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ANNEXES OF THE JOINT EVALUATION OF THE PROTECTION OF THE RIGHTS OF REFUGEES DURING THE COVID-19 PANDEMIC

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ANNEX 1 TOR

JOINT EVALUATION OF THE PROTECTION OF THE RIGHTS OF REFUGEES DURING THE COVID-19 PANDEMIC

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ABSTRACT

The COVID-19 pandemic appears to have challenged the protection of the fundamental rights of refugees in a way that is profound and with possible lasting impacts. Understanding how widespread this is, how effective international cooperation and the response of key actors has been, and what we can learn from the steps taken will be crucial to the implementation of current operations and the design of future strategies and plans.

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Introduction

1. The ability of refugees to exercise their rights is being challenged during COVID-19. In addition to the particular concern around the closure of bordersⁱ, the wider human rights of refugees are, in many regions, being threatened. They further face the threat of refoulement and legal and physical safety both in-situ and on the move.
2. The responsibilities and opportunities for the international community to support refugees in exercising their rights is set out, inter alia, through the 1951 Convention relating to the Status of Refugees and its 1967 Protocol, and further detailed in other regional refugee instruments, international human rights law and the Global Compact on Refugees (GCRⁱⁱⁱ).
3. These Terms of Reference (ToR) provide the framework for a joint evaluation of the role of international cooperation in protecting the rights of refugees in the context of national COVID-19 responses. Given the pre-eminent role of States and local agencies in driving the COVID-19 responses, this implies that the evaluation will look at the interactions and contribution of international, state and civil society organisations and actors, including refugees themselves, towards enabling refugees to realise their rights in the context of COVID-19.
4. This joint evaluation will be carried under the auspices of the COVID-19 Global Evaluation Coalition, an independent collaboration of evaluation units from bilateral development co-operation providers, international financial institutions, United Nations system organisations and partner countries (please see Annex 1 for further details). The Management Group for this evaluation includes the Evaluation Units of UNHCR, Ministry of Foreign Affairs of Finland, Governments of Colombia and Uganda, and the humanitarian system network ALNAP. The findings of the evaluation are intended to be presented alongside the GCR high-level officials meeting at the end of 2021. Detailed information on roles and responsibilities in this evaluation is presented in a section on management, conduct and governance later in this ToR.
5. This evaluation is one of several being undertaken in 2021 to look at different aspects of the international response to COVID-19, including an Inter-Agency Humanitarian Evaluation (IAHE) of the Global Humanitarian Response Plan (GHRP) led by OCHA; an evaluation of the Response and Recovery Multi-Partner Trust Fund (MPTF) set up to support the UN Socio-Economic Framework for COVID-19, led by the UN System-wide Evaluation Function under the Executive Office of the Secretary General; and an evaluation of the WHO's response to COVID-19, under and an independent panel for pandemic preparedness and response. To avoid duplication and overlap, the ToR for this evaluation are focused narrowly on the protection of refugee rights in the response to COVID-19.

Context for the Evaluation

6. The emergence of COVID-19 has exacerbated pre-existing protection risks for refugees and host communities alike due to the impact of the virus. International refugee cooperation has, therefore, had to focus on sustaining the pre-existing protection response, while tailoring it to address the additional impact of the pandemic on the overall protection environment.
7. The international refugee protection regime provides an appropriate framework to understand which refugee rights have been impacted by COVID-19, how they've been affected and what the response has been. Refugee law continues to apply in challenging times, but the regime recognises that countries may need adapt their asylum systems to admit those in need of protection while protecting the health of their own populations. At the core of the regime is the safeguarding of basic human rights placed in particular jeopardy in refugee situations — the right to life, liberty and security of person, the right to be free from torture and other cruel or degrading treatment, the right not be discriminated against and the right of access to the basics necessary for survival (food, shelter, medical assistance), as well as for self-sufficiency (a livelihood) and education.
8. Amongst these protection considerations, COVID-19 has led to heightened focus on a number of basic rights: freedom of movement, liberty and security of persons; concerns around discrimination and mistreatment, and the need to protect the most vulnerable. This evaluation puts in scope the right to seek and enjoy asylum; the right to health; protection against sexual and gender-based violence; child protection and family reunification; and addressing the protection rights of persons with specific needs. It also focuses on the importance of communities as the centre of the response.
9. Right to seek and enjoy asylum. A wide array of issues is tied to the right to seek and enjoy asylum which has been impacted by the response to COVID-19. This relates to changes in the measures regarding the movement of people (particularly vis-à-vis the risk of denial of access to territory for individuals seeking asylum, and measures that hamper the return of refugees); the wider set of asylum processes (reception, access to basic services, permission to stay pending determination of status, (non) refoulement; continuation in processing of applications during COVID-19; issuance of documentation and provision of entitlement). How States have responded, highlighting both challenges and creative responses, will be in scope, but in particular international cooperation, including the role and impact of advocacy by States, international and national organisations; the financial support provided for the maintenance of critical protection functions either through direct provision or assistance; and the role and effectiveness of monitoring and feedback mechanisms.

