRC is hampered by long distances, slow processes, and costs.[65] Similar issues were identified in CAR. In Dadaab (Kenya), the Evaluation Team found there was no confidential entry point for survivors in one of the camps and that a male police officer ran the desk.

Traditional justice systems. GBV survivors and/or their families often choose to resolve incidents or disputes through traditional systems, given concerns about limited investigative capacity of the formal system, and the potential for corruption. In Dadaab, for example, local communities prefer to resolve cases through *Maslaha* (informal dispute resolution mechanisms). While Kenyan police officers are trained in how to deal with GBV cases there are ongoing challenges with police attitudes and practices that require additional training. Further, high turnover within the police means that continual capacity-building is required. Nonetheless, some positive results were observed, including the deployment of a Magistrate in Dadaab Law Courts in 2017 and the establishment of GBV courts in Kakuma in 2023.[66]

Coordination. Organizations like UN Women, the United Nations Development Programme, and the International Rescue Committee (IRC) also contribute to access to justice programming by advocating for stronger legal protections, training law enforcement and judicial personnel, and providing direct legal aid and psychosocial support for GBV survivors. While these efforts are essential, a more coordinated approach is

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[60] This emerged from case studies in CAR, DRC, Kenya, Malaysia and Peru.
[61] UNHCR (2024) Annual Results Report 2023 Peru.
[62] UNHCR (2023) Annual Results Report 2022 Malaysia.
[63] UNHCR (2024) Annual Results Report 2023 Malaysia.
[64] In Dadaab, male police are predominantly Kenyan and often require Somali interpreters who are also predominantly male. While UNHCR offered accommodation for female police in its safe compound to encourage female police to work in the camps, the government declined due to its equality policy.
[65] UNHCR (2023) Annual Results Report 2022. Democratic Republic of Congo.
[66] Further, in October 2021, Kenya launched its first policy for an integrated police response to GBV. This policy guides the establishment and management of 'Policare' centers – one-stop facilities providing comprehensive support services, including legal assistance, psychosocial support, and healthcare, to GBV survivors at no cost.

needed to ensure that GBV survivors – particularly refugees and migrants – can access justice in a meaningful and effective way.

> **Finding 6: UNHCR's leadership in GBV case management remains a cornerstone of its response, widely recognized by partners and external stakeholders. UNHCR has expanded access to lifesaving GBV services, improving service availability and survivor satisfaction, particularly in refugee settings where targeted investments have yielded positive outcomes. Despite these strengths, the evaluation identified multiple challenges to effective case management, largely linked to funding constraints. These include staff burnout and turnover, limited ability to monitor quality of case management, challenges adapting protocols for different settings and population groups, and challenges with case management data systems. These challenges are leading to reduced implementation quality.**

Strength of evidence: Strong

Analysis from Results Monitoring Surveys (RMS) in 33 countries[67] revealed that knowledge of GBV services is strongly correlated with living in a refugee camp (presumably in part a function of the greater availability of such services in camps) and with having documentation. Globally, 70 percent of staff survey respondents reported that the GBV policy has partially or fully delivered against GBV response objectives. Significant differences in opinions can be observed across regions, with 63 percent of staff in Asia and the Pacific and 88 percent in West and Central Africa stating that the GBV policy had delivered against objectives. These regional variations may be related to different levels and types of investment across regions. The Asia Pacific RB did not have a dedicated GBV position until 2024, previously having one position responsible for both GBV and child protection. Further, there has been higher investment from RBs to policy rollout in West and Central Africa through earmarked GBV funding from the Safe from the Start program. The evaluation found that UNHCR and its funded partners are widely recognized as specializing in GBV case management for refugees and asylum seekers, and case management was consistently identified by partners and other external stakeholders as a UNHCR strength, particularly in refugee settings. However, UNHCR results for GBV response and case management vary widely across contexts. Results data from COMPASS suggests that there has been a small increase from 2022 to 2023 in the proportion of people who knew where to access GBV services, reaching 78 percent in 2023 (see Figure 5). Satisfaction with GBV case management services rose from 33 percent in 2022 to 75 percent in 2023.[68]

FIGURE 05. **Progress on GBV response indicators 4.1 and 4.3 for all operations reporting on Outcome 4[69]**

| 4.1. % of people who know where to access GBV services | 4.3. % of survivors who are satisfied with GBV case management |

■ Baseline ■ Achieved
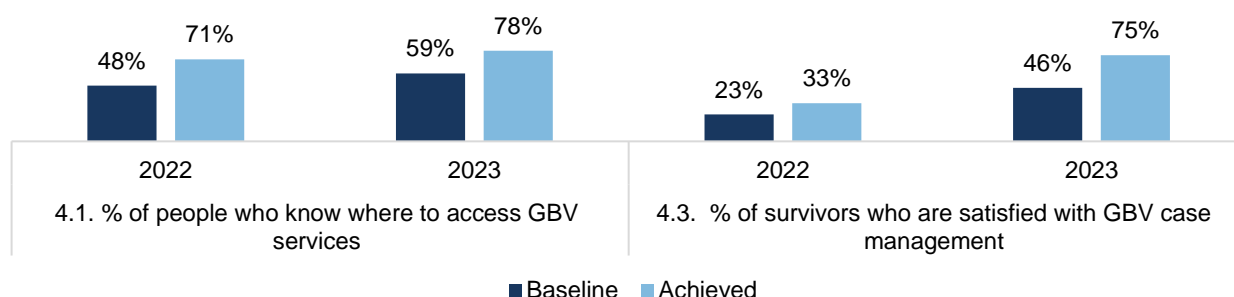
Results in 2023 varied significantly across operations and populations served. For example, refugee and asylum seeker knowledge of where to access available GBV services ranged from 33 percent in Peru to 93 percent in Moldova, and satisfaction with GBV case management ranged from 40 percent in CAR to 98 percent in Syria (see Figure 6). Knowledge and satisfaction were higher among refugees and asylum seekers than IDPs and returnees in mixed settings, with the difference in satisfaction with case management between
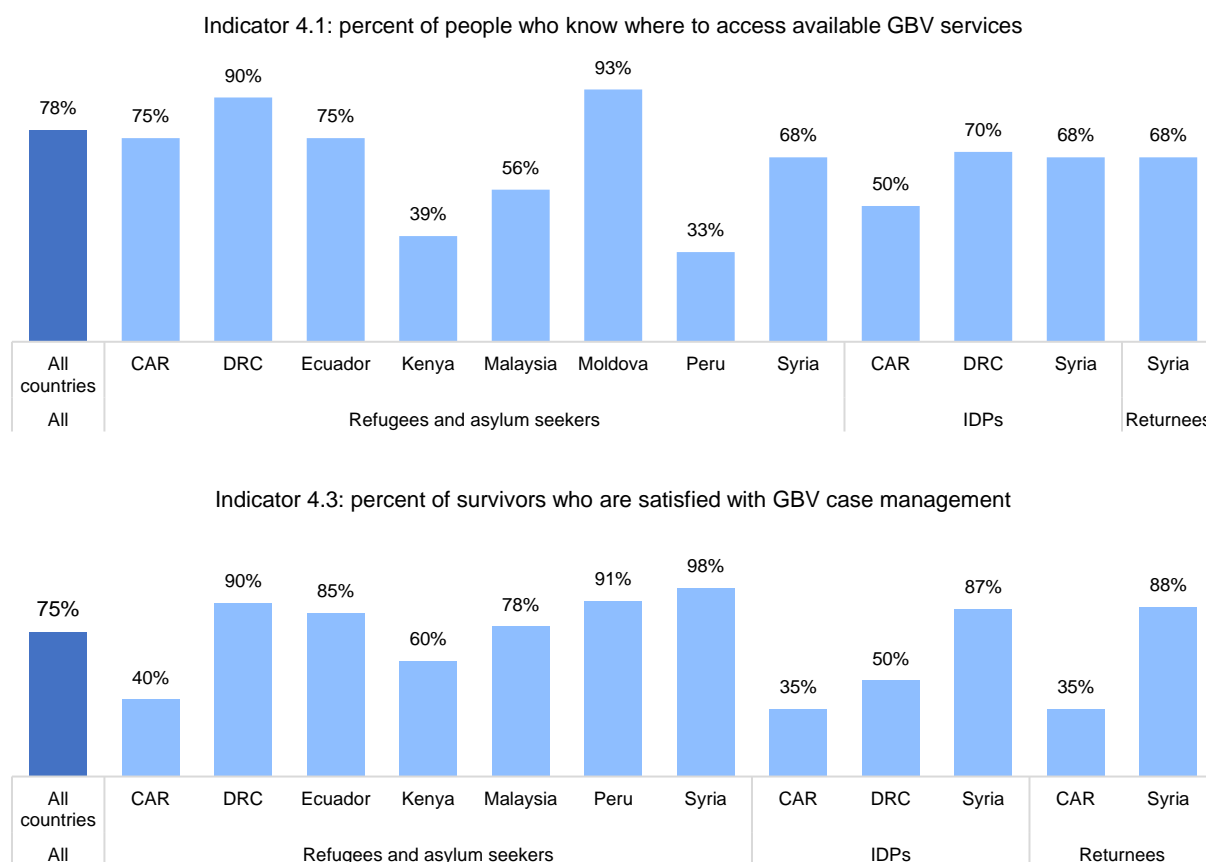
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[67] Results Monitoring Surveys (RMS) are representative household surveys carried out at regular intervals by UNHCR, in order to systematically collect data on UNHCR's outcome indicators.

[68] Data on the awareness of GBV services are collected by UNHCR operations through refugee surveys, including the Results Monitoring Survey (RMS). Satisfaction data are collected via RBM GBV Case Management Client Feedback surveys, conducted by the organization responsible for delivering case management services, which is usually UNHCR partners or, in fewer instances, UNHCR itself.

[69] Source: UNHCR GBV Dashboard / COMPASS RBM data

refugees/asylum seekers and IDPs being particularly high in the DRC (90 percent and 50 percent respectively). These results in the DRC need to be read against the large difference in population size between IDPs and refugees/asylum seekers: more than seven million and half a million respectively.[70] Results also vary within operations at the sub-national level and across diverse sources of data. For example, 39 percent of refugees and asylum seekers in Kenya knew where to access GBV services, but knowledge was higher in Kakuma (63 percent) than in Dadaab (39 percent) and in urban areas (31 percent).[71] Satisfaction with GBV case management services among refugee survivors in Kenya overall was 60 percent;[72] however, in Dadaab, 86 percent of survivors said that the services helped with their problem, and 100 percent said staff respected their confidentiality, were friendly and non-judgmental, and used language they could understand.[73]

FIGURE 06.   Achieved results for indicators 4.1 and 4.3 for all countries reporting on Outcome 4, and up to eight case study countries[74]

Indicator 4.1: percent of people who know where to access available GBV services

Indicator 4.3: percent of survivors who are satisfied with GBV case management

These results are based on a secondary analysis of UNHCR and partner data and could not be verified by the evaluation team since GBV survivors were not interviewed for ethical reasons. However, it is possible to triangulate these findings with other sources of secondary data, and primary data from the evaluation. This triangulation suggests that despite overall improvements in survivor satisfaction with GBV case management in 2023, there have been challenges to effective case management.

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[70] According to OCHA and UNHCR data as of April 2024, the DRC had approximately 7.3 million IDPs and the DRC hosted around 529,000 refugees and asylum-seekers who had fled from neighboring countries due to various conflicts. Source: OCHA (2024) Democratic Republic of the Congo: Internally Displaced Persons and Returnees - April 2024; UNHCR (2024) Democratic Republic of the Congo Country Page.
[71] UNHCR (2024) Annual Results Report 2023 Kenya.
[72] UNHCR (2024) Annual Results Report 2023 Kenya.
[73] DRC (2023) 2023 GBV Clients' Feedback Report - Dadaab. Danish Refugee Council, August 2023.
[74] Source: UNHCR GBV Dashboard / COMPASS RBM data. Data is not available for Italy, and partial data is available for Moldova.

Inadequate resourcing for GBV case management. Funding cuts have affected GBV case management, leading to fewer caseworkers but not fewer cases.[75] UNHCR operations and partners in Kenya, Ecuador, and Malaysia, and focal points from the MENA RB, shared that individual caseworkers are taking on additional cases due to increasing GBV needs and reduced staff. Internal audits of UNHCR operations, which have consistently shown high partner caseworker-to-survivor ratios against the recommended ration of one caseworker to 20 active cases (1:20). For example, in 2022-2023 the ratio was 1:110 in Niger, 1:86 in Uganda, 1:76 in Nigeria and 1:45 in Rwanda, with only Bangladesh's ratio of 1:23 being close to the recommended standard.[76]

Reduction in quality of GBV case management. Between 2023 and 2024, audits identified challenges in UNHCR's GBV case management, highlighting issues such as excessive workloads, insufficient staffing, and outdated standard operating procedures (SOP), which adversely affected the quality of services.[77] The GBV evaluation has confirmed these findings, including examples of how the quality of case management is reducing in a context of constrained resourcing. Common ways are through reduction in time spent supporting survivors and through partners cutting back case management services. For instance, in Malaysia, one GBV case management partner considered cutting back elements of case management and focusing on psychosocial support when a survivor was safe and no longer experiencing GBV. However, another partner noted that this approach sometimes led to cases being closed prematurely; for instance, where it was wrongly assumed that a girl under the age of 18 no longer faced protection risks after marrying.

Staff burnout, turnover and reduced capacity. UNHCR GBV staff and partners in Ecuador, Kenya and Malaysia, and in the RBs, noted that GBV caseloads with fewer caseworkers is leading to staff burnout and secondary trauma. Partners in Kakuma, Kenya, stated that funding for staff psychosocial debriefing had also been cut, exacerbating burnout. Across multiple operations, burnout contributes to high turnover of staff with insufficient resourcing for training and capacity-building for new caseworkers, reducing quality of services (see section 6.4.3).

Limited ability of UNHCR to monitor quality of case management. Reductions in funding and human resourcing are impacting negatively on UNHCR ability to monitor the quality of partners' GBV case management in some settings. This was identified particularly in operations in which UNHCR has a limited or shrinking presence on the ground. In Malaysia, large reductions in funding have led to restrictions on UNHCR GBV focal points' travel to sub-national locations, impacting the quality of services delivered. In Peru, UNHCR has less presence on the ground, limiting capacity to follow up with partners in the field, although UNHCR focal points are stationed in some partners' sub-national offices, allowing them to provide some oversight.

Challenges in adapting protocols for different settings and population groups. The evaluation found gaps in adapting GBV case management SOP and protocols for different operational contexts or population groups. Challenges were prominent in the Americas, including Ecuador, where UNHCR and partners face challenges with cross-border GBV case management for people in transit, and GBV case management for survivors whose partners belong to organized criminal groups (OCG). In multiple countries, large gaps exist in GBV services for male and LGBTQI+ survivors, particularly of sexual violence. Case management services are not always tailored for these groups and few comprehensive resources are available.[78] Nevertheless,

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[75] This finding is also in line with evidence presented in the Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.
[76] OIOS (2023) Audit of UNHCR arrangements for prevention, risk mitigation and response to gender-based violence. Report number 2023/076, Office of Internal Oversight Services, Internal Audit Division.
[77] OIOS (2023) Audit of UNHCR arrangements for prevention, risk mitigation and response to gender-based violence. Report number 2023/076, Office of Internal Oversight Services, Internal Audit Division; OIOS (2024) Audit of mandate refugee status determination processes, gender-based violence, and livelihoods and economic inclusion at the Office of the United Nations High Commissioner for Refugees in Rwanda. Report number 2024/025, Office of Internal Oversight Services, Internal Audit Division; OIOS (2024) Audit of livelihoods and economic inclusion, risk mitigation and response to gender-based violence; and affiliate workforce at the Office of the United Nations High Commissioner for Refugees in Uganda. Report number 2024/027, Office of Internal Oversight Services, Internal Audit Division; OIOS (2024) Audit of Operations in Somalia for the Office of the United Nations High Commissioner for Refugees. Report number 2024/076, Office of Internal Oversight Services, Internal Audit Division; OIOS (2024) Audit of the Use of the Profile Global Registration System at the Office of the United Nations High Commissioner for Refugees. Report number 2024/056, Office of Internal Oversight Services, Internal Audit Division.
[78] This is consistent with results found by UNHCR (2023) Longitudinal Evaluation of the Implementation of UNHCR's Age, Gender, and Diversity (AGD) Policy: Final Report. The evaluation found that case management services were not sufficiently tailored to address the specific needs of LGBTQI+ individuals and that UNHCR and partner staff in several countries reported a lack of comprehensive resources to support service providers in delivering adequate responses.

several examples of strong support to LGBTQI+ groups emerged in a few of the case study countries (see section 6.5.1 for more comprehensive findings related to AGD).[79]

Challenges with case management data systems. The evaluation identified some challenges with GBV case management data systems, including streamlining systems within UNHCR and across partners. In Ecuador, civil society partners engaging in GBV case management do not use proGres and government reporting is done via hard copy forms. Other challenges include incomplete data entry into proGres, leading to inefficiencies in case management cycles. Internal audits in 2023 and 2024 found similar issues with case management data systems in other settings. For example, UNHCR operations in Mexico, Uganda, Rwanda and Greece have faced challenges using proGres or aligning it with partners' access, sometimes using a combination of proGres, other tools (KoBo or Excel) or manual records.[80] Audits have also found examples of incomplete or incorrect data entry, for example in Rwanda[81] and Niger.[82] The Phase 1 GBV Evidence Synthesis report noted problems with case files missing important data and lacking details on follow up actions.[84] Differences in the accurate use of GBV case management systems between refugees and IDP populations were notable in Nigeria, where refugee case files contained necessary information, but IDP case files lacked required details.[85]

6.2.2. GBV risk mitigation

Finding 7: UNHCR demonstrates commitment to GBV risk mitigation and mainstreaming, particularly through multifunctional sector teams, reflecting its core protection mandate. However, the extent to which this commitment translates into ownership varies across contexts, influenced by operational settings, communication from leadership, GBV capacity, resource constraints, and weak accountability mechanisms.

Strength of evidence: Strong

"Risk mitigation and response is not only the responsibility of protection staff, it is an organizational commitment and the responsibility of everybody. But this commitment has not been sufficiently communicated because at all levels, at technical levels, in the field, junior or senior, they don't seem to be aware of it. So protection colleagues really welcomed the message in the policy that we are not alone in the fight against GBV. The problem is that we're committed to that on paper but in reality I cannot say that I see a major change."

(UNHCR Regional Bureau GBV focal point)

The Evaluation Team found strong commitment to GBV risk mitigation and mainstreaming among staff in operations, including by multifunctional sector teams. This commitment is part of UNHCR protection mandate (many noted that *"it's in our DNA"*) and its role protecting displaced and stateless people from GBV. However, the extent to which this commitment is being translated into concrete actions varies across contexts, as does the alignment of narratives between GBV focal points and multifunctional staff.

Globally, 70 percent of staff survey respondents agreed that the policy has delivered against GBV risk mitigation objectives, with stronger agreement among multifunctional teams, GBV staff, and management staff. Regional agreement varies from 63 percent in Asia and the Pacific to 90 percent in West and Central Africa. GBV and protection staff emphasized the importance of risk mitigation with multifunctional sector teams, but mainstreaming occurs at their discretion. Multifunctional sector teams mostly support GBV risk mitigation but vary in their views on responsibility. Stronger GBV risk mitigation occurs when multifunctional teams recognize their ownership of activities with technical assistance from GBV staff. Five intersecting factors affected engagement on GBV risk mitigation:

- **Operational context**. GBV risk mitigation is more comprehensive in camp settings than urban settings due to the broader range of sectors and greater control by UNHCR. For example, in Kenya, risk

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[79] The Interagency Gender-Based Violence Case management Guidelines (2017) provide guidance on adapting case management services for male survivors and LGBTQI+ survivors, but the GBVIMS Global team is currently in the process of updating content on case management for LGBTQI+ survivors.

[80] OIOS (2023) Audit of UNHCR arrangements for prevention, risk mitigation and response to gender-based violence. Report number 2023/076, Office of Internal Oversight Services, Internal Audit Division.

[81] OIOS (2024) Audit of mandate refugee status determination processes, gender-based violence, and livelihoods and economic inclusion at the Office of the United Nations High Commissioner for Refugees in Rwanda. Report number 2024/025, Office of Internal Oversight Services, Internal Audit Division.

[82] OIOS (2023) Audit of UNHCR arrangements for prevention, risk mitigation and response to gender-based violence. Report number 2023/076, Office of Internal Oversight Services, Internal Audit Division.

mitigation activities span all sectors in Dadaab and Kakuma, while in the Americas, they focus on cash-based interventions (CBI), livelihoods and health.[83]

- **Lack of communication from leadership**. Several UNHCR stakeholders, particularly at regional and global levels, suggested that poor buy in on GBV risk mitigation was partly due to poor communication from UNHCR leadership and management about the responsibilities of multifunctional sector teams. When asked about how they knew about their GBV risk mitigation responsibilities, multifunctional sector teams in several operations referred to awareness raising or training conducted by GBV focal points rather than through communication from leadership or management.
- **Insufficient GBV capacity**. GBV risk mitigation training and capacity-building is inconsistent across operations. Multifunctional team members expressed interest in more GBV training; however, funding cuts and excessive multi-hatting among GBV focal points limit availability. In two country operations, lack of GBV risk mitigation training was linked to management assumptions that staff were adequately capacitated; however, GBV focal points noted that this did not always translate to implementation.
- **Resource limitations**. Constrained resources increase pressure on staff to deliver against multiple responsibilities, making GBV risk mitigation an additional workload amidst competing priorities.
- **Accountability gaps**. Weak accountability mechanisms hinder multifunctional sector teams' compliance with the GBV policy, with mandatory implementation tending to sit with GBV and protection staff at operations level. Key accountability gaps include a lack of indicators to track GBV mainstreaming,[84] and lack of mandatory integration of GBV risk mitigation into sector workplans.

> **Finding 8: Despite variations in ownership for GBV risk mitigation, the evaluation has found strong examples of effective mainstreaming of GBV risk mitigation across multiple sectors, enhancing protection for at-risk populations. However, gaps remain, with the evaluation also identifying inconsistencies in implementation, lack of safety audits, challenges in prioritizing risk mitigation in resource-constrained settings, and poor documentation of risk mitigation results.**

Strength of evidence: Strong

Challenges to UNHCR GBV risk mitigation efforts have led to gaps in delivery. Audits in Rwanda and Uganda revealed that GBV was not effectively integrated into sectoral activities,[85] and safety audits were inconsistent, leading to unidentified GBV risks.[86] Gaps in risk mitigation were also identified in the GBV audit conducted in 2023.[87] The evaluation also identified gaps in GBV risk mitigation, often linked to contextual factors or the impacts of reduced funding and resourcing. In settings such as CAR and DRC, high protection and GBV risks coupled with consistent underfunding hinder prioritization of risk mitigation activities.

