

UNHCR AS ENABLER OF NATIONAL CAPACITY

EVALUATION EVIDENCE FOR STRATEGIC
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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 22 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.

In brief. UNHCR's work to build the capacity of national authorities, government institutions, and civil society organisations falls short of producing durable national ownership, not because national systems lack will, but because UNHCR's operational model is not designed for what institutional change requires. Training government officials produces competencies without changing how institutions function, how they are financed, or who is accountable for what. The dependency that results is predictable: annual funding cycles, rotating staff, and planning horizons too short for change to mature cannot sustain the long-term investment institutional development needs. The conditions for genuine handover are clear: sustained engagement, national budget commitment, co-designed transition plans, and investment in civil society that outlasts UNHCR's presence. Yet UNHCR's operational model works against each of them.

1. Capacity Development Succeeds Where National Institutions Are Already Strong

UNHCR's primary instrument for capacity development is training individuals, and training creates knowledge without changing how institutions function. In Angola, UNHCR invested in training government officials and exposing them to international standards. By the end of the evaluation period, those officials understood the standards. They were not applying them. Behaviour had not changed; the institution had not changed; the gap between what UNHCR trained people to know and what the national system could reliably do remained open.² Angola reflects the typical outcome of UNHCR's approach to capacity development.

The independent evaluation of UNHCR's asylum capacity development work makes the structural diagnosis explicit: UNHCR has overwhelmingly invested in building the skills of individuals rather than in the organisational layer (governance, accountability structures, institutional design) that determines whether those skills produce durable change. It has also not developed a theory of change for its capacity development work, which means it cannot distinguish between an investment that is building toward something and one that is simply filling a gap that will reopen when UNHCR leaves. Critically, the evaluation finds that UNHCR's approach works relatively well where national institutional capacity is already moderately high, and poorly where institutions are weak. That is the inverse of where the investment is most needed.¹

The monitoring failure compounds this. UNHCR measures capacity development by what it puts in: trainings delivered, officials trained, tools developed. In the UNHCR–UNICEF joint programme for refugee children, targets and indicators emphasised improvements in service delivery numbers. The evaluation found these were insufficient for any meaningful assessment of whether policy or system change had actually occurred, and that an overemphasis on quantifiable results left the organisations unable to tell whether the institutional change they sought had happened.⁷ The same finding appears in the evaluation

of UNHCR's protection strategies on SGBV, education, and child protection: country offices' discretion in selecting their own indicators makes it difficult to track whether capacity development investments are producing institutional change over time or to compare what is working across countries.³ In Mindanao, UNHCR delivered 120 trainings to nearly 1,900 individuals and introduced a new monitoring tool, but sustainability remained dependent on continued UNHCR support because the institutional layer was not built. In the SAMM regional project, policy frameworks advanced but the evaluation could find no evidence of changed practice in the lived experience of migrants, because the project ended before the investments had time to mature.^{8,9}

“UNHCR has focused largely on Individual Capacity Development with training being the primary intervention. Organisational Design is the least understood and well-developed of the four proposed CD strategies. UNHCR requires greater internal expertise in organisation and institutional development.”¹

2. Dependency Has Three Distinct Causes, but UNHCR Treats Them Alike

The evaluations identify three distinct mechanisms through which capacity development investments produce dependency rather than ownership, and conflating them leads to misdiagnosis. The first is structural: emergency funding timelines are incompatible with the long-term investment institutional development requires. In Peru, the national asylum system remains dependent on UNHCR support despite sustained investment in modernising it; emergency funds allowed for expansion and coverage, but are not adequate to ensure the stability or sustainability of what was built, which requires a medium-term perspective that emergency instruments cannot provide.⁴ In Ecuador, UNHCR's strengthening of the national asylum system improved functioning and quality, but reliance on UNHCR resources poses an ongoing challenge to continuity because the funding model was structured around humanitarian response rather than institutional development.¹⁰ In Brazil, a reactive engagement posture, with information reaching UNHCR after national institutions had already taken decisions, and sustained high dependence on US emergency funding left the operation structurally exposed as the humanitarian funding model contracted.¹¹

