COVID-19 Evaluative Evidence Brief #2

Evaluation Service

December 2021

UNHCR The UN Refugee Agency

EVALUATION BRIEF

Introduction

To support organizational learning, UNHCR's Evaluation Service (E.S.) has commissioned an Evaluative Synthesis of UNHCR's adaptation and response to the COVID-19 pandemic. The purpose of the synthesis is to provide robust and timely evidence to UNHCR on how effectively the organisation has adapted to COVID-19, and to highlight areas of strength and challenges emerging from across our evaluations. This is the second interim product from the exercise. 21 evaluations and associated documents[1] have been analysed to date.

The series will culminate in a Synthesis Report in April 2022, which captures the achievements made and lessons generated. More information on the methodology for this brief can be found at the end of the document.

1. What are the continuing effects of the pandemic on Persons of Concern (PoC)?

Access to Territory Since February 2020, 195 states have closed their borders fully or partially. As of November 7, 2021, 43 countries continue to deny access to territory based on COVID-19.[2]

Such closures have prevented refugees from seeking asylum. Pushbacks and expulsions were also witnessed across many countries. In total, 2020 saw approximately 1.5 million fewer arrivals of refugees and asylum seekers globally than would have been historically expected. [i]

Evaluations report that border closures often led to increased refugee and asylum-seeker populations within countries.[ii] **Kenya** for example closed its borders with Somalia, South Sudan, Tanzania, Uganda and Ethiopia during April-May 2020, leaving thousands of asylum-seekers and migrants stranded at the border, while simultaneously decreasing resettlements and voluntary repatriation. The refugee population in Kenya subsequently rose by 3.1% in 2020.[iii] In **Mexico**, strengthened border controls, and fewer opportunities to claim asylum in the United States resulted in asylum requests continuing to increase.[iv]

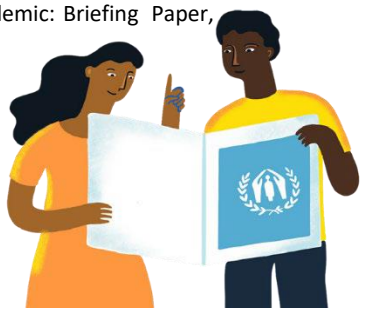
With borders closed, many forcibly displaced persons had to resort to irregular border crossings and were exposed to heightened protection risks. UNHCR's **Venezuela response**, for example, saw increased irregular entries though informal crossings, and more trafficking across borders.[v]

Suspension of formal processes Amid national lockdowns and suspensions in social and economic life, at least nine evaluations[vi] observed pauses or suspensions in status determination and documentation processes. Evaluations also record delays in the issuance of birth certificates and other documentation required for entitlement to basic services. In the **Sahel** region, for example, refugees and Internally Displaced Persons (IDP) reported delays in the renewal of identity cards.[vii] In **Egypt,** PoC experienced increased arrests due to expired documentation.[viii] Lockdowns also created delays and suspensions in both resettlement and family reunification programmes,[ix] with refugees who had prepared for departure consequently left in limbo, for example in **Chad**.[x]

Increased exclusion and marginalisation including access to services Evaluations consistently report that pre-existing barriers to protection and assistance for PoC have been magnified by both the pandemic and national responses to it.[xi] In **health**, for example, evaluations found both a dampening of health-seeking behaviour due to fears of contagion, [xii] and diminished availability of services for PoC in some countries, such as in **Chad**. [xiii] In some countries, routine vaccination campaigns have been delayed or cancelled and prenatal consultations have decreased due to fear of exposure to

[1] Includes component case studies and in two cases, updates against management responses to evaluations. For brevity, the term 'evaluations' is used throughout this document.