- In Kenya, GBV risk mitigation has been weakest in shelter programming. In Kakuma, refugees are initially provided with temporary plastic shelters at reception centers, which exacerbate protection risks. Over time, these are converted to permanent brick-and-mortar shelters. However, highly congested shelters continue to heighten GBV risks. In Dadaab, the number of shelters is very limited. While UNHCR prioritizes families at the highest risk, they have been working on alternatives, including providing more durable materials for existing shelters.
- In the DRC, GBV, protection and multifunctional teams are meeting less frequently because of resourcing constraints and lack of staff, leading to gaps in coordination and planning for GBV risk mitigation. This is expected to worsen with the recent reduction of GBV positions. In one sub-national site, staff indicated that funding gaps are also being felt in sectoral programs, particularly in shelter and camp management, limiting the integration of GBV risk mitigation measures. One UNHCR staff

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[83] Cash-based initiatives are often integrated into livelihoods and food security activities and can help to mitigate risk due to economic drivers of GBV, and food insecurity intensifying exposure to GBV risks. See IASC (2015) Guidelines for Integrating Gender-Based Violence in Interventions in Humanitarian Action. Reducing Risk, Promoting Resilience, and Aiding Recovery. Inter-Agency Standing Committee.

[84] A good practice GBV risk mitigation indicator was introduced in Q4 2024 for 2025 planning.

[85] OIOS (2024) Audit of mandate refugee status determination processes, gender-based violence, and livelihoods and economic inclusion at the Office of the United Nations High Commissioner for Refugees in Rwanda. Report number 2024/025, Office of Internal Oversight Services, Internal Audit Division

[86] OIOS (2024) Audit of livelihoods and economic inclusion, risk mitigation and response to gender-based violence; and affiliate workforce at the Office of the United Nations High Commissioner for Refugees in Uganda. Report number 2024/027, Office of Internal Oversight Services, Internal Audit Division.

[87] OIOS (2023) Audit of UNHCR arrangements for prevention, risk mitigation and response to gender-based violence. Report number 2023/076, Office of Internal Oversight Services, Internal Audit Division.

member shared that the operation had acknowledged that improving quality of shelters would significantly reduce GBV, particularly rape; however, there are insufficient resources to address these issues.

Another gap identified by the Evaluation Team is the timely completion of risk assessments and safety audits and the translation of findings into concrete risk mitigation plans and activities. This gap is linked to diminishing funding and human resources, and overwhelming sets of risks posing challenges for prioritization (see further details in section 6.3.1). Despite these gaps, the evaluation also found some strong examples of mainstreaming taking place, in both camp and non-camp settings (see Box 2). However, good practice examples are not being adequately captured or measured. Mandatory RBM indicators for Outcome 4 (GBV) are focused on results related to GBV response, case management and prevention. Good practice GBV risk mitigation indicators exist in different outcome areas,[88] but a small proportion of operations report against these indicators, with the majority reporting only on mandatory ones.[89]

BOX 2: Good practice examples of GBV risk mitigation in camp and non-camp refugee settings

In Kakuma camp complex in Kenya, UNHCR used safety audits and GBVIMS data to identify GBV hotspots, leading to better lighting in targeted locations. The WASH team improved lighting in toilets, ensured toilets are within 200 meters of shelters, placed locks on toilets, and scheduled water access hours from 6am to 6pm to discourage water use at night. The education team trained teachers on safeguarding, child protection, and code of conduct; supported gender clubs in schools so that learners know how to access GBV services; and ensured access to psychosocial support and counselling. The health team trained health facility staff on GBV response for appropriate referrals. The security team provided gender training to security staff and ensured female guards are available in the reception center.

In Ecuador, a non-camp setting, UNHCR's risk mitigation work focuses on livelihoods and CBI programming. The CBI team prioritizes cash recipients based on vulnerability, with GBV survivors given priority. Over 90% of cash recipients and approximately 80% of persons benefiting from economic inclusion activities in response to economic stressors are women, including those at risk of or survivors of GBV. Prior to the GBV Policy launch, UNHCR Ecuador conducted two evaluative studies of the impact of CBI (Graduation Model) on GBV outcomes, with positive results.[90]

In Moldova, a non-camp setting, GBV risk mitigation has been a key focus of UNHCR's GBV programming with partners and central to the work of the GBV Sub-sector Working Group, which UNHCR co-leads with UNFPA. Anticipatory actions, such as strengthening community-based mechanisms and expanding access to safe spaces, have been crucial. Trained MHPSS staff were strategically placed in key locations, including community and cash centers, to provide confidential support and information on GBV services, reducing barriers to reporting.

6.2.3. GBV prevention

Finding 9: Despite focused global attention on the primary prevention of GBV, UNHCR and its partners have increasingly shifted towards awareness raising activities, particularly in contexts where funding cuts have impacted prevention efforts. Where primary prevention was implemented comprehensively over time, efforts were more effective in achieving results when programs were carefully tailored and adapted to local realities, even in humanitarian and displacement contexts where long-term social norms and behavior change initiatives are challenging to implement.

Strength of evidence: Strong

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[88] Including Protection policy and law (OA3), Community engagement and women's empowerment (OA7) and clean water, sanitation and hygiene (OA12). Good practice indicators include the following: Proportion of UNHCR-led/co-led sectors/clusters which included GBV risk mitigation actions in their response plans; Number of education staff who participated in GBV trainings and/or child protection training; Proportion of education institutions integrating GBV risk mitigation measures; percent of women, girls, men and boys consulted report they feel equal and safe while accessing programme information, services and facilities (e.g., latrines, wash points, NFI distributions, information about entitlements); percent of area with street or public lights; percent of recipients who are satisfied with menstrual hygiene management and facilities.

[89] The Phase 1 evidence synthesis report notes that 6 percent of operations report on the good practice indicator "*Proportion of UNHCR-led/co-led sectors/clusters which included GBV risk mitigation actions in their response plans*". Further, none of the case study countries covered by the evaluation report against any of the good practice indicators. Hence, the Evaluation Team struggled to verify examples of risk mitigation or results linked to them.

[90] UNHCR (2019) Cash Assistance and the Prevention, Mitigation and Response to Sexual and Gender-Based Violence (SGBV). UNHCR and Safe from the Start.

With support from Safe from the Start, UNHCR has established a global partnership with the IRC and Raising Voices to build organizational and operational capacity to implement GBV prevention, including three specific prevention models.

- **Engaging Men through Accountable Practice** (EMAP), created by the IRC, engages men in the prevention of GBV through approaches that are accountable to women and girls and ensure their leadership in primary prevention efforts.[91]
- **Girl Shine**, created by the IRC, is a combined GBV prevention and response model that seeks to support, protect and empower adolescent girls in humanitarian settings by providing them with skills and knowledge about GBV and how to seek services.[92]
- **SASA! Together**, created by Raising Voices, is a four-phase community mobilization approach to GBV prevention, with a focus on intimate partner violence, organized around three strategies - local activism, community leadership and institutional strengthening.[93]

In November 2023, 16 UNHCR operations were implementing one or more of the three GBV prevention models and 97 UNHCR and partner focal points had been certified to implement at least one of them (see Figure 7). During the evaluation's data collection phase, prevention efforts had started or were planned in additional countries. For example, UNHCR staff and partners received EMAP training in CAR and Ecuador with plans to pilot the approach, and preparations were being made to roll out Girl Shine in Moldova in 2025.

FIGURE 07. UNHCR mapping of GBV prevention implementation supported by IRC and Raising Voices (November 2023)
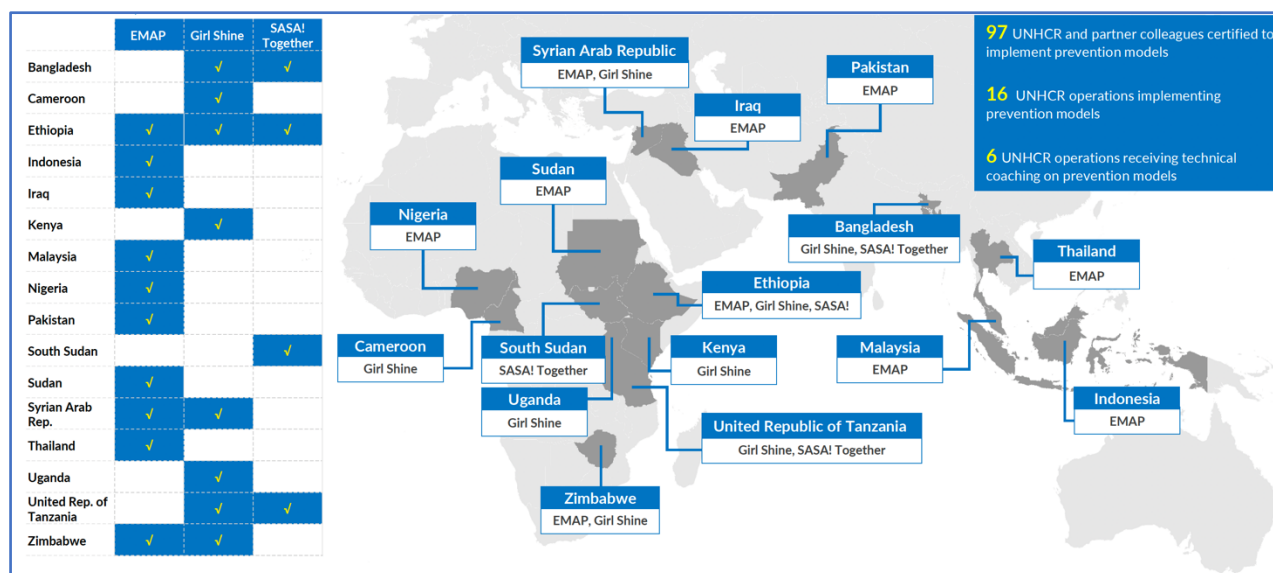
The evaluation found mixed results regarding progress in GBV prevention. Seventy percent of staff survey respondents believed that the GBV policy has delivered against GBV prevention objectives. However, operations staff who are not directly responsible for GBV, protection, or multifunctional activities, as well as staff in Asia and the Pacific, were more critical in their assessments. At the country level, GBV prevention is often treated as synonymous with awareness raising, including campaigns and celebration of emblematic days or events (e.g., 16 Days of Activism, International Women's Day) despite efforts to promote structured GBV prevention programming. Further, in several countries, funding cuts have led to prevention activities being replaced by awareness raising. For example, in Peru, funding cuts in 2023 significantly affected GBV prevention budgets, leaving commemorative events as the only remaining prevention-focused activities.

In Kenya, comprehensive learning and evidence building on the effectiveness and impact of GBV prevention has been captured due to ongoing prevention interventions including EMAP, Girl Shine, and SASA! Together. UNHCR partners in Kenya are supporting a range of other GBV prevention interventions independently of the

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[91] https://gbvresponders.org/prevention/emap/

[92] https://gbvresponders.org/adolescent-girls/

[93] https://raisingvoices.org/women/sasa-approach/sasa-together/

global prevention partnership with IRC and Raising Voices, with examples emerging of the EA$E social and economic empowerment model[94] and Indashyikirwa couples' curriculum[95] being rolled out. Evidence suggests that shorter, curriculum-based interventions like EMAP, Girl Shine, and EA$E, have been more effective than SASA! Together, which requires longer-term community engagement of up to five years (see Box 3). The findings on prevention highlight the need to adapt GBV prevention materials to local contexts. For example, the implementation of SASA! Together in Rohingya camps in Bangladesh appears to have been more successful than in Kenya due to successful coordination and strong adaptation to local realities.[96] The rollout also benefited from learning from previous adaptations of SASA! Together made in Bangladesh.[97] A recent community assessment on the roll out of the awareness phase of SASA! Together in Bangladesh conducted between October 2022 and August 2024 found very promising results, including improvements in knowledge of men's power as a root cause of GBV, and more equitable attitudes and social norms related to intimate partner violence (IPV), including reduced tolerance for GBV.[98]

BOX 3: Lessons from GBV prevention programming in refugee camps in Kenya

UNHCR partners in Kakuma and Dadaab camps in Kenya described significant challenges implementing long-term prevention interventions like SASA! Together in protracted displacement settings. These included funding shortages, community resistance, high turnover of staff and volunteers, refugee movement between camps, and insecurity and restricted movements affecting activist activities.[99]

Partners in both Kakuma and Dadaab suggested that GBV prevention programs, including SASA! Together, often suffered from inadequate adaptation to local contexts due to lack of funding, leading to perceptions that programs were foreign and inconsistent with local culture and values. In Kakuma, this challenge was exacerbated by the large diversity in refugee and asylum seeker nationality, ethnicity, and language. Poor adaptation to local contexts was reported to have led to backlash against prevention programs, including against staff and volunteers supporting these programs.

UNHCR partners in Kenya are increasingly using shorter-term curriculum-based programs such as EMAP and Girl Shine. Stakeholders in both Dadaab and Kakuma provided positive assessments of EMAP and described positive changes resulting from the program. For example, in Hagadera Camp in Dadaab, EMAP participants described increased knowledge about gender equality, and men described increasingly helping their wives with domestic labor and childcare. Girl Shine has increased girls' ability to save money and has strengthened their confidence to seek services, with one example shared of a child marriage that was averted in Dadaab. Positive results were also observed in IRC's EA$E intervention in Kakuma, including women starting small income-generating activities (IGAs) and achieving greater economic independence, and male partners actively participating in prevention sessions, leading to reductions in IPV and enhanced family wellbeing.

Finding 10: UNHCR is increasingly supporting GBV prevention through partnerships with WLOs, with strong examples emerging in Moldova and Kenya. However, prevention is often deprioritized due to perceptions that it is less lifesaving than response, limited evidence of its impact, and concerns about whether UNHCR, as a humanitarian agency, is best positioned to lead long-term prevention efforts.

Strength of evidence: Strong

The evaluation has found that the relevance of UNHCR contribution to GBV response, case management and risk mitigation is rarely questioned by UNHCR focal points, partners or interested actors. However, questions about whether UNHCR should be supporting GBV prevention activities emerged at country, regional and

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[94] IRC's Women's Economic and Social Empowerment (EA$E) intervention model has three main components: women's village savings and loans groups; gender discussion groups based on a social empowerment curriculum with women and their male partners; and women's business skills training (see https://gbvresponders.org/empowerment/ease/). The model has been tested in several contexts, including Burundi and Cote d'Ivoire, showing a reduction in IPV, particularly economic IPV, and improvements on other women's empowerment indicators (see https://www.rescue.org/sites/default/files/document/1052/irceconomicrecoveryanddevelopmentwomenseconomicempo wermentinfo0816.pdf).

[95] The Indashyikirwa couples' curriculum was originally developed and implemented in Rwanda, with strong impact observed on IPV reduction, and has been adapted in multiple contexts.

[96] Guglielmi, S., Mitu, K., Jones, N., and Ala Uddin, M. (2022) Gender-based violence: what is working in prevention, response and mitigation across Rohingya refugee camps in Cox's Bazar, Bangladesh. Learning product. London: Gender and Adolescence: Global Evidence.

[97] UN Women (2023) Adapting SASA! Together to mobilise communities against GBV in Bangladesh. Learning Brief.

[98] UNHCR (2024) Community Assessment 2024 on Awareness Phase (CAS). UNHCR Bangladesh.

[99] Namy, S., Ghebrebrhan, N., Lwambi, M. et al. (2019) Balancing fidelity, contextualisation, and innovation: learning from an adaption of SASA! to prevent violence against women in the Dadaab refugee camp. Gender & Development, 27(2): 203-219.

global levels, and amongst both internal and external stakeholders. Three main factors shape questions about the relevance of UNHCR support to GBV prevention programming.

- **Lack of understanding of GBV response and prevention as part of a continuum**. GBV focal points at global, regional and country levels were able to clearly articulate the relationship between GBV response and prevention. This included an understanding that GBV prevention programming should not be started until GBV response services have been established, that prevention and response are part of a continuum rather than separate types of programming, and that programs that fail to challenge unequal gender roles and norms could potentially perpetuate cycles of GBV response. Non-GBV focal points, including management and multifunctional staff, had more limited understanding and were more likely to silo prevention programming from GBV response or risk mitigation.

- **Perceptions of prevention as non-lifesaving**. There is widespread recognition across all levels of the organization that GBV response, case management, and risk mitigation are potentially life-saving interventions. However, GBV prevention is frequently considered to be non-lifesaving, including by non-GBV management and program staff who make decisions about prioritization.[100]

- **Positioning of UNHCR as a humanitarian rather than development actor**. There are strong perceptions within UNHCR that it is not well positioned to implement or support GBV prevention due to its humanitarian rather than development focus. These perceptions are linked to a recognition that shifting gendered social norms and behaviors required to prevent GBV takes time, which in turn requires long-term, consistent funding commitments that do not align well with shorter-term humanitarian funding and programming cycles. While UNHCR has a multi-year planning cycle, senior management in some contexts believe that development agencies are better suited for prevention programming. These perceptions are grounded in the reality of diminishing resources and questions about whether UNHCR should withdraw more quickly from emergencies and hand over development responsibilities to other agencies, precluding its long-term GBV prevention efforts.

Perceptions within UNHCR about prevention being less relevant than other GBV programming areas is impacting on decisions about prioritization of resourcing. GBV prevention is often cut first when resources are constrained, linked to perceptions that response, case management, and risk mitigation are more lifesaving than prevention. These perceptions are compounded by the lack of evidence on the impact of UNHCR's GBV prevention programming (see section 6.3.1), which hinders advocacy for retaining or increasing resourcing for GBV prevention interventions.[101] It is useful to note that GBV prevention is not being de-prioritized everywhere. For example, in Syria, a predominantly IDP context, UNHCR plans to reduce its response and case management programming given other actors are working in this area and build its prevention programming given its connectedness to communities, where its comparative advantage is strongest.

It is important to note that UNHCR is increasingly supporting or partnering with other organizations, particularly WLOs, to implement prevention programming, with promising results (see Box 4). There is further secondary evidence of UNHCR supporting initiatives to prevent GBV, including female genital mutilation (FGM) and child marriage, in refugee settings, with positive results. In Jordan, UNHCR collaborated with Sharia courts to educate Syrian refugee girls on their rights and the risks of child marriage, helping to reduce cases.[102] In Ethiopia and Kenya, UNHCR has worked with local WLOs to implement community dialogues and Alternative Rites of Passage (ARP) programs, providing safe alternatives to FGM while promoting girls' education.[103] Additionally, in South Sudan, UNHCR has strengthened child protection mechanisms to address child and forced marriages, ensuring that at-risk girls receive support and access to education.[104]

BOX 4: Good practice examples of GBV prevention partnerships with WLOs
In Moldova, UNHCR partners with the national WLO Casa Marioarei to expand GBV response services and prevention programming for refugees in addition to Moldovans. Casa Marioarei offers empowerment and GBV prevention training

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[100] This was also noted in the Phase 1 evidence review, which found that UNHCR tended to be a more 'reactive' organization focused on response in emergencies and that GBV prevention was not perceived to be a priority by senior managers. See Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR's Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.
[101] Ibid.
[102] How UNHCR is working to prevent child marriages in Jordan - Australia for UNHCR
[103] https://www.unhcr.org/us/what-we-do/protect-human-rights/protection/gender-based-violence
[104] Gender-based violence | Global Focus, 2023

through workshops on parenting, digital literacy, and art. In 2025, with UNHCR's support, Casa Marioarei will roll out the Girl Shine curriculum with adolescent girls and caregivers after having undergone preparatory training in 2024.[105]

In Kenya, UNHCR has strong partnerships with WLOs in the camps in Dadaab, including in Hagadera and IFO 1 and 2. Activities implemented by UNHCR's WLO partner have been described as life-changing by the women involved, leading to reduced stress, prevention of conflict within families, improved relationships with spouses and children, and greater contribution to family income. Women in female-headed households claim the benefits of independence and not relying on others or engaging in risky behaviors. Women who have benefited from training programs led by WLOs in IFO 2 also shared that the programs have helped to reduce FGM and child marriage.[106]

6.3 GBV operations management cycle[107]

Summary of key findings

Relevance: Key aspects linked to GBV operations management failed to respond to the needs of the population served. The relevance of risk assessments and safety audits was diminished by a lack of consistency in their implementation. There were also notable gaps in measuring the progress of risk mitigation activities and GBV prevention.

Coherence (internal): There are perceptions that senior leadership at global level does not sufficiently prioritize GBV, leading to inconsistent communication about GBV priorities and unclear accountability for policy implementation. However, the evaluation team found increases in GBV prioritization relative to other outcome areas, with examples of operations prioritizing or safeguarding GBV funding allocations.

Coherence (external): UNHCR is not widely recognized as a significant GBV actor at the global level, due to challenges in demonstrating impact, communicating achievements, internal programming and fundraising models, and limitations in its role in global GBV strategic leadership and coordination.

Efficiency: GBV funding for humanitarian purposes showed a declining trend within UNHCR despite rising needs. The disparity in resources made it difficult to consistently meet GBV policy objectives across regions and operations.

Effectiveness: Protection monitoring, participatory assessments, and safety audits were conducted in some operations but not consistently. Data from assessments were not always used systematically. Requests for partners to contribute to data collection put pressure on small civil society organizations with limited funding and human resources.

Progress towards impact: UNHCR collected substantial output-level data but struggled to measure outcomes and long-term impact, particularly of GBV risk mitigation and prevention activities. The absence of consistent baseline and endline data limited evaluation of GBV interventions and hindered evidence-based decision-making and advocacy for GBV funding.

Strategic positioning: UNHCR played a crucial role in safety audits in some countries, such as Moldova and Kenya, leveraging its expertise to identify effective risk mitigation strategies. This enabled UNHCR to leverage its comparative advantage to advance overall GBV objectives.

6.3.1. Assessment and monitoring

Finding 11: The evaluation has found some strong examples of how UNHCR collects and uses data to strengthen GBV programming, including through safety audits and participatory assessments, and through survivor satisfaction data, demonstrating a commitment to monitoring service quality. However, there are gaps in measuring the broader impact of GBV programming, particularly in risk mitigation and prevention, due to inconsistencies in data collection and limited baseline and endline

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[105] UNHCR (2024) Gender-Based Violence Snapshot Republic of Moldova. January - June 2024.
[106] In a participatory workshop conducted during the field mission to Dadaab, women reported this through group work and therefore it is highly anecdotal.
[107] While the GBV policy refers to the GBV operations management cycle, with UNHCR new RBM system, this process is now referred to as the Multi-Year Program Cycle.

assessments. When appropriate data is collected, this is not always analyzed or used, largely due to resource constraints and inconsistent prioritization.

