



©UNHCR/Hallouli Mohamed Ameer

Joint Evaluation of the Protection of Rights of Refugees during the COVID-19 pandemic

Executive summary

This Joint Evaluation of the Protection of the Fundamental Rights of Refugees during the COVID-19 Pandemic was commissioned under the auspices of the COVID-19 Global Evaluation Coalition.¹ The evaluation examines the effectiveness of international co-operation and the combined response of host states, United Nations (UN) system agencies, and non-governmental and civil society organisations including refugee-led organisations² (RLOs) in ensuring the protection of the rights of refugees during the global pandemic.

The evaluation was carried out from May 2021 to January 2022 as the pandemic continued to evolve and present a constantly changing set of consequences for legal systems, social norms and the functioning of aid systems that

are designed to offer support to the upholding of refugee rights. The evaluation was undertaken completely remotely and with layered evaluations methods (data analysis, document review, funding analysis and key informant interviews) to gather a balanced set of evidence.

The COVID-19 pandemic has challenged the protection of the rights of refugees in a way that is profound and with possible lasting consequences. Border closures and other movement restrictions related to the pandemic had significant and ongoing repercussions for refugee rights and for protection actors. There is clear evidence that some states used the pandemic as a purported justification to introduce restrictive measures detrimental to the rights of refugees. In some cases, restrictive practic-

1. The Management Group of this evaluation included the evaluation units of UNHCR, the Ministry of Foreign Affairs of Finland, the governments of Colombia and Uganda, and the humanitarian system network ALNAP. This project was funded by UNHCR, the government of Finland and the OECD DAC Evaluation Network Secretariat.

2. These are referred to collectively hereinafter as all protection actors.

es adopted at the height of the pandemic for public health reasons have been retained or reinforced as security measures.

A complex pattern of access challenges remained across the spectrum of refugees' rights and needs throughout the pandemic. Gender-based violence (GBV) against women and girls has increased, which has also exacerbated protection risks to refugee children. Rising xenophobia and discrimination increased the challenges for people on the move to access a large range of protection services.

The findings of this evaluation demonstrate the extraordinary efforts of protection actors in support of refugee rights in the face of an unprecedented global challenge. Many positives can be taken from the overall response: effective co-ordination among international actors and governments, responsiveness and adaptation on the part of refugees themselves and protection actors, and generosity and flexibility on the part of donors in the first phases of the response. Overall, however, these collective interventions did not fully ensure the protection of the rights of refugees in a comprehensive and consistent manner across countries and across the range of rights which are this evaluation's focus. The evidence shows that the response was imbalanced across rights and failed to anticipate the extent of the protection needs of children, women and girls and the specific needs of some refugees, such as the elderly people and people with disabilities.



Coverage and relevance of the collective response to COVID-19 in respect of the protection of the rights of refugees

Measures adopted to combat the spread of COVID-19 were, in many countries, not con-

sistent 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. There is also compelling evidence of expulsions and push-backs, at sea and on land, as well as indirect refoulement. Border closures and lockdowns also reduced the ability of governments and protection actors to resettle refugees to third countries and increased the number of those resorting to irregular border crossings. 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. Measures adopted at the height of the pandemic that narrowed access to international protection and tightened asylum policies were temporary in some countries but yet have deepened in others, and barriers persist into 2022.

Recommendation 1: 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.

Proposed actions:

-  All states should automatically renew documentation for refugees and asylum seekers whenever government services have to shut down in any emergency (Action: governments with support of protection actors).
-  With due regard to data protection and applicable international human rights law standards, UNHCR should work with governments to build systems that allow for secure digital registration and documentation that can be renewed

remotely (Action: UNHCR and governments).

- ✔ Governments should ensure that all police, law enforcement and relevant national authorities are trained on non-refoulement, including the need for open borders for those fleeing conflict, violence and persecution in line with international refugee law and international human rights law (Action: governments).
- ✔ UNHCR should reaffirm once more the international obligation to ensure an exception for refugees and asylum seekers where borders are closed in future pandemics or large-scale emergencies, including through the Executive Committee³ and liaison with UN system human rights actors (Action: UNHCR and other UN system human rights actors).

Within the totality of humanitarian financing for the COVID-19 response, funding for refugee programming remained strong through 2020. Preliminary figures, however, do suggest falling support from humanitarian donors in 2021. There were significant imbalances in the response over time and between sectors. There was no significant and proportionate increase in funding to non-governmental organisations (national or international), and funding levels to GBV and child protection sectors were low in relative terms throughout 2020.

The first phase of the pandemic (three to six months) had an immediate freezing effect on the provision of essential services in health, protection, child protection and GBV. Lock-

downs and other movement restrictions also delayed, and in some cases, suspended, registration and documentation, refugee status determination (RSD) processes, resettlement, and family reunification during the pandemic.