[2] Though this is reduced from 99 in May 2020. In 76 countries, asylum seekers are exempt from restrictions on access to territory. Source: Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: Briefing Paper, December 2021



the virus.[xiv] Several evaluations also report increased **psychosocial difficulties** among PoC as a result of social isolation arising from lockdowns.[xv]

Reduced access to **education** has disproportionately affected displaced children, both affecting life chances and heightening risks of abuse, neglect and exploitation in the absence of secure school environments, [xvi] for example in **the Sahel**.[xvii] School drop-out rates for refugee students are higher than for host communities.[xviii]

Safety and security Evaluations also note increased vulnerability of PoC due to heightened insecurity. For example, in **Niger,** the security situation in camps declined due to reduced police patrols.[xix] Overcrowding in camps or precarious conditions among host communities has heightened risks of theft and violence as well as increasing potential exposure to COVID-19.[xx] Increases in Sexual and Gender Based Violence (SGBV) and early marriages are widely reported,[xxi] whilst evaluations note reduced or suspended counselling and other support for victims of SGBV. [xxii] Reduced access to shelter has also left PoC exposed to risks,[xxiii] for example in **Mexico**[xxiv]and the **Venezuela response**.[xxv]

Socio-economic harms Evaluations report increased economic hardships and poverty rates for PoC, due to constrained livelihood opportunities and the contraction of informal economies.[xxvi] The livelihoods of PoC in camps were particularly badly affected by movement restrictions.[xxvii] Effects included increased food insecurity, for example in **Kenya** and **Chad**.[xxviii]

Increased discrimination and xenophobia The worsening socioeconomic conditions of host populations, exacerbated by media narratives, are found to have contributed to increased xenophobia and discrimination against PoC,[xxix] for example in **Colombia.**[xxx] Many programmes developed to support socioeconomic integration were cancelled due to the pandemic, for example in **Thailand.**[xxxi]

Deepening vulnerability of specific groups Evaluations report both the intensification of pre-existing vulnerabilities, and some new vulnerabilities opening up.[xxxii] Key groups documented include **internally displaced persons**, who often lack the required registration needed for circulation and access to services during the pandemic, such as in **Chad**,[xxxiii] and **persons with disabilities**,[3] who risked increased exclusion given barriers to accessing technology and digital spaces.[xxxiv] **Older populations** have suffered increased socio-economic deprivation, compounded by the disruption and/or closure of services that had enabled their autonomy and well-being, such as medical support, rehabilitation services and access to assistive devices,[xxxv] such as in **Mexico.**[xxxvi] The pandemic has seen increased proportions of **unaccompanied or separated refugee children**,[xxxvii] who face increased protection risks such as worsening drivers of violence; school closures; reduced protection services; and separation from caregivers.[xxxviii]

2. What have been the effects on UNHCR?

Evaluations note three main challenges posed by the pandemic to UNHCR operations:

(i) Challenges to business continuity As for other international agencies,[xxxix] evaluations find that travel and movement restrictions, including supply chain constraints,[xl] posed challenges for UNHCR's business continuity. In the **Sahel, Chad and DRC,** for example, COVID-19 related travel and shipping restrictions delayed the arrival of staff and assets to country operations.[xli] The transition to remote work and virtual platforms also prove a steep learning curve, with staff in field offices frequently suffering internet connection issues, such as in **the Sahel.**[xlii] Onboarding and integrating new staff were also more challenging remotely.[xliii]

Evaluations also note that, on top of an already difficult working environment, COVID-19 took a toll on staff mental health and wellbeing.[xliv] In the **Sahel**, the negative impacts were felt disproportionately by local staff based in field offices. New recruits experienced isolation and a sense of being disconnected from their country teams.[xlv] Remote work also exacerbated internal and external communication issues, especially where internet access was limited, such as in **Chad**.[xlvi] In the **Venezuela regional response,** already high stress levels were intensified by the effects of the pandemic and national responses to it.[xlvii]

(ii) Reduced access to PoC, especially vulnerable groups Movement constraints reduced UNHCR's direct access to PoC, particularly those already in remote locations or otherwise marginalised.[xlviii] Effects

[3] As estimated 12 million persons with disabilities were forcibly displaced worldwide in 2020. Source:

documented by evaluations were significant, and included:

- Gaps in UNHCR's knowledge of the population, for example in the **Venezuela** crisis response[xlix] and **Cameroon,**[l] where pre-existing dispersion of internally displaced persons and refugees was exacerbated by COVID-19 and made it challenging to reach PoC representatives to understand the profile of the population in need;
- Reduced scope to conduct data gathering exercises, including participatory assessments in **Mexico**[li] and validation mechanisms in **Kenya;**[lii]
- Lack of feasibility for biometric identification e.g. in **Chad**[liii]
- Reduced scope for data disaggregation due to limited data collection among at-risk populations, including elderly refugees and those with disabilities;[liv]
- Inability to provide services to those in remote or sensitive locations such as border areas as in **Chad,**[lv] **DRC**[lvi] and the **Central Sahel** region.[lvii]