Strength of evidence: Strong

The Evaluation Team found strong examples of UNHCR using data to strengthen GBV programming (see Box 5). Despite these examples, the evaluation identified gaps in UNHCR's ability to measure and track GBV progress, including the impact of its GBV programming. Multiple UNHCR stakeholders noted the challenges faced measuring the impact of GBV programming. Operations collect substantial output-level data to track the implementation of GBV activities, but there is more limited outcome and impact data collected and used, including lack of baseline and endline data collection. This in turn affects the ability to advocate for GBV funding. Measurement of progress on GBV case management is stronger than for other GBV programming areas, including the collection of survivor satisfaction data during case management and exit interviews. However, the Phase 1 evidence review found that this data is not always effectively analyzed or used.[111]

There are strong gaps in measuring progress in other GBV programming areas.

- The evaluation identified a gap in tracking all levels of progress on GBV risk mitigation activities, including at output, outcome and impact levels, including women and girls' feelings of safety and security.[112]

- Operations have struggled to collect data to measure progress on GBV prevention, particularly with Outcome indicator 4.2 (proportion of people who

> **BOX 5: Good practice examples of GBV assessment and monitoring**
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> In Ecuador, GBV measures are integrated into organizational assessment tools and processes, including enhancing protection monitoring and linking existing survey tools with proGres to capture representative data from cases. UNHCR and IOM, through the Grupo de Trabajo para Refugiados y Migrantes (GTRM),[108] established an interactive data platform for Ecuador on the R4V (Interagency Coordination Platform for Refugees and Migrants) website with dashboard data for all GTRM sub-sectors, including GBV.[109] The data platform indicates, for example, which partners are working in which sub-national locations on which types of programs, and who are the main donors of this work.
>
> In Kenya, UNHCR and its partners collect different types of data for GBV assessment and monitoring, including GBVIMS data, safety audits, and participatory assessments with refugees to identify protection and GBV risks and concerns. Safety audits and GBVIMS data have helped UNHCR to identify GBV hotspots in Kakuma, leading to improved lighting in targeted locations. UNHCR partners have developed various structured tools, including for FGDs, household surveys, and direct observations, to gather comprehensive information at the camp level, using technologies such as Kobo to enable more efficient and better-quality data collection.
>
> In Moldova, UNHCR, UNFPA, UNICEF, and IOM jointly led safety audits in 2022 and in 2023 within the framework of the GBV Sub-sector Working Group, co-led by UNHCR and UNFPA as part of the Ukraine Refugee Response. The GBV Safety audits were conducted using a comprehensive approach to identify and mitigate GBV risks. UNHCR played a crucial role in these audits, leveraging its expertise to identify effective risk mitigation strategies, and this was also highlighted in the evaluation of UNHCR Level 3 regional refugee response to the crisis in Ukraine.[110] Conducted annually, audits help to continuously refine and enhance the strategies implemented to protect against GBV.

do not accept violence against women). Several operations stopped reporting on this indicator due to high baseline levels of unacceptance of violence against women (leaving little room for improvement) or concerns about asking sensitive questions. The Evaluation Team found several inconsistencies in measurement methods, with various tools being used, some not meeting recommended standards.[113] In response to these challenges, UNHCR has retained the indicator but adjusted the data collection tool and guidance on its use.

- At impact level, there has also been a lack of measurement of the impacts of GBV prevention programming, including on women's and survivors' empowerment and wellbeing and community-level

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[108] Working Group for Refugees and Migrants
[109] https://www.r4v.info/es/ecuador
[110] UNHCR (2023) Evaluation of UNHCR Level 3 Regional Refugee Emergency Response to the Crisis in Ukraine.
[111] Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR's Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.
[112] There is a new optional indicator for risk mitigation available from 2025, indicating some progress on addressing these gaps.
[113] In one country, data was measured through a single question on acceptance of violence against women, rather than the recommended tools asking about justification for physical IPV in different circumstances.

shifts in harmful social norms. One RB focal point also noted that there was insufficient evaluation and learning being conducted on the effectiveness of prevention interventions to optimize delivery.

Operations faced challenges in timely completion of risk assessments and safety audits, and translating findings into concrete risk mitigation plans. While most operations completed or supported partners to complete risk assessments and safety audits since the launch of the GBV policy, they were not implemented annually in all locations. Diminishing resources, reduced funding and staffing gaps led to delays. Some operations did not complete assessments due to resourcing constraints or lack of prioritization by management. Even when audits and assessments were conducted, they did not always result in corresponding GBV risk mitigation activities. Key challenges included overwhelming sets of risks within a context of reduced resources, posing prioritization challenges and insufficient guidance on how to prioritize risks. The 2023 GBV audit also found insufficient implementation of regular GBV assessments, leading to gaps in identifying GBV risks and planning appropriate responses.[114] The evaluation found that while much monitoring and assessment data was collected across operations, there were often limited resources available to analyze and use this data effectively. For example, in some operations, significant resources were used to collect large samples of (RMS) survey data to feed into annual reporting by country operations, including for outcome 4. However, the use of this data was not always consistent across operations, particularly in terms of multi-year planning. The granularity of these survey datasets was seldom leveraged operationally—for instance, to analyze how outcomes correlate with or are causally linked to underlying variables (e.g., socioeconomic status, gender, age, access to services) across distinct population subgroups. For example, a separate analysis by the Evaluation Office (done in May 2025) of UNHCR's RMS data revealed the following insights when analyzing household level observations from 202,643 refugees, returnees, IDPs, and host communities[115]:

- Despite high reported awareness of GBV services, attitudes rejecting violence remain uneven. Of 108,000 respondents with attitudinal data, 83% express rejection of violence against women - but 17% still express acceptance or indifference.

- Awareness of GBV services is negatively associated with rejecting violence against women (−1.7 percentage points [pp]), implying that awareness of GBV services alone is insufficient to drive gender norm transformation (i.e. there is a need for longer-term prevention interventions to address root causes of GBV).

- Positive associations with rejecting violence include access to safe sanitation (+4.0 pp), safe settlements (+3.6 pp), drinking water (+2.1 pp), secure tenure (+1.0 pp), and income gains (+1.0 pp)

- Legal identity documentation is strongly associated with higher awareness of GBV services (+8.2 percentage points [pp]), but not with increased rejection of violence against women.

- Refugees, returnees, and IDPs are all significantly less likely to report knowledge of GBV services than host populations, with refugees showing the largest gap (−11.0 pp). Returnees also show markedly lower rejection of GBV (−4.5 pp), underlining the vulnerability of these groups in both access and attitudinal dimensions.

This type of analysis can inform strategic planning and guide resource targeting and advocacy. For example, by targeting GBV prevention efforts among certain population groups, or prioritizing GBV mainstreaming and messaging in certain sectors.

Another theme emerging in several countries was that UNHCR faces challenges obtaining data from partners. Some of these challenges stem from partner concerns about confidentiality, particularly of case management data. However, feedback from partners, particularly smaller WLOs or RLOs, was that UNHCR requests for data were not always reasonable and were often burdensome for small organizations with very limited funding and human resources. This feedback was most pronounced in relation to ad hoc requests for data or requests for data outside of routine reporting requirements.

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[114] OIOS (2023) Audit of UNHCR arrangements for prevention, risk mitigation and response to gender-based violence. Report number 2023/076, Office of Internal Oversight Services, Internal Audit Division.
[115] UNHCR Evaluation Office (May 2025): Evidence Brief: Gender-Based Violence – Knowledge, Norms, and Socioeconomic Linkages among Forcibly Displaced Populations (available via Evaluation Office on request)

6.3.2. Planning, prioritization and resource allocation[116]

Finding 12: Globally, GBV sector funding in humanitarian settings has increased over time but not proportionately to the large increase in GBV funding needs. While UNHCR's GBV programming has experienced similar funding constraints, trends vary across regions and operations. The analysis of UNHCR's GBV Outcome Area 4 (OA4) planning and expenditure data indicates that while GBV programming remains underfunded, UNHCR has overall utilized these funds in line with budgetary allocations for GBV.

Strength of evidence: Strong

UNHCR progress on GBV planning, prioritization and resource allocation needs to be read against global trends in GBV financing in humanitarian settings. A 2019 report noted that financial resources dedicated to GBV in humanitarian settings have often been integrated into other sectors and forms of response, particularly health, or hidden within wider protection budgets.[117] The report found that from 2016 to 2018, GBV funding accounted for 0.12 percent of all humanitarian funding, comprising only a third of requested GBV funding.[118] Challenges in capturing reliable and consistent information about GBV investments were due to discrepancies in organizational tracking and clear coding of GBV funding allocations, across both standalone and mainstreamed interventions. A secondary analysis of GBV budgets in HRPs reported to the UNOCHA Financial Tracking Service (FTS) between 2021 and 2024, covering mainly IDP contexts, showed that declining trends in resourcing to GBV have continued. Global GBV sector needs increased by 58 percent from 2021 to 2024 while GBV sector funding needs met returned to the level of 2021 (30 percent) in 2024 after falling to 23 percent in 2022 (see Figure 8). This trend was also observed in regional Refugee Response Plan (RRP) data reported to the Refugee Funding Tracker (RFT), with RRP GBV sector needs met only at 31 percent in 2024 (see Figure 9), as well as in Flash Appeals (FA) data reported to the UNOCHA FTS, with FA GBV sectors needs met declining from 37 percent in 2022 to 24 percent in 2024.

Trends for GBV funding needs met vary from other sectors, such as, for example, child protection, which increased steadily over time according to FTS data on HRPs,[119] and human trafficking and smuggling which recently declined significantly.[120] However, overall, GBV is under-funded relative to total HRP needs met, although HRP needs met have also declined over the years (e.g., from 60 percent in 2022 to 46 percent in 2023 and 48% in 2024). The figures are different for RRPs, with the overall percentage of needs met for RRPs being lower than for GBV in 2022 (44 percent) and 2024 (28 percent) and higher in 2023 (36 percent).[121]

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[116] In the following section, the following terms will be used to analyze planning, prioritization and resource allocation.

- Funding need: budget required to respond to the needs of people with and for whom UNHCR works.
- Prioritized budget: financial authorization issued to enter into commitments and incur expenses for specific purposes (e.g., GBV programming).
- Expenditure: actual costs incurred by UNHCR during its activity; % needs met: the ratio between expenditure and funding needs.

[117] VOICE (2019) Where is the Money? How the Humanitarian System is Failing in its Commitments to End Violence Against Women and Girls. VOICE for the International Rescue Committee.
[118] According to UNOCHA's Financial Tracking Service (FTS), the proportion of 0.12 percent in 2018 reached 0.90 percent in 2021, 0.70 percent in 2022, 1.0 percent in 2023, and 1.2 percent in 2024.
[119] According to FTS data, child protection funding needs met steadily increased from 22 percent in 2021 to 38 percent in 2024.
[120] According to FTS data, funding needs met for human trafficking and smuggling has declined sharply in 2024 to 6 percent after having increased from 9 percent in 2021 to 26 percent in 2022 and 21 percent in 2023.
[121] In 2022 and 2024, GBV was the first and second sector by needs met in RRPs, respectively. In 2023 it was one of the sectors with the least needs met, together with child protection and energy and environment. Overall, there is no clear trend in needs met across sectors.

FIGURE 08. **Global GBV sector humanitarian needs, funding and percent needs met reported to UNOCHA's Financial Tracking System (2021-2024)[122]**

Legend: ■ Global GBV sector needs ■ Global GBV sector funding ····●···· % needs met
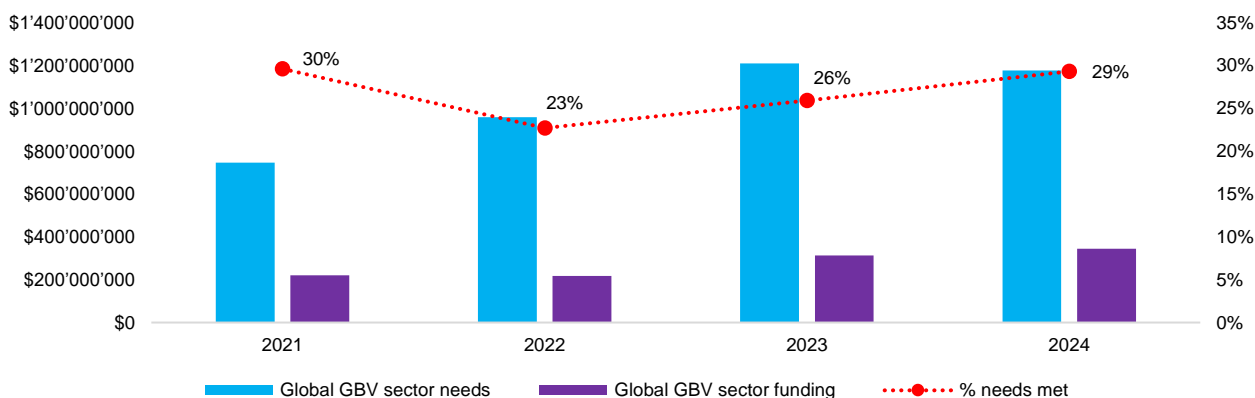
FIGURE 09. **Regional Refugee Response Plan GBV needs, funding and percent needs met reported to the Refugee Funding Tracker (2022-2024)[123]**

Legend: ■ RRP GBV sector needs ■ RRP GBV sector funding ····●···· % needs met
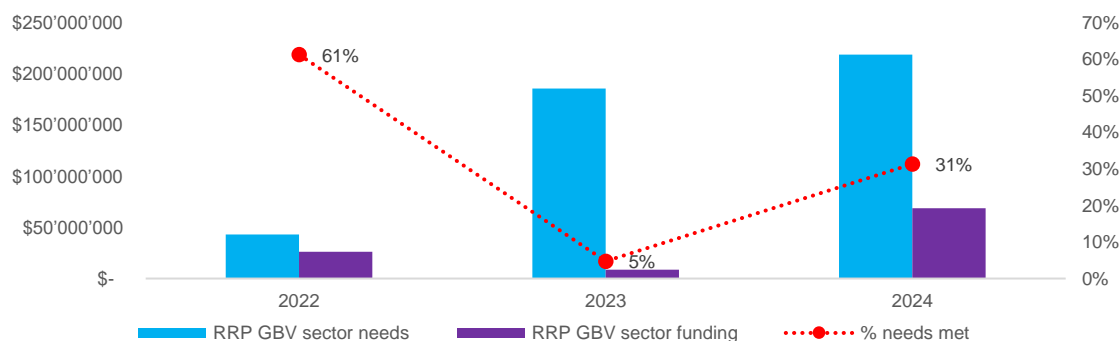
Trends in UNHCR's global GBV budget, needs and prioritization mirror wider humanitarian GBV funding trends.[124] From 2020 to 2023, UNHCR's global funding needs have increased by 59 percent, yet the percentage of GBV budget needs met has reduced from 50 percent to 44 percent (see Figure 10). Overall, under-funding affects all UNHCR Outcome Areas, with percent needs met varying from 34 percent for self-reliance, economic inclusion and livelihoods (OA13) to 60 percent for resettlement and complementary pathways (OA15).[125] It is notable that UNHCR's GBV percent needs met has exceeded the global GBV sector % needs met recorded in both the FTS and RFT in 2023 and 2024 (Figure 11), which may be an indicator of overall GBV prioritization within UNHCR relative to wider global humanitarian funding commitments.

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[122] Source: Evaluation Team's secondary analysis of data from UNOCHA's Financial Tracking Service. GBV global sector data is not available prior to 2021 due to Protection AoRs not previously breaking down financial requirements within response plans.

[123] Source: Evaluation Team's secondary analysis of data from the Refugee Funding Tracker. Data is not available prior to 2022.

[124] UNHCR GBV financial data referenced in the text, tables, and figures relate to *Outcome Area 4* in UNHCR budget / RBM structure - GBV from 2022 onwards (with the introduction of the COMPASS RBM system). Prior to 2022, GBV data refer to *Objective 312*.
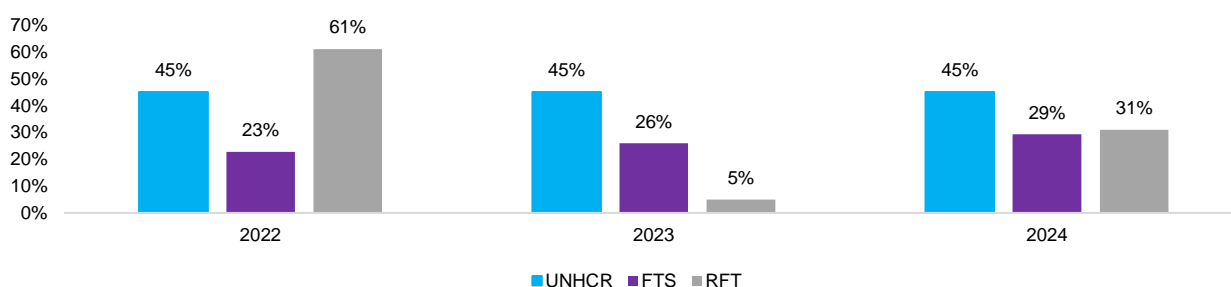
[125] UNHCR (2023) Funding UNHCR's Programmes. Global Report 2023

FIGURE 10.   UNHCR GBV funding need, expenditure and percent needs met (2020-2023)[126]
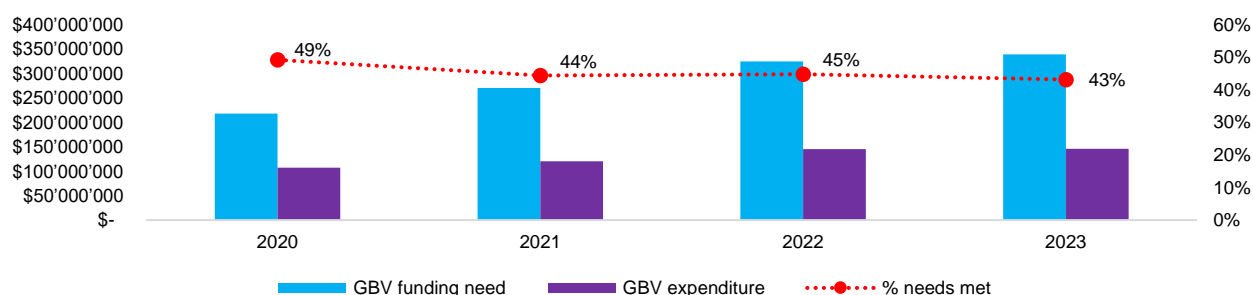

FIGURE 11.   Comparison of percent needs met by UNHCR and global GBV sector as recorded in FTS and RFT (2023-2024)

The evaluation confirms that GBV is consistently under-funded within UNHCR and across the humanitarian system. Only 22 percent of UNHCR staff responding to the staff survey said financial resources very adequate, dropping to 15 percent for GBV staff. Perceptions of adequate resourcing vary across regions, highest in MENA and lowest in Southern Africa, where 55 percent of staff respondents said that GBV funding was not adequate. There are wide variations across the regions in GBV needs met (see Figure 12). Europe has the highest average GBV needs met over time (58%), although this has decreased from 65 percent in 2020 to 56 percent in 2023. The largest reductions in needs met over time are observed in Asia and the Pacific (-20 percentage points), Southern Africa (-42 percentage points) and West and Central Africa (-31 percentage points). The only region with an increase in GBV needs met over time is MENA (from 37 percent in 2020 to 52 percent in 2023).

FIGURE 12.   Average of UNHCR percent GBV funding need met over four years (2020-2023) by region[127]
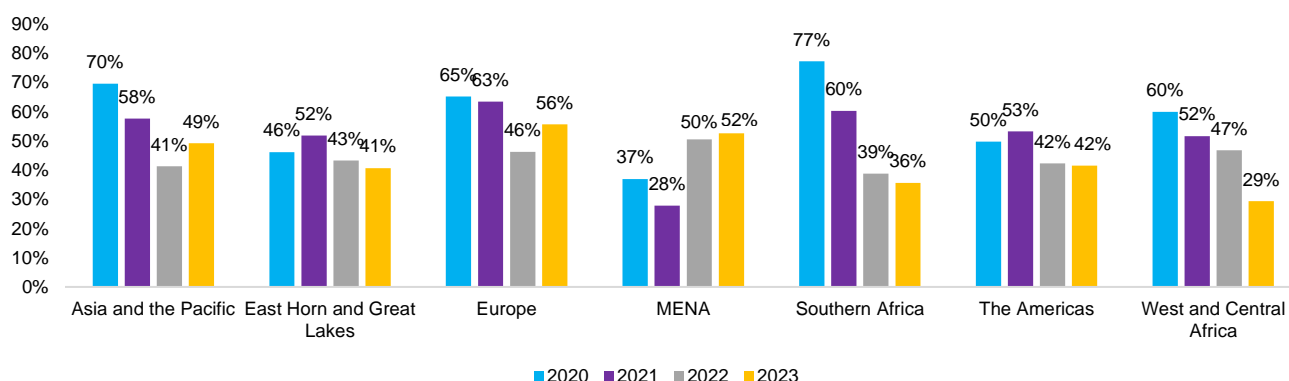
There are wide differences in GBV needs met across the nine countries selected for evaluation case studies. Percentage of GBV needs met was highest in Italy and lowest in Peru. GBV expenditure as a proportion of need has decreased from 2020 to 2023 in all countries, except Syria.[128] Notably, percent GBV needs met in the DRC was amongst the lowest in 2023 (30 percent), despite the need being the highest ($18,000.000+). A summary of UNHCR GBV budget trends from 2020 to 2023 in nine case study countries is included in Annex K. An analysis of UNHCR's budget and expenditure data for GBV programming in 98 UNHCR entities (HQ divisions, RBs, operations) reveals that UNHCR globally utilized 101 percent of its allocated budget between 2020 and 2023.[129] Considering the subset of case study countries, operations spent on average 97 percent of their allocated budget in the same period, confirming overall utilization of scarce resources for GBV programming (see Figure 13).[130] Under expenditure was mostly linked to administrative and re-prioritization challenges, such as vacant staffing positions, currency exchange fluctuations, reallocation of the budget throughout the year as a result of changing priorities, and carry over of funds to the following year. At the global level, the distribution of expenditure is highly skewed, with a small proportion of UNHCR spending disproportionately more than others for the entire period 2020-2023. A possible explanation is that L2 and L3 responses tend to concentrate very high levels of expenditure in short periods of time, with significant scale-up efforts prioritizing funds across different outcome areas.