10.

Right to health. The right to health is fundamental and is a key protection consideration. The right is incorporated in the 1948 Universal Declaration on Human Rights as part of an adequate standard of living, and includes, inter alia, the right to a system of health protection providing equality of opportunity, the right to prevention, treatment and control and access to essential medicines. Barriers to access to health services for refugees have, in some cases, been exacerbated during COVID-19, and this requires investigating any changes in patterns of inclusion/exclusion of refugees from public health systems (including vaccine roll out); requirements for testing as a pre-condition for arrivals for those seeking asylum; challenges of health conditions in congested detention facilities; access to supplies and promotional messaging amongst those hard-to-reach. The overall effectiveness of international cooperation in the COVID-19 response will be the focus of the WHO and GHRP evaluations; but there is a need to investigate in this study, how effective international cooperation has been at advocating for the inclusion of refugees in international and national public health provision during COVID-19, including vaccine roll out.

11.

Preventing and responding to gender-based violence (GBV). Prevention and response to GBV is a critical activity during the COVID-19 situation, with UN and civil society organisations reviewing their camp and non-camp support to refugees to increase awareness and ensure access to services for a potentially higher number of survivors compared to the pre-COVID-19 situation. A range of actions include radio outreach to raise awareness, psychosocial assistance to survivors; frontline health workers, judicial officials and police training on GBV case management and Refugee Welfare Council leaders and to local government officials on Prevention of Sexual Exploitation and Abuse.

12.

Child protection and family reunification. Approximately 40 per cent of refugees are aged under 18, and the need to protect the rights of children as a vulnerable group during COVID-19 has been highlighted. This includes a range of direct protection efforts, including through individual case management for children, enhanced remote case management, alternative case work, and community-based child protection. It also includes a focus on the mainstreaming of common protection tools through sector-led initiatives, including the development of online child safeguarding training; ensuring training of community health workers, as well as staff in isolation and quarantine facilities; and developing additional modules to ensure that the response upholds minimum child protection standards. Beyond this, the right to family life is a function of child protection. Due to COVID-19 there are cases where family reunification has been halted; or cases where status of family reunification has been granted but the actual process of reunification has been halted due to restrictions on refugee movements.

13.

Supporting the rights of refugees with specific needs. Refugees with specific needs include the elderly, those with underlying health conditions, people living with HIV, pregnant women, elderly persons, and people with disabilities. Efforts during COVID-19 by UN agencies and partners have included ensuring that protection services are available, scaling up communication with communities to ensure sensitisation on preventive and protective measures.

14.

Community-based approaches. Placing the community at the centre of the COVID-19 response has been identified as essential^{vii}. Efforts have gone into promoting community-based approaches across the COVID-19 response; supporting community self-protection mechanisms and facilitating meaningful access to specialised services for persons at heightened protection risk with the aim of mitigating exposure, strengthening resilience. These approaches are also aimed at ensuring active and meaningful two-way communication between humanitarian actors and communities of concern, in line with Accountability to Affected Populations (AAP) principles.

Purpose Objectives and Scope of the Evaluation

15.