Staff and programmes providing protection services other than health were rarely designated as essential, and staff were subject to movement restrictions. Beyond the first phase of the pandemic, child protection and GBV services remained severely curtailed in many settings. Protection staff were not able to have face-to-face meetings with refugees and asylum seekers and could not directly access quarantine facilities in which they were detained. Often, these facilities were densely-populated and did not allow for social distancing and other pandemic-related safety measures.

The obvious priority placed on health, and the recognition of refugees as a vulnerable group, placed refugees' right to healthcare in a preferential position in terms of funding and advocacy. The priority given to sexual and reproductive health is also clear in country-level documentation and shows that it was possible to advocate for the continuation of face-to-face service provision if this was deemed important. However, this focus on health services related to COVID-19 was to the detriment of other health service provision such as routine vaccination programmes, treatment for non-communicable diseases and emergency responses to other disease outbreaks.

Protection services were also badly affected by the focus on health, particularly GBV and child protection. Protection activities were not prioritised or seen as essential, which had serious

3. This is the Executive Committee of the High Commissioner's Programme.

negative impacts on GBV and child protection; by the end of 2020, both were described as crises in their own right. Not all lessons from other disease outbreaks, such as Ebola, were directly relevant, but the secondary crises faced by women and children as the pandemic response evolved were predictable, and more could and should have been done.

Prior to the pandemic, disaggregated service-level administrative data have not consistently been available for certain at-risk populations including refugees, and even less so for refugees with specific needs such as elderly people and those with disabilities. The pandemic magnified these data weaknesses, meaning some vulnerable groups were largely invisible to responders.

Recommendation 2: In preparation for future pandemics and public health crises, advocate and plan for the maintenance of essential in-person protection services to the fullest extent possible, including the provision of adequate human and financial resources.

Proposed actions for international protection actors and governments:

- ✓ Ensure access by protection staff to all refugees and asylum seekers within and at the borders of countries during crises, in line with the underlying principles of the 1950 Statute and the 1951 Convention (Action: governments and UNHCR).
- ✓ Plan for the provision of adequate, safe quarantine facilities that respect the human rights of refugees and asylum seekers, placing the minimum additional financial burden on hosting states (Action: governments, UN system agencies and international finance institutions).

- ✓ Strengthen advocacy efforts to ensure that protection activities, including child protection and GBV, are fully recognised as essential and life saving and to advocate against the suspension of these services in future crises. Ensure that protection actors are provided with the necessary personal protective equipment, integration support and resources needed to sustain and deliver services in the face of a public health crisis (Action: governments, international protection actors and donors).

Coherence of international approaches to the protection of refugees during COVID-19

The Global Humanitarian Response Plan (GHRP), the global framework for additional humanitarian needs arising as a result of COVID-19, is a product of collaboration between UN system agencies and humanitarian and human rights partners. The GHRP allowed for a co-ordinated effort to support humanitarian needs by ensuring complementarity between agencies as well as preparedness, flexibility and speed of responses. However, the first iteration of the GHRP was pulled together very quickly and with limited evidence of broader collaboration with or funding for organisations outside the UN system.

Global-level actors worked well together to reinforce pre-pandemic policy work on inclusion, consistent with the Global Compact on Refugees (GCR), the humanitarian-development-peace nexus and the Sustainable Development Goals. The recognition of refugees as a particularly vulnerable group provided a locus for collaboration between agencies, international humanitarian and development actors,

and governments and contributed to significant steps towards the inclusion of refugees in national programmes, including national COVID-19 vaccination plans.

The evaluation also found a wealth of evidence on the extent of global-level co-ordination and its influence on the coherence of approaches at the country level. For example, anecdotal evidence shows that inter-agency co-ordination and advocacy in numerous countries created leverage with governments for 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 GBV, health and child protection, national co-ordinating bodies and protection partners adapted a variety of global guidance to national contexts. Collaboration and joint advocacy among international actors were key factors in the reprioritisation and rescaling of GBV and child protection services as the pandemic unfolded, although these efforts did not lead to significant complementary increases in funding.

While the decision to focus primarily on the health emergency early in the pandemic appears to have impacted the implementation of the Global Compact in terms of its practical rollout in countries, it has shown the importance of the principles the Global Compact is based on, notably international co-operation and responsibility sharing. The evaluation found that the GCR had the most direct traction in countries that were part of the Comprehensive Refugee Response Framework or Comprehensive Regional Protection and Solutions Framework

in Latin America processes prior to 2018 – that is, those where its tenets have been embedded since the New York Declaration of 2016. Where the GCR intersects with other global policy priorities, notably the humanitarian-development-peace (HDP) nexus,⁴ 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.