FIGURE 13.   Comparison between UNHCR GBV prioritized budget and expenditure in nine case study countries (2020-2023)[131]
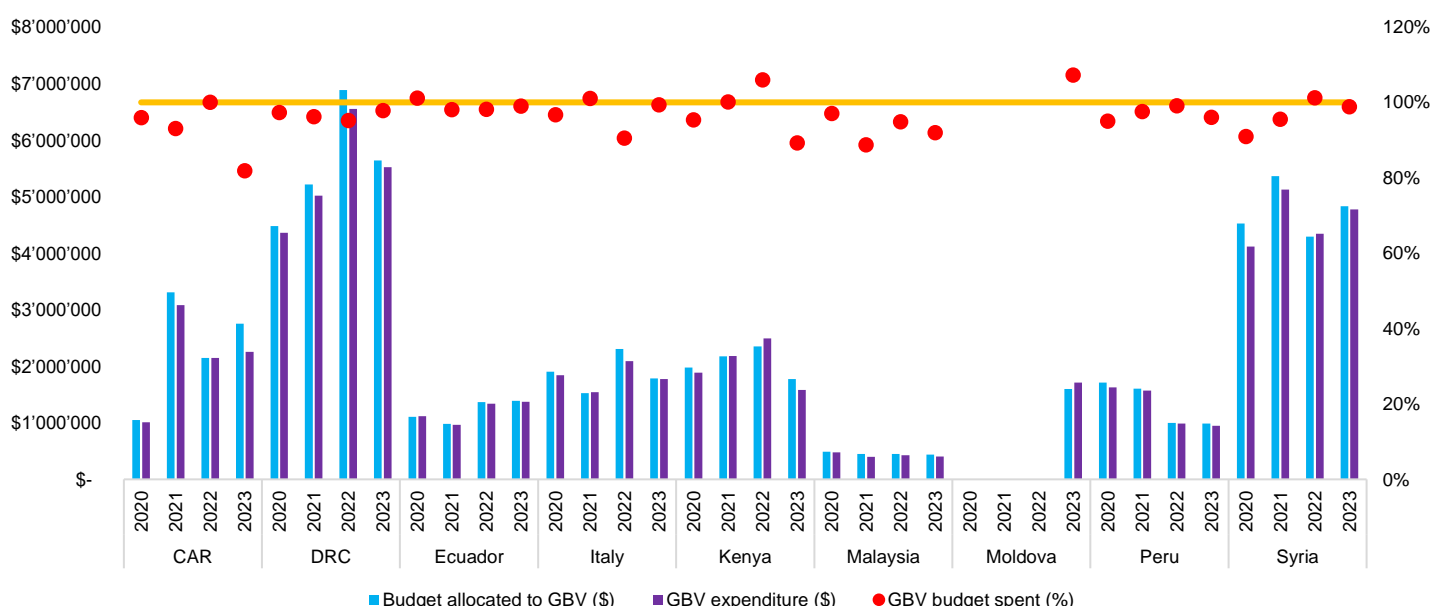
The Evaluation Team faced several challenges tracking GBV resource allocation and expenditure.

- The Evaluation Team was interested in understanding shifts in resource allocation to different GBV activities over time, including to GBV response and prevention, to triangulate data on GBV prioritization. However, output indicators sometimes collapse GBV response and prevention activities, making it challenging to triangulate evidence from qualitative interviews.

- There are multiple sources recording budget and human resourcing data, which poses wider challenges (not just for GBV) for tracking budget need, allocation and expenditure. Datasets extracted

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[128] Note that information for Moldova is available only for 2023.
[129] This expenditure rate increases to 104 percent when outliers are removed. The analysis utilized the Interquartile Range (IQR) method to identify and remove outliers.
[130] The figure remains stable if outliers are excluded from the analysis. Note that in UNHCR's budgeting process, the budget is needs-driven and UNHCR appeals for funding on the basis of the approved budget. The prioritized budget is determined based on projected incomes.
[131] Source: UNHCR's DSPR and DHR through the Evaluation Office.

from various sources were sometimes inconsistent and difficult to compare. Additionally, changes in reporting systems led to gaps in data availability across different years.[132]

- Not all budgets used to contribute to GBV are linked to Outcome 4, potentially underestimating the amount of resourcing to GBV. This may occur for example when GBV services are delivered through programming costed under a different outcome area, or activity, such as child protection or community-based-protection.

- Many UNHCR protection focal points working on GBV wear 'other hats', including in child protection, community-based protection, and other work streams (see section 6.4.2). However, there is no system in place to estimate the proportion of time focal points spend working on GBV as opposed to other work streams. This means that human resources (HR) data can be an unreliable measure of GBV effort.

Finding 13: UNHCR's commitment to GBV prioritization through resource allocation varies across operational contexts, but the data shows an overall increase in prioritization relative to other outcome areas. This is not necessarily linked to the GBV policy, with widespread perceptions within UNHCR that prioritized resourcing continues to be exercised by those who were already supportive pre-policy.

Strength of evidence: Strong

UNHCR HQ determines the prioritized budget for each region and the RBs allocate budgets to each operation to then decide how to prioritize based on need with guidance and oversight from the RBs. Perceptions about the extent to which senior management at operations level prioritize GBV vary across contexts although most staff suggest that GBV is "in the DNA" of UNHCR and thus broadly prioritized. How this is translated into GBV resourcing allocations as a proportion of total budgets, however, varies significantly across the nine case study countries and across time. While GBV prioritized budgets have fluctuated since 2020, the proportion of GBV expenditure relative to other outcome areas or objectives was greater in 2023 than 2020 in seven out of nine countries, staying the same in Ecuador and decreasing in Peru (see Figure 14).[133] This suggests that, overall, there has been an upward trend in prioritization relative to other outcome areas across case study countries.[134]

FIGURE 14. UNHCR GBV expenditure and GBV as percent of total expenditure in nine case study countries (2020-2023)[135]

GBV Expenditure ($)   GBV Expenditure (% of total expenditure)
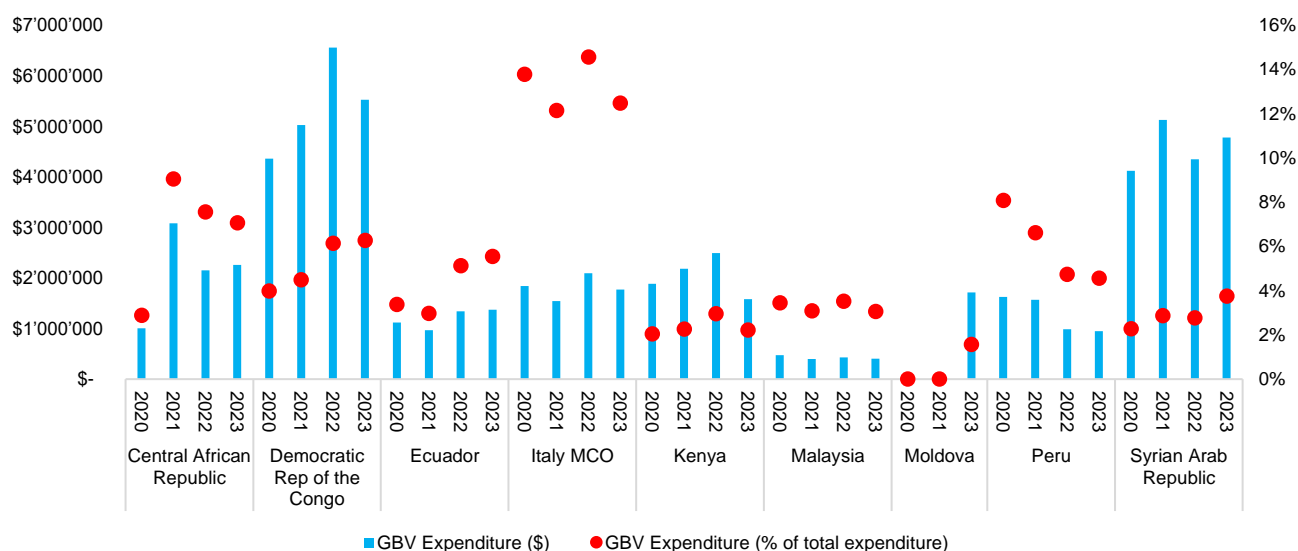
[132] This is in line with OIOS (2024) Audit of the implementation of COMPASS, the results-based management system at the United Nations High Commissioner for Refugees, Report number 2024/097, Office of Internal Oversight Services, Internal Audit Division.
[133] It is important to note, however, that GBV % needs met has fallen from 2023 to 2024 in 3 countries (see Finding 15).
[134] These findings need to be contextualized against the COVID-19 pandemic, which may have influenced fluctuations in funding. For example, GBV funding allocations increased sharply in 2021 in several operations (CAR and Syria), which may be related to GBV needs resulting from the pandemic, although this could not be verified.
[135] Source: UNHCR's DSPR and DHR through the Evaluation Office.

Upward and downward trends are not necessarily indicative of prioritization and de-prioritization and need to be triangulated and interpreted against other sources of data (see Annex K). For instance, Peru saw a consistent decline in GBV expenditure as a proportion of total expenditure, with resources being shifted towards access and documentation services, which qualitative interviews revealed was a decision made to prioritize refugee access to government services, including GBV services, thus indirectly benefiting survivors. Meanwhile, in Syria, GBV funding is relatively low, between 2.3 percent and 3.7 percent in the period 2020-2023. Importantly, part of the GBV funding is embedded in broader operational budgets rather than explicitly allocated to GBV, such as budget allocations for infrastructure (i.e., community centers for GBV service provision). UNHCR stakeholders in Syria noted that low GBV figures relative to total budget appear to indicate poor prioritization, but that this is not a reflection of the reality on the ground. These findings indicate that patterns in budget allocations do not necessarily map neatly against prioritization of GBV. Further, decisions to prioritize other outcome areas may be made through a mainstreaming lens that seeks to integrate GBV activities into other outcome areas. This may also occur when operations make programmatic decisions to reduce the selection of outcome areas, with GBV activities often falling under outcome area 7 (CBP). This makes tracking of GBV funding and prioritization challenging and efforts have been made to advocate against this practice. The findings also suggest that decisions about prioritization are made in different ways in different operations. This was confirmed in interviews conducted at country and regional levels, with UNHCR stakeholders sharing that multiple elements were fed into decision making about prioritization, including previous budget allocation and expenditure, whether to prioritize direct service delivery, partnerships or advocacy, and which other organizations and agencies are investing in specific outcome areas.

The evaluation findings on the GBV policy's impact on prioritization and resourcing are mixed. Some UNHCR staff noted improvements since the launch of the policy, but most felt that support for GBV remained with those already supportive pre-policy. Commitment to and prioritization of GBV was highest among managers with a background in GBV within past protection roles. Conversely, GBV focal points, mainly at regional level, referred to challenges in harnessing support for GBV prioritization among management both at regional and operational levels when corresponding individuals had a weaker background in GBV programming.

> **Finding 14: UNHCR has maintained GBV as a global strategic priority, leading GBV inter-agency coordination in 45 refugee, IDP and mixed settings, partnering with over 200 organizations to implement GBV programming, and investing $146 million in GBV programming in 2023 alone. However, despite this prioritization, there is a perception both internally and externally that senior leadership does not consistently champion GBV, with concerns about insufficient communication and lack of coherence between global policy commitments and operational resourcing for mandatory GBV policy implementation.**

Strength of evidence: Medium

GBV is one of UNHCR's eight global strategic focus areas for accelerated and targeted action and is recognized as a core component of its protection mandate.[136] This is reflected in its scope of work on GBV globally. UNHCR leads inter-agency GBV coordination in 45 refugee and mixed settings and in 2023, UNHCR worked with 200 partners, including over 60 WLOs, in 69 operations for the implementation of GBV prevention and response programming. Also in 2023, UNHCR deployed 18 GBV specialists to accelerate the implementation of quality GBV response services for survivors in emergencies. UNHCR invested 146 million USD in GBV interventions in 2023 with 43 percent of funding needs having been met. UNHCR was able to maintain prioritization of GBV as part of allocation of its core funding with 2.8 percent of UNHCR expenditures spent on GBV (a 0.2 percent increase from 2022).[137]

Despite this prioritization at global level, perceptions emerged from across the organization, and outside of it, that senior leadership at global level does not prioritize GBV sufficiently and that its commitment is not coherent with the discourse presented in Strategic Directions 2022-2026. This is grounded in two key elements. One is perceptions that accountability for GBV policy implementation is uni-directional, with operations being accountable for policy implementation upwards to senior leadership but with insufficient resourcing (see Finding 3). The second element is a perceived lack of strong and consistent communication from leadership on GBV. In the global- and regional-level interviews, both internal and external stakeholders shared that communication about GBV as an important priority from UNHCR leadership is inconsistent in external and

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[136] UNHCR Strategic Directions 2022-2026
[137] UNHCR (2024) Global Report 2023 - Gender-based violence Outcome Area 4.

internal fora. Internal UNHCR focal points suggested that senior leadership is not vocal enough about GBV in speeches and other forms of communication moving downwards throughout the organization.

External stakeholders shared perceptions that UNHCR leadership sometimes lacked coherence in global, strategic policy and advocacy spaces. For example, two external stakeholders suggested that GBV was not a top UNHCR priority at the Global Refugee Forum in 2023 outside of a small group of committed GBV focal points, with UNHCR's leadership voice on GBV perceived to be inadequate (see Finding 28 in section 6.6 for more detail on gaps in UNHCR's GBV engagement at global strategic levels). Several external stakeholders at the global level also suggested that there is often a disconnect between communication from UNHCR GBV technical leads and leadership in relation to policy/programming issues, leading to gaps in upholding GBV minimum standards.[138]

> **Finding 15: The evaluation identified strong examples of strategic advocacy with donors and government stakeholders, particularly at operations level, including through campaigns and research. However, greater visibility and advocacy are needed to solidify recognition of UNHCR as a key GBV actor among global humanitarian funding sources. Visibility is influenced by several factors, including the ability to measure impact, the communication of achievements, internal programming models and clarity around UNHCR's role in global GBV leadership and coordination.**
>
> Strength of evidence: Strong

The United States is the largest single bilateral donor to GBV programming in humanitarian settings.[139] The United States Bureau of Population, Refugees and Migration (BPRM) has been an important donor for UNHCR's GBV programming, particularly through earmarked funding from the Safe from the Start program. While BPRM stakeholders interviewed for the evaluation recognized UNHCR's contribution to GBV programming, the evaluation found that UNHCR is less recognized as a significant GBV actor by other donors, particularly at global level. Three key, interrelated factors for this lack of recognition were identified.

- **Perceived lack of communication about GBV programming and achievements**. Most external stakeholders interviewed for the evaluation had some level of understanding that UNHCR worked on protection of refugees from GBV given its wider protection mandate. The evaluation found that, outside of interagency networks, there is limited global awareness of how UNHCR implements GBV programming on the ground, particularly in IDP settings. Some donors and global stakeholders had little knowledge of UNHCR's role in GBV response across both refugee and IDP contexts. They suggested that UNHCR was not effective in communicating and showcasing its role and achievements in the GBV sector, despite GBV being reflected in one of five thematic areas showcased on UNHCR's Spotlight page.[140] These findings are aligned with the results of the Phase 1 GBV evidence review, which found that UNHCR struggled to showcase programming innovations and promising practices in external literature given its focus on addressing operational issues rather than documenting results.[141]

- **Inability to measure and show the impact of programming**. As noted in Finding 12, both internal and external stakeholders, including donors, identify UNHCR's challenges in measuring and demonstrating the impact of its programming, including GBV programming, as a barrier to fundraising. While donors overall noted support for unearmarked humanitarian funding at the global level, they also noted that stronger measurement and demonstration of impact at country level can help to facilitate additional earmarked funding for GBV programming and raise visibility. One donor noted that UNHCR is actively attempting to address these challenges by agreeing to the use of a payment-by-

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[138] For example, one external global stakeholder shared several examples of how global leadership decisions within UNHCR about GBV data management and sharing have not always been aligned with GBV minimum standards and are perceived to have threatened UNHCR's reputation as a GBV champion. The GBV team is perceived to have been left with 'putting out fires' in its attempt to uphold minimum standards. One UNHCR GBV focal point at global level noted, however, that UNHCR management's decision in 2023 to align its position with global recommendations on GBV information management has been integral to shifting these perceptions.

[139] According to the Refugee Funding Tracker, the US's GBV contribution to Regional Refugee Response Plans in 2024 was $610,939,948, more than double the EU contribution of $269,233,370.

[140] https://reporting.unhcr.org/spotlight/gender-equality-and-gender-based-violence

[141] Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR's Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.

results indicator on GBV, based on commitments made at the Inter-Agency Standing Committee (IASC) High-Level Roundtable.[142]

- **Programming models**. Key informants at country, regional and global levels frequently cited UNHCR's programming and fundraising models as sometimes complicating the organization's access to funding, including for GBV, and also impacting on relationships and visibility with donors. UNHCR's multiyear programming model ensures that funds are centralized and allocated from the global level down to regions and operations, based on needs. This contrasts with other agencies that rely more on project-based funding. While this programming model is what allows UNHCR to retain its flexibility and often presence on the ground (see section 6.6), it also contributes to less visibility of specific programming components, which is linked to the point above on challenges measuring the impact of GBV programs.

Despite these challenges, the evaluation also identified some good practices, particularly at operations level. For example, in Moldova UNHCR has been actively engaging in advocacy with donors to address GBV. One notable example is the "Break the Silence. We Stand by You." campaign launched in November 2022. This joint initiative, in collaboration with UNFPA, UN Women, UNICEF, and the Moldovan Ministry of Labor and Social Protection, aimed to promote zero tolerance for all forms of GBV and raise awareness among refugee and host communities about available prevention and response services. The campaign is an example of an inclusive approach where a national mechanism is promoting broader social change and leveraging partners and donors. Running from November 2022 to March 2023, the campaign emphasized the importance of social cohesion and community involvement in combating GBV.[143]

The evaluation also identified several examples at operations level of UNHCR's strategic advocacy with donors and other stakeholders, including government stakeholders, through research on GBV. UNHCR in Ecuador has supported the implementation of several important pieces of GBV research, both directly and through coordination platforms that it leads or co-leads. These studies have raised the visibility of GBV as an issue of concern and have supported stronger advocacy with local government authorities, with donors recognizing the impact of this work. UNHCR in Moldova has been instrumental in supporting research to inform GBV advocacy efforts. Between December 2023 and June 2024, UNHCR backed a study conducted by the National Coalition "Life without Violence," which focused on identifying barriers to the disclosure of GBV in Moldova. The findings from this research have been pivotal in shaping advocacy strategies and engaging donors to enhance GBV prevention and response initiatives in the country.[144]

> **Finding 16: There is emerging evidence suggesting that the UNHCR GBV Policy has begun to positively influence resource mobilization efforts for GBV programming. Although progress in this area is constrained by broader institutional challenges inherent to UNHCR's core funding model, the recently introduced Resource Allocation Framework represents a step toward addressing these barriers and strengthening future resource mobilization.**
>
> Strength of evidence: Strong

The evaluation found some evidence that the GBV Policy has enabled UNHCR to raise funding for GBV programming. At the global level, 4 in 10 staff survey respondents were not able to assess whether the GBV policy has strengthened the ability of UNHCR to fundraise for GBV programming. Among those who expressed their opinion, there is strong agreement that the policy did facilitate fundraising in this area (84 percent).[145] At the country and regional levels, UNHCR staff, including resource mobilization focal points, shared examples of the utility of the policy in fundraising. For example, drawing from the policy to ensure that communication about GBV with actual and potential donors is harmonized has been useful when writing content in funding proposals and communicating UNHCR commitment to GBV. As noted in Finding 16, however, this has not necessarily raised the visibility of UNHCR's GBV programming among donors. UNHCR staff at country and regional levels described challenges fundraising for GBV due to institutional constraints. UNHCR sets its annual prioritized budget at the start of the year and operations must fundraise throughout the year to

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[142] The IASC High-Level Roundtable on Addressing Funding Gaps in GBV Programming is an interagency platform, started in 2021, that addresses gaps in GBV humanitarian funding and leadership.

[143] https://www.unhcr.org/md/en/14077-221115.html

[144] https://data.unhcr.org/en/documents/details/113283

[145] The proportion of survey respondents who were not able to assess the effect of the GBV policy on fundraising is lower for respondents who work on GBV (28 percent) and for respondents in the MENA and West and Central Africa regions (25 percent each), and higher for respondents in the Europe and Americas regions (48 percent and 49 percent, respectively).

implement approved operational plans. Fundraising for earmarked projects does not automatically increase the operating limit of budget expenditure for operations. Either project activities are undertaken within the original annual budget or the Representative needs to request an increase in their budget. The centralization of and restrictions on fundraising imposed by HQ are perceived to have created bottlenecks for operations.

The 2024 revision to the UNHCR Resource Allocation Framework (RAF) introduced more flexible resource mobilization and allocation at the country level.[146] The recent evaluation of the UNHCR Decentralization and Regionalization Reform (DRR) (2024) suggests that despite some progress based on the revised RAF, challenges persist. While the Resource Allocation Framework (RAF) has introduced increased budgetary authorities, allowing RB directors to allocate budget envelopes based on their regional priorities, the ability of RBs to utilize these authorities is constrained by increased donor earmarking, which limits their flexibility. At the country level, operations can make budgetary reallocations, but administrative requirements sometimes cause delays. The DRR evaluation noted that the objective of incentivizing local fundraising through delegated authority is being under-utilized due to unclear eligibility criteria for different donor funding sources.[147]

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[146] UNHCR (2024) Administrative Instruction – Resource Allocation Framework - Delegation of Authority for Management of Structures, Financial and Staffing Resources during Programme Implementation. UNHCR/AI/2019/07/Rev.4.
[147] UNHCR (2024) An Independent Evaluation of UNHCR's Decentralization and Regionalization Reform.

6.4 GBV enablers

Summary of key findings

Relevance: An observed trend toward localization and engagement with WLOs was a strong example of direct response to clear needs among populations served by GBV programming. UNHCR support helped a number of these organizations to achieve legal status, to participate more widely and more effectively in advocacy efforts, and to take ownership of programme activities. UNHCR engagement also enabled greater fundraising success for these organizations.

Coherence (internal): Regionalization and decentralization has strengthened opportunities for GBV oversight of and technical support to operations, but this is being unevenly implemented across the regions, with limitations in human resourcing at regional levels being felt on the ground.

