



# Responding to the COVID-19 pandemic

UNHCR's response to three evaluation  
studies on COVID-19

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# Introduction

On 30 January 2020, the World Health Organization (WHO) declared a Public Health Emergency of International Concern due to the outbreak of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). WHO declared COVID-19 as a global pandemic on 11 March 2020. The scale and scope of the pandemic was unprecedented, and the global nature of the response was of a magnitude and complexity that went far beyond any previous action.

**Three separate evaluative exercises were commissioned by UNHCR and its partners over the period 2020–2022 to consider the following:**

- » How did UNHCR and others protect the rights of the people it serves, and prevent harm?
- » How did UNHCR adapt and respond?
- » How effectively did UNHCR work with and through partners?

This paper<sup>1</sup> focuses on what UNHCR has learned from the pandemic response to strengthen its policies, systems and operational practices to be

more resilient and responsive to future shocks. It is structured around the 10 main themes that emanated from the three studies: legal rights; socioeconomic inclusion; localization; gender-based violence and child protection; stigmatization and exclusion; communicating with communities; promotion of cooperation; adaptation and systems; remote delivery; and staff welfare management. For each theme, a brief summary of the key evidence findings is presented, followed by the recommendations and UNHCR response.

The evaluations included two joint exercises: [the Joint Evaluation of the Protection of the Rights of Refugees during the COVID-19 Pandemic](#) managed by UNHCR with the Governments of Colombia, Uganda and Finland, the network ALNAP and under the auspices of the OECD DAC-led Global Evaluation Coalition; and the [Inter-agency Humanitarian Evaluation of the COVID-19 Humanitarian Response](#), led by OCHA with UNHCR as one member of the Management Group. The third exercise was a [synthesis of evaluative evidence of UNHCR's response to COVID-19](#), led by the UNHCR Evaluation Office, drawing on 27 independent evaluations conducted over the period 2020–2022.



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<sup>1</sup> This paper focuses on the themes and issues addressed in the evidence generated through the three studies. A decision was made in 2020 not to commission a comprehensive evaluation of all aspects of UNHCR's COVID-19 response due to unprecedented pressure on the organization and staff to manage and deliver for the people it serves. Hence, many aspects of the COVID-19 preparedness and response are not incorporated.

The COVID-19 crisis, while challenging, accelerated changes that are ongoing to the way in which UNHCR and others deliver protection and solutions. It also highlighted opportunities for more effective and inclusive response to global crises. The lessons from

the response to the pandemic will shape how we invest and strengthen our systems and approaches. Building on this, and to ensure preparedness for future pandemics, UNHCR's **key corporate commitments** in response to the evaluations are as follows:

1. Reactivate **targeted protection monitoring activities** in the event of future pandemics or other emergencies resulting in restrictions on mobility, including strict border control, to inform UNHCR's operational response and advocacy with authorities.
2. Develop specific guidance and tools for **remote access service delivery** and remote monitoring.
3. Create **central frameworks**, such as procurement, whenever applicable, for key systems and capacities to ensure scalable and sustainable responses in the event of future emergencies.
4. Ensure that the principles and arrangements of the **Global Compact on Refugees** are mainstreamed in policies, support instruments and tools concerning emergency preparedness and response.
5. Refine UNHCR's approach to **registration, identity management and biometrics** through the development of a new policy.
6. Further strengthen UNHCR's collaboration with **development partners** for the collection and analysis of socioeconomic microdata to inform policies and programmes.
7. Enhance the **participation and leadership of forcibly displaced and stateless people** in the delivery of basic services in camp or urban settings to ensure sustainability and uninterrupted service provision, and to drive further the **localization agenda**.
8. Learn the lessons from the Ebola and COVID-19 crises to ensure that **messaging to communities** is improved in content and delivery.
9. Advance **digital inclusion** efforts under UNHCR's Digital Transformation Strategy to ensure that no community members are left behind in the move to a connected society.
10. Pursue advocacy with regional and national coordination bodies for the continuation of **services related to child protection and gender-based violence** during emergencies.
11. Increase the focus on **child protection** in UNHCR's programming through a new policy and greater inclusion in multi-year strategies, risk registers and guidance in emergencies.
12. Launch UNHCR's **mental health strategy** (MHS) in 2023 to support staff welfare.
13. Ensure continued implementation of the **Policy on the Management of Occupational Health and Safety (OHS)** through the establishment of regional and local OHS committees.

Additional resources generated by UNHCR during the COVID-19 response can be found [here](#).



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## Evaluative evidence

At the outset of the pandemic, states moved quickly to close borders to contain its spread. Many states narrowed access to international protection by tightening asylum policies, with severe and ongoing repercussions for refugees and people on the move. **195 states closed their borders fully or partially at some point between the start of the pandemic in March 2020 and November 2021 to contain the spread of the virus. As a result, in 2020, across all regions of the world, there were approximately 1.5 million fewer arrivals of refugees and asylum-seekers than expected.**

Measures adopted to combat the spread of COVID-19 were, in many countries, not consistent with international law: the principle of non-refoulement, the prohibition of collective expulsion, and the right to seek asylum were not upheld in many instances. Border closures and lockdowns also reduced the ability of governments and protection actors to resettle refugees to third countries and increased the numbers of people resorting to irregular border crossings. Clear evidence was

identified that some states used the pandemic as a purported justification to introduce restrictive measures that were detrimental to the rights of refugees. In some cases, restrictive practices adopted at the height of the pandemic for public health reasons have been retained or reinforced as security measures.