The COVID-19 pandemic appears to have challenged the protection of the fundamental rights of refugees in a way that is profound and with possible lasting impacts. Understanding how widespread this is, how effective the combined response has been, and what we can learn from innovative actions taken will be crucial to the implementation of current operations and the design of future strategies and plans. In light of this, the purpose of the evaluation is to examine the effectiveness of international cooperation, including the interactions and contribution of international, States and civil society organisations, in ensuring the protection of the rights of refugees during the COVID-19 pandemic: to identify emerging good practice, innovation and adaptation to protection responses.

16.

The objectives of the evaluation are as follows:

- a) To ascertain the coherence and coverage of refugee rights promotion and incorporation into international cooperation in the context of national COVID-19 responses;
 - a To determine the effectiveness of the international response, in support of States, and with civil society organisations and refugees themselves, towards enabling refugees to realise their rights in the context of COVID-19.
 - b To identify good practices and lessons that can be shared for preparedness and application in future emergencies, including a focus on innovation and scalable adaptive solutions

17.

The primary audiences for this evaluation are United Nations member states, the stakeholders that affirmed the GCR, and UNHCR - to identify how these instruments have supported the response to COVID-19; the good practices and areas where they could be further mobilised. The findings of the evaluation should also support the high-level officials' mid-term review of progress towards the objectives of the GCR (held between Global Fora) in December 2021.

18.

The secondary audiences are international organisations, civil society organisations, including refugee-led organisations, and other actors who are providing critical assistance to refugees during COVID-19, to illustrate what has worked effectively and what is more challenging in the provision of international assistance.

19.

The scope of the evaluation will be delineated as follows:

- a Focus primarily on international cooperation, working hand-in-hand with host states, agencies and non-state actors, through integrated or mainstreamed actions. Actions that protect the fundamental rights of refugees may be specific and specialised – aimed at ensuring the implementation of direct protection activities and services; they may be integrated, implying incorporating protection objectives into the programming of other sector-specific responses. The impact of COVID-19 has included the immediate effect of the virus on health and welfare; the effect of States' responses to control the virus; and the effect of the international cooperation in terms of protection and assistance (where international cooperation has been involved). This evaluation will focus primarily on the role and actions of international actors supporting and assisting refugees and host communities both directly and through support for local and national State and non-state actors to protect the rights of refugees.
- b Include all critical protection actors. Protecting refugees is a shared responsibility between States, host communities, refugees and those mandated to support them: those who are seeking to build a shared and consensual approach to refugee protection. The evaluation will therefore look at the role and actions of all critical actors, their coverage, complementarity and connectedness.
- c Specific, integrated or mainstreamed actions. Actions that protect the fundamental rights of refugees may be specific and specialised – aimed at ensuring the implementation of direct protection activities and services; they may be integrated, implying incorporating protection objectives into the programming of other sector-specific responses (i.e. beyond the protection sector response) to achieve protection outcomes; or they may be mainstreamed, ensuring that a protection lens is incorporated into all programmes in a manner that considers protection risks and potential violations. It will be necessary for the evaluation to consider relevant actions in each of these categories.

Key Areas of Inquiry

20.

These indicative areas of inquiry will be further developed during the inception phase of the evaluation to produce key questions that will guide the evaluation.

- a Promotion, Inclusion and Adaptation: To what extent has the protection of refugees and their rights been recognised and addressed in the response of international cooperation to COVID-19?

This may address additional sub-questions, such as:

- i How effective has international cooperation been in supporting the protection of the rights of refugees been during the COVID-19 pandemic? To what extent has the response of international cooperation to COVID-19 reflected an appraisal of where rights have been most impacted / and which States have limited capacity to enable inclusive responses? Where have there been effective practices? What more could have been done?
- ii To what extent have existing international cooperation activities been adapted to address the specific protection rights of refugees– e.g. recognition of increased vulnerability? Where has this been done effectively, where has it not, and what lessons can we learn?
- iii To what extent have refugees and their rights been systematically incorporated in to COVID-19 support strategies, including partner countries national strategies; donor strategies, UN system strategies (GHRP, MPTF); NGO Strategies and humanitarian response plans? Where has this been done effectively, where has it not, and what lessons can we learn?
- iv To what extent have refugees and their rights been incorporated into assistance for programming – national and local-level health response plans and social protection schemes and the like? Where has this been done effectively, where has it not, and what lessons can we learn?
- v To what extent has the Global Compact on Refugees (GCR) been utilised as framework to coordinate the response to the needs of refugees during COVID-19?