Coherence (external): Strong examples emerged of UNHCR inter-agency partnerships and coordination at global, technical level feeding into strengthened alignment at regional and country levels, including the development of letters or memoranda of understanding and joint workplans to facilitate stronger GBV coordination.

Effectiveness: UNHCR shift to generalist partners due to reduced resources has impacted GBV programming effectiveness, especially when partners lack strong GBV staff or internal GBV capacity building systems. This is particularly evident in case management services. Partnerships with WLOs have shown strong results in advocacy and program ownership, but challenges remain due to administrative burdens and rapid organizational growth. Coordination effectiveness varies across contexts, with strong inter-agency collaborations in some settings but gaps in clarity of roles and visibility in non-RCM settings, like IDP, mixed, and mixed movement contexts. UNHCR GBV coordination at national and sub-national levels is strong when it is leading, but is waning in contexts where it does not lead, particularly at national level, due to limited resources and inability to be present in multiple coordination spaces.

Efficiency: While UNHCR partnerships highlight efficiency in addressing resource constraints, generalist partnerships are often less efficient in delivering specialized GBV services, particularly in case management. UNHCR staffing reductions, especially at P-grades, undermine leadership and advocacy for GBV prioritization, affecting resource allocation. The practice of excessive multi-hatting among generalist staff, at both operations and RB level, is having a negative impact on GBV programming, including diluting GBV-specific efforts, leading to staff burnout and limited engagement in coordination mechanisms. Capacity-building efforts, while effective in some areas, face limitations due to resource constraints, staff turnover, and gaps in tailored training for specific operational challenges. The shift from face-to-face training to online learning platforms has increased cost efficiency, but not necessarily led to stronger outcomes.

Progress towards impact: UNHCR engagement with WLOs has led to significant advancements in their presence in regional and global advocacy space, legalization and registration, and program ownership. Localization efforts, such as support for WLOs and regional advocacy, have made progress towards impact but require further alignment to address gaps in administrative and operational support.

Strategic positioning: UNHCR is recognized for its technical capacity and leadership in protection, including GBV, but its visibility as a GBV actor at the global level is limited. Strategic partnerships with agencies such as UNFPA and UNICEF have enhanced inter-agency coordination. Staffing reductions and excessive multi-hatting dilute UNHCR strategic positioning in coordination mechanisms, particularly at national levels.

6.4.1. Partnerships and coordination[148]

Finding 17: UNHCR is clearly increasing its commitment to localization and engaging with WLOs, particularly refugee WLOs, in GBV prevention, response, and joint advocacy. While several strong examples emerged of UNHCR partnerships with WLOs, with visible progress towards impact,

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[148] Government stakeholders are critical partners for UNHCR work on GBV. Findings related to government partnerships where these relate to UNHCR capacity-building support are included in section 6.4.3 on knowledge and capacity, and where findings relate to advocacy activities these are included in the section of the report on GBV advocacy (see section 6.5.2).

important gaps were also identified in the effectiveness of UNHCR approach to localization in some contexts, including dense bureaucratic administrative requirements.

Strength of evidence: Strong

The evaluation found strong commitments among UNHCR staff in case study countries towards localization and engagement with WLOs in GBV programming and advocacy, including WLOs led by refugee women. Localization and engagement with WLOs were also one of the strongest areas of observed impact across the evaluation findings. Several sources of data, particularly participatory group discussions, revealed several examples of significant change and pathways to impact for local WLOs. The most significant changes have been related to four key areas that UNHCR has made significant contributions to, including: legalization and registration of WLOs; grant agreements with WLOs; support to WLO entry into regional and global advocacy spaces; and handing over ownership of program activities (see Box 6).

Despite positive impacts, UNHCR's localization approach has some gaps. Local organizations struggle with UNHCR's bureaucratic administrative requirements, even after capacity-building support and obtaining legal status. These struggles are often linked with requests for data or administration that are heavy on small organizations with limited funding and human resourcing. While some of these pressures have been eased through the provision of Grant Agreements, which ease administrative requirements, partners in several countries complained about UNHCR demands, particularly for data (see Finding 11).[149] Another challenge is the risk of 'growing' small, local organizations too quickly, or siloing RLOs from host communities.

BOX 6: Good practice examples of UNHCR GBV localization

Legalization and registration. UNHCR faces challenges partnering with local WLOs due to their lack of legal registration, especially refugee-led WLOs, making partnership agreements and funding relationships challenging. In several countries, UNHCR has provided technical support to WLOs to help them achieve legal status and strengthen financial, accountability and administrative capacities. In Ecuador, one WLO improved its management of a large fund due to UNHCR capacity strengthening, while another WLO representative highlighted UNHCR's support in obtaining legal status, enabling further access to funding.

Grant agreements. UNHCR supports civil society programs to fund WLOs and refugee-led WLOs, even without legal registration. In Italy, the PartecipAzione program, in partnership with INTERSOS, provides grants and training to RLOs. Since 2018, the program has financed and supported more than 60 RLOs and civil society organizations. More recently, UNHCR has formalized direct funding to WLOs and RLOs through Grant Agreements, with awards of up to USD 4000 per grant/project and up to USD 12,000 in total per year.[150] Grant Agreements have been instrumental in ensuring that funds reach local grassroots organizations. Several countries included as case studies in the evaluation have provided grants to local organizations through the Grant Agreement framework, including in Kenya and Moldova.

Regional and global advocacy. UNHCR has helped WLOs enter regional and global advocacy spaces, increasing their visibility, networking and funding opportunities. For example, UNHCR in Kenya supported the head of one WLO, Moniqadow, to travel to Geneva for the Global Refugee Forum in 2023 and the NGO forum in 2024, helping to increase the organization's exposure.[151] UNHCR at the regional level in the Americas has supported WLOs to attend regional and global events and coordination spaces, including the Global Refugee Forum, Women Deliver and the Cartagena +40 process.

Handing over ownership of programme activities. In Malaysia, the Women and Girls At Risk (WAGAR) program is an example of a GBV response and prevention activity spearheaded by UNHCR and currently being run by refugee women's groups.[152] WAGAR consists of virtual safe spaces for women's psychosocial support launched in mid-2020 during the COVID-19 pandemic. Funding cuts mean that UNHCR is no longer able to fund WAGAR; however, refugee women continue to run the program with other funding sources.

Finding 18: UNHCR maintains diverse partnerships across country contexts, collaborating with international and national NGOs, WLOs, RLOs, and other UN agencies to implement GBV response, case management, and prevention programs. However, in some contexts, there has been a shift toward generalist protection partners able to cover multiple thematic workstreams rather than specialized

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[149] Towards the end of 2024, UNHCR launched a new grant agreement package that simplifies requirements, which should further ease administrative burdens from 2025 onwards.
[150] UNHCR (2025) UNHCR Grant Agreements Briefing Note.
[151] See also DRC (2023) Localisation of Protection Programming in Garissa & Turkana, Kenya. Danish Refugee Council and Samuel Hall, and UNHCR (2024) Global Report 2023, on Gender-Based Violence, Outcome Area 4.
[152] UNHCR (2022) Creating Virtual Safe Spaces Led by Refugee Women to Prevent and Respond to Gender-Based Violence During COVID-19 Related Movement Restrictions. An emerging practice in Community-Based Protection in Malaysia.

GBV organizations, partly due to funding constraints and the need to streamline activities. This has sometimes led to reduced GBV expertise and service quality, particularly where resources were constrained.

Strength of evidence: Strong

The evaluation found that UNHCR maintains diverse partnerships across country contexts, collaborating with a mix of international NGOs (e.g., COOPI, DRC, HIAS, INTERSOS, and JRS), national NGOs, local civil society organizations, and other UN agencies. In most evaluated settings, UNHCR partners with both international NGOs and national NGOs or local civil society organizations, including WLOs (see Annex I, case study country profiles). Some previously funded partnerships have transitioned into non-funded collaborations. For example, while IRC is a global partner supporting UNHCR in building capacitated staffing cadres in GBV prevention (see section 6.2.3), at the country level, UNHCR has shifted to more non-funded partnerships with IRC in several contexts where there was previously a funding relationship.

Despite diverse partnership types, in some contexts UNHCR has been shifting from specialized GBV funded partners to larger, generalist partners that implement protection programming alongside other activities. This sometimes occurs in parallel with attempts to strengthen partnerships with WLOs or refugee-led WLOs. There are several reasons why this appears to be happening. One is due to reduced resourcing and the need to streamline activities. In Kenya, for example, stakeholders in Kakuma noted a wider shift towards more generalist partners, while also recognizing that UNHCR is attempting to expand its partnership with WLOs. Consolidation of partnerships to more generalist organizations delivering multiple workstreams was also observed in Syria, with GBV and protection focal points noting that this may have diluted partner attention to GBV. The issue of generalized partnerships also emerged in Malaysia but for different reasons. In Malaysia, UNHCR has faced challenges establishing strong GBV partnerships due to the lack of organizations working on GBV services for refugees given challenges with refugees who do not have legal status.

UNHCR GBV focal points at global and regional levels have also observed a shift towards less specialized GBV partners in some operations. They raised concerns that increasing partnerships with less specialized GBV organizations while also cutting back on GBV specialized staff in UNHCR operations would lead to poor capacity to deliver GBV minimum standards. The evaluation findings suggest that strength of delivery is often retained when partners have strong GBV staff or internal systems in place to support capacity building of new incoming staff. When these systems are not in place, there is reduced implementation quality, particularly for case management. This is linked to other processes and knock on effects of reduced funding described in the evaluation report (see section 6.2.1). Where reduced funding is exacerbating cycles of staff burnout and turnover, lack of adequate capacity strengthening of incoming staff is more likely in GBV non-specialist organizations. Gaps are also occurring in settings where UNHCR presence or oversight is reduced due to funding and human resource constraints, limiting the extent to which UNHCR GBV and protection staff are able to provide capacity development support.

Finding 19: UNHCR has identified gaps in inter-agency coordination and proactively took steps to fill these gaps through the development of Memoranda and Letters of Understanding with UN partners, some of which have evolved into common practices.

Strength of evidence: Strong

The evaluation has found numerous examples of strong inter-agency collaboration on GBV. These collaborations are often shorter-term engagements on discrete pieces of work to address immediate capacity or programming needs. But several strong examples emerged of technical inter-agency partnerships at country, regional, and global levels, including the development of Letters of Understanding (LoUs) or Memoranda of Understanding (MoUs), and joint workplans to facilitate stronger collaboration and coordination (see also Annex E, comparative analysis).[153] Key examples are outlined below.

Since 1995 UNHCR and UNFPA have developed several MoUs to strengthen their bilateral collaboration:

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[153] The Evidence and Strategic Synthesis (Phase 1 Report) also highlighted that UNHCR approach to partnerships and coordination is integral to its GBV work whereby it aims to collaborate with various stakeholders, including women-led organizations and groups, and other UN agencies to deliver quality services and programming that adhere to international standards but notes challenges related to resource constraints of all actors although the report highlights that the interagency structures and forums exist.

- UNHCR and UNFPA initially joined forces in a 1995 MoU to respond to the sexual and reproductive health needs of displaced populations, including the collection of accurate population-based data, which helps humanitarian agencies provide more effective response.[154]

- In 2008, an agreement was signed to enhance the collaboration between UNHCR and UNFPA in addressing the sexual and reproductive health needs of populations displaced by crisis. This partnership aimed to provide GBV survivors with comprehensive reproductive health services, including maternal health, family planning, and prevention of sexually transmitted infections. It also ensured that GBV survivors received integrated care, including medical treatment.[155]

- In 2018, the *UNFPA (2018) UNFPA-UNHCR Cooperation Understanding on Strengthening Emergency Preparedness and Response* was signed, which aimed to strengthen emergency preparedness and response that addresses GBV, including on UNFPA's strengthened GBV coordination in non-refugee settings.[156]

The global MoU between UNHCR and UNFPA is currently being revised. To ensure effective collaboration, it is essential to address key gaps in GBV coordination that persist in refugee, IDP, and migrant contexts. The MoU should outline roles for cross-sectoral and cross-border coordination, include strategies tailored to urban and non-camp settings, and mandate actions for localization through capacity strengthening of local actors. It should embed intersectionality, provide frameworks for GBV risk mitigation and prevention coordination across humanitarian clusters, and establish provisions for sustaining GBV coordination in protracted crises and transitional phases. Additionally, the MoU should define joint standards for ethical and secure data management, institutionalize accountability mechanisms centered on survivor participation, and set out coordinated advocacy approaches for mobilizing sustainable resources for GBV programming.[157] UNHCR and UN Women have developed an MoU to improve efforts to prevent and respond to GBV through collaborative programming. The collaboration aims to enhance gender equality initiatives in refugee camps and among displaced populations.

These global MoUs have facilitated further collaborations at country and regional levels. For example:

- In Kenya, UNHCR and UNFPA have been adapting the global MoU to strengthen relevance for the Kenyan context. UNHCR and UNICEF in Italy have a strong collaborative framework, formalized through a LoU and joint work plan active since 2022, focused on joint advocacy, capacity-building and coordination. In 2022, under the capacity-building pillar, UNHCR and UNICEF, in partnership with IOM, jointly adapted and translated the GBV Pocket Guide into Italian. In 2023, the GBV Pocket Guide was transformed into an English and Ukrainian language e-learning initiative developed in Italy for the usage of the whole Ukraine response. This work has been well received by government stakeholders (see Finding 24 in section 6.4.3).

- In the Americas, UNHCR RB has developed joint work plans and other joint coordination mechanisms with UNFPA and UN Women. UNHCR and UNFPA conducted a mapping of existing synergies and joint work between the two agencies in Latin America and the Caribbean and articulated an LoU outlining a vision for joint programming efforts and coordination in the region. The LoU outlines coordination roles between both agencies, which are aligned with the UNHCR GBV Policy. UNHCR also developed an LoU and joint action plan with UN Women, articulating the two agencies' commitment to joint programs, coordination, advocacy, and communication.

Inter-agency MoUs and LoUs were not identified in all RBs, or countries covered by the evaluation case studies. It is also important to highlight that IASC coordination architecture has historically had significant

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[154] UNHCR (1997) Memorandum of Understanding Between the Office of the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Population Fund (UNFPA).
[155] UNFPA (2008) UNFPA Strengthens Partnership with UNHCR.
[156] UNFPA (2018) UNFPA-UNHCR Cooperation Understanding on Strengthening Emergency Preparedness and Response.
[157] These suggestions are based on gaps that the evaluation team found related to GBV coordination especially and also drawn from recent evaluation reports related to the GBV sector, including Spotlight Initiative Final Evaluation (2017–2023), United Nations and European Union, 2023; The Gender-Based Violence Area of Responsibility (GBV AoR) External Review.

challenges, including those specifically noted in recent reviews, and revised approaches are being piloted.[158] This context is crucial when discussing the substantial work being done to improve collaboration and coordination at the inter-agency level.[159]

> **Finding 20: UNHCR demonstrates strong GBV coordination at the sub-national level, leveraging its ground presence to fill gaps where other agencies are less active or present. However, gaps remain in UNHCR's participation in national-level GBV coordination mechanisms where it is not the lead, largely due to resource constraints and overstretched staff, highlighting the need for strategic engagement to maintain credibility and influence in inter-agency coordination.**
>
> Strength of evidence: Medium

UNHCR GBV coordination is strong in sub-national contexts due to its presence on the ground, in contrast to other leading agencies such as UNFPA and UN Women, which usually have stronger presence at national than sub-national level. UNHCR can quickly respond to needs, activate case management and referral pathways, and collaborate with local actors, including government and civil society. In IDP settings and where UNFPA lacks sub-national presence, UNHCR often co-leads GBV coordination mechanisms with other partners, including UN, government or civil society partners. Examples emerged of strong GBV collaboration at both sub-national and national levels, although the evidence is concentrated in the former. In Peru and Ecuador, UNHCR co-leads GBV working groups at sub-national level under the GTRM, with strong results observed. For example, in Peru, one GBV working group developed a roundtable that works on strengthening community leadership to mainstream localization more strongly into coordination mechanisms. The evaluation found fewer examples of UNHCR coordinating GBV at national level. One example is from Moldova, where UNHCR has been co-chairing the GBV Sub-Working Group with UNFPA, organizing regular meetings, developing strategic work plans, and facilitating information sharing among partners to ensure a cohesive and effective response to GBV.

While UNHCR leads GBV coordination in refugee settings and UNFPA in IDP contexts, the evaluation highlighted gaps in UNHCR's participation in GBV sub-cluster coordination mechanisms where it does not lead. In several national contexts, including CAR, Ecuador, Kenya,[160] and Malaysia, partners, especially inter-agency counterparts, have observed UNHCR's declining involvement or absence from GBV AoR meetings and other relevant GBV coordination platforms that it does not lead. Similar findings were identified in the 2023 GBV audit.[161] These gaps are strongly linked to resourcing challenges, including excessive 'multi-hatting' of protection staff (see section 6.4.2). In some countries, staff had up to seven 'hats' (six in addition to GBV), with stretched resources precluding participation in multiple coordination mechanisms and sub-sector working groups. While partners recognize the resourcing constraints, UNHCR stepping away from these responsibilities could present a reputational risk.

6.4.2. Staffing

> **Finding 21: The GBV workforce has steadily increased over time, with a reduction in positions more recently, particularly at P-grades. Lack of human resourcing and lack of financial resourcing are interrelated. As seniority of GBV positions reduces, so does staff ability to occupy leadership spaces and advocate for GBV prioritization, including funding allocations.**
>
> Strength of evidence: Strong

The evaluation found perceptions across regions and in some country contexts that prioritization of GBV staffing has diminished over time; however, the data presents a mixed picture in relation to human resourcing.

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[158] IASC (2022) Independent Review of the Implementation of the IASC Protection Policy. Inter-agency Standing Committee; Lewis Sida, L., Mooney, E., Lough, O. & Fouad, L. et al. (2024) Independent Review of the humanitarian response to internal displacement. HPG report. London: ODI.

[159] There is a clear and concerted effort to improve GBV programming globally, as reflected by several recent and ongoing evaluations. Notably, the Spotlight Initiative completed a comprehensive final evaluation covering 2017–2023, conducted by the United Nations and the European Union in 2023. Additionally, significant evaluations by UNICEF and UN Women are currently underway (2024–2025), further demonstrating a strong commitment among international organizations to enhance the effectiveness of GBV prevention, response, and coordination in humanitarian contexts.

[160] As Table 2 highlights, UNHCR does not lead the GBV sub-sector working group at the national level despite being a refugee setting.

[161] OIOS (2023) Audit of UNHCR arrangements for prevention, risk mitigation and response to gender-based violence. Report number 2023/076, Office of Internal Oversight Services, Internal Audit Division.

Although there was a reduction in 2024 of GBV positions from 122 to 111, the GBV workforce has in fact been steadily increasing since 2021, albeit starting from a sharp reduction in 2021 with respect to 2020 (see Figure 15).

FIGURE 15.   UNHCR number of GBV workforce positions over time (2017-2024)
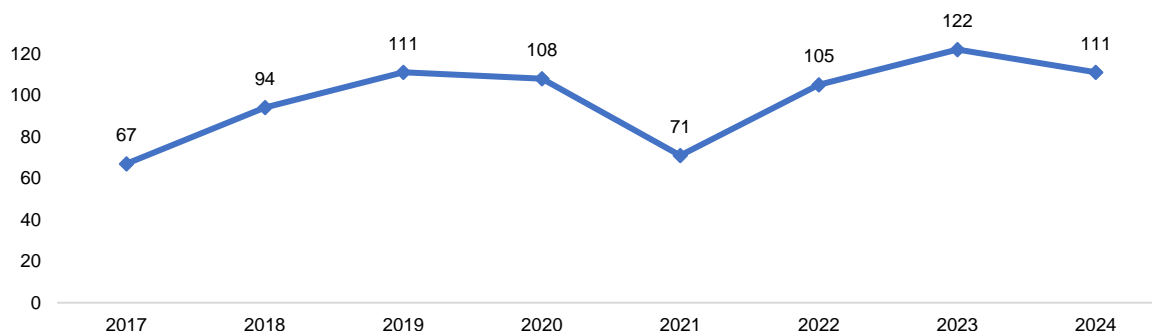
When responding to the staff survey and asked how adequate the human resources were to meet the requirements of the GBV policy, only 28 percent of staff said that it was very adequate (Figure 16). This figure drops to 21 percent for GBV staff, in contrast to 42 percent of operational staff, 34 percent of multifunctional staff and 32 percent of management staff who felt that GBV human resourcing was very adequate, suggesting some disconnection between perceptions based on focus area. Staff survey data also varies across the regions. Much like the findings for financial resourcing for GBV, perceptions of the adequacy of GBV human resourcing are most common in MENA and least common in Southern Africa.

FIGURE 16.   UNHCR staff opinions on the adequacy of human resources to meet the requirements of the GBV Policy, disaggregated by focus area of work
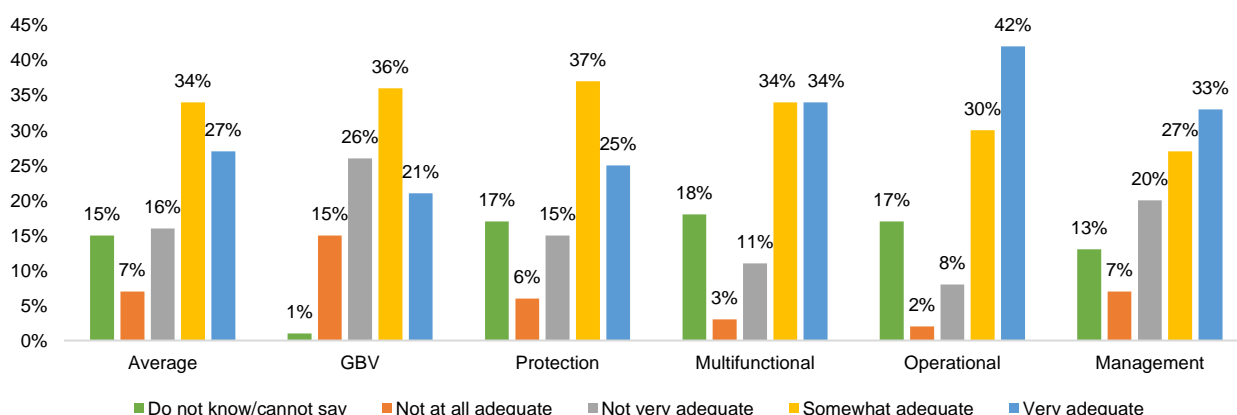
Note: Due to rounding off, the percentages may not necessarily add up to 100.