(iii) Reduced opportunities for engagement re: migration concerns Evaluations report decreased national attention to migration concerns, and reduced space for advocacy. [lviii] This was often tangibly reflected in the cancellation of meetings and advocacy sessions with governmental officials and ambassadors on the issue.[lix] Communication difficulties compounded the challenge, with limited internet access for some partners, including government, often hindering engagement and collaboration with UNHCR,[lx] for example in the **Sahel**. [lxi]

3. How relevant has UNHCR's pandemic response been so far?

All 21 reports analysed so far found that UNHCR's response remained relevant to the needs of PoC, even under the conditions of COVID-19.[lxii] Relevance was achieved largely through UNHCR's **commitment to sustaining operations** and its **adaptive capacity**, including its ability to pivot to meet needs.

Stay, ADAPT and deliver: All 21 evaluations analysed found that UNHCR made effort to maintain its presence on the ground ("stay and deliver") and to continue essential operations, despite pandemic-related challenges. For example, in the **Sahel**, the evaluation reports that UNHCR demonstrated its commitment to PoC by remaining in place and adapting quickly to deliver emergency assistance by virtual means.[lxiii] '*Both internal and external informants acknowledged and applauded UNHCR's ability to pivot and seize upon the space created by the pandemic to implement new work modalities and delivery.*'[lxiv]

Three main categories of adaptation were documented by evaluations: (i) Adjusting data gathering (ii) Adapting communication and engagement modalities and (iii) Pivoting to remote delivery.

(i) Adjusting data gathering Despite access challenges, evaluations record significant efforts by UNHCR country offices to understand how COVID-19 has impacted on specific vulnerabilities of PoC, in order to adapt support accordingly.[lxv] For example, in **Kenya,** UNHCR, the World Bank, the Kenyan National Bureau of Statistics (KNBS) and the University of California ran a high-frequency survey on the socioeconomic impacts of COVID-19, as well as two other surveys on the needs of specific groups such as persons with disabilities.[lxvi] Some data gathering exercises also focused on the experience of UNHCR's assistance; in **Thailand,** for example, UNHCR conducted specific analysis of how PoC had experienced UNHCR's cash-based response to COVID-19.[lxvii]

(ii) Adapting communication and engagement modalities Despite reduced access to information due to language barriers, information technology gaps and competition from misinformation and rumours including on COVID-19,[lxviii] evaluations consistently praise UNHCR for its efforts to sustain contact with PoC and provide a channel of communication regarding the pandemic. [lxix] Recorded methods included telephone helplines, WhatsApp, email, community and national radio, group SMS and the use of partner and community contacts.

For example, in the **Sahel**, UNHCR worked through community representatives to maintain contact with PoC.[lxx] In **Chad,** UNHCR used community radio, printed information material and multimedia to maintain information flows to PoC, while refugee leaders were provided with mobile phones to support communication.[lxxi] In **Thailand,** top-up sim cards for mobile phones helped tackle communication barriers in camps and urban settings, as well as investing in communications capacity-building through women's organizations.[lxxii] In **Kenya,** UNHCR used WhatsApp trees and community radio, and set up a dedicated email address as communication channel with PoCs, [lxxiii] while in **Mexico,** a strengthened helpdesk response via phone and Whatsapp, as well as a dedicated Facebook

page, enabled PoC to access different programmes and services, and to register for asylum. [lxxiv]

Communications efforts were supported by guidance and advice from UNHCR's regional bureaux. The regional bureau for West and Central Africa, for example, set up a multilingual information website with audio and visual tools as well as a digital platform to guide remote community engagement on COVID-19.[lxxv]