Almost from the outset of the pandemic, UNHCR instituted remote refugee status determination. UNHCR issued new guidance and engaged the Asylum Capacity Support Group of the Global Compact on Refugees (GCR), and states adopted measures with respect to refugee status determination and documentation. UNHCR interventions at the beginning of the COVID-19 pandemic reminding states of their international obligations had some positive effects, but compliance was still not universal. UNHCR's generation of data and knowledge on the conditions of people forcibly displaced have both ensured a globally relevant response and kept knowledge flowing on the global challenges of international protection.



## Recommendations and management response

The evaluations recommended that **to improve protection and assistance for all refugees, states should uphold international refugee law and international human rights law standards particularly during times of crisis and emergencies.** During the pandemic, UNHCR focused on this issue and expressed concern that people in need of international protection could not leave their country and cross borders to seek asylum in neighbouring countries. A publicly available dashboard was specifically created to monitor border closure and keep track of other measures that had been put in place to restrict refugees' rights. These proved to be very useful tools, providing real-time data that fed into UNHCR's advocacy. Thanks to this data, and based on good practices, UNHCR advocated to countries to keep their borders open to people seeking asylum while maintaining health measures to contain the circulation of the virus.

**In the event of future pandemics** or other emergencies requiring strict border control or even closure, **UNHCR will reactivate its targeted monitoring activities and dashboard, and be readily equipped to advocate to concerned government authorities.**

UNHCR is also responding to the recommendation that with due regard to data protection and applicable international human rights law standards, it should work with governments to build systems that allow for secure digital registration and documentation which can be renewed remotely. Innovative digital solutions are increasingly expected by refugees. In close collaboration with people who are forcibly displaced and stateless, and in line with the organization's Digital Transformation Strategy, **UNHCR will redefine its approach to registration, identity management and biometrics** by building a digital identity framework and gateway to support remote service delivery, similar to an e-Government approach.

# Socioeconomic inclusion



## Evaluative evidence

The evidence on socioeconomic inclusion emphasized that inequalities and marginalization continued to worsen throughout the pandemic. To this end, the rationale for a stronger focus on economic inclusion for displaced and stateless people grew significantly.

UNHCR, together with the World Bank, academic partners and the World Bank–UNHCR Joint Data Center on Forced Displacement, dedicated financing and technical support to include people who are forcibly displaced and stateless in existing phone surveys on the socioeconomic impacts of COVID-19

to gain comparable data across hosts and displaced populations in 14 countries.<sup>2</sup>

Socioeconomic inclusion can be pursued through a variety of avenues, from advocating for refugees' right to work to supporting their inclusion in government social protection systems, including national health systems. Within this context, the evaluation found a wealth of evidence on the extent of global-level coordination and its influence on the coherence of approaches at country level. For example, anecdotal evidence shows that inter-agency coordination and advocacy in numerous countries created leverage with

2 Bangladesh, Burkina Faso, Chad, Costa Rica, Djibouti, Ethiopia, Iraq, Jordan, Kenya, Lebanon, Mexico, Nigeria, Uganda and Yemen.

governments regarding the inclusion of refugees in national health system responses to COVID-19. For health and child protection in particular, advocacy around the application of a package of pre-existing minimum standards was key to ensuring that these

areas received increased priority. In gender-based violence (GBV), health and child protection, national coordinating bodies and protection partners adapted a variety of global guidance to national contexts.



## Recommendations and management response

The continuing effects of the pandemic – and particularly the socioeconomic costs – are placing a significant strain on UNHCR's current and future planning. As inequalities and marginalization worsen, the rationale for a stronger focus on economic inclusion for people who have been forcibly displaced continues to grow. This implies a more systematic focus on economic advocacy, and a stronger programmatic emphasis on, and financing for, socioeconomic inclusion as part of durable solutions.

Data and evidence play a crucial role in identifying obstacles to and avenues for socioeconomic inclusion. Timely collection and analysis of data help to identify how the socioeconomic conditions of refugees, internally displaced people (IDPs) and stateless people have changed during the pandemic. Such data feeds into the design of policies and programmes that take account of the specific vulnerabilities of different populations following a shock. UNHCR should continue investing in collecting and analysing such data to assure timely and appropriate responses to complex situations.

There is no one-size-fits-all approach to achieving socioeconomic inclusion. It is highly contextual and dependent on the legal framework in which refugees find themselves. For example, the region of East Horn and Great Lakes created the [economic inclusion exchange](#) on displacement, an exchange forum for members of regional international NGOs, UN agencies, international financial institutions, civil society organizations, and research institutes across the humanitarian-development-peace nexus in East Africa. The region has also supported the Intergovernmental Authority on Development (IGAD) in taking stock and advocating with member States to ensure progress is made on the Kampala Declaration

for Jobs and Livelihoods,<sup>3</sup> as part of the Nairobi Process. The regional bureau has also supported the inclusion of refugees' right to work, self-employment and access finance as part of the newly drafted East African Community (EAC) refugee management policy.

In Asia, all operations have implemented self-reliance programmes and engaged in advocacy at different levels to enhance the enabling environment with the ultimate objective of legal and de facto access to decent work. The advocacy efforts had a wide scope covering many aspects of access to livelihoods and economic inclusion such as the right to work, own a business, access financial services, own land and property.