The recent reduction in GBV positions has affected most grades, particularly P-grades (professional staff) and Affiliates, with a slight increase in N-grade positions (national professional staff) (see Figure 17). Decisions to cut GBV staff or to downgrade positions were sometimes made due to resourcing constraints but not always strategic, expanding an already junior GBV workforce.[162] Several GBV or protection focal points at RB level described examples of cut GBV positions in country operations due to positions having been vacant, despite GBV identified as a significant risk that required operational expertise. Key informants at RB levels also shared examples of how downgrading or cutting GBV positions impacted negatively on decision-making and prioritization as staff in lower grades had less presence in senior management spaces and were less able to advocate for GBV prioritization. While accountability for GBV prioritization and GBV Policy implementation sits

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[162] Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR's Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.

with senior management and is not the responsibility of GBV focal points, the presence of GBV expertise at regional and operations level can help to guide decision making.

These examples are in line with the Phase 1 evidence review, which noted that more junior GBV staff may lack the experience or confidence to advocate effectively for GBV issues, particularly in operations where GBV is not strongly prioritized by senior management.[163] They are also in line with the findings from a report on GBV resourcing in humanitarian emergencies that found large gaps in investments in staffing, with a lack of GBV expertise at both management and field operational levels limiting prioritization of GBV programming in humanitarian response plans. This has in turn undermined the ability of humanitarian organizations and GBV focal points within them to advocate for greater funding.[164]

FIGURE 17.   UNHCR GBV workforce composition over time (2017-2024)
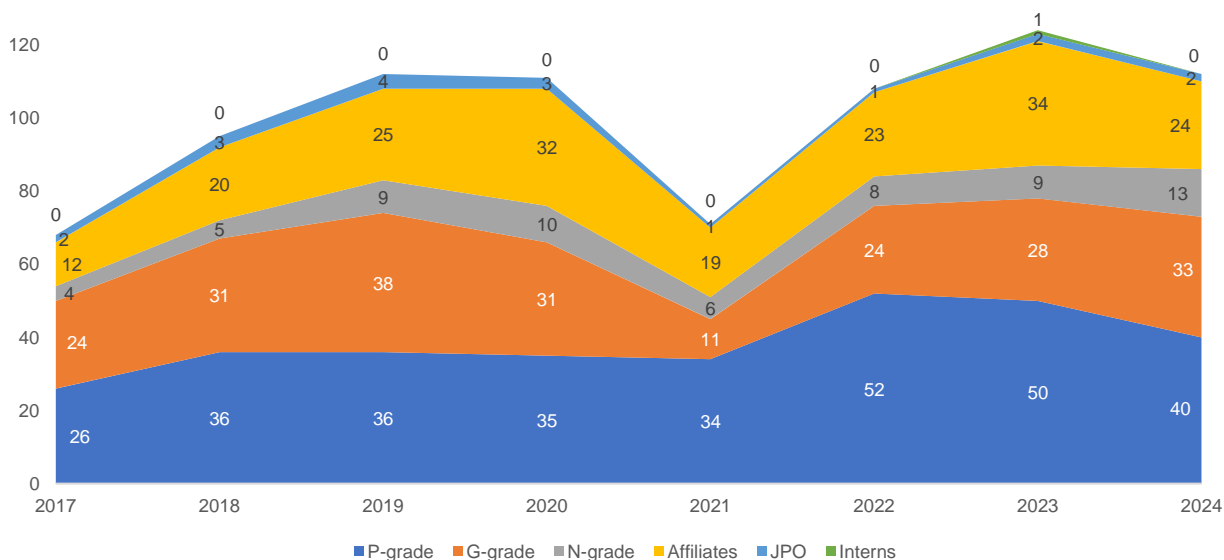
Finding 22: The evidence shows strong results associated with UNHCR having GBV specialization at country level. However, in a context of declining resources, UNHCR stakeholders are very divided on the question of GBV specialization versus generalist positions in protection. Where there is more consensus is the need to have GBV specialists in specific contexts. However, the practice of excessive multi-hatting among generalist staff, at both operations and RB level, is having a negative impact on GBV programming.

Strength of evidence: Strong

There are strong results associated with UNHCR having GBV specialization at country level. The Phase 1 evidence review cites a UNHCR analysis of baseline assessments supported by DIP, RBs and operations in 21 countries across six regions that demonstrates stronger organization impacts in countries with GBV specialists. These included countries with dedicated GBV workforce averaging 82% efficiency (versus 43% for those countries without GBV expertise), achieving a 91% increase in the operationalization of GBV measures, and expanding the reach of GBV programming from 25% to 59% (from 2014 to 2019).[165]

Despite these strong results, in a context of declining resources key informant interviews with UNHCR stakeholders across all levels of the organization identified strong divisions on the question of whether GBV programming should be supported by GBV specialists or generalist staff who perform other protection functions. This division tends to occur between GBV or protection staff on the one side, who advocate for

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[163] Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR's Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.
[164] VOICE (2019) Where is the Money? How the Humanitarian System is Failing in its Commitments to End Violence Against Women and Girls. VOICE for the International Rescue Committee.
[165] Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR's Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.

greater emphasis on GBV specialization, and operational and management staff on the other side, pushing for generalization, in part due to increasing resourcing constraints across the organization. Where there is greater consensus is the need to ensure that the right people are in the right positions in the right places. Hence, three key questions emerged throughout the evaluation data collection phase:

  i. In which contexts are GBV specialists most needed?
  ii. Which types of GBV staff are best suited for different contexts (e.g., static or roving)?
  iii. At which levels are GBV specialists most needed (global, regional or country level)?

In relation to context, there was widespread recognition that GBV specialists are particularly required in emergencies, where GBV risks are known to escalate and where systems to support survivors are often damaged or non-existent. UNHCR stakeholders also widely agreed that large operations with significant GBV risks are also likely to require GBV specialists, although this might depend on which GBV experts are available in other inter-agency settings.

In relation to which types of staff are best suited for different contexts, the evaluation findings suggest that a blend of longer-term static staff and shorter-term roving or emergency staff is important; however, several challenges were identified with their deployment.

- GBV emergency deployments are sometimes not sufficient in length of time to support capacity and systems building and strengthening in the wake of a humanitarian emergency, with several stakeholders noting that missions are sometimes only three months in length.

- The evaluation found positive outcomes associated with GBV roving staff. For example, over six months, a GBV roving officer in Dadaab in 2023 helped to implement the GBV policy and build staff capacity.[166] GBV roving officers can also increase efficiencies and ensure that GBV is prioritized from the onset of an emergency.[167] However, roving deployments are sometimes used to fill staffing gaps rather than their primary purpose, which is to cover gaps at the onset of L2/L3 emergencies and strengthen operations' capacity. In emergency settings, a key challenge is the length of time it can take for new GBV positions to be created in emergency operations, reducing the time that the roving officer must train or coach new colleagues before leaving.

There is widespread agreement that HQ and RBs need strong GBV specialization; however, the current reality is not matching needs. Much of the GBV expertise is concentrated at HQ level, which can strengthen technical support to regional and operational contexts and ensure appropriate guidance is being produced and shared. However, several GBV stakeholders at global level shared that they spent significant time providing technical support on specialized areas of GBV programming to colleagues in some RBs or to operations when RBs do not have the human resources to do so. These challenges point to wider gaps at bureau level. UNHCR shift to decentralization has strengthened opportunities for GBV oversight of and technical support to operations; however, this is being unevenly implemented across regions. Some bureaus have only one GBV or protection focal point stretched across multiple portfolios and countries, with some positions also being downgraded. Other bureaus have multiple GBV focal points, which in one case observed by the Evaluation Team led to duplicated efforts and confusion around GBV leadership and decision-making. In some bureaus, focal points are practicing excessive multi-hatting (i.e., GBV or protection focal points taking on multiple roles including GBV, child protection, community-based protection, accountability to affected populations, gender equality etc.). These limitations in GBV human resourcing at the regional level are being felt on the ground. UNHCR stakeholders from two case study countries noted their observation of waning support and capacity from their corresponding bureau due to resourcing constraints. One case study focal point also shared that it had sometimes become more efficient to contact HQ directly for support, leading to some communication challenges.

The practice of excessive multi-hatting is also being increasingly adopted across operations. While multi-hatting can support synergies between outcome areas, the disadvantages outweigh the benefits when focal points are excessively multi-hatting. Disadvantages include staff burnout, which can lead to turnover of staff and capacity gaps, ineffective and diluted efforts towards GBV,[168] and a lack of presence and visibility, particularly in coordination spaces. One of the key impacts of reduced resourcing and excessive multi-hatting

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[166] Safe From the Start deployments are expected to last for six months.
[167] UNHCR (2021) Safe from the Start Q4 Report; UNHCR (2022) Safe from the Start Q4 Report.
[168] See also UNHCR (2021) Evaluation of UNHCR's Child Protection Programming 2017-2019; and Evidence Synthesis and Readiness Review (Phase I) of the Evaluation of UNHCR's Approach to Gender-Based Violence Prevention, Risk Mitigation, and Response Final Report, 2023.

is for staff to withdraw from coordination spaces that UNHCR does not lead on. Staff wearing up to seven hats expressed frustrations with expectations of being present in multiple coordination spaces but with inadequate time and resources to do so (see section 6.4.1).

6.4.3. Knowledge and capacity

Finding 23: UNHCR is building stronger e-learning platforms and systems to support internal GBV capacity-building in a more efficient and effective way. However, the evaluation found a number of gaps in staff access to GBV capacity-building opportunities, some of which are clearly linked to reduced resourcing.

Strength of evidence: Strong

In a context of GBV staff downsizing and multi-hatting, and a move towards more generalist protection positions, the need for internal GBV capacity strengthening is even stronger. UNHCR Global Learning and Development Centre (GLDC) has innovated around the diversification of staff capacity-building. Previously, learning was focused on face-to-face training and workshops, particularly through a GBV trainer of trainers (ToT) approach to cascade GBV capacity-building. This ToT approach has been discontinued due to several challenges. For example, GBV focal points were not always at the same technical level, and so training often encompassed more basic GBV training, and GBV focal points did not necessarily have the time to train others. The evaluation identified other challenges in ToT approaches within the organization. For example, through the GBV prevention global partnership with IRC and Raising Voices (see section 6.2.3), UNHCR has been rolling out comprehensive training in prevention for UNHCR staff and partners. However, significant turnover of staff has depleted the cadre and presented challenges for continued roll out of activities.

More recently, there has been a stronger focus on e-learning initiatives within UNHCR, with a focus on foundational GBV knowledge about GBV interagency minimum standards. As part of these initiatives, the GLDC, together with DIP and with funding from Safe From the Start, developed a range of online tools to support GBV capacity-building. These include, for example, online simulations targeting GBV coordinators in refugee and mixed settings; a GBV Learning Hub which is a one-stop shop for learning resources and opportunities; learning paths where UNHCR staff, including multifunctional and sectoral teams, can learn about their responsibility related to GBV; and a learning catalogue that pulls together UNHCR produced or endorsed learning materials. These learning activities are in line with shifts in UNHCR approach to workforce learning and development, with a 2020 evaluation finding that training had become synonymous with learning and recommending that UNHCR move more towards 'in-the-flow-of-work' learning, including mentoring, coaching, and communities of practice.[169] Despite recent shifts in global approaches to learning, the issue of insufficient GBV training, capacity-building, and ongoing mentoring of staff to build GBV expertise was raised across multiple country and regional contexts. The evaluation found several gaps in UNHCR progress in building internal GBV knowledge and capacity, many of which are clearly linked to reduced resourcing:

- **Shift away from in-person training**. The shift from in-person to online training, while more cost-efficient, has not necessarily increased access to capacity strengthening due to wider resourcing problems. GBV and protection staff often lack sufficient time during work hours to complete online training courses, leaving capacity-building to those motivated to take online courses in their spare time. Excessive multi-hatting, where protection staff take on multiple roles, further complicates capacity strengthening across multiple thematic areas. Multifunctional and sector staff often seek capacity support from GBV focal points, despite not all corresponding staff having the requisite skills or knowledge to cascade down to other staff. While some teams have been trained in areas like survivor referrals and PSEA, they still welcome GBV training opportunities, including in-person training, to mainstream GBV more effectively.[170] A blend of in-person and online training and learning opportunities may be required, with management prioritizing learning opportunities and allowing time for these.

- **Decentralization and regionalization of learning support**. There has been significant restructuring and downgrading of the GLDC in recent years.[171] This occurs against a shift towards a more

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[169] UNHCR (2020) Evaluation of UNHCR Approach to Learning and Development for Workforce and Partners.

[170] Given the challenges identified with mainstreaming GBV risk mitigation (see section 6.2.2), this suggests that lack of capacity rather than lack of willingness is one factor impacting on effective risk mitigation.

[171] At the time of finalizing the evaluation report, the GLDC is set to close down with learning functions expected to be absorbed by existing staffing.

decentralized capacity-building model that embeds learning more strongly in the RBs, allowing regions to tailor capacity support to their operational contexts.[172] While this shift, in theory, should allow RBs to provide stronger and more tailored GBV support to operations, significant resourcing gaps, including lack of specialized GBV staff and excessive multi-hatting within some RBs, has limited progress on strengthening workforce GBV capacity (see Finding 22). This is in line with the results of the recent evaluation of UNHCR decentralization and regionalization reform, which found significant disparity in skills development across all levels.[173]

- **Insufficient opportunities for learning tailored to context and needs**. The evaluation identified several gaps in appropriate learning tailored to the needs of staff. This emerged most strongly in contexts with specific challenges, such as weak government services (e.g., DRC), barriers to government advocacy whereby law, refugees are considered as illegal immigrants (e.g., Malaysia), and shifting programming needs due to local economic or socio-political context (e.g., increased organized crime in Ecuador). Another gap in learning tailored to needs was the lack of learning materials translated into all languages, with gaps in French translation of resources, which is aligned with the results of the 2020 evaluation of UNHCR approach to learning and development.[174]

- **Insufficient opportunities for peer learning**. GBV focal points welcome more peer learning opportunities to learn from others working in similar contexts. This is in line with recommendations from the evaluation of UNHCR's approach to learning and development, which emphasizes communities of practice and integration of on-the-job learning.[175] While examples did emerge of this kind of peer learning taking place, gaps were identified. At the global level, several stakeholders suggested that there were insufficient opportunities to learn from operations in other regions given a greater focus on regionalization. The extent to which bureaus are facilitating peer learning opportunities between operations within regions varies widely, linked to staffing and resourcing, with stronger peer learning opportunities observed in regions with stronger GBV capacity within the bureau.

- **Staff burnout and turnover reproducing capacity gaps**. The continuity of heavy GBV case management loads alongside reduced funding and human resourcing and increasing attempts to address reduced funding through excessive multi-hatting have led to staff burnout and turnover within UNHCR and its partner organizations. This has led to further strains on an already stretched workforce, exacerbated by insufficient resources to train incoming staff, affecting the quality of GBV programme delivery. Other sources of data have also found that in some contexts, high turnover of staff has occurred among partners with already low levels of GBV capacity and expertise, exacerbating capacity gaps.[176]

In relation to this last point on burnout, the evaluation found some examples of partners using good practices to support self-care and collective care to mitigate the risks of staff burnout, mostly civil society networks and working groups addressing GBV in Ecuador. This is even more pronounced in sub-national locations where insecurity driven by criminal groups puts even further pressure on the wellbeing of staff. However, the issue of self-care was not raised consistently across evaluation contexts. In locations where partners are engaging in targeted self-care practices to protect the wellbeing of staff, UNHCR was said to be supportive of such practices. However, UNHCR and UN agencies in general are not perceived to be actively advocating for greater attention to this agenda. One external global stakeholder noted that there is a UN online training module on self-care; however, it is unclear the extent to which UNHCR GBV staff are engaging with this training, or whether self-care is being sufficiently framed as a core skill required in the GBV sector.

Finally, the evaluation found that there are significant discussions occurring within the organization at global level about GBV strategic workforce planning and GBV capacity-building, partly driven by requirements to ensure greater efficiency in a constrained resourcing environment. At the global, regional and country levels, the evaluation also consistently found strong internal capacity gaps in a context of increasingly changing GBV workforce. The findings are unclear, however, about UNHCR progress on integrating global strategic workforce planning and capacity-building to ensure not just that the right people are in the right positions, but that those people have the right skills. One global stakeholder suggested that UNHCR is working towards this kind of integration to ensure that job descriptions are stronger and more linked to specific skills that are then explicitly

[172] UNHCR (2023) Independent Evaluation of UNHCR Decentralization and Regionalization Reform.
[173] Ibid.
[174] UNHCR (2020) Evaluation of UNHCR Approach to Learning and Development for Workforce and Partners.
[175] Ibid.
[176] UNHCR (2016) Evaluation of UNHCR's Response to the L3 South Sudan Refugee Crisis in Uganda and Ethiopia.

linked to learning. However, a more comprehensive response may also require integrating learning and development into performance management and appraisals to ensure there is sufficient support and accountability for learning from senior management at regional and country levels.[177]

Finding 24: Across multiple contexts, a UNHCR strength, recognized by multiple partners, is its technical capacity to support protection outcomes, including on GBV. In some settings most affected by constrained resources, there is a shift towards partners taking on capacity-building responsibilities, although this is more effective when done through peer-peer learning modalities. There is also a focus on building government partners' GBV capacity, with strong examples observed.

Strength of evidence: Medium

A significant strength of UNHCR is its technical capacity and expertise in protection, including GBV, and its capacity-building support of various external actors, including funded and non-funded partners. Partners described receiving high-quality training and support from UNHCR in a range of thematic and operational areas, including GBV minimum standards, PSEA, and case management. A particularly strong area of expertise is in PSEA, with consistent feedback that UNHCR has a critical role in coordination and capacity-building on PSEA. Despite praise for its GBV technical expertise, the evaluation found that this is often grounded in the skills and capacity of specific staff members rather than being consistent organization-wide attributes, as is the case, for example, with UNFPA's reputation for clinical management of rape (see Annex E). The Evaluation Team observed two key trends in how UNHCR and its partners are handling capacity-building in a context of constrained resources: UNHCR shifting training responsibilities to partners; or partners engaging in stronger peer-peer learning and partnerships.

- In several case study countries, such as Malaysia and Syria, UNHCR has been shifting more towards partners taking on training of their own staff. However, partners did not always perceive this to be fully effective, particularly for training on case management. In Syria, partners felt that UNHCR could do more to support foundational GBV training and stronger GBV case management training. In Malaysia, one partner felt that UNHCR's physical withdrawal from the field due to funding shortages, and partners' greater subsequent responsibility for capacity-building, has reduced the quality of training.

- The evaluation found strong examples of partners engaging in peer-to-peer learning and capacity-building, strongest among civil society networks. For example, in Ecuador, capacity strengthening is a significant component of the Red Violeta, a network of GBV organizations established in Quito in 2021, of which UNHCR is a member. While UNHCR conducted capacity-building trainings for the network in 2022, there is now greater emphasis on peer-to-peer learning with civil society actors training others in the network on specialized topics (e.g., training on specialized GBV care for LGBTQI+ people led by an LGBTQI+ organization in the network). In Italy, UNHCR has partnered with Donne in Rete Contro la Violenza (D.i.Re), a network represented by over 80 anti-violence centers nationally, and has provided ongoing training to support the network to strengthen its GBV response in humanitarian and emergency contexts. One member of the network shared that there are now stronger peer-to-peer learning opportunities within the network, where partners are cascading knowledge and skills to others.

The evaluation identified several examples of strong capacity-building of government partners and service providers. UNHCR capacity-building with government stakeholders appears to be strongest in RCM contexts or other settings where training and support are focused on quality of services or systems for refugees. For example:

- In refugee camps in Kenya, UNHCR has conducted extensive training of police and magistrates on refugee law, which has included components on protection and GBV. Funded and non-funded partners in Kakuma camp, including government partners, also described receiving more informal capacity-building support from UNHCR, including being able to call GBV focal points to request advice on particular cases or issues.

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[177] The evaluation of UNHCR approach to learning and development found that 4 in 10 management focal points and supervisors responding to a staff survey did not monitor and evaluate the learning of their staff, which was linked to the 2014 Performance Management Policy dropping requirements to consider learning and development during the annual appraisal process. See UNHCR (2020) Evaluation of UNHCR Approach to Learning and Development for Workforce and Partners.

- In Italy, UNHCR GBV programming has centered on building partner capacity on GBV minimum standards and quality services, including with government partners, with a focus on prefects and reception staff. While other UN agencies, such as IOM, had previously worked with government partners on trafficking, UNHCR was perceived to be instrumental in building government stakeholders' capacity on GBV protection risks and appropriate response, including referrals. UNHCR, in partnership with UNICEF and IOM, also translated the GBV Pocket Guide into Italian and adapted it to the Italian context.[178] Training on the Pocket Guide has been very welcomed by the Ministry of Interior and has been rolled out to all the prefectures and reception facilities.

Several examples also emerged of sustainable capacity-building activities focused on strengthening systems.

- In Moldova, UNHCR supported the government by seconding a consultant to the Ministry of Labor to digitalize data collection on domestic violence, which has been critical in plugging capacity gaps and building stronger government systems.

- In Ecuador, political challenges have led to government staff turnover. In one sub-national location, the Ministry of Women and Human Rights, with UNHCR's support, established a GBV and protection training school for civil servants, leading to more sustainable solutions to addressing capacity gaps.

Building government capacity was more challenging in IDP or mixed settings where UNHCR had a less clear mandate to build GBV capacity, largely linked to challenges engaging with government (e.g., in Syria) or working in extremely resource-constrained environments (e.g., CAR and DRC).

6.5 GBV cross-cutting areas

> **Summary of key findings**
>
> *Relevance*: The design and implementation of the GBV policy are relevant to the lives of people with and for whom UNHCR works overall, particularly women and girls, but less so for other populations, particularly those who are most marginalized.
>
> *Coherence (internal)*: The UNHCR GBV policy aligns with the AGD Policy and meets AGD minimum standards, with some examples of AGD responsive and transformative progress observed. However, not all operations are analyzing and using age, sex, and diversity disaggregated data to inform programming. There are also gaps in delivery for specific populations, including men and boys, LGBTQI+ people, and people with disabilities.
>
> *Effectiveness*: Advocacy efforts with governments are progressing well, but their success varies based on factors like refugees' legal status, and government funding and ownership of GBV systems and services for refugees and asylum seekers. Across different contexts, sub-national advocacy efforts are most effective, even in challenging settings.
>
> *Progress towards impact*: Advocacy with government actors on GBV has led to tangible impacts, varying depending on the context, including the development of joint workplans and integration of refugees into GBV services.