Challenges documented by evaluations included a lack of connectivity/phones for PoC and/or inexperience with technology,[lxxvi] especially for some groups such as the elderly. Privacy concerns also arose.[lxxvii] Some evaluations reported that the remote approach potentially placed PoC, especially those with specific needs, at greater risk, with delicate or sensitive issues such as trauma, mental health issues and SGBV difficult to discuss remotely. It was also harder to assess participants' wellbeing via video calls or telephone.[lxxviii]

(iii) Pivoting to remote delivery Evaluations record a wide range of operational adaptations to allow activities to continue as far as feasible.[lxxix] These included implementing biosecurity measures to protect PoC, UNHCR staff and partners, such as social distancing in shelters, food distributions, and protection activities.[lxxx] Additional space was constructed for example to enable socially-distanced health consultations in **Chad,** and techniques for growth monitoring were adapted to reduce physical contact.[lxxxi]

Evaluations also document widespread UNHCR support to enable education continuation through distance learning methods, including **Thailand,** [lxxxii] **Chad**[lxxxiii] and **Kenya**.[lxxxiv] For example, radios were provided so children could access distance learning opportunities in **Burkina Faso** and **Mali**.[lxxxv]

In some countries, status determination continued through remote methods where feasible.[lxxxvi] In **Kenya,** UNHCR began a remote interviewing pilot for refugee status determination in September 2020.[lxxxvii] In **Mexico**, UNHCR collaborated closely with the national body responsible for the processing of asylum claims, to enable registrations to continue. [lxxxviii] In **Egypt**, UNHCR adapted plans for remote interviewing for refugee status and then purchased hardware for this to happen.[lxxxix] Cash support was also adapted to contactless payment systems in some locations.[xc]

Challenges to relevance included:

i) The prioritization of humanitarian/health aspects of the response in some cases reduced attention to livelihoods dimensions, despite the socioeconomic damage created by the pandemic. For example in **Niger,** all livelihoods activities were suspended, even those where refugees and host communities worked together to produce kits to fight COVID-19.[xci] In **Zambia** and the **Venezuela response,** all capacity development and livelihoods approaches were suspended or restricted.[xcii] In **Mexico,** the prioritization of the health response meant decreased support to the national asylum system and the suspension of the local integration programme.[xciii]

At global level, interim findings from the joint evaluation on the Protection of Refugee Rights similarly report that, despite COVID-19 demonstrating the importance of the principles on which the Global Compact on Refugees is based, the Compact did face implementation challenges partly because of the prioritization of short-term emergency assistance.[xciv] Elsewhere, evaluations note that the focus on lifesaving activities reduced attention to ongoing issues such as statelessness.[xcv]

ii) Deepening inequalities Despite efforts in many countries to reach the most vulnerable, the joint evaluation on the protection of refugee rights during COVID-19 interim findings cite challenges for already-vulnerable groups, including refugees with disabilities, those without access to technology (including a gender divide in some contexts) and for elderly refugees. It surmises that the use of remote programming for service delivery has not consistently addressed the needs of the most vulnerable refugees.[xcvi]

4. How effective has UNHCR's response to the pandemic been so far?

Evaluations note reduced capacity for **monitoring** the effectiveness of UNHCR's response due to movement and access restrictions.[xcvii] However, the 16 evaluations[xcviii] reporting on this area found UNHCR's interventions to be overall effective so far – but with still room to improve. Key areas of achievement included:

Conducting advocacy on PoC rights Evaluations reported continued and, in many cases, successful efforts by UNHCR to advocate for the inclusion of PoC in service provision, including within national COVID-19 response plans and social protection systems.[xcix] For example, interim findings from the global joint evaluation of the Protection of the Rights of Refugees

during the pandemic attribute the positive trajectory of refugee inclusion in national healthcare systems supported by successful advocacy by UNHCR and partners. The evaluation also reports that in many countries, UNHCR successfully advocated with governments for expired registration and documentation to remain valid, so that refugees and asylum seekers could remain at liberty, without fearing deportation.[c]

Regional and country level evaluations report similarly. In the **Sahel,** UNHCR was found to have intensified its advocacy, along with partners, to include PoC in social welfare programmes and public health response plans.[ci] In **Peru,** following an information campaign by UNHCR to include PoC in the national vaccination registry, over 29,000 asylum-seekers updated their data online.[cii] In **Bangladesh,** UNHCR engagement in public health infrastructure facilitated access both for host communities and refugees.[ciii]