While the legal framework in Europe is largely favourable, with recognized refugees having the right to work, freedom of movement, access to social protection and other socioeconomic rights, multiple de facto access barriers continue to exist. The regional response took into consideration increased challenges for people forcibly displaced under the COVID-19 pandemic restrictions, particularly with regards to loss of livelihoods and self-reliance, coupled with limited access to social protection and the need for UNHCR's stronger engagement on this. Responses included: a detailed mapping of the access of forcibly displaced people to social protection, disaggregated by legal status, social protection area, barrier type and country; the Social Protection Policy Brief Leave no one behind: Promoting effective access of refugees in social protection systems in post-pandemic Europe; and guidance and capacity-building to operations and partners. Furthermore, a toolkit for inclusion actors in Europe was developed: Effective inclusion of refugees – participatory approaches for practitioners at the local level.

3 Kampala Declaration on Jobs, Livelihoods & Self-reliance for Refugees, Returnees & Host Communities in IGAD Region.

Finally, the evaluations reflected on the ongoing need to re-centre responses to support displaced and stateless people's capacities to engage productively in local economies and societies. UNHCR's role is to advocate for and convene different stakeholders and to foster collaboration between them to drive opportunities for economic inclusion and participation. To this end, we are building partnerships with financial service providers, development agencies and private sector companies, also with a view to support more inclusive social protection systems.

In environments where work is already under way to strengthen refugees' livelihoods, we coordinate with governments, humanitarian and development actors, the private sector and other partners to enhance inclusion and access of refugees to employment and entrepreneurship opportunities and related services and programmes. **UNHCR will further strengthen its collaboration with development partners for the collection and analysis of socioeconomic microdata to inform policies and programmes.**

# Localization

Given the many connections between “localization”, “communicating with communities” and “remote delivery”, these sections should be read in light of one another.



## Evaluative evidence

One of the key outcomes of this public health crisis has been recognition of the importance of investing in local capacity. For many humanitarian actors, this has been a fundamental conceptual shift. The evaluations recognize that UNHCR is well-positioned to lead this shift in the post COVID-19 landscape. Challenges

remain, however, including the funding of local grass-roots organizations, which still only receive a tiny portion of humanitarian funding. Of the small proportion (approximately 2 per cent) of humanitarian funding which goes to national organizations, less than 0.2 per cent goes through local grass-roots organizations.





## Recommendations and management response

The evaluations recommend that UNHCR could take a stronger stance in support of the localization agenda and that it continues to strengthen partnerships with local and national actors.

UNHCR agrees that COVID-19 demonstrated the importance of empowering communities, including local NGOs and organizations led by refugees, IDPs, women and youth, which UNHCR is determined to build on further.

In response to lessons learned from COVID-19 and in line with UNHCR's [commitment](#) at the World Humanitarian Summit in May 2016 and the [Global Compact on Refugees](#), UNHCR in 2020 established an interdivisional Task Team to align internal efforts and develop a framework for UNHCR on engaging and partnering with organizations led by refugees, IDPs, stateless people, women, youth, LGBTIQ+ people and others.

**To date, the following milestones have been achieved:**

- » A simplified partnership modality – a Grant Agreement tool that allows our operations around the world to engage directly with organizations led by forcibly displaced and stateless people as our partners. Selected organizations can receive up to \$4,000 per grant/project and up to \$12,000 in total funding per year.
- » Internal guidance on meaningful participation for organizations led by forcibly displaced people in regional and global events.
- » A mapping tool of organizations led by forcibly displaced and stateless people at global, regional and country levels.
- » A Refugee-led Innovation Fund has been established which will engage formal and informal refugee-led organizations (RLO) to generate place-based initiatives focused on systemic change.
- » Establishment of an Advisory Board of organizations led by forcibly displaced people which is to provide strategic policy advice to UNHCR.
- » Creation of an external information repository for RLOs with guidance, tools, good practices, and capacity-building materials.
- » Creation of a repository of resources to enhance UNHCR staff engagement with local organizations.

UNHCR has taken further steps to raise the visibility of forcibly displaced and stateless people's representation and leadership in its strategies and programmes, to tackle structural challenges to local organization participation and financing within its own systems, and to increase funding available to local partners.

**Efforts to enhance representation and leadership include:**

- » The 2021 NGO consultations in all seven regions as well as the 2022 global NGO consultations focused on localization as the main theme, where recommendations were developed to further address challenges for localization. These recommendations were presented by a leader of a refugee-led organization to member States at ExCom 2022.
- » UNHCR's commitment on Accountability to Affected People (AAP) has been reconfirmed through the launch of the five-year strategy to strengthen AAP. UNHCR agrees that it should continue to foster equitable relationships with organizations that are led by people who experience forced displacement.
- » Operations are working on ways to support local women's groups including refugee-led organizations. Malaysia, for example, partners with a local women's organization in leading GBV case management. Looking ahead, further training and skill development is needed for non-specialized front-line workers, particularly in places where we cannot be present. For example, in Bangladesh, the government prohibited access to settlements for quite some time and the onus of camp management was placed on refugee volunteers and community leaders. **The context highlighted the need to further support refugees to ensure the continuous running of basic services – this is an area we need to improve on as an organization.**



» Localization also extends to partnerships with mayors and municipalities. Nurturing and further investing in partnerships with local authorities is key, which will be reflected in UNHCR's forthcoming urban policy.