6.5.1. Age, gender and diversity

Finding 25: The design and implementation of the GBV policy are relevant to the lives of people with and for whom UNHCR works overall, particularly women and girls, and UNHCR is largely complying with minimum standards of AGD policy implementation with reference to GBV. However, there are some gaps in policy content and implementation in relation to certain AGD areas of engagement and populations, particularly LGBTQI+ populations, men and boys, and people with disabilities.

Strength of evidence: Strong

UNHCR GBV policy design is aligned with the UNHCR AGD Policy, and its implementation is largely delivering against AGD policy minimum standards according to the evaluation's AGD framework (i.e., AGD sensitive). Some examples of AGD responsive progress were also observed. While some activities have sought to be

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[178] The Guide is accessible at https://www.unhcr.org/it/wp-content/uploads/sites/97/2020/11/GBV-Pocket-Guide.pdf

AGD transformative, the evaluation results suggest that this has not necessarily taken place. A summary of GBV results against a selection of the most relevant AGD areas of engagement are outlined below, with particular gaps identified for the disaggregation of data and participation and inclusion of certain population groups (see also Annex D).

AGD inclusive programming. UNHCR GBV programming aligns with minimum AGD policy compliance by collecting GBV data disaggregated by age, sex, and other diversity characteristics where possible. However, not all operations collect data on other diversity characteristics such as LGBTQI+, disability, socio-economic, or displacement status. When data on age and sex is collected, not all operations analyze and use this data to inform programming, particularly where resourcing is highly constrained. The Year 2 longitudinal evaluation of UNHCR's AGD policy implementation also found challenges with the collection and disaggregation of data for LGBTQI+ people and people with disabilities.[179]

Participation and inclusion. UNHCR GBV programming aligns with minimum AGD policy compliance of employing participatory methodologies during the operations management cycle to incorporate the capacities and priorities of women, men, girls, and boys of diverse backgrounds. This is evident through operations' implementation of participatory assessments to hear the perspectives of people from diverse backgrounds, although the Evaluation Team did not necessarily identify examples of how these perspectives were fed into decision-making processes, including about prioritization. The evaluation identified strong gaps in relation to participation and inclusion at the programming level for certain population groups, particularly men and boys, LGBTQI+ people, and people with disabilities. The UNHCR GBV Policy notes that while GBV primarily affects women and girls globally, men and boys can also experience sexual violence. Nevertheless, UNHCR operations in multiple contexts are struggling to provide appropriate GBV response to male survivors or case management services are simply not accessible to them. These gaps were observed in CAR, Malaysia, Peru, and Syria, with examples emerging of male survivors of rape being unable to access emergency post-exposure prophylaxis (PEP) kits as response services were limited to women and girls.

The GBV policy acknowledges the impact of GBV on people with diverse sexual orientations and gender identities. However, significant challenges remain in including LGBTQI+ people in GBV programming, especially in contexts where LGBTQI+ identity is criminalized, including in DRC, Kenya, Malaysia, and Syria, or highly stigmatized, such as in CAR. Some progress has been made, including stronger engagement with LGBTQI+ civil society groups in Malaysia and some reductions in protections risks to LGBTQI+ groups in Kakuma in Kenya. But challenges persist, including poor police treatment of LGBTQI+ people, occasional violent homophobic attacks, and gaps in case management protocols. In Dadaab, Kenya, LGBTQI+ people interviewed for the evaluation described alarming protection risks related to their shelter and food rations. In the DRC and Syria UNHCR does not work directly with LGBTQI+ people, nor does the GBV AoR in Syria due to associated risks. Despite these challenges, strong examples emerged of UNHCR work in Moldova and Ecuador. In Moldova, where LGBTQI+ people are highly stigmatized, UNHCR has partnered with UNAIDS to support partners working with this population group in addition to other highly stigmatized groups, including sex workers and HIV-positive people. The strength of this work with local partners rests on their experience and trust within communities. In Ecuador, UNHCR has been recognized for its strong support of LGBTQI+ rights, providing funding and technical support for LGBTQI+ civil society organizations and government and non-government services for LGBTQI+ people (e.g., la Casa de Diversidades). However, gaps remain in case management and response for trans people, particularly trans women.[180]

The GBV policy briefly mentions people with disabilities in the context of a predecessor document (the UNHCR SGBV Strategy 2011-2016) but only makes brief reference to children with disabilities. The evaluation found a few good practices in relation to disability inclusion. For example, UNHCR in Moldova has a partner for disability programming that provides targeted case management and support to people with disabilities, reducing GBV risks. People with disabilities who make up 10% of the refugee population in Moldova are consistently included across partners' activities, including GBV partners. People with disabilities are also part

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[179] UNHCR (2023) Longitudinal Evaluation of UNHCR Age, Gender and Diversity (AGD) Policy: Year 2 Report.
[180] While CBI profiling systems in Ecuador prioritize trans people, particularly GBV survivors, given their high protection risks, it is not clear to what extent GBV response systems are tailored to provide services. Further, while response services reproduce a narrative that they can provide services to women in all their diversity, with corresponding gender diversity signs posted and visible in service sites, little is known how to practically implement this in the case of trans women. For example, when asked about specific protocols for how to handle cases of GBV against trans women, including cases of sexual violence, a representative from a comprehensive service for GBV survivors was not clear if the response would be different for a trans woman or whether there were any specific protocols to follow. Another representative from a safe shelter was not sure what she would do if a trans woman came seeking help.

of the targeted groups for cash assistance, a GBV risk mitigation measure. However, more generally, the evaluation found gaps in GBV services for people with disabilities.

- In Malaysia, UNHCR and its partners felt that disability inclusion was an area that needed improvement and shared that there are not many organizations working in this area, with limited available technical expertise on how to handle GBV cases for people with disabilities.

- In Syria, UNHCR-supported GBV services are accessible for people with physical disabilities, but UNHCR staff shared some challenges providing services for people with other types of disabilities, including sensory and cognitive disabilities. One UNHCR focal point also shared that there was limited outreach to specifically target people with disabilities outside of awareness raising campaigns.

- In Ecuador, several stakeholders noted that there is a weak national institutional framework for people with disabilities and UNHCR stakeholders noted the need to improve its work in this area. While prioritizing disability profiles for support is possible given this data is collected, specialized services and accessibility are weak. In two site visits to GBV service delivery locations, the building was not accessible for people with disabilities or staff shared challenges providing support to survivors with children with disabilities, including cognitive disabilities.

The evaluation identified additional examples of alignment between UNHCR's GBV and AGD policy implementation. In Moldova UNHCR has worked to improve the inclusion and protection of Roma refugees through the Roma Task Force, which mapped over 1,500 Roma refugees and enhanced access to essential services. In April 2024, UNHCR hosted a regional conference in Chisinau to promote cultural sensitivity and best practices for Roma refugee support. These efforts have led to increased community participation, better service accessibility, and stronger social cohesion between Roma refugees and host communities. Another example of transformative approaches to support gender equality is UNHCR's strengthening of its partnerships with WLOs, which was observed across multiple country operations (see section 6.4.1).

6.5.2. GBV advocacy

Finding 26: UNHCR has achieved strong progress in relation to advocacy with government actors on GBV, with tangible impacts observed. However, the strength and success of advocacy efforts vary substantially according to contextual factors on the ground. The evaluation findings suggest that across different contexts, sub-national advocacy efforts are most effective, including in highly challenging settings.

Strength of evidence: Strong

UNHCR advocacy with governments stakeholders focuses on strengthening refugee inclusion in government systems and services and strengthening the quality of government service delivery. Success varies by context and progress is linked to a range of factors, including government resources, legal frameworks, and interest in addressing protection and GBV needs, particularly for refugees.

Contexts where refugees do not have legal status. In Malaysia, refugees face significant challenges accessing services given they are considered as illegal immigrants. Despite this, UNHCR has made progress at the sub-national level, advocating for refugee inclusion in child protection services and training state authorities on child protection. This has opened the door slightly to extending discussions about inclusion in GBV services for adults with local state authorities, although this remains highly challenging.[181]

Contexts where government services are extremely restricted or absent. In some settings, like CAR and DRC, there are significant gaps in the availability of GBV services more generally, which governments do not have the financing, human resourcing, or capacity to take ownership of. In CAR, UNHCR and its three partners cover 15 out of the 20 prefectures through a total of 25 Ma Mbi Si sites and in most of these locations there are virtually no other services. The DRC has a large geographical territory with a complete lack of state presence in some locations. UNHCR in Goma has supported the local government with the drafting of its GBV strategy and plan of action; however, lack of resourcing has stalled progress. In Syria, government services are weak, so agencies are forced to provide services in parallel, highlighting challenges in complying with the GBV policy's emphasis on advocacy in contexts with largely absent or non-functional state services for GBV.

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[181] These findings are reflected in the results of the staff survey: 57 percent of respondents agreed that the implementation of the GBV policy had strengthened relationships with national governments/authorities, with stronger agreement in West and Central Africa, and weaker agreement in Asia Pacific and Europe.

Contexts transitioning to full refugee inclusion. In Kenya, the government has announced plans to close refugee camps over the years, leading to coordinated efforts to develop the Socioeconomic Hubs for Integrated Refugee Inclusion in Kenya (Shirika) Plan. This is a government-led roadmap for the transition from refugee camps to integrated settlements, and the integration of refugees into national services and economic development.[182] UNHCR has significantly contributed to advocacy for refugee inclusion in government systems through the Shirika Plan and county level development plans. Refugees, including GBV survivors, can access government health services via health insurance, which UNHCR helps to fund. Despite attempts to transfer payment responsibilities to refugees, few can afford it. The next crucial step is to secure government ownership of financing.

Contexts where governments take ownership of GBV services. In several countries, particularly in the Americas and Europe, governments play a stronger role in providing and coordinating services for refugees, albeit with varying degrees of commitment, engagement, and resourcing. Strong results were observed in Ecuador (see Box 7), with progress also made in Peru, Italy, and Moldova. In all four contexts, UNHCR focuses on strengthening partnerships with government authorities to support safer and better-quality services. In Moldova, UNHCR support for social protection systems has benefited both refugees and Moldovans. In Peru, the Ministry of Women's Affairs' Aurora National Programme and Women's Emergency Centers provide GBV services, but there are barriers for undocumented refugees. UNHCR Peru has worked with government stakeholders, including police and social workers, to raise awareness of refugees' rights, leading to a reduction in reporting of refugee GBV survivors to immigration authorities, which is wrongly assumed by many stakeholders to be mandatory.

Across different settings, sub-national advocacy efforts are particularly effective at working through and around contextual challenges. This is due to several factors linked to UNHCR's comparative advantage (see section 6.6). A particularly important factor is UNHCR's operational presence, which brings it closer to communities and local stakeholders than other agencies with less presence on the ground. Another factor linked to its operational presence is UNHCR's strong role in GBV coordination in sub-national locations, which can strengthen UNHCR visibility and relationships with local stakeholders, including government (see section 6.4.1).

BOX 7: Good practice examples of UNHCR GBV advocacy in Ecuador

In Ecuador, UNHCR has established strong partnerships with government stakeholders, particularly the Ministry of Women Affairs and Human Rights, and local autonomous decentralized government authorities.

- UNHCR has made strong investments in research and data to support advocacy. For example, a rapid gender analysis conducted in Manabi by UNHCR, CARE, HIAS, IOM, UNICEF and the Ministry of Women and Human rights is an example of strong inter-agency and government collaboration. The report has become a strong reference point for the Ministry in Manabi, which identified several gaps in GBV service provision that the government could address.
- UNHCR's ongoing support to the Casa de la Mujer (Women's House) in Quito, and its associated houses - Casa de Diversidades (House of Diversities) and Casa de los Adolescentes (Adolescents' House) - is a strong example of its work on GBV advocacy. These services, managed by the Quito municipality with external funds, provide support for LGBTQI+ people and adolescents. In Manta, UNHCR's strong technical capacity-building of Casa staff, advocacy with local state authorities and support of the Casa's external oversight committee have led to stronger buy in from government authorities and the development of a municipal GBV ordinance.
  - UNHCR has been working with the Ministry of Women and Human Rights to develop an inter-ministerial protocol for attention to GBV survivors who request asylum.[183] A draft protocol has been completed, which was with the Foreign Ministry at the time of the evaluation data collection. UNHCR also socialized its GBV Policy with the Ministry of Women and Human Rights in Manabi, including conducting training in the GBV Policy core action areas. Government focal points noted

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[182] UNHCR (2023) Annual Results Report 2022 Kenya; UNHCR (2024) Annual Results Report 2023 Kenya.

[183] UNHCR has an MoU with the Ministry of Women and Human Rights and a multi-year workplan (2023-2025) and annual integrated workplans. In 2024, the workplan had three actions: (1) strengthening government capacity in GBV and PSEA among populations in human mobility, (2) developing resources, including guides, manuals and protocols to protect the rights of populations in human mobility, including from GBV and SEA, and (3) strengthen services, including for women, LGBTQI+ people and GBV survivors to mechanisms of regularization, asylum and specialized services.

6.6 The comparative advantage of UNHCR

Summary of key findings

Strategic positioning: The greatest comparative advantage of UNHCR is its operational presence, which facilitates several strengths in access, partnership and coordination, and its protection mandate, particularly as a refugee agency. UNHCR operational presence can also be a disadvantage given that UNHCR is often the one left when others are absent from or leave the field, especially in contexts where government services are lacking. While its comparative advantage is clear in operational contexts, it is not sufficiently leveraging its protection mandate to build global strategic partnerships and interagency networks to advocate for more attention to GBV in global multilateral and advocacy spaces.

Finding 27: The greatest comparative advantage of UNHCR is its operational presence, which facilitates several strengths in access, partnership and coordination, and its protection mandate, particularly as a refugee agency. UNHCR operational presence can also be a disadvantage given that UNHCR is often the one left when others are absent from or leave the field.

Strength of evidence: Strong

According to the evaluation's comparative analysis (see Annex E), UNHCR's extensive field presence in 136 countries worldwide is its greatest advantage, allowing swift emergency response and effective coordination with partners, including other agencies, government bodies, and civil society. This proximity helps UNHCR understand and respond to the needs of refugees, IDPs, returnees, asylum seekers, and other affected populations, and support localization efforts with WLOs. It also helps to facilitate entry for partners who may be slower to respond or who may enter during early recovery or post-crisis phases of emergencies. In IDP settings, UNHCR's presence is particularly beneficial when other agencies lack physical presence. UNHCR also has a comparative advantage through its protection mandate, particularly as a refugee agency.

Other UN agencies play critical roles in GBV programming. UNICEF's focuses on children's rights and protection against violence towards women and children (including GBV), with a strong operational presence in the field, and UN Women focuses on gender equality and women's empowerment, including policy advocacy and capacity strengthening of government systems, albeit with a light footprint. UNFPA has a central role in GBV coordination at global, regional and country levels, including leading the GBV AoR, and supporting GBV response and prevention, albeit with less operational presence in the field than UNHCR (see further details in Annex E, Comparative Analysis). Despite UNFPA's critical role in GBV programming and coordination, the evaluation found strong UNFPA presence at the national level but more limited presence at the sub-national level in IDP settings where it leads the GBV AoR. In areas where UNFPA is absent, UNHCR and other agencies often take on the responsibility, especially where government services are lacking. This issue is also a challenge with other UN agencies that are more project-based and disappear when funding ends. The GBV policy does not provide a useful framework for UNHCR engagement with these challenges, and this is reflected in the staff survey, with only 28 percent of staff agreeing that the GBV policy has allowed UNHCR to exercise its comparative advantage in GBV programming very well.

It is important to contextualize UN presence on the ground against the availability of GBV funding and trends in global financing for GBV. Despite increased awareness and advocacy, funding for GBV prevention and response remains significantly lower than the actual need. In 2023, the funding requirement for GBV was estimated at $1.2 billion, but the actual funding was forecasted to be between $230 million and $295 million.[184] Annex L presents four years of GBV funding trends for UN agencies reported to UNOCHA's FTS, representing HRPs, and UNHCR's RFT, representing RRPs. While UNFPA funding for GBV in emergency settings has increased since 2021, there have been large reductions in GBV funding for UNHCR, UN Women, and WFP. UNICEF's GBV funding spiked significantly in 2023 but has since fallen. It is interesting to note that alongside drops in UN GBV funding (except for UNFPA), there have been steady increases for the top five reporting international NGOs. The figures are quite different for RRPs. Between 2021 and 2024, funding to RRPs

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[184] Gender-Based Violence Humanitarian Funding Forecast.

increased for both UNHCR and UNFPA, particularly in 2024, but increased more marginally or reduced for other UN agencies. Humanitarian funding for RRPs has increased in small amounts comparatively for international NGOs.

> **Finding 28: UNHCR has made strides in advocating for GBV prevention and response in various high-level forums like Standing Committee meetings, the Global Refugee Forum (GRF), and the IASC Centrality of Protection Task Force. However, UNHCR could also further enhance its global advocacy by making full use of its influence in these forums by ensuring that GBV is more central to discussions consistently and participating more actively in a broader range of platforms where GBV is discussed.**
> Strength of evidence: Medium

UNHCR's comparative advantage is evident in operational contexts due to its strong field presence and deep connections with local communities. Its protection mandate further strengthens its role, allowing UNHCR to engage at a high level to raise awareness of GBV within its protection framework. Since 2022, UNHCR has prioritized GBV in its Standing Committee Meetings, recognizing its profound impact on refugees. Recent sessions have focused on survivor-centered approaches, collaboration with WLOs, and integrated protection strategies. The 83rd Meeting (March 2022) highlighted increased GBV risks due to COVID-19, emphasizing the importance of targeted interventions. Subsequent meetings, such as the 84th (June 2022) and 85th (September 2022), explored how GBV prevention (and PSEA) could be integrated into enterprise risk management and how inclusive work environments could mitigate risks. A whole-of-journey approach was also underscored to ensure the safety of women and children during mixed migration movements. The 87th Meeting (March 2023) assessed the effectiveness of these interventions, reinforcing the need for continued investment in GBV prevention and response.

GBV has been addressed in broader UNHCR-led forums, including the Executive Committee (ExCom) annual meetings and the Global Refugee Forum (GRF), where GBV is subsumed under general protection discussions. In ExCom's 66th Session (2015) and 74th Session (2023), GBV was referenced within broader protection strategies, reflecting ongoing concerns about the safety of displaced populations. At the 73rd Session of the ExCom in October 2022, Assistant High Commissioner Gillian Triggs outlined strategic objectives to combat GBV, focusing on prevention, risk mitigation, and response, acknowledging the devastating impact of CRSV. UNHCR committed to intensifying efforts to address these challenges and ensure the inclusion of displaced and stateless women in national social safety nets.[185]

At the 2019 and 2023 GRF, stakeholders reaffirmed their commitment to tackling GBV, and at the 2023 GRF, UNHCR co-led a pledge on gender equality and GBV protection, fostering collaboration with WLOs and reinforcing national protection systems. Additionally, UNHCR participated in the 2023 High-Level Roundtable hosted by the Emergency Relief Coordinator, emphasizing GBV prevention in emergencies and addressing funding gaps.[186] UNHCR actively integrates GBV considerations into protection strategies and decision-making through continuous advocacy in global coordination platforms, including Conference of the Parties (CoP) Task Force deliberations and IASC Emergency Directors Group (EDG) discussions. In 2022, it advanced GBV efforts within the IASC Centrality of Protection Task Force, contributing to the IASC Action Plan (2023–2025), which was endorsed in November 2023. This plan set clear objectives for improving GBV leadership, accountability, and integration into humanitarian coordination. In 2024, UNHCR supported the development of practical guidance tools to enhance GBV prevention, risk mitigation, and response across all sectors.[187]

UNHCR and International Council of Voluntary Agencies (ICVA) organized the NGO consultations in June 2024. These meetings emphasized solutions, inclusion, and gender equality. High Commissioner Filippo Grandi and Deputy High Commissioner Kelly Clements participated, focusing on enhancing GBV programming and exploring innovative funding approaches with NGO partners.[188] UNHCR is a key player in global advocacy against GBV, including within the Women, Peace, and Security (WPS) agenda. It reports annually to the United Nations Secretary-General's (UNSG) WPS Report and participates in the UN Executive Committee WPS meetings in New York. In 2021, UNHCR became a Board Member of the WPS-Humanitarian Action (WPS-

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[185] UNHCR (2022). 73rd Executive Committee Session Report.
[186] United Nations Emergency Relief Coordinator. (2023). High-Level Roundtable on GBV Prevention in Emergencies.
[187] Inter-Agency Standing Committee (IASC). (2023). Centrality of Protection Action Plan (2023–2025); Inter-Agency Standing Committee (IASC). (2024). Practical tools for GBV prevention, risk mitigation, and response.
[188] UNHCR & International Council of Voluntary Agencies (ICVA). (2024, June) Global Consultations with NGOs: Enhancing GBV Programming and Resource Mobilization

HA) Compact and submits annual reports on its GBV-related commitments. It also engages in the Annual WPS Focal Points Network Meetings, ensuring that displaced women and girls are represented in global policy discussions, and co-chairs the International Organization Working Group within the Call to Action on Protection from Gender-Based Violence in Emergencies. UNHCR participates in the Commission on the Status of Women (CSW) every year, leveraging this platform to advance gender equality and GBV discussions. It hosts high-level side events, such as the 2024 event with Germany, France, the Action Network, and the Women's Peace and Humanitarian Fund (WPHF) to mobilize funding commitments for GBV protection. In 2023, UNHCR took part in Women Deliver in Kigali, sponsoring refugee women's participation and co-organizing a side event.

UNHCR advocates for displaced women and girls in high-level global forums like Wilton Park Conferences and UN-Civil Society Organizations (CSO) Dialogues, where it promotes GBV prevention and response efforts. As a member and chair of the WPHF, UNHCR champions funding and support for grassroots WLOs, with 25% of WPHF funding allocated to refugee and internally displaced women-led initiatives. Furthermore, UNHCR influences investments that support GBV programs through its role on the Board of the Trust Fund to End Violence Against Women. While UNHCR addresses GBV as part of its protection mandate, this is sometimes overshadowed by broader protection priorities. For example, at the 2021 IASC High-Level Roundtable on GBV funding, UNHCR's contributions emphasized the underfunding of the broader protection sector, leaving GBV-specific needs insufficiently prioritized.[189] The sporadic and indirect treatment of GBV in some key forums like the GRF and ExCom highlights the need for its formal inclusion as a standing agenda item. A more consistent and structured approach within UNHCR's decision-making forums would ensure more dedicated attention and resources for GBV prevention & response and could better position GBV as a cross-cutting priority.

7 CONCLUSIONS

Based on the 28 key findings presented in the body of the report, the evaluation conclusions are summarized below according to the evaluation criteria.