The second mechanism is relational: staff rotation systematically disrupts the trust-based relationships on which institutional capacity development depends. The CRRF assessment found that turnover and rotation of staff in humanitarian and development agencies, as well as government counterparts, continuously requires re-establishment of partnerships and undermines the relational infrastructure that capacity development needs to mature. The lesson drawn was to develop strategies, agreed with counterparts, with specific commitments and detailed analysis, and to institutionalise relationships rather than leaving them dependent on individuals. The Uganda and Ethiopia CRRF roadmaps met that condition; most operations did not.⁵ The Korea evaluation makes the same point from a donor and government engagement perspective: sustained and proactive engagement with institutional counterparts during periods of transition and rotation is essential to preserving institutional knowledge. Without deliberate relationship-building strategies, each staff rotation effectively resets the relationship.¹² The AGD evaluation identifies secondments and joint programming at national and municipal government levels as mechanisms that can sustain institutional progress across rotations but notes these remain underdeveloped relative to what UNHCR's commitments at scale would require.¹³

A third category, context-driven dependency, is distinct from both. In Somalia, the difficulty of balancing a large-scale response with reducing aid dependency and building national capacity is compounded by acute insecurity, repeated crises, and the fragility of government systems; dependency here reflects structural constraints that neither improved funding timelines nor relationship management can fully resolve.¹⁴ Distinguishing these three mechanisms matters because each requires a different response. Funding-driven dependency requires multi-year, development-oriented financing instruments. Rotation-driven dependency requires institutional memory systems, structured handover processes, and relationship continuity strategies. Context-driven dependency requires honest prioritisation of what is achievable within a given operating environment — a differentiation UNHCR's planning processes do not currently make.

“Turnover and rotation of staff in development and humanitarian agencies, as well as government counterparts, can disrupt continuity ... often requiring continuous re-establishment of partnerships.”⁵

3. UNHCR Fills Institutional Gaps in Ways That Create Dependency Rather Than Building Toward Handover

The two most thoroughly evidenced models of institutional handover establish what the conditions look like when they are actually met. The UNHCR–Government of Colombia Four-Year Plan achieved institutional strengthening of over 130 national and territorial entities per year through a methodology built on joint planning, trust between UNHCR and government at national and local levels, co-responsibility embedded in the design, and action plans agreed at both institutional and community levels. The evaluation identifies collective agreement-building (respect for institutions, shared commitments, co-ownership of plans) as the essential element that made execution viable and results sustainable. This is not a replicable toolkit; it is a relational and political process that took years to build and required UNHCR to position itself as a partner rather than a technical provider.¹⁵

The UK Quality Integration Project is the clearest model of sustained asylum system quality improvement in a high-income country context. Through close collaborative working with the Home Office over multiple grant periods, the QIP produced demonstrably fairer outcomes for specific categories of asylum-seekers (e.g., survivors of GBV, LGBTI applicants, children, detained asylum-seekers) by working constructively and cooperatively on specific protection concerns grounded in evidence, maintaining ongoing cooperation to ensure complementarity rather than duplication, and adapting its focus as the asylum system evolved. The evaluation notes the QIP is well integrated within UNHCR UK's overall protection objectives and may serve as a model for other European states.¹⁶ Both models share features the ACD evaluation identifies as necessary: a clear definition of respective roles and responsibilities, engagement at sufficiently senior levels to break down institutional barriers, and a time horizon long enough for institutional change to mature.¹

The unsuccessful cases invert these conditions. In South Sudan, UNHCR's institutional support to government is based on helping it to be functional without a longer-term framework to build government institutional capacity or a plan for handing over responsibilities; the handover of protection-of-civilian sites provides important lessons that have not been systematised into future planning.²² In Morocco, the evaluation identified the secondment of a UNHCR resident technical adviser to the national ministry as a valuable model. However, the transfer of responsibilities from UNHCR to the government has required a longer timeframe

than originally planned, and the absence of an asylum law continues to weaken the institutional framework that the capacity development investment is meant to support.¹⁷ In Bulgaria, UNHCR's collaboration with the State Agency for Refugees laid groundwork for integration of refugee services into municipal systems, but sustainability depends on government ownership and clear transition strategies beyond short-term planning cycles, and systemic change remains constrained by political instability and the absence of a national integration programme.¹⁸ The common thread in these cases is not a lack of effort, since UNHCR invested substantially in all three, but the absence of the architecture that converts investment into ownership: co-designed plans, national budget commitments, and explicit transition milestones agreed from the outset.