**Efforts to simplify partnerships processes include:**

» In 2021, UNHCR rolled out a simplified mechanism for providing funds to organizations led by refugees, stateless and other displaced persons. UNHCR will also continue to work with local organizations to identify the challenges and obstacles that they face in establishing partnerships with UNHCR and will seek to dismantle them in the process of updating policies, guidance and other partnership mechanisms.

» UNHCR has increasingly adopted the simplified procedures and practices relating to partnerships that were implemented in response to COVID-19. With respect to fostering long-term, strategic partnerships, UNHCR is creating a way to link global, strategic partnerships with multi-year partnership

agreements at country level as part of the Project Reporting Oversight and Monitoring Solution (PROMS) and the roll-out of a new Cloud Enterprise Resource Planning (ERP) system. These new, connected forms of agreement will facilitate multi-year operational agreements and ensure greater use of global strategic agreements.

» The Innovation Service launched a Refugee-led Innovation Fund in 2022. The Fund's objective is that refugees are empowered to lead the delivery of humanitarian and development work through innovation. It provides holistic support that encompasses financial resources, mentoring and other expertise directly to refugees. The Fund stresses the importance of having the people who are affected by forced displacement frame challenges themselves and lead the response through the development of place-based initiatives.



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# Remote delivery



## Evaluative evidence

COVID-19 brought about a technological revolution in UNHCR. UNHCR often works in contexts where there are limitations on movements and access challenges due to security constraints. The basic systems for remote delivery were therefore already present in some regions prior to the COVID-19 pandemic. However, many of these were still very nascent.

The evaluations recognize that during the pandemic, a wide range of innovative practices were developed to ensure the continuity of programmes and support to populations. New approaches brought benefits for planning, risk assessment and prioritization. Significant strides were achieved in the areas of remote mental health support services and education. Across UNHCR's regions, tools were created to allow remote registration, protection counselling and protection monitoring which continue to be effective to this day. Remote monitoring allowed UNHCR to maintain contact with communities to understand evolving risks, vulnerabilities and coping capacities in order to manage responses with partners. Efforts also took place to ensure continuity of resettlement through remote interviewing and submission processes.

UNHCR shared good practices in how and when to adapt community-based protection, registration, refugee status determination (RSD), child protection and GBV case management services to remote modalities, and when in-person case management is required. Internal guidance was developed (see for example, [Child Protection Guidance on COVID-19](#)) and UNHCR worked with partners to develop inter-agency guidance and training on these issues (see for instance,

[Child Protection and COVID-19 guidance from Alliance CHPA](#)). In addition, UNHCR advocated with authorities to allow some face-to-face services for the delivery of, for instance, child protection and GBV, to continue to be provided.

Overall, UNHCR has welcomed the digital advancements made during the pandemic. However, the pandemic also underscored UNHCR's view that some remote digital approaches should be coupled with face-to-face interaction, both among the workforce and with the people we serve. Often, there is no substitute for in-person case management. Certain key issues cannot be optimally dealt with remotely, notably follow-up with survivors of GBV, children at risk and their caregivers, and people with specific protection needs.

Furthermore, remote services risk excluding some groups within a community, such as women who might rely on their partner or others to access mobile phones or the internet, or older people who are less tech-aware. This confirms the need for in-person protection services and continuous investment in community-based protection. It is therefore unlikely that a "total shift" to remote delivery would ever take place, given discrepancies in digital inclusion for different demographics based around age, gender and diversity such as disability.<sup>4</sup>

In addition, operations implementing remote processing faced multiple challenges, relating to poor connectivity, lack of equipment, lack of space and structural adjustments required to facilitate this process, all of which had associated cost implications.

4 UNHCR Innovation Service recently conducted a [study](#) that explores some of these issues in greater depth in the space of online mental health and psychosocial support (MHPSS).



## Recommendations and management response

Ultimately, UNHCR must consider remote and in-person work holistically, rather than as an “either/or” option. It must develop a better understanding of communities’ preferences for information and communication needs, including digital services access. Programming should be designed based on the preferences of the population, and their skills, services, willingness and readiness for digital engagement. For example, even if face-to-face counselling is still vital for issues such as GBV response, digital channels may present a vital and needed entry point for an individual who may not have the time or motivation to go in person in the first instance.

In times of crisis or pandemics where there is restricted access, the focus should be on continuity. While technology is an enabler, we need to ensure that we

are closer to our populations while also ensuring the safety of our staff. UNHCR’s task now is to factor in the “how to” in our preparedness work, along with that of our partners and referral institutions. **UNHCR will look into the development of guidance for remote work that will consider what it means for those we serve.** It will consider the importance of protection by presence and take into account the limitations and relevant risks of remote delivery, including fraud. **The first step will be to survey the digital tools used across regions with the aim of creating a “toolkit” of options to ensure we leave no one behind.** The overarching aim will be to maintain flexible working modalities that allow UNHCR to consider, in the event of a contingency, and alongside its partners, whether an activity in a particular country context should be maintained or adjusted.

# Gender-based violence and child protection



## Evaluative evidence

The evaluation found that in the initial stages of the response, protection services such as GBV and child protection were not regarded as essential services. Recognition of this imbalance grew over time, as the [UN Secretary-General stated](#) in April 2020: “What began as a health crisis risk, evolved into a broader child-rights crisis”. Efforts subsequently grew to address this imbalance through global-level advocacy and adaptation. For example, many national coordination bodies and protection partners adapted a variety of global guidance to national contexts. Tools for remote services and case management in GBV and child protection were also developed.