Evaluations also found successful UNHCR advocacy on access to territory, as well as continued regularization and documentation through supporting online registration for asylum systems, for example in **Morocco** and **Venezuela.**[civ] In **Mexico,** continued advocacy by UNHCR provided visibility to the issue of asylum and international protection on the public agenda.[cv]

Providing health and education services Several evaluations record successful provision of health and education provision to meet the needs of PoC during the pandemic. In **education,** for example, UNHCR successfully integrated refugee children into formal education in **Thailand** and **Kenya**.[cvi] UNHCR also supported the roll-out of distance learning modules through daily five-hour broadcasts of radio lessons in **Kenya**, using community radio stations which reached into refugee camps.[cvii] In **Thailand,** it procured and distributed solar power radios and provided cell phone data bands for refugee teachers so that education could continue.[cviii] In **Chad,** support courses were provided for refugee students, with requests that the modules developed for televised learning by the Ministry of Education be produced in paper form for distribution in refugee camps that lack televisions.[cix] In the **Sahel,** UNHCR provided emergency education to displaced children and youth.[cx]

To support national **health** responses, evaluations report that UNHCR provided equipment, refugee housing units or beds in shelters for asylum seekers in many countries[cxi] and conducted hygiene campaigns. [cxii] For example, in **Mexico and Kenya,** UNHCR provided shelters with resources and equipment to manage hygiene and sanitation and reduce COVID-19 transmission, as well as supporting some related medical costs.[cxiii] In the **Sahel,** UNHCR worked to strengthen national healthcare systems and to help enhance public health and livelihood measures.[cxiv] It also helped rehabilitate structures to enable the isolation and treatment of COVID-19 patients in **Niger.** In **Burkina Faso,** UNHCR supported the national efforts by paying salaries of medical staff and providing training, and by installing water stations in affected communities.[cxv] In **Chad,** UNHCR opened a confinement centre, and provided non-food items to people in quarantine after crossing the border.[cxvi]

Meeting immediate needs through cash-based responses Evaluations report that UNHCR's cash-based initiatives in many countries enabled PoC to meet their immediate needs. In **Chad,** for example, a three-month social safety net was offered to urban refugees while food assistance for 4–5 months was provided in camps.[cxvii] Vulnerability criteria were frequently adapted to making it easier for certain groups of PoC to obtain cash grants during the pandemic. For example, in **Mexico,** eligibility criteria were adjusted and the period for provision was extended. Older PoC were also specifically targeted with a Contingency Protection Top-Up.[cxviii]

Regaining focus on SGBV Interim findings from the joint evaluation of the Protection of the Rights of Refugees during the pandemic reported an early global de-prioritization of Gender-Based Violence (GBV) and child protection assistance in the first phase of the response, though subsequent global and national advocacy restored the needed emphasis.[cxix] UNHCR evaluations find that, despite funding constraints, operations maintained or expanded GBV services in response to COVID-19 in more than three quarters of the 63 countries in the Global Humanitarian Response Plan (GHRP),[cxx] particularly important giving rising incidence.

Methods employed included creating and expanding communication channels for victims of SGBV, as well as conducting targeted campaigns on Instagram, Facebook, and using rural radio stations to disseminate information on remote GBV services. In **Kenya** for example, messages for GBV prevention and response were customized and disseminated through bulk SMS, WhatsApp groups, and drive-through announcements to reach the community.[cxxi] Telephone counselling (sometimes in small groups) was also offered for

survivors. In **Mexico,** UNHCR adapted referral pathways for the provision of remote support services to survivors of SGBV.[cxxii] In some countries, UNHCR also adapted physical safe spaces for women and girls into GBV phone booth stations, where phone-based case management support could be given.[cxxiii]

Intensifying support to vulnerable groups Despite challenges in reaching the most vulnerable refugees,[cxxiv] some evaluations report that UNHCR adjusted its programmatic approach to successfully target vulnerable groups who were particularly affected by COVID-19. **In Thailand**, for example, additional cash-based support was provided to extremely vulnerable groups in camps to cater for the additional costs related to COVID-19. [cxxv] In **Kenya,** some special needs education teachers conducted home visits to children with disabilities, although this proved extremely challenging.[cxxvi] In **Mexico**, the flexibility in vulnerability criteria for cash grants, allowed UNHCR to reach the most vulnerable groups affected by COVID-19. [cxxvii]