- b Effectiveness: How effective has been the combined response of international and national actors (states, agencies and civil society organisations) towards enabling refugees to realise their rights in the context of COVID-19 in the seven key areas / issues scoped in this ToR?

This may address additional sub-questions, such as:

- i To what extent has the response of international cooperation to COVID-19 been appropriate and sufficient (including coverage – defined as whether all those in need had access to protection support), to address the needs of refugees to enable them to exercise their fundamental rights?
- ii How effective has the combined response been at safeguarding the physical and legal protection of refugees / the efforts of humanitarian agencies, the UN, the Red Cross/ Red Crescent, human rights defenders, refugee advocacy groups?
- iii What are the results of the international cooperation for refugees in the areas of the rights to seek asylum, protection of the right to access health, prevention and response to GBV, child protection and family reunification, supporting the rights of those with specific needs, and the effectiveness of community-based approaches? What good practices and innovations can be identified, and what were the key factors behind these?

Coherence: To what extent have national government, development

- C partners and global responses aligned to ensure coherent approaches for the international protection of refugees during COVID-19 at the global, regional and country levels? To what extent was there synergy and coherence across the humanitarian/development/peace nexus? What were the drivers and barriers to alignment?

This may address additional sub-questions, such as:

- i How effective have the UN system organisations, Red Cross/Red Crescent, CSOs and other actors been at working together and with States? To what degree have organisational responses been complementary and aligned? Have existing mechanisms proven effective and sufficient in promoting cooperation and coherence? What are the implications and what more could have been done?
- ii How aligned have assistance and advocacy efforts been to promote applicable international norms, standards and international refugee law?
- iii How effectively has the international community been at working across institutions – including UN agencies – promoting compliance with HR/refugee obligations? How, given their varying mandates and methods of working, have humanitarian organisations ensured that the protection of human rights, including refugee rights, have been translated into the provision of essential and lifesaving services?

Approach and Methodology

21.

The evaluation will draw on the international refugee protection regime as a framework for the evaluation. As outlined in an earlier section of this ToR, at the core of the regime is the safeguarding of basic human rights placed in particular jeopardy in refugee situations — the right to life, liberty and security of person, the right to be free from torture and other cruel or degrading treatment, the right not be discriminated against and the right of access to the basics necessary for survival (food, shelter, medical assistance), as well as for self-sufficiency (a livelihood) and education. It also defines the minimum standards of treatment for refugees and outlines determination procedures and eligibility criteria for refugee status. These rights and standards will be considered and applied as appropriate throughout the evaluation.

22.

The evaluation cannot look in detail at all cases of COVID-19 international cooperation in the protection of the rights of refugees, given the scope and scale of the epidemic. Therefore, the study will take a T-shaped approach, looking at the overall response of States to COVID-19 with respect to refugee rights and the international actors' contributions to these, including patterns of expenditure and activities at a macro-level. It will then take a deep dive into a selected set of case studies where there is something to learn that may resonate more broadly.

23.

An initial set of criteria has been established to help guide the selection of countries as case studies in the evaluation. It is envisioned that 5-6 case studies will be conducted to provide a good geographical distribution, whilst retaining a manageable number given time and budgetary limitations. The case studies will consist of illustrative deep dives into a given refugee country context, policy response and analysis of the international community's work along with the country-led response. The unit of analysis will be at the host country level, but the case studies should cover relevant cross-border issues and coordination between host, transit and destination countries. As the scope of the evaluation is global, it is envisioned that the country case studies should represent a balance of various geographic regions. Further information can be found in Annex 3.

24.

In terms of data design, the evaluation will be primarily qualitative and deductive. Some quantitative components around resources applied, impact of specific interventions, etc. may be feasible. The evaluation team will detail the methodological approach in the inception report, dictated by the final set of evaluation questions, the types of data required and practical issues such as travel availability/restrictions (COVID-19 related), and the like. It is expected that the evaluation will be meta, drawing both on primary investigation carried out as part of this assignment, and drawing on data and wider evidence from studies already undertaken that address – partially or fully- the impact of COVID-19 on refugee rights.