Collaboration and joint advocacy among international actors were key factors in the reprioritization and re-scaling of GBV and child protection services as the pandemic unfolded, although these efforts did not lead to significant, complementary increases in funding.

Child protection, for example, accounted for 2 per cent of the overall requested funding through the Global Humanitarian Response Plan (GHRP), but only 0.8 per cent of the funds was received. The evaluation recognized that some UNHCR operations reprioritized activities and, where possible, reallocated funds towards child protection responses during the pandemic.

The evaluation asserted that given the shift to remote communications, in many contexts only women and girls with access to mobile phones could be reached and included in consultations about services. UNHCR reiterated its support for digital advancement made during the pandemic but urged that certain key issues should not be dealt with remotely, notably follow-up with survivors of GBV, children at risk and their caregivers, and people with specific protection needs. Indeed, it was recognized by UNHCR that a community-based approach was imperative during the pandemic.



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## Recommendations and management response

UNHCR agreed with the evaluation's recommendation to continue to enhance the technical skills and knowledge of the child protection and GBV workforce, while also equipping non-specialized staff in this area, including front-line workers, programme and sectoral colleagues. At the regional level, bureaux worked with other regional actors to support capacity-building activities on GBV for women's organizations. At the global level, UNHCR contributed to developing the capacity of colleagues involved in child protection and GBV activities through designing and delivering various learning and development activities.

These include the field piloting of the Foundational Child Protection (CP) Training Pack, and the launch of the 2022 cohort of the Child Protection and GBV Information Management for Case Management (IM4CM) course. This latter course aims to strengthen information management practices to improve service quality and protection outcomes for GBV survivors and children who require case management. The first cohort of the Engaging Men in Accountable Practices Training of Trainers was also implemented together with the International Rescue Committee in 2022.

The course is designed to address the root causes of GBV through community-led behavioural change and transformation of social norms.

The evaluation recommended that UNHCR improve tracking of unearmarked funding and its allocation to GBV. Due to its new COMPASS system for planning and budgeting, UNHCR now tracks the budget and expenditure for GBV through a dedicated outcome area. For 2023, the budget planned for Outcome Area 4 – Gender Based Violence – is \$22.8 million or 7 per cent higher than the amount budgeted under the 2022 current budget.

Looking ahead, UNHCR will make concerted efforts to ensure timely life-saving response is available for survivors and those at risk of GBV. This is reflected in the High Commissioner's eight strategic directions, which include an objective to strengthen GBV prevention, risk mitigation and response. Building on the inter-agency networks strengthened during the COVID response, **further advocacy will also be pursued with regional and national coordination bodies to push for the continuation of child protection and GBV services during emergencies.**

# Stigmatization and increased exclusion



## Evaluative evidence

The evaluations revealed that the pandemic has seen a dramatic increase in xenophobia, stigmatization and misinformation, linked to perceptions of refugees as being carriers of disease, which has led on occasions to indirect refoulement. Many refugees and asylum-seekers work in the informal economy which was the first to be hit by lockdowns, resulting in a loss of income and in some cases loss of permits. According to interviewees, where refugees could not return to camps to receive resources and services, they moved on to seek protection in third countries, or returned to their country of nationality even though they feared persecution.

Evidence was found of heightened negative perceptions and stigmatization of people on the move during the pandemic that clearly flowed in part from pandemic-related risks. There were cases of discrimination and xenophobic attacks against refugees in many countries. This impacted on the willingness of refugees to seek access to services (particularly health and asylum) due to a fear of

repercussions, especially deportation. The evidence demonstrates the key role of local actors, often supported by UNHCR and other protection actors, in successfully countering disinformation at the root of xenophobia, but also the challenges of doing so in the context of an explosive proliferation of negative messages on social media in some places.

Pre-existing barriers to protection and assistance for the vulnerable across the world were magnified by both the pandemic itself and the responses to it. Health-seeking behaviour – such as for routine vaccinations or prenatal care – shrank back due to fears of contagion, even while the availability of services diminished. Psychosocial difficulties increased, for those already vulnerable, as a result of the social isolation from lockdowns and reduced access to mental health services. Displaced children suffered from reduced access to education, which both affected life chances and heightened risks of abuse, neglect and exploitation. Drop-out rates also increased, especially for refugee children.



## Recommendations and management response

While no specific recommendations were made in the evaluations regarding this issue, UNHCR has been very active during the pandemic and subsequently in efforts to prevent and respond to stigmatization and xenophobia. UNHCR has been active in the digital

space, using non-traditional communication channels preferred by communities such as messaging apps (for example Turn.IO), deployed by UNHCR in several countries and providing an accessible and trustworthy form of communication.

# Communicating with communities



## Evaluative evidence

The evaluation recognized that UNHCR kept open lines of communication with displaced communities during the pandemic. This is in large part due to the leadership directive for staff to “stay and deliver”. UNHCR and partners also sought to strengthen community messaging, including using Facebook, Instagram and WhatsApp. However, the evaluation found that lessons from the Ebola response and other epidemics were not consistently applied. Messaging frequently failed

to cater for the most vulnerable and marginalized, and/or lacked sensitivity to local social, cultural or gender norms. The evaluation recommended that UNHCR strengthen the provision of information and messaging for refugees, ensuring that it is two-way and needs-based, and is effectively targeted to reach those most vulnerable and marginalized, including those with limited access to online communication channels.