Overall, however, more could have been done to amplify the GCR through reinforcing its direct relevance to successes in the response. The clearer that links are made between the GCR and enhanced protection and assistance for refugees as well as fairer and more predictable burden and responsibility sharing, the more the influence of the GCR is likely to grow with governments, UN system agencies, and other humanitarian, protection and human rights actors.

Recommendation 3: To enhance protection and assistance for all refugees, states and protection actors should strengthen the promotion of the Global Compact on Refugees.

Proposed actions:

The Global Compact on Refugees is a relatively new instrument and needs to be utilised more fully by governments and international, national and local protection actors; this includes using the compact during global crises and humanitarian emergencies:

4. The nexus is clearly defined in the OECD DAC Recommendation on the Humanitarian-Development-Peace Nexus.

- ✔ Governments and other members of the international community should consolidate the reporting they have already undertaken with respect to meeting their 2019 Global Refugee Forum Pledges during the pandemic, and which has generated persuasive evidence demonstrating how the GCR strengthened the international response to enhance protection and assistance to refugees and fairer and more predictable burden sharing and responsibility sharing by states, in preparation for the next Global Refugee Forum in 2023 (Action: governments and other relevant stakeholders).

All protection actors including UNHCR should:

- ✔ improve awareness of the GCR and its specific remit with the goal of making the GCR central to the promotion of protection and assistance to refugees and to fairer and more predictable burden sharing and responsibility sharing
- ✔ with key partners including national and local governments, undertake awareness raising, training and capacity building on the GCR
- ✔ undertake, for dissemination to governments and partners, a global review of all pandemic-related activities to see how those activities could have been and were rolled out as part of the GCR's frameworks so as to provide a comprehensive lessons-learned platform for using the GCR in emergency responses in the future.

Overall, over the trajectory of the response, local actors including RLOs, refugees themselves and municipalities were increasingly involved in the response. Particularly in the health response, community-based organisations and RLOs played key roles in efforts to share information on COVID-19. In gender-based violence, efforts were made in a number of settings from the onset of the pandemic to engage local women's organisations and promote their participation in the response, including through service delivery. In child protection, a marked increase in engagement with local actors was reported, including the involvement of community workers in the identification of and support to children at risk and their caregivers.

The evaluation found many positive examples of contributions from national and local actors in their COVID-19 responses, though these are difficult to quantify at the global level. The value of existing partnerships and investments in national systems and structures was demonstrated in the early days of the response. However, an analysis of financial data, testimonies from local actors and interviews with international protection actors clearly show that partnerships and decision making remained largely top down and that additional funding for local actors was not forthcoming, even as their responsibilities increased in the context of lockdowns. Adaptation to new ways of working also put significant pressure on national actors, who were also scaling up operations. Increasing workloads and challenges in providing protection in the usual manner, on top of other stresses related to COVID-19, also placed additional burdens on international staff, often affecting their well-being.

There is little evidence of the inclusion of GBV and child protection issues in COVID-19 preparedness plans and policies. Local actors, including local women's refugee groups, were not sufficiently supported to carry out the work delegated to them during the COVID-19 response.

Irrespective of the extent to which the COVID-19 response has accelerated or deepened localisation in refugee responses, it is imperative to continue to work on strengthening partnerships in preparation for future emergencies. Likewise, it is critical to aim to further empower and improve funding for local and national actors, including RLOs and local women's organisations, as first responders.

Recommendation 4: Invest in planning responses to future crises that protect the rights of refugees through continuous strengthening of preparedness efforts, with an emphasis on strengthening partnerships with national and local actors.

Proposed actions for international protection actors and governments:

- ✓ In support of the localisation of specialised response services for GBV survivors and in line with efforts already underway, scale up systemic support and leadership of women-led organisations, especially those led by refugees.
- ✓ Ensure that GBV and child protection mainstreaming activities in refugee contexts are integrated into preparedness planning and prioritised during public health crises and other emergencies.
- ✓ Continue to invest in and reinforce long-term strategic partnerships with key

protection partners, particularly with national child protection actors and national GBV actors ((Action: UNHCR, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), the Alliance for Child Protection and donors)).

- ✓ Assess the viability of simplified procedures and practices based on the changes made during the COVID-19 pandemic with a view to strengthening localised responses going forward (Action: UNHCR).

The increase seen through the pandemic in the inclusion of refugees in national health and other services is positive. Evidence from this evaluation indicates that the COVID-19 response created positive, and potentially lasting, momentum around inclusion of refugees in national health plans, despite country-level differences in how this was applied in practice. However, while refugees were almost universally included in national vaccination plans, vaccination nationalism and various practical, technical and legal issues have kept the numbers of vaccinated refugees relatively low.