25.

The Management Group also welcomes innovative, and participatory, data collection methods. Considering the continuing limitations in access to locations, and populations, as a result of the COVID-19 pandemic, evaluators will be asked to include alternative methods to ensure effective engagement of both staff and persons of concern in affected areas.

26.

The evaluation should also conduct a series of data validation workshops aimed at helping to strengthen data interpretation and analysis of the evaluation findings, subject to feasibility given travel and time considerations. Other opportunities to share key findings externally will be actively sought towards sharing learning and good practices more widely.

27.

The evaluation methodology is expected to reflect an Age, Gender and Diversity (AGD) perspective in all primary data collection activities carried out as part of the evaluation – particularly with refugees, as appropriate. This includes referring to and making use of relevant internationally- agreed evaluation criteria such as those proposed by OECD DAC and adapted by ALNAP for use in humanitarian evaluations^{viii}; referring to and making use of relevant UN standards analytical frameworks; language and concepts from international refugee law, and being explicitly designed to address the key evaluation questions – considering evaluability, budget and timing constraints.

28.

The evaluation team is responsible for gathering and making use of a wide range of data sources and triangulating data (e.g. across types, sources and analysis modality) to demonstrate the impartiality of the analysis, minimise bias, and ensure the credibility of evaluation findings and conclusions.

Evaluation Quality Assurance

29. The Evaluation Team is required to sign the UNHCR Code of Conduct, complete UNHCR's introductory protection training module, and respect UNHCR's confidentiality and Data Protection policy requirements.
30. In line with established standards for evaluation in the OECD DAC and UN systems, and the DAC and UN Ethical Guidelines for evaluations and ALNAP's guidance on evaluating protection, evaluation is founded on the inter-connected principles of independence, impartiality, credibility and utility, which in practice, call for: protecting sources and data; systematically seeking informed consent; respecting dignity and diversity; minimising risk, harm and burden upon those who are the subject of, or participating in, the evaluation, while at the same time not compromising the integrity of the exercise.
31. The evaluation is also expected to adhere with the UNHCR 'Evaluation Quality Assurance' (EQA) guidance, which clarifies the quality requirements expected for evaluation processes and products.
All evaluation products will be shared with an external QA provider (contracted by UNHCR) for their comment, in addition to being reviewed by the Evaluation Management Group and Global Reference Group. Evaluation deliverables will not be considered final until they have received a satisfactory review rating and have been cleared by the Management Group. The Chair of Management Group will share and provide an orientation to the EQA at the start of the evaluation. Adherence to the EQA will be overseen by the Group.

Ethical considerations

32. The evaluation process should support and respect the ethical and meaningful participation of refugees and meet the standards and ethics outlined previously. As the scope of the evaluation includes the participation of refugees, who are considered a vulnerable population, the evaluation protocol and tools pertaining to the collection and management of data pertaining to refugees should be reviewed by an institutional ethics review board (IRB) and receive clearance prior to commencing. The evaluation firm will also need to confirm and receive any necessary country-specific ethical review requirements in the case study countries in addition to their own organisational IRB requirements.
33. The evaluation should adhere to UNHCR Data Protection policy to ensure personally identifiable information is adequately safeguarded.