## Recommendations and management response

UNHCR recognizes that initially there were access challenges in some locations due to movement restrictions as a result of the pandemic (which made it difficult to reach people with mobility barriers such as the sick, older people and people with disabilities). Therefore, UNHCR country operations across the region worked with refugees and host communities to translate and deliver messages in multiple formats and languages.

In some regions, UNHCR focused on remote areas, including hard-to-reach border areas. In other regions, such as the Middle East and North Africa, UNHCR predominantly dealt with large urban populations and cash programmes, setting up call centres and “chatbox” components which eased pressure on staff. In the Americas, the hotlines set up were deemed incredibly helpful; remote areas were equipped with tablets which greatly facilitated alliances with municipalities.

One of the winners of the NGO 2020 Innovation Award, a prize recognizing creative responses to COVID-19, was the Great Step Initiative, based in Adagom Refugee Settlement, Ogoja, in Nigeria's Cross River State. The Initiative conducted sensitization campaigns on COVID-19 prevention within the refugee settlement and the host community including in the areas hardest to reach. They used videos and pictures as a means of communications, and established several hotlines to answer questions about COVID-19.

Drawing on learning from the Ebola and COVID-19 responses, UNHCR finds that there is a need to **consider the broader communications eco-system** when messaging is being developed. Evidence from community feedback frequently indicated general mistrust and disbelief about the existence of COVID-19, reactions which were attributed to social, political or

cultural factors. A strengthened focus on understanding the needs and preferences of communities and individuals through assessments is therefore needed. Such assessments will help actors to understand the complex communication eco-system they are operating in; which channels can be leveraged to communicate with diverse groups; where rumours and

misinformation are generated; and who are influencers of opinion. While “off-the-shelf” solutions have many benefits, it is important to be able to contextualize and emulate how people access information.

UNHCR furthermore believes that there is a need to **involve communities in the design and delivery of risk communication messages to ensure buy-in and ownership**. Collaboration is essential.

## ■ Digital inclusion

While supportive of the evaluations' recommendation to strengthen the provision of information, UNHCR is of the view that there are additional actions that can be taken. Firstly, UNHCR will continue to advance its digital inclusion programming. The pandemic gave UNHCR the opportunity to expand the use of refugee kiosks, whereby refugees can update key information themselves and activate assistance. This two-way communication allowed us to enhance communication with refugees and push the boundaries of the technology we use. UNHCR also expanded the use of “my UNHCR” whereby the onus of accurate registration data is put on refugees.

Rather than simply addressing the needs of communities as they have been, there is a growing trend to digitally include communities – something that they wish to see further expanded. UNHCR's support to marginalized people should not only be one of adapting to those “with limited access” but to advance their access to these channels if they wish. In addition, efforts to be inclusive should not hamper the advancement of using online tools to engage with community members where it is their preference.

UNHCR agrees with the **recommendation to consult further with specialist partners**. There is also a need to work with these partners to identify and work with appropriate channels (online and offline) to reach individuals with diverse needs. Recognizing the gap in communicating with people with different disabilities, one bureau is now in the process of engaging a consultant to develop tools, guidance and IEC materials to facilitate communication with people with disabilities.

Communities may have a variety of choices and preferences for how to engage with UNHCR and the humanitarian community. As such protection actors will need to adapt and build a suite of tools that are online, offline and blended for enacting this. Technology is an enabler, but we also need to ensure that we are closer to our populations while ensuring the safety of our staff. Acknowledging the diversity of community leaders, in addition to technology, we must also use local established networks to ensure the flow of accurate information.

While digitalization is a positive development it also brings associated hurdles of confidentiality and data-sharing. In addition, dedicated training must be undertaken to ensure staff are equipped to handle issues appropriately as this represents significant reputational risk.

**UNHCR will continue to advance digital inclusion efforts to continue to advance digital inclusion efforts under the Digital Transformation Strategy to ensure that no community members are left behind in the move to a connected society.**



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# Promotion of cooperation



## Evaluative evidence

Global-level actors worked well together to reinforce pre-pandemic policy work on inclusion, consistent with the GCR, the HDP nexus and the Sustainable Development Goals. The recognition of refugees as a particularly vulnerable group provided a locus for collaboration across agencies, international humanitarian and development actors, and governments, contributing to significant steps towards the inclusion of refugees in national programmes, including national COVID-19 vaccine plans.

At the global level, and despite the lack of readiness and the absence of a blueprint for global response, the Inter-Agency Steering Committee (IASC) was found to have acted swiftly and effectively by launching the Global Humanitarian Response Plan (GHRP). This galvanized the global humanitarian community and provided a framework for the quick mobilization of resources. The COVID-19 response demonstrated that the **humanitarian system could adapt and stretch** to meet the needs of a vastly larger humanitarian caseload, but it also highlighted the pre-existing and entrenched challenges that the system faces. The evaluations document numerous new and novel initiatives, programme approaches and processes which strengthened the ability of IASC members to

support local and national humanitarian actors to prepare for, anticipate and respond to the pandemic.

Where the GCR intersects with other global policy priorities, notably the humanitarian-development-peace (HDP) nexus, pre-pandemic priorities such as inclusion were bolstered during the pandemic. The evaluation found evidence that highlights the influence of the GCR directly in reference to leveraging greater inclusion of refugees in health systems, providing a clear framework for action and responsibility-sharing.

