

EMERGENCY RESPONSE

EVALUATION EVIDENCE FOR STRATEGIC DIRECTIONS 2027–2031



Emergency Response

About this paper

This paper is part of the UNHCR Evaluation Synthesis Series — 12 papers drawing on 2,421 conclusions, good practices, and lessons learned from 122 independent evaluations commissioned by UNHCR between 2016 and 2026; this paper draws on 19 of those evaluations. To produce the series, an automated Python script extracted these findings verbatim from published evaluation reports, compiling them into a database. This structured foundation enabled the Evaluation Office to develop the papers through iterative dialogue using Claude Sonnet 4.6 (Anthropic). The Evaluation Office is responsible for all analytical judgments and final text.

This paper examines the emergency phase through a protection lens, asking whether people obtain protection at onset and whether the emergency phase transitions toward national system inclusion. Some of this evidence also appears in the paper on UNHCR as Operational Actor, which takes a systems-level lens.

In brief. Most people fleeing conflict and persecution access territory, registration, and protection services at the onset of an emergency, and receive life-sustaining assistance. Where specialist capacity is present, GBV survivors receive care, children are protected, and communities play an active role in their own protection. What the evaluations show with equal consistency is that emergency delivery routinely continues beyond UNHCR's own nine-month limit, because transition toward national system inclusion was absent from the design of the initial response. Emergency responses that plan transition from the start are the exception, but they demonstrate it is possible. When it happens, people reach self-reliance sooner, which is what the new Strategic Directions envisage.

1. Most People Gain Access to Territory and International Protection at the Onset of an Emergency

Most people fleeing conflict and persecution reach safety and sustain life when UNHCR's emergency response meets them at the point of arrival. In Uganda, those registered gained unhindered, non-discriminatory access to territory and protection services, and the response saved lives.¹ In Bangladesh, shelter, water, sanitation, and camp infrastructure were rapidly scaled for the Rohingya influx; disease risks in one of the densest temporary settlements on earth were contained, and mortality did not rise.² In Angola, a rapid multi-sectoral response to the mass population movement from Kasai averted what could have become a humanitarian crisis, with no increase in mortality or morbidity in the settlements.³

But not all forcibly displaced people reach safety. During the pandemic, the principle of non-refoulement and the right to seek asylum were not upheld in many countries, with compelling evidence of pushbacks at sea and on land.⁴ Moreover, those who are unregistered (a minority in camp settings, a majority among urban refugees) also remain outside the ambit of international protection.⁵

"The breadth of its emergency response — including registration, legal assistance, basic needs assistance and shelter — was relevant for providing basic-service and life-saving support in coordination with other operational partners."⁶

Registration is the gateway to protection and rights, and evaluation teams document its importance repeatedly through field missions. For refugees and asylum-seekers, registration opens access to territory, legal status, services, and the full range of protection UNHCR and its partners provide. In Sudan, it was identified alongside legal assistance and basic needs as among the most life-saving elements of the regional response.⁶ In Ethiopia, registration enabled UNHCR to deliver protection services to more than 2.5 million IDPs, surpassing its

initial target.⁷ Where household-level registration does not progress to individual registration, some vulnerable people remain unknown to the protection actors and service providers who could otherwise reach them.⁶

2. Communities, Children and GBV Survivors Receive Protection During Emergencies Where UNHCR Invests in the Right Capacity

In the emergency phase, community-based protection is integral to the response and the approach that places communities at the centre of their own protection.⁸ In Brazil, adopting a community-based approach during the emergency phase proved effective in facilitating understanding of risks and vulnerability and in strengthening communities as a driving force in their own protection.⁹ In Sudan, women's protection committees established in IDP camps in Darfur have maintained community-driven protection networks across years of protracted displacement, demonstrating that CBP, once embedded, outlasts the organisations that established it.¹⁰ Community-based approaches to GBV response can also plug gaps in formal service delivery and strengthen the contextualisation of GBV programming to local conditions, though they carry risks for community members and volunteers where adequate support and oversight are absent.¹¹

"In an emergency phase, adopting a community-based approach has proven its effectiveness facilitating the understanding of risks and vulnerability of PoC situation and strengthening their role as a driving force to adapt the response."⁹

Child protection in the emergency phase rests on the same community architecture. Where UNHCR has built government capacity to apply the Best Interest Principle effectively, children receive protection that is both legally grounded and practically delivered.¹² In Niger, the Emergency Transit Mechanism prioritised unaccompanied children alongside GBV survivors and trafficking victims, providing integrated protection and legal assistance upon evacuation from Libya.¹³ What these cases share is an investment in the systems and relationships through which children's specific needs are identified and met, rather than treatment of child protection as a residual function of the general response.