Continuing status determination and resettlement Only three evaluations report on effectiveness in these areas, with all noting UNHCR's key role in enabling the continuation of formal registration processes.[cxxviii] Engagement with the national authorities responsible for asylum claim processing in **Colombia** and **Mexico** facilitated continued processing of claims,[cxxix] while in **Egypt**, a backlog persisted despite UNHCR efforts to support the national process.[cxxx]

Areas where effectiveness could have been improved were largely operation-specific and included:

- **Greater advocacy on socioeconomic inclusion** in the Venezuela response. [cxxxi]
- **Meeting resettlement needs** in Zambia.[cxxxii]
- **Improving access to services** for those without renewed documentation in Egypt. [cxxxiii]
- **Ensuring integrated health plans** to provide refugee access to protective equipment and vaccinations in Ethiopia.[cxxxiv]
- **Developing a more focused and defined advocacy strategy** in Zambia.[cxxxv]

Only two issues are reported across several evaluations, or evaluations covering many cases:

- **Responding to intensified child marriage needs among refugees,** which was recognized in the early stages of the pandemic, but not always matched by commensurate programming investments[cxxxvi]
- **Targeting specific groups of vulnerable PoC**, for example supporting hearing-impaired learners to access COVID-19 adapted education responses in Kenya.[cxxxvii]

5. How coherent has UNHCR's response been so far?

Increased spirit of co-operation Reflecting the primacy of co-ordination and co-operation for the global response to COVID-19, as per the Global Humanitarian Response Plan (GHRP) for the pandemic, evaluations document an increased spirit of collaboration and co-operation at global and country level supporting COVID-19 responses. For example, interim findings from the joint evaluation on the Protection of Refugee Rights during the pandemic note that the recognition of refugees as a particularly vulnerable group provided a clear locus of coordination for WHO, UNHCR and other international actors. [cxxxviii]

Enhanced operational co-ordination At country level, evaluations report that many actors scaled down their in-country presence, limiting scope for direct operational co-ordination with UNHCR.[cxxxix] Overall, however, evaluations record a renewed drive for partnership during 2020 and 2021, in large part out of necessity for continued delivery.[cxl] Specific features documented include:

- **Intensified engagement with NGOs** in some countries. Evaluations report a stronger informational and delivery role played by country-based NGOs, which continued to function while the international presence on the ground was restricted.[cxli] NGO partners could access zones not accessible to UNHCR's staff, for example in **Chad**.[cxlii] In **Mexico,** UNHCR contributed to an 'ecosystem' of partners to respond to the needs of protection and humanitarian assistance[cxliii]
- **Seeking to sustain/build working relationships with governments where feasible,** even in situations where UNHCR is advocating for improved protection policies and space. In some countries, UNHCR also intensified its advocacy, for example in the **Venezuela response**, **Mexico** and **Morocco**.[cxliv] Interim findings from the Joint Evaluation of Refugee Rights found that the recognition of refugees as a vulnerable group and a priority for the health response as having created a locus for coordination. For example,

At regional level, UNHCR entered into a tripartite agreement with the African Development Bank and the G5 Sahel in support of an integrated COVID-19 response to refugees and IDPs across the five countries of the **Sahel region**.[cxlv]

Greater inclusion of PoC as response actors Evaluations also report greater reliance on PoC themselves to deliver responses, including teachers, community workers and protection committee members. For example, in **Kenya**, refugees supported UNHCR operations to develop, translate and share messages on COVID-19 prevention and hygiene, conveying them to vulnerable groups and supporting protection activities and needs.[cxlvi] In **Chad,** refugee teachers provided COVID-19 sensitization activities.[cxlvii] In **Ethiopia,** UNHCR supported local organisations of persons with disabilities to inform communities about COVID-19 prevention and response.[cxlviii]

PoC role in monitoring In several contexts, refugees and community based organisations also played a key role in **monitoring** programmatic delivery, where UNHCR staff lacked direct access.[cxlix] PoC were able to record operational implementation, for example through photographic evidence, and then communicate any concerns or complaints to UNHCR via remote communication methods.