The GCR had the most direct traction in countries that were part of the Comprehensive Refugee Response Framework process (known as Comprehensive Regional Protection and Solutions Framework in Latin America) prior to 2018 – that is, those where its tenets have been embedded since the New York Declaration of 2016. If the links between the GCR and enhanced protection and assistance for refugees are made clearer, and burden and responsibility-sharing are made fairer and more predictable, then the more the GCR's influence is likely to grow with governments, UN system agencies and other humanitarian, protection and human rights actors.





## Recommendations and management response

The evaluations recommend that **to enhance protection and assistance for all refugees, states and protection actors should strengthen the promotion of the GCR**. The GCR is a relatively new instrument and needs to be utilized more fully by governments and international, national and local protection actors; this includes during global crises and humanitarian emergencies. In addressing the protection of the rights of refugees going forward, advocacy around the GCR is an essential element to support international refugee law, international human rights law and national and international rule of law.

Since the GCR was affirmed in December 2018, more than 1,670 pledges have been made. At the field level, UNHCR representatives systematically use the GCR principles and arrangements to advance the protection and solutions agenda for all categories of forcibly displaced people. Continued efforts are made at country level to ensure the effective implementation of the pledges made, and where required, UNHCR teams provide support to national technical teams to implement these.

The COVID-19 pandemic has helped to push the GCR and its principles to the forefront of discussions on pandemic responses and the international refugee

protection regime. UNHCR outlined [the role of the GCR in the international response to COVID-19](#) (May 2020), a note setting out good practices and recommendations for ways in which the GCR can support people who are forced to flee, as well as their host communities, in the response to the pandemic. It also held a spotlight session at the High-Level Officials Meeting in December 2022, examining the impact of the pandemic on people we serve, and the response to it.

**Key to ensuring that the GCR is a central pillar of responses to displacement will be: aligning emergency response planning with the GCR; applying the principles and tools provided in the GCR to enhance comprehensive responses; strengthening burden and responsibility-sharing; and planning for inclusion and solutions from the start. These include, for example, ensuring that resource mobilization and emergency responses are developed with the aim of:**

1. ensuring support for comprehensive refugee responses that include national and regional arrangements and whole-of-government approaches, where possible complemented by a multi-stakeholder approach set out in the GCR; and
2. including the broad areas of specific sectoral support set out under the GCR's programme of action.

# Adaptation and systems



## Evaluative evidence

Interviews conducted throughout the evidence-gathering phase highlighted some shortcomings in the areas of budgetary prioritisation and timeliness of resource re-allocation. They also pondered the benefits of centralizing procedures and agreements to ensure more timely delivery of assistance.

The exceptional operational circumstances caused by the pandemic and the subsequent impacts on the global economy cannot be underestimated.

Supply chains were affected worldwide, many institutions intrinsic to cash programmes were closed and staff operated in an environment of fear and anxiety. Despite this, the evaluations highlighted the ethos, culture and driving force of an **organization with a clear mandate**. The fundamentals of the 1951 Refugee Convention, supported by the commitment to serve people who are forcibly displaced and stateless to the best of organizational ability, drove corporate choices.

At times, however, the functional building blocks were missing. UNHCR used the flexible resources at its disposal – including unearmarked funds and its Operational Reserve – to support reprioritization where feasible. Of 23 Country Operational Plans, at least 17 report budgetary reprioritization, confirmed by the 15 Country Offices interviewed. Additional COVID-19 related resources allocated to regional bureaux – without the usual submission requirements – were appreciated, since they enabled activity adaptation such as the purchase of protective equipment for staff and partners.

Yet, both evaluations and staff noted some procedural delays in gaining approvals for reprioritization of resources, with time periods ranging from one to

three months. Moreover, reprioritization entailed a focus on the emergency response at the cost of livelihoods and economic integration programmes as part of durable solutions.

The evaluations also raised questions about scope for *procedural adjustment* in UNHCR's internal systems. Beyond the wider strategic issue of including forcibly displaced and stateless people in national social protection mechanisms, having global frameworks for working with financial service providers would speed up cash-based responses in emergencies. Similarly, streamlining procurement procedures to a more centralized model were raised as potentially improving efficiency.



## Recommendations and management response

Evidence gathered throughout the evaluations showed that, in some instances, UNHCR's operational preparedness on the ground has not always been matched by procedural readiness, in the form of globally applicable frameworks to expedite and facilitate swift emergency response – such as for centralized procurement where appropriate; establishing global frameworks for cash-based responses at an early stage; and retaining (and where feasible increasing) partnership adaptations made. To this end, it was recommended that UNHCR **adjust procedurally for global response by creating central frameworks, with scope for adaptation as required, to ensure scalable and sustainable responses in the future.**

The scale of COVID-19 required an urgent and drastic shift and prioritization of activities to respond to new global dynamics. In March 2020, all UNHCR operations were asked to look at how they could re-prioritize within their current budgets and to provide additional requirements in relation to the global emergency response to COVID-19 broadly. Those requirements covered a host of preparedness and response activities from health, livelihood, supply and logistics, protection, resulting in a consolidated appeal launched in December 2020.

During the 2022 planning process, UNHCR incorporated lessons learned and best practices related to the adaptation owing to the pandemic.

This included updating business continuity protocols; expediting Resource Allocation by a more thorough and extensive use of data analysis; and a risk-based approach to the allocation of spending authority. Further changes were: upgrading emergency preparedness and response measures; increased budgetary flexibility awarded to partners; more extensive use of digital technologies; and a stronger risk-based approach to project monitoring.