The COVID-19 response was characterised by the gradual and uneven reinstatement of services and their adaptation to the new context. However, pre-existing weaknesses in coverage in rural, remote or underserved urban areas persisted.

There is evidence of heightened negative perceptions and stigmatisation 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 affected the willingness of refugees to seek access to services (particularly health and asylum) due to 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 as well as the challenges of doing so in the context of an explosive proliferation of negative messages on social media in some places.

There were challenges in the provision of adequate information on the availability of services for refugees. Messaging frequently failed to cater to the most vulnerable and marginalised and/or lacked sensitivity to local social, cultural or gender norms. Many refugees were unable to benefit from the rapid increase of online tools and platforms designed to connect, inform and support them during lockdown and isolation. Without concerted efforts to reach them, children, elderly people and people with disabilities were left behind, as were homeless asylum seekers, refugees, and those staying in informal settlements or in reception centres that were not technically equipped.

Lessons from the Ebola response and other epidemics have not been consistently applied: To be effective, information must be tailored to and informed by affected people's information needs, including being sensitive to culture and gender, based on rumour tracking, and targeted at dispelling myths. Better co-ordination among aid agencies is required to reduce competition for leadership roles and the associated funding and improve information and communication efforts.

Recommendation 5: Strengthen the provision of information and messaging for refugees, ensuring that it is two way and needs based; sensitive to local social, cultural and gender norms; and effectively targeted to also reach those most vulnerable and marginalised, including those with limited access to online communication channels.

Proposed actions:

- ✔ Build on lessons from the Ebola and COVID-19 responses to identify the issues that have prevented the preparation of appropriately layered and targeted messages, including resource constraints (Action: international protection actors).
- ✔ Consult with specialist partners to ensure that information products can be better targeted to refugees with a range of disabilities and specific information requirements (Action: international protection actors).




Adaptation and its contribution to the effectiveness of the COVID-19 response for refugee rights

The rapid change to remote programming early in the pandemic had positives. Such innovation allowed the maintenance of many services that previously relied on face-to-face contact. It also created new modalities that could strengthen the resilience and efficiency of protection programming in future emergencies (e.g. child protection and GBV case management, mental health and psychosocial support, registration and documentation and RSD for asylum, and telehealth for health responses).

Remote methods, however, are not always as effective, and there is a clear necessity for in-person case management in some instances. It is clear from the evidence of this evaluation that the adaptations did not overcome all the barriers to access and created new barriers for a minority of refugees.

Recommendation 6: Recognise that some in-person protection services are essential. While adaptation and innovation to support refugees' ongoing access to services during periods of restricted movement are important, it is equally important to recognise the limitations of remote delivery, especially for survivors of GBV, children at risk and their caregivers, and others with specific protection needs.

Proposed actions:

-  Develop guidance that not only recognises that programme adaptations, including remote management, can be effective in future emergencies with movement and access constraints but also that a total shift to remote services should only be undertaken after careful consideration of the risk of harm versus the benefits. Incorporate recommendations on how to support advocacy for the continuation of necessary in-person protection services as part of the GBV response in pandemic or other emergency situations that are characterised by movement restrictions and/or access constraints (Action: international protection actors).
-  Continue developing the capacity of the child protection and GBV workforces in refugee contexts. Ensure appropriate levels of dedicated child protection and GBV staffing, with the required level of expertise and skills and adequate funding (Action: UNHCR and partners).
-  Improve tracking of unearmarked funds allocated to GBV programming and improve transparency to allow donors and the wider humanitarian community to better understand how money is being spent and where investments are lacking or needed (Action: international protection actors and co-ordination bodies).

Disclaimer

The opinions expressed and arguments employed herein are those of the authors and do not necessarily reflect the official views of the OECD member countries, the Management Group, the participants in the COVID-19 Global Evaluation Coalition, or any of the individuals and organisations referred to in the report. The authors do not guarantee the accuracy of the data and accept no responsibility for any consequences of their use.

This document, as well as any data and any map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

Complete report

This is an excerpt from the report: Taylor, Glyn, G. Gilbert, S. Hidalgo, M. Korthals Altes, B. Lewis, C. Robinson, E. Sandri, V. Stoianova and J. Ward (2022), COVID-19 Global Evaluation Coalition, “Joint Evaluation of the Protection of the Rights of Refugees during the COVID-19 Pandemic”, UNHCR, Geneva, www.covid19-evaluation-coalition.org.

This paper has been produced by the evaluators of the COVID-19 Global Evaluation Coalition. Comments on this paper are welcome and may be sent to the DAC EvalNet Secretariat at COVID19evaluation@oecd.org or Development Co-operation Directorate, OECD, 2 rue André Pascal, 75775 Paris Cedex 16, France.

© UNHCR 2022