6. How efficient has UNHCR's response been so far?

There is limited evidence on efficiency, with only seven evaluations reporting on this area.[cl] However, available reports indicate increased opportunity for fundraising, but decreased timeliness due to pandemic-imposed restrictions.

Fundraising Evaluations report that COVID-19 has opened up the funding landscape, with increased investment available from development actors such as Multilateral Development Banks.[cli] However, additional funding opportunities also brought complexities: in **Mali,** for example, the simultaneous declaration of a Level 2 emergency and the COVID-19 pandemic in February 2020 generated increased funding but also confusion about the sources of financial flows.[clii] Collective approaches such as a joint UN appeal for COVID-19 related funding in **Zambia**, were also not always successful, with donors preferring to work bilaterally. [cliii]

Budgetary prioritisation Evaluations report that UNHCR reprioritized its budgets in many contexts to respond to the emergency dimensions of COVID-19. [cliv] Consequently, some core funded programmes were suspended, such as those for vocational training and the environment[clv] (for example in **Niger** and **Bangladesh**)[clvi] and community integration in **Mexico.**[clvii] In **Thailand**, for example, resources were redirected to remote working, the distribution of masks, and distributing sanitary towels to cater for women's and girls' needs.[clviii] Earmarking protected some types of activities – but also reduced UNHCR flexibility to react to COVID-19 immediate needs.

Efficiencies gained through partnership Evaluations provide some examples of UNHCR incurring efficiency gains by leveraging partnerships.[clix] For example, in **Ecuador,** UNHCR was able to procure mobile handwashing facilities according to technical specifications developed by UNICEF and adapt COVID-19 messaging and communication materials produced with UNICEF funding.[clx]

Timeliness Evaluations consistently report implementation delays,[clxi] mainly due to national restrictions including movement constraints, supply chain challenges (for example in the **Sahel response**), [clxii] and staffing gaps. In **Chad,** for example, many assistance activities were put on hold or stopped all together in March 2020, when field activities *'practically came to a halt*'.[clxiii] In **DRC**, many activities were put on hold, including livelihood activities, a literacy programme for women, and protection programmes such as SGBV sensitization activities and birth registration campaigns, which require community mobilization. [clxiv]

7. What internal factors enabled and constrained UNHCR's response?

Evaluations highlight three main internal factors which helped **enable** UNHCR's response to COVID 19:

I. **Operational agility**, which enabled relatively swift adaptation when the pandemic struck, including pivoting to remote communication and delivery.[clxv]

II. **UNHCR's human capital**, which, despite significant stresses and strain on staffs, as in the **Venezuela response**, helped deliver an agile response.[clxvi]

III. **The corporate Level 2 emergency declaration,** which prioritised the response and enabled greater flexibility in funding and staffing arrangements. [clxvii] It also facilitated organisational speed, increased the visibility of the crisis, and allowed staff to better articulate and advocate the needs of UNHCR with different stakeholders.[clxviii]

Evaluations highlight three main internal factors which **constrained** UNHCR's response to the pandemic;

I. **The reversion to emergency response** and consequent de-prioritisation of other issues - such as statelessness,economic inclusion and livelihoods.[clxix]
II. **Earmarked funding,** which restricted UNHCR's flexibility to respond to immediate needs.[clxx]
III. **Competing priorities** and a lack of clarity on UNHCR's roles on different fronts.[clxxi]

8. Opportunities presented by COVID-19

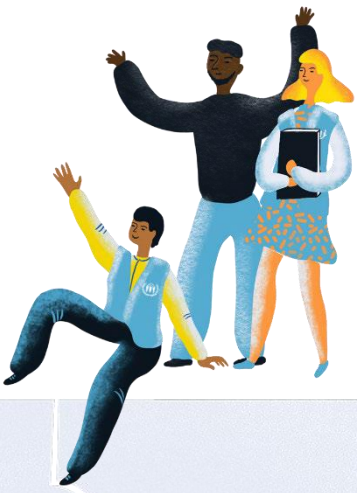
While the COVID 19 pandemic has presented significant challenges for UNHCR, evaluations also highlight some opportunities emerging that the organisation could seize. These include:

- **Increased PoC integration in service provision** Evaluations report that a pre-pandemic strategy of pushing for the inclusion of PoC in national health systems and structures has gained momentum during the pandemic, with COVID-19 creating leverage with governments around inclusion.[clxxii] However, interim findings from the joint evaluation of the Protection of Refugee Rights during COVID-19 caution that while, for example, the inclusion of refugees in national vaccination plans is increasing, this does not equate as yet to high rates of vaccination of refugees.[clxxiii]
- **Continuing new communication modalities** Evaluations report that new methods of communication and engagement with PoC, and internally within UNHCR, could be sustained in future. This would allow new audiences to be reached and greater collaboration and mutual learning between UNHCR teams.[clxxiv]
- **Building on new delivery modalities** Some evaluations report that the constraints posed by the pandemic produced an "indirect positive" in forcing UNHCR to innovate and experiment with new modes of work and delivery,[clxxv] such as teaching through solar radios.

9. Issues to consider for the future

Evaluations reveal three main issues for future consideration by UNHCR, as the pandemic continues to evolve:

1. **Deepening tensions/rivalry between host populations and PoC** as the socioeconomic effects of the pandemic continue to bite, with PoC being seen as 'competitors' for resources and consequently risking further marginalization.[clxxvi] This implies an even stronger focus on advocacy/communication and a programmatic emphasis on socioeconomic integration.
2. **The risk of further marginalization of PoC who lack access to technology** or virtual communication methods[clxxvii] implies a critical emphasis on keeping lines of communication open. Moreover, given PoC' differing socio-economic statuses and access to information, information needs to be disseminated through multiple channels – including radio, telephone lines, written formats, online, community noticeboards, at health centres, and through trusted members of the community, to reach as many as possible.
3. With **distrust of public health measures and COVID-19 misinformation high among PoC,** the role of UNHCR as a trusted and reliable interlocutor cannot be overstated. UNHCR can play a valuable role in combating misinformation and communicating critical health messages where other interlocutors may lack either access or credibility.



End Note: COVID 19 Synthesis Methodology:

Analysis and evidence in this brief were produced by extracting relevant findings from UNHCR's available evaluations and plotting them onto an analytical framework. Readers should note that this is an interim product and does not constitute a final synthesis report which is expected in April 2022. The final report will incorporate evidence from additional evaluations as they are finalized over the course of the next several months.

Links and References

The End notes referenced throughout brief can be found here.

The following evaluations and related documentation were analysed for this brief:

- Evaluation of UNHCR led Initiatives to End Statelessness
- Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation
- Independent Evaluation of the UNHCR Innovation Fund
- Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation *(final report forthcoming)*
- Evaluation of UNHCR's Country Operation in Egypt *(final report forthcoming)*
- Evaluation of UNHCR's Country Operation in Zambia *(final report forthcoming)*
- Evaluation of UNHCR's Age, Gender and Diversity Policythe Action Access pilot
- Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – diciembre 2020.
- UNHCR Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico
- Management Response: Progress update 11 May 2021 Morocco Country Report
- (Portfolio Evaluation of UNHCR's Age, Gender and Diversity Policy. Greece Country Report).
- UNHCR Evaluation Management Response: Progress update1 May 2021 Angola Country Portfolio Evaluation.
- Evaluation of the UNHCR/UNICEF blueprint for joint action for refugee children / Round One Report (2021)
- ACNUR Evaluación de la Estrategia de País – México 2017 – 2020
- Evaluation of UNHCR's Child Protection Programming (2017-2019)
- Joint Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report
- Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report
- Longitudinal evaluation of UNHCR's Age, Gender and Diversity policy; Baseline Report, October 2021
- Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali.
- UNHCR's response to the Level 3 IPD emergency in the Democratic Republic of Congo
- Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: Briefing Paper, December 2021

Interested readers may also wish to consult:

- UNHCR's Evaluation Policy
- UNHCR's Approach to Evaluation COVID 19
- UNHCR's Evaluation Work- Plan

Contact us

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