Where UNHCR integrates multiple protection services in the same location, GBV survivors access care that the evaluation record describes as lifesaving. One Stop Centres in Dadaab and Kakuma in Kenya, the Ma Mbi Si centres in the Central African Republic, and community centres in Syria all document the same outcome.¹¹ Co-location of case management, psychosocial support, legal aid, and referral services increases survivors' access and satisfaction, reduces barriers to reporting, and enables survivor-centred responses, which dispersed service models cannot replicate.¹¹ GBV case management remains a cornerstone of UNHCR's response, and where specialist staffing is present, survivors access lifesaving services.¹¹

Where specialist capacity is absent, however, these gains are not replicated. In Afghanistan, UNHCR scaled up protection across the L3 response but delivered few protection services to women and girls specifically, despite their needs being widely recognised from the outset.¹⁴ The 2025 GBV evaluation identifies the determining variable: where GBV specialisation exists at country level, results are strong; where generalist positions have replaced specialist ones, the effectiveness of GBV response and case management declines.¹¹ The quality of protection people receive during an emergency is not determined by the scale of the response but by whether the right capacity is invested from the start.

3. Why the Emergency Phase Persists Beyond the Nine-Month Window

The nine months following an emergency declaration define UNHCR's internal planning window for emergency delivery.¹⁵ The evaluations document, consistently across regions and contexts, that this window frequently extends well beyond its intended limit, not because needs have changed but because the transition out of emergency mode was never designed from the start.

Exit planning is absent from the design of almost every emergency response the evaluations document, and the consequences for people accumulate with every year the transition is deferred. In Ukraine, this absence has been evidenced twice in the same country eight years apart. The 2017 evaluation found that the acute emergency phase of the 2014 IDP crisis had become protracted without a transition plan, concluding that insufficient precedent and guidance existed for closing down an emergency phase of a response.¹⁶ Eight years later, the 2022 L3 response repeated the finding: two and a half years in, the humanitarian coordination system had still not articulated a transition plan placing coordination under national leadership.¹⁷ Sudan and Mozambique confirm the pattern. In Sudan, UNHCR recognised early that the situation was likely to become prolonged, yet a clear multi-year strategy was absent and the efficiency and effectiveness of the programme suffered as a result.¹⁸ In Mozambique, rapid expansion without systematic disengagement criteria produced operational pressure that recurrent crises compounded; the evaluation concludes that integrating disengagement criteria from the outset is an essential exercise, not a terminal one.¹⁹

Without a planned exit, emergency structures simply persist, and so do the conditions people live in. The primary refugee settlement in Zimbabwe continues to operate on an emergency footing years after displacement began. Transforming it into a sustainable settlement is the stated priority, yet no plan exists to deliver it, and people continue to live in conditions designed for a temporary stay that has become indefinite.²⁰ Similarly, the humanitarian framework in Venezuela launched at the height of the exodus has outlasted the emergency that justified it, becoming the permanent architecture of a response that never transitioned.²¹ In Somalia too, aid dependency persists as the dominant condition of displaced life because the national systems through which people could meet their own needs have not been planned or built.²²

"An emergency declaration may remain in place for up to a maximum of nine months. However, many emergencies become protracted, with forcibly displaced people unable to return home for years without risking their lives or freedoms."²³