COVID-19 – and the Russian invasion of Ukraine – have highlighted some areas of improvement in terms of flexibility and speed of resource allocation as well as the potential benefits of centralized procedures for cash assistance and supply. Local and regional framework agreements with financial service providers for cash-based intervention (CBI) services have been established – a point worth emphasizing. The establishment of global framework agreements for CBIs is ongoing, and builds on lessons learned from the Ukraine crisis. Nevertheless, UNHCR must rationalize the cost and operational benefits and shortcomings of prioritizing a centralized operational model, especially within the context of a decentralized and regionalized organization that is seeking to pursue localization and ensure that assistance benefits both the individuals we seek to assist and the broader community.



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# Staff welfare management



## Evaluative evidence

Evidence from 27 UNHCR evaluations found that UNHCR has maintained and sustained its commitment to people who are forcibly displaced in uncertain and demanding conditions. Externally, the “stay and deliver” imperative generated valuable reputational capital.

However, the laudable and sincerely felt commitment to “stay and deliver” – so integral to the organizational DNA, and so important to partners and people on the ground – required complex trade-offs with UNHCR’s responsibilities to staff. Evidence gathered finds corporate good intentions of sustaining commitment to forcibly displaced people, and avoiding a corporate

divide between HQ- and field-based staff, the latter who were unsupported in the early stages of the pandemic. This was carried out by i) comprehensive institutional frameworks, such as to ensure staff mental health; and ii) explicit recognition of, and adaptive capacity for, specific individual circumstances.

Much has been learned, and a more empathetic, and arguably human approach is now emerging. But bearing the burdens of the pandemic response, amid an initial sense of being “less important” to their organization than the people they serve, has weighed heavily on staff – and frustrations continue to linger.



## Recommendations and management response

**The evaluations recommend that UNHCR continue to restore the values-based bond with staff.** For the first time, the heavily values-based social contract between staff and their institution – which many have served for

decades – has, under the magnification and intensities of COVID-19, come under pressure. While corporate efforts have been made, ongoing frustrations of staff indicate that continued restoration of trust is needed;

that sacrifices staff have made are not forgotten but are still recognized and appreciated; that loyalty is not taken for granted but is valued and respected; and that lived experience during the pandemic will continue to be gathered, listened to, and sincerely learned from.

UNHCR has invested in a special focus on people management in the knowledge that in crisis situations, including the pandemic, an empathic leadership response in managing staff well-being is critical. The situation in Iraq in 2020–2021 is an excellent case study of how good leadership leads to good results in terms of staff mental health and psychosocial well-being while being able to focus on the operational needs. In Libya, despite a lack of personal protective equipment, staff needed to assist detained people throughout the pandemic. Management decided to seek staff volunteers for such jobs, and worked together on preparing staff for such assignments. People management also includes the mental health literacy and better understanding of what mental health and psychosocial well-being in the workplace really mean.

UNHCR's draft mental health strategy (MHS), prepared by the Psychosocial Wellbeing Section, defines the roles of different stakeholders within the psychosocial well-being and mental health sector. The strategy also refers to staff as critical actors of their own mental health and psychosocial well-being and the importance

of their active participation. The pandemic created dynamics where individuals were suddenly put on the spot, and were required to take care of themselves and others. In non-family duty stations or in locations without access to proper medical support, achieving this was extremely difficult. This caused anxiety and frustration, and while a range of psychosocial support was available, those support activities did not always offer practical solutions for what staff perceived to be a threatening situation. While the development of the MHS is a step forward, its impact will depend on implementation and endorsement, and on cultural shifts in the organization.

Implementation of the [Policy on the Management of Occupational Health and Safety](#) is well under way through the establishment of regional and local OHS committees. The post-action lessons learnt have been conducted in every region through the RECOSH. This system allows for a participatory risk and solution identification that would be the best response to personal needs. Ensuring capacity in identifying psychosocial risks and their controls and treatments will be critical going forward.

A wealth of resources can be found at the following link: [Emotional Health Campaign \(unhcr.org\)](#)

# Acronyms list

<b>AAP</b>	Accountability to Affected People
<b>AGD</b>	Age, gender and diversity
<b>CBI</b>	Cash-based intervention
<b>EAC</b>	East African Community
<b>ERP</b>	Enterprise Resource Planning
<b>GBV</b>	Gender-based violence
<b>GCR</b>	Global Compact on Refugees
<b>GHRP</b>	Global Humanitarian Response Plan
<b>HDP</b>	Humanitarian-development-peace (nexus)
<b>IASC</b>	Inter-Agency Standing Committee
<b>IDP</b>	Internally displaced person/people
<b>IGAD</b>	Intergovernmental Authority on Development
<b>MHPSS</b>	Mental health and psychosocial support
<b>MHS</b>	Mental Health Strategy
<b>OCHA</b>	Office for the Coordination of Humanitarian Affairs
<b>OECD DAC</b>	Organisation for Economic Co-operation and Development's Development Assistance Committee
<b>OHS</b>	Occupational Health and Safety
<b>PROMS</b>	Project Reporting Oversight and Monitoring Solution
<b>RECOHS</b>	Regional Committee on Occupational Health and Safety
<b>RLO</b>	Refugee-led organization
<b>RSD</b>	Refugee status determination
<b>WHO</b>	World Health Organization