Relevance

The GBV policy has been instrumental in providing clear direction for UNHCR GBV programming, highlighting GBV as a shared responsibility and offering a framework for design, implementation, and advocacy. The GBV policy and corresponding guidelines are relevant to the lives of many people with and for whom UNHCR works overall, particularly refugees and asylum seekers, and women and girls GBV survivors. However, the policy has been less relevant for other populations. Relevance has diminished in IDP, mixed and mixed movements settings due to lack of coordination guidelines around the UNHCR role vis-a-vis other humanitarian actors or challenges to the implementation of existing guidelines. Relevance is also less evident for some populations targeted by UNHCR's AGD Policy.

Coherence (internal)

UNHCR GBV policy is coherent with the policy approaches that underpin other UNHCR interventions. It is largely aligned with the AGD Policy and is delivering against AGD policy minimum standards related to gender equality and supporting women and girls. The GBV Policy is also coherent with UNHCR's protection mandate. At the level of GBV strategic prioritization, there are variations in internal coherence across global, regional, and country levels.

- At the global level, senior leadership does not consistently give priority to GBV in its communication about GBV priorities and its accountability mechanisms for GBV policy implementation.

- At the regional level, regionalization and decentralization have strengthened opportunities for GBV oversight and support to operations, but this is unevenly implemented across the regions due to resourcing constraints.

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[189] Inter-Agency Standing Committee (IASC). (2021, January). High-Level Roundtable on GBV Funding: Protection Sector Underfunding and GBV Challenges

- At the country level, despite some perceptions of poor prioritization in resource allocation, the evaluation found an increase in GBV prioritization relative to other outcome areas, with examples observed of operations prioritizing or safeguarding GBV funding allocations.

The evaluation results suggest that prioritization of GBV is exercised by those who were already supportive pre-GBV policy, with little evidence that the policy itself has strengthened prioritization among decision makers. Further, prioritization of resource allocation has not translated into organization-wide ownership of GBV. GBV focal points are still seen as the "owners" of the policy and responsible for its implementation, despite the mandatory nature of policy implementation for all UNHCR staff, and there are few accountability mechanisms related to GBV for sectoral teams.

Coherence (external)

At the global and regional levels, UNHCR implementation of the GBV policy and guidelines is aligned with global inter-agency approaches. Strong examples emerged of UNHCR inter-agency partnerships and coordination, including through the development of stronger global and regional LoUs, MoUs, and workplans, feeding into stronger and more tailored collaboration at country level. Despite this alignment, UNHCR is not widely recognized as a significant GBV actor at global level among some donors and interested actors. This appears to be due to various factors, including UNHCR challenges demonstrating impact and communicating achievements, its own internal programming and fundraising models, and limitations in its role in global GBV strategic leadership and advocacy spaces. At the operations level, UNHCR and its partners have adopted multisectoral GBV response models aligned with survivor-centered approaches and GBV minimum standards but have not consistently delivered quality GBV response and case management due to resourcing constraints. Further, legal protection gaps persist, particularly in countries that are not signatories to the Refugee Convention or where refugees lack documentation, hindering access to justice and protection services. In relation to GBV prevention, internal questions from management persist about whether UNHCR is the most suitable agency to lead GBV prevention programming, reflecting broader concerns about its role in long-term prevention efforts. These concerns are partly rooted in misconceptions about the role of prevention in a continuum of addressing GBV and misperceptions that prevention is non-lifesaving. This has impacted decisions about prioritization and resourcing.

Effectiveness

UNHCR has been effective in supporting advocacy, collecting data through assessments, supporting single-location multi-sectoral GBV response services and in its coordination efforts in refugee settings. It has also worked effectively to strengthen WLO capacity. However, it has been only partially effective at providing GBV response services in single sector settings, in making evidence-based decisions using the data it has collected, and in providing coordination and leadership in non-refugee settings. While the GBV Policy is coherent with the AGD Policy, gaps were observed in implementation and effectiveness of AGD programming approaches. These gaps are observed mainly in relation to the use of AGD disaggregated data to inform programming, and gaps in implementation, participation and inclusion for specific populations, including men and boys, LGBTQI+ people, and people with disabilities. There are challenges adapting GBV response and case management approaches for different operational contexts and population groups.

UNHCR has shifted away from GBV specialized partners towards more generalist partners in some contexts. This has weakened the effectiveness of GBV response and case management services. However, partnerships with WLOs have yielded strong results in prevention, advocacy and program ownership. UNHCR Grant Agreements are an effective way of supporting this work and ensuring that direct funding reaches WLOs; although some local partners still feel that they experience administrative burden and unreasonable requests from UNHCR, including for data. The strength and effectiveness of partnerships with government actors varies substantially according to factors such as the legal status of refugees, government capacity and resources, and government ownership of GBV systems and services. UNHCR has shown some progress on GBV institutional infrastructure and capacity to deliver on policy objectives, but with some challenges and gaps. UNHCR consistently conducts protection monitoring, participatory assessments, and safety audits across operations, with several strong examples of good practice. However, these assessments do not always lead to strengthened GBV service delivery due to a lack of systematic use of the data collected.

Coordination effectiveness varies across contexts, with strong inter-agency collaboration in some settings but gaps in clarity of roles and visibility in non-refugee settings, such as IDP, mixed, and mixed movement contexts. UNHCR GBV coordination at country level is less effective in contexts where it does not lead the

coordination and particularly at national level, where resources are limited and UNHCR is not able to be present in multiple coordination spaces.

Efficiency

UNHCR has been efficient in the face of very challenging and unmanageable resource constraints. Decision-making in this resource-constrained environment has focused on cutting back, streamlining and making more efficient use of existing human and financial resources, and by focusing on advocacy. However, some of these efficiency measures, necessary given the resource constraints, are nonetheless detrimental to long-term progress on GBV goals. GBV staffing reductions and downgrading have weakened leadership and advocacy for GBV prioritization, affecting resource allocation. The practice of excessive multi-hatting among GBV and protection staff sometimes diluted GBV-specific efforts, contributing to staff burnout, turnover, reduced capacities, and limited engagement in coordination mechanisms. Reduced staffing in GBV case management has also led to very low caseworker-to-survivor ratios in some contexts. The evaluation found some examples of decisions about resource prioritization happening in a systematic way, including through an analysis of need and whether other agencies and organizations can more efficiently contribute to different outcome areas. The data shows an overall increase in prioritization relative to other outcome areas. This is not necessarily linked to the GBV policy, with widespread perceptions within UNHCR that prioritized resourcing continues to be exercised by those who were already supportive pre-policy.

Progress towards impact

UNHCR has struggled to measure outcomes and long-term impact, and the absence of consistent baseline and endline data has limited the ability to evaluate the success of GBV interventions. Results related to response and case management have shown improvement over time in some contexts. Strong results were observed in CBP programming, including better access to survivors and those at risk of violence, increased referrals to GBV services, and a reduction in stigma against survivors and people with disabilities. However, some negative unintended impacts were also observed. Progress towards impact of GBV prevention is hard to identify, although the evaluation found some evidence of impact on men's behavior change and women's empowerment outcomes. UNHCR has successfully supported GBV advocacy with government stakeholders in sometimes extremely challenging contexts. UNHCR advocacy at the sub-national level, even observed in highly challenging environments, has led to stronger government capacities and systems, the development of joint workplans, and integration of refugees into GBV services. UNHCR engagement with WLOs through its localization approach has led to strengthened institutional capacity and significant advancements in the presence of WLOs in regional and global advocacy spaces, including the GRF, and has improved the legal status of many WLOs.

Strategic positioning

The comparative advantage of UNHCR lies in its operational presence and knowledge, where it is deeply embedded in subnational structures and communities. Another advantage is its multiyear mode of operating, which contrasts with many other actors who are dependent on annual programming. These advantages allow UNHCR to support localized GBV actors and provide ongoing capacity-building and institution strengthening. Its field presence also means that UNHCR plays the role of provider of last resort when others are absent from or leave the field, especially in contexts where government services are lacking. GBV is recognized as a core component of the UNHCR protection mandate. It is given priority for accelerated and targeted action in the context of long-term UNHCR programming. However, UNHCR does not always mobilize its protection mandate in support of GBV through commitment to risk mitigation and mainstreaming.

UNHCR has developed strong strategic inter-agency partnerships and coordination at country, regional and global levels, including with UNFPA, UNICEF and UN Women. These in turn have led to global and regional agreements and joint workplans and activities with other UN agencies; however, the specific role of each partner is sometimes unclear, especially in mixed and IDP contexts. Further, UNHCR has not leveraged its comparative advantages into a global leadership role on GBV with a strong presence in global UN spaces and dialogue around GBV.

8 RECOMMENDATIONS

The evaluation design, data collection, analysis and reporting were conducted in 2024, with recommendations finalized in early 2025, during a period of an escalating humanitarian funding crisis, and ongoing discussions about the Emergency Relief Coordinator (ERC) proposal for a simplified humanitarian system,[190] both which will significantly reshape the operating environment for GBV programming. The following recommendations have been made with these global processes in mind and offer guidance that reflects both current constraints and anticipated trends over the next one to three years. They are organized by urgency and time frames to guide effective sequencing and implementation. Anticipating significant budget constraints and a shift toward project-based funding, these recommendations prioritize **practical actions**, **systemic accountability**, and **strategic adaptation** to safeguard GBV programming and implement the GBV policy.

(1) Align planning and resource allocation with GBV needs and prioritization

Priority: 🔴 High (2025-2026)

Rationale: The evaluation found that the delivery of GBV policy objectives has been constrained by limited accountability for mandatory policy implementation and that prioritization of GBV is often driven by individual staff advocacy rather than robust institutional mechanisms. As seniority of GBV positions is reduced, so is staff ability to occupy leadership spaces and advocate for prioritization in funding allocations. UNHCR must elevate GBV as a strategic priority at the institutional level and actively prioritize core funding to safeguard GBV prevention and response programming.

Risk of inaction: If GBV is not systematically prioritized in planning, it will remain underfunded, impacting survivors and persons at-risk of GBV, undermining the GBV policy and UNHCR's protection mandate, and creating reputational risks.

Proposed Actions:

1. **Draw from operations' risk registers and GBV policy self-assessments to establish an annual global GBV risk register** that allows for ranking of priority countries/operations requiring support.

2. **Implement a budget red-flag mechanism to trigger early leadership action** when resources for GBV interventions are disproportionately de-prioritized compared to other Outcome areas, in alignment with situational analyses of contexts most in need.

3. **Diversify funding streams** by developing multi-year GBV funding flagship proposals with diverse donors to advance innovative and impactful interventions while stepping up efforts to fundraise with private sector, foundations and individual giving.

(2) Promote sustainable GBV expertise and localization

Priority: 🔴 High (2025-2026)

Rationale: The evaluation found that UNHCR's partnerships are diverse but that a shift towards generalist partners has sometimes led to a reduction in GBV expertise. UNHCR is increasing its commitment to localization and engaging with WLOs, though gaps were identified, particularly related to heavy bureaucratic and administrative requirements. Local WLOs deliver cost-effective, culturally relevant services but face barriers to funding. Strong GBV partnerships are essential to maintaining GBV minimum standards.

Risk of inaction: Limited GBV expertise, particularly among local partners, erodes GBV service quality and limits sustainability.

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[190] See Egeland, J. & Msuya, J. 2024. A simplified and more efficient humanitarian system. UN OCHA.

Proposed Actions:

4. During partner selection processes, **consistently implement criteria to assess the strength of GBV funded partners** to ensure that all partners have the required institutional capacities, minimum standards for programme delivery, and expertise to deliver quality GBV programming.

5. **Maintain partnerships with WLOs**, ensuring that resources are allocated swiftly and efficiently while easing administrative and reporting burdens.

6. **Consider a GBV localization mentoring pilot** in selected operations to support transitioning GBV partnerships with INGOs to partnerships with local WLOs.

7. As part of contingency plans, **map local WLOs who can assume GBV coordination** in refugee settings and/or programming roles**.**

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(3) Define UNHCR's comparative advantage in GBV coordination and leverage its potential to empower local action

Priority: 🔴 High (2025-2026)

Rationale: The comparative advantage of UNHCR lies in its operational presence and knowledge, where it is deeply embedded in subnational structures and communities. The evaluation found that UNHCR's coordination is strong at the sub-national level but often weaker at the national level, emphasizing the need for strategic engagement to sustain credibility and influence in national inter-agency coordination.

Risk of inaction: Coordination gaps will reduce program coherence and limit effective service delivery.

Proposed Actions:

8. **Clarify UNHCR's comparative advantage in GBV coordination** across the diverse settings where it operates together with other actors. Prioritize those areas where UNHCR's coordination results are strongest and ensure visibility and advocacy in national coordination platforms is maintained.

9. **Mandate co-leadership roles** for WLOs and government actors in coordination platforms where feasible.

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(4) Ensure GBV risk mitigation is mainstreamed across all operational contexts

Priority: 🔴 High (2025-2027)

Rationale: The evaluation found that UNHCR demonstrates commitment to GBV risk mitigation and mainstreaming, particularly through multifunctional sector teams. However, ownership varies across contexts, influenced by operational settings, leadership communication, capacity, resource constraints, and accountability mechanisms. GBV risk mitigation should be a minimum requirement in all operational contexts and a priority for UNHCR. This aligns with its core protection mandate i.e. in refugee settings and leadership role within the Protection Cluster, and other clusters it leads and co-leads in IDP contexts.

Risk of inaction: Without consistent mitigation, humanitarian assistance may inadvertently increase GBV risks and compromise safety and dignity.

Proposed Actions:

10. **Mandate GBV risk mitigation as a core responsibility** across all sectors and response phases.

11. **Provide technical tools to support the rollout of the GBV risk mitigation indicator**, monitor uptake, and document good practices in its implementation.

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(5) Streamline policy guidance and accountability

Priority: 🟠 Medium (2026-2027)

Rationale: The evaluation found that while the GBV policy provides important direction, its implementation is hampered by a lack of timely and adaptable guidance, particularly in non-refugee settings. Accountability for policy implementation is weak at the senior leadership level.

Risk of inaction: Policy implementation is inconsistent due to complex guidance and weak leadership accountability. Without clear, practical tools, implementation will remain uneven, and GBV policy commitments will fail to translate into impact on the ground.

Proposed Actions:

12. **Develop concise operational guidance that can be contextualized,** prioritizing essential principles, minimum requirements, and adaptability for different types of settings. Ensure guidance is aligned to inter-agency frameworks with a focus on exit strategies and building local capacity for a gradual hand-over of responsibilities.

13. **Enhance accountability** by integrating GBV policy implementation responsibilities and measurable targets into existing performance appraisals for senior managers and leaders.

14. **Prioritize UNHCR participation and leadership in global strategic advocacy spaces**, including capitalizing more strongly on the spaces in which UNHCR is already fully present. In particular, ensure strengthened advocacy and engagement on protection from GBV in the Global Refugee Forum, Standing Committee, Ex Com meetings and similar spaces.

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(6) Prioritize GBV response and case management in refugee contexts, develop clear exit strategies, and pivot towards more sustainable partnership models particularly for GBV prevention

Priority: 🟠 Medium (2026-2027)

Rationale: The evaluation found that UNHCR's leadership in case management is widely recognized by partners and external stakeholders and the evaluation observed improved service availability and survivor satisfaction, particularly in refugee settings. UNHCR plays a vital role in securing justice and legal protection for GBV survivors, despite systemic barriers, and successes are evident in advocacy, capacity development, and survivor-centered approaches. UNHCR should prioritize lifesaving GBV services in refugee settings where it leads. This entails ensuring the continuity of services through responsible exit strategies, which involve carefully planned transition processes to maintain the integrity and availability of GBV services. Further, prevention efforts are often underfunded and reduced to awareness-raising activities, limiting their impact.

Risk of inaction: Failure to prioritize resources for essential GBV response/case management and failure to implement responsible exit strategies risks disrupting life-saving services for at-risk populations. At the same time there is a significant risk to undermine longer-term impact of GBV programming by neglecting prevention. Failure to invest in GBV prevention reinforces a reactive model that reproduces the need for GBV response and misses opportunities to reduce long-term risks and foster transformative change.

Proposed Actions:

15. Prioritize and focus program delivery by **concentrating resources on GBV programming in refugee operations while strategically transitioning out of direct service delivery where feasible** through local capacity building.

16. Enhance program effectiveness through **investment in scalable, evidence-based primary prevention models delivered through local partnerships**. Advocate for dedicated, multi-year funding for sustainable prevention efforts.

(7) Invest in GBV staffing, learning and talent development

Priority: ● Medium (2026-2028)

Rationale: The evaluation found that staff burnout and turnover, and a lack of clarity on GBV roles and responsibilities, are important challenges. UNHCR should find ways to maintain GBV technical expertise that can serve operations and partners in a flexible manner. Staffing optimization should be accompanied by a strong focus on capacity building, fostering a culture of learning by establishing platforms for peer exchange, and interagency collaboration.

Risk of inaction: Staff attrition and skill dilution will undermine program quality and accountability. Lack of shared learning will isolate good practices, repeat mistakes, and stall capacity growth.

Proposed Actions:

17. **Provide clear guidance and indicators for when GBV expertise (staff) are required vis-à-vis generalist staff who can manage certain GBV tasks**. Integrate GBV expertise requirements into national and international job descriptions and performance evaluations to ensure accountability.

18. **Strengthen platforms for peer learning opportunities and build linkages across protection areas** (e.g., GBV, CBP, Child Protection) to ensure that peer learning opportunities are integrated and avoid burdening staff.

(8) Streamline data/monitoring systems for reporting and planning

Priority: ● Medium (2026-2027)

Rationale: The evaluation found data systems to be fragmented and inefficient, with limited opportunities to monitor/measure progress towards results. The evaluation also found inconsistent implementation and use of safety audits to support risk mitigation activities and missed opportunities to better utilize Results Monitoring Surveys (RMS) and other assessments/data for planning, prioritization, and decision-making.

Risk of inaction: Inadequate monitoring will hinder accountability, limit adaptation, and obscure urgent needs in a context where UNHCR might shift more towards project-based and tightly earmarked funding

Proposed Actions:

19. **Strengthen the consistent implementation of safety audits**, **including with the integration of appropriate AGD tools**, and ensure that multifunctional teams use data to influence GBV risk mitigation strategies, and multi-year planning for programmes.

20. **Conduct a comprehensive review and revision of the current GBV results indicators** to address gaps in measuring outcomes and impact, especially for prevention programming and in localizing the response with WLOs.

Mapping evaluation findings against recommendations visually

This Sankey diagram visually represents the connections between the key findings of the GBV evaluation and the proposed recommendations. Each 'Finding' node on the left flows into one or more 'Recommendation' nodes on the right, illustrating how the identified issues are addressed by the suggested actions.

FIGURE 18. Findings to Recommendations – Sankey diagram
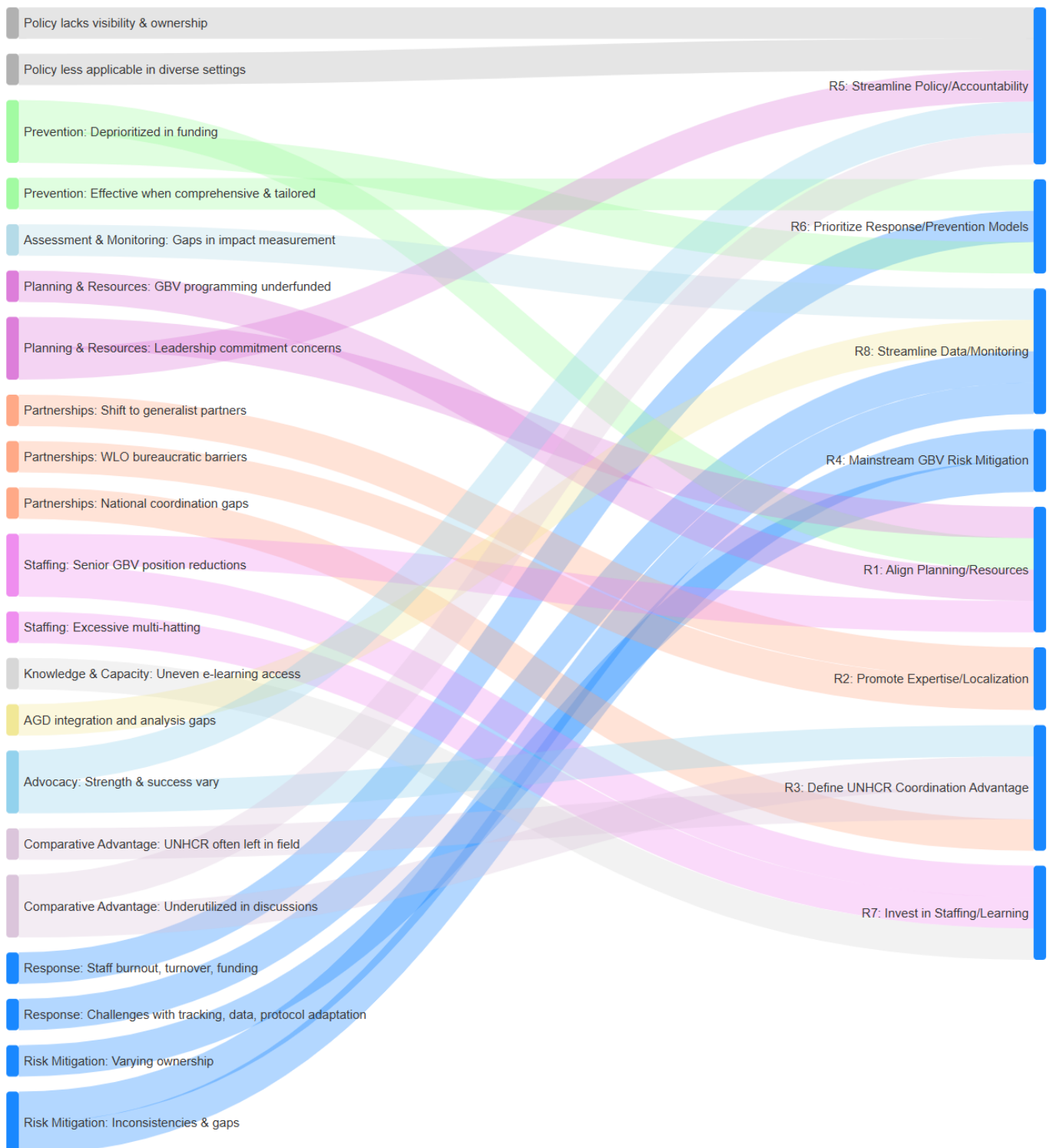
9 ANNEXES

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