4. Designing the Transition from the Start Shortens the Path to Self-Reliance

Planning the transition out of emergency delivery from the outset is possible, and where it happens, the emergency phase can end even while displacement continues. The Sudan L3 response, one of the most complex and underfunded emergencies of the decade, offers the clearest documented example. From the start of the response, UNHCR adopted a solutions-from-the-start mindset, engaging development actors as integral participants in refugee response coordination rather than as actors to be brought in later.⁶ Across the four country contexts of the Sudan situation, UNHCR ensured that commitments to durable solutions were embedded in national asylum laws and displacement strategies before the emergency phase had concluded.⁶ The evaluation is explicit that results have not yet fully materialised, constrained by severe underfunding and the scale of the crisis, but the architecture was built

and the approach demonstrated that solutions planning need not wait until the acute phase has passed.⁶

In Egypt, UNHCR made the strategic choice of inviting UNDP to chair inter-agency working groups, which increased the ownership and responsibility of development actors for the refugee response from its earliest stages.⁶

5. Conclusion

UNHCR's emergency response delivers what the Strategic Directions require at onset. Most people access territory, registration, and protection services, and life-sustaining assistance reaches them in the acute phase. The evaluation record is equally consistent that exit planning is largely absent from the design of almost every emergency response. The nine-month window is UNHCR's own temporal limit for emergency delivery, yet the evaluations document that this mode routinely continues well beyond that timeframe because the transition to a more sustainable response was never designed from the start. Emergency structures persist well beyond the acute phase, and people continue to live in conditions designed for a temporary response.

The evaluations point to a single explanation: transition planning is absent from the early stages of most emergencies. The Sudan L3 is the exception and demonstrates that transition planning is possible from the first day of a crisis. When emergency delivery transitions to national system inclusion, people are better placed to pursue self-reliance within their communities, which is what the next Strategic Directions envisage.

Endnotes

Page numbers refer to the physical page position in the PDF version of each evaluation report and may differ from the printed page numbers shown in the document.

1. [Evaluation of UNHCR's Response to the L3 South Sudan Refugee Crisis in Uganda and Ethiopia](#) (2015), p. 13.
2. [Independent Evaluation of UNHCR's Emergency Response to the Rohingya Refugees Influx in Bangladesh](#) (2018), p. 87.
3. [UNHCR Country Portfolio Evaluation: Angola](#) (2019), p. 5.
4. [Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic](#) (2022), p. 75.
5. [Evaluation of UNHCR's Approach to Economic Inclusion and Self-Reliance in Urban Areas](#) (2026).
6. [Evaluation of UNHCR's Multi-Country L3 Emergency Response to the Sudan Situation](#) (2025), pp. 80, 73, 74.
7. [Evaluation of UNHCR's Response to the L3 Ethiopia](#) (2023), pp. 54, 55.
8. UNHCR, [Emergency Handbook: Community-Based Protection](#) (2025).
9. [Evaluation of UNHCR Prevention of and Response to SGBV in Brazil Focusing on the Population of Concern from Venezuela](#) (2019), p. 47.
10. [Country Strategy Evaluation: Sudan](#) (2022), p. 37.
11. [Evaluation of UNHCR Approach to Gender-Based Violence \(GBV\) Prevention, Risk Mitigation and Response](#) (2025), pp. 31, 30, 33, 60.
12. [Summative Evaluation of the EU Global Promotion of Best Practices for Children in Migration Programme](#) (2024), p. 60.
13. [Evaluation of the Emergency Transit Mechanism Project in Niger](#) (2025), p. 26.
14. [Evaluation of UNHCR's Response to the L3 Emergency in Afghanistan](#) (2023), p. 55.
15. UNHCR, [Policy on Emergency Preparedness and Response](#) (2023), pp. 14-15.
16. [Evaluation of UNHCR's Ukraine Country Programme](#) (2017), p. 84.
17. [Evaluation of UNHCR's L3 Response in Ukraine](#) (2024), p. 79.
18. [Independent Evaluation of UNHCR's South Sudanese Refugee Response in White Nile State, Sudan](#) (2018), p. 69.
19. [Country Strategy Evaluation Mozambique](#) (2023), p. 79.
20. [Zimbabwe Country Strategy Evaluation](#) (2022), p. 65.
21. [Country Strategy Evaluation Ecuador](#) (2023), p. 61.
22. [Country Strategy Evaluation Somalia](#) (2025), p. 70.
23. UNHCR, [Emergencies](#) (accessed July 2026).