“Sustainability depends on government ownership, scalable and integrated models, and clear transition strategies beyond short-term planning cycles.”¹⁸

4. Civil Society and Refugee-Led Actors Deliver Durable Results but Receive Limited Investment

The evaluation evidence on civil society and refugee-led actor capacity development is thinner than any other dimension of UNHCR's capacity development work, and that absence is itself a finding about institutional priorities. Where investment has been made and evaluated, the results are consistently among the strongest across the evaluations. In Peru, UNHCR's organisational development strategy for refugee-led organisations built a small but effective group with representativeness, legitimacy, and legal and operational capacity to represent, influence, mobilise, and provide services. The evaluation identified this strategy as one of the operation's main achievements and a success with potential for replication.⁴ In Korea, investment in building an ecosystem of civil society organisations, faith-based groups, academic institutions, and legal aid providers created the foundational capacity for localisation (in a context where UNHCR's own operational footprint is limited), and this capacity persists independently of UNHCR presence.¹² In Brazil, strengthening civil society and refugee-led organisations and integrating them into public policy formulation processes proved an effective approach to sustainability with a civil society acting as a bridge between refugees and governments when government priorities shift.¹¹

The Lebanon SGBV evaluation adds a fourth model in a different setting. National NGOs were identified as forming part of Lebanon's long-term SGBV capacity; UNHCR's capacity development efforts with them (peer-to-peer coaching, assessment of participants' priorities at the start of each year, and practice-based rather than pre-set curricula) produced results in increased knowledge, skills, and networks that formal training workshops did not. The evaluation identifies this as an approach with potential for use elsewhere, particularly in protracted crises with dispersed, urban refugee populations.¹⁹ Across all four cases the evidence points in the same direction: civil society and refugee-led actor capacity development, when invested in, produces outcomes that are more durable, more locally grounded, and less reliant on continued UNHCR presence than government-directed training. Yet in Mozambique, financial data showed continued dominance of INGO allocations over government and local partner resourcing, with the evaluation finding more dedicated effort was required to balance allocations toward localisation.²⁰ In Somalia, reduction in local partner engagement weakened grassroots reach; local NGOs faced barriers to accessing international funding mechanisms and meeting donor compliance requirements that UNHCR

had not systematically addressed.¹⁴ Civil society capacity development is evaluated rarely and inconsistently.

“While localisation efforts show potential to increase relevance and inclusivity, particularly for IDPs, the reduction in local partner engagement has weakened grassroots engagement. Local NGOs face barriers in accessing partnerships, leading to a reliance on larger NGOs.”¹⁴

5. Engagement Begins Without an Exit Strategy and Ends Without a Transfer

Transition planning is absent across the evaluations of capacity development. UNHCR consistently begins engagement without an exit strategy and ends it without a transfer. The most demanding form of transition, closing a country presence entirely, makes the problem most visible. The phase-down in Angola, Botswana, and Namibia provides the clearest evidence: the decision to phase down was taken without clearly articulated planning assumptions, without specific procedures or guidance for the process, and without preparing governments to take over responsibilities they had not been built toward. Governments were reluctant to assume functions because their capacity to perform them had never been developed. The evaluation concluded that phasing down requires engagement at the highest levels of government from the outset and should mirror the process of opening a presence, a discipline absent from UNHCR’s operational model.⁶

The same pattern appears at the programme level, just with lower stakes. The CRRF assessment found that staff rotation continuously disrupted the relational infrastructure on which transition depends: counterparts changed, knowledge was lost, partnerships had to be rebuilt from scratch. The lesson drawn was that strategies must institutionalise relationships rather than leave them dependent on individuals, because the individuals cannot be assumed to stay.⁵ In the SAMM regional project, policy frameworks advanced but the evaluation found no evidence of changed practice in migrants’ lived experience. The project ended before the capacity investments had time to mature into anything a national system could sustain independently.⁹ In the Children on the Move programme, gains in legal frameworks and national policy integration risk reversal because the design did not secure the sustained government support and financing needed before closing.²¹

Brazil’s gradual transition of shelter management to the government within Operation Welcome is the clearest recent positive case among the evaluations. It was planned from within the operational model, integrated into national systems progressively, and demonstrated UNHCR positioning itself as a strengthener of national capacity rather than its substitute. The condition that distinguishes Brazil from the less successful cases is not the quality of the transition plan itself. It is that transition was the first design decision, not the last.¹¹

“Where States are expected to take back responsibilities as UNHCR is phasing down its presence, ... engagement at a very high level with the government is required to ensure government buy-in.”⁶

6. Conclusion

UNHCR’s capacity development works where institutions are already functioning. That is the inverse of where investment would have most impact, because training individuals without changing the organisational layer produces competencies that do not persist when UNHCR

withdraws. The resulting dependency has three structural causes: funding cycles too short for institutional timelines, staff rotation that resets relationships before they mature, and context-driven fragility that neither can address. The positive cases, Colombia and the UK QIP, show what genuine handover requires. The unsuccessful cases show that UNHCR's default is to fill institutional gaps without building the architecture that would make them closeable. Civil society and refugee-led actors produce durable results because they do not depend on UNHCR's continued presence but receive limited systematic investment. The absence underlying all three is transition planning: UNHCR begins engagement without an exit strategy and ends it without a transfer. The evaluations contain replicable positive models. The conditions they require are the same in every case: institutional investment alongside individual training, multi-year financing, and transition designed from the outset. UNHCR's current operational model is built around none of them. The next Strategic Directions ask UNHCR to invest in national institutions rather than sustaining parallel humanitarian structures. The evaluation record documents, in Colombia, Brazil, the United Kingdom, Korea, Peru, and Lebanon, that UNHCR has done this when the conditions were designed from the outset to support it. Across the rest of the evidence base, those conditions were not in place.

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. [UNHCR Asylum Capacity Development \(ACD\) Evaluation: An Independent Evaluation of UNHCR's Support for Strengthening National Asylum Systems](#) (2022), p. 99.
2. [UNHCR Country Portfolio Evaluation: Angola](#) (2020), p. 5.
3. [Evaluation of UNHCR's Implementation of Three of its Protection Strategies: the Global Education Strategy, the Updated SGBV Strategy, and the Child Protection Framework](#) (2017), p. 5.
4. [Country Strategy Evaluation Peru](#) (2024), p. 15.
5. [Two Year Progress Assessment of the CRRF Approach](#) (2018), p. 62.
6. [Evaluation of UNHCR's Country Operations in Angola, Botswana and Namibia: Assessment of Phasing Down UNHCR Presence during the Period 2012–2016](#) (2018), p. 45.
7. [Iterative Evaluation of the UNHCR-UNICEF Blueprint for Joint Action for Refugee Children](#) (2023), p. 9.
8. [Evaluation of the Protection and Solutions Programme for Internally Displaced Persons in Mindanao](#) (2025), p. 49.
9. [Independent Joint Final Evaluation of the Southern African Migration Management \(SAMM\) Project](#) (2025), p. 10.
10. [Country Strategy Evaluation Ecuador](#) (2023), p. 59.
11. [Country Strategy Evaluation Brazil](#) (2025), p. 78.
12. [Country Strategy Evaluation Republic of Korea](#) (2025), p. 74.
13. [Longitudinal Evaluation of UNHCR's Age, Gender and Diversity \(AGD\) Policy: Synthesis Report Year 2](#) (2023), p. 26.
14. [Country Strategy Evaluation Somalia](#) (2025), p. 70.
15. [Evaluation of the UNHCR–Government of Colombia Four-Year Plan](#) (2020), p. 57.
16. [Evaluation of the UNHCR Quality Integration Project in the United Kingdom](#) (2017), p. 29.
17. [UNHCR Country Portfolio Evaluation: Morocco](#) (2020), p. 7.
18. [Country Strategy Evaluation Bulgaria](#) (2025), p. 64.
19. [Evaluation of UNHCR Prevention and Response to SGBV in the Refugee Population in Lebanon](#) (2018), p. 25.
20. [Country Strategy Evaluation Mozambique](#) (2023), p. 16.
21. [Summative Evaluation of the EU Global Promotion of Best Practices for Children in Migration Programme](#) (2024), p. 14.
22. [Country Strategy Evaluation South Sudan](#) (2023), p. 99.