Management, Conduct and Governance of the Evaluation

34. This evaluation falls under the auspices of the COVID-19 Global Evaluation Coalition. The DAC Network on Development Evaluation (EvalNet) Secretariat, as the convener of the Coalition, will: 1) Convene the Reference Group; 2) Send out invitations to key stakeholders who will be part of the evaluation process (Government institutions, UN agencies, NGOs and networks) and provide administrative support; 3) edit, format and publish the Evaluation Report under the Coalition banner, based on established norms.
35. The Management Group (MG) for this evaluation the Evaluation Units of UNHCR, Ministry of Foreign Affairs of Finland, Governments of Colombia and Uganda, and the humanitarian system network ALNAP. The Group will be chaired by UNHCR. The MG will oversee the evaluation process and assist in the conduct and quality control of the evaluation. All decisions made by the MG are adopted based on consensus. Its key tasks include drafting the evaluation scope of work and preparing the Terms of Reference; participating in the hiring of a team of external consultants; reviewing and commenting on key evaluation products; acting a key source of information during the evaluation process (as appropriate); acting as information channel between their own organisations and the evaluation through the whole evaluation process and disseminating evaluation results internally and externally, as relevant. Copywrite/IP will rest with the five members of the MG.
36. As Chair of the MG, UNHCR Evaluation Service will be the administrator of the evaluation project. In this regard, UNHCR will be responsible for: (i) acting as the conduit for resources to finance the evaluation, (ii) utilise its procurement system to recruit an evaluation team, (iii) manage, in liaison with the Management Group, the day-to-day aspects of the evaluation process; (iv) act as the primary interlocutor with the evaluation team; (v) use UNHCR Evaluation Quality Assurance systems and processes.
37. The Reference Group (RG)'s purpose is to support a useful, credible, transparent, impartial and quality evaluation process and to ensure that the evaluation meets the needs of the primary intended users of the evaluation. The RG will be composed of critical actors in the international protection and evaluation spheres, who can both assist in shaping the evaluation and also act as a conduit to a wider, relevant audience. The RG should not exceed 10-15 persons and should be diverse to ensure a range of views. The RG is purely advisory and must respect the decision of the independent evaluators about whether feedback is incorporated. Individuals participate in the group on an unpaid, voluntary basis.

38.

The Evaluation Team should comprise a senior team leader who is also a specialist in refugee rights, an evaluation specialist with strong institutions / social policy / political economy background, 3-4 evaluation specialists with geographical knowledge and relevant language expertise; and 1 data analyst with the ability to draw upon additional resources and expertise as identified during the evaluation. The team is expected to produce written products of a high standard, informed by evidence and triangulated data and analysis, copy-edited, and free from grammatical errors. The team balance should reflect the principles of equality of gender and race and incorporate expertise from each of the relevant geographical regions, in line with the Paris Declaration Principles. Expected qualifications and experience of key Evaluation Team members will be outlined in the bidding documents. Annex 4. provides further information.

39.

The languages of work for this evaluation will be English, French and Spanish. The country case reports will be in English and French or Spanish as appropriate. The overall evaluation report will be in English.

Expected Deliverables & Evaluation Timeline

40.

Following the contracting of an evaluation team by 31 March 2021, the evaluation should be carried out from April to December 2021, with a key interim product being a final draft report available by 1 November 2021 to feed into the GCR high level officials meeting. The key evaluation deliverables are as follows:

- i Inception Report
- ii Country case study evaluation reports (internal)
- iii Executive summary briefs for each country
- iv Overall evaluation report
- v Standalone Executive Summary (3 languages)

41.

Additional information on each phase is provided as follows:

- a Inception phase: The evaluation team will scope out of the evaluation during this phase. The key products of this phase will be the evaluation framework including a mapping of key stakeholders, issues and interventions to be incorporated in the study; the honing down of key evaluation questions and the methods for data collection; country case study selection; and an overall inception report with definitive times lines. The process will include interviews with key stakeholders in the MG and other relevant institutions and preparation of a documentation review.

- b Data collection phase: The evaluation team will collect data and information at multiple levels. This will include gathering documentation from key institutions, and country case studies; key informant interviews and focus group discussions with staff, key partners and other relevant stakeholders at the global and regional levels including governments in the country case studies. The final deliverables for this phase are the completion of data collection in each country case study and at global and regional levels and PPT-based debriefs.
- c Data analysis and validation phase: The evaluation team will then analyse the data and information collected based on their analytical framework. A series of validation workshops will be held (physically or virtually) will be held with key interlocutors in the countries, with the MG and RG. These workshops are an important step in the evaluation process for confirming the interpretation of data and strengthening the evaluation's analysis and contextual understanding. This will help the evaluation to hone their findings, conclusions and recommendations before they draft the evaluation report, helping to minimise errors. The final deliverables in this phase are validation completed with all country case studies along with meeting notes.
- d Report drafting and finalisation: The evaluation team drafts the country case study reports and synthesis report, which may go through review. Generally, the report will have one substantive round of comments. The Chair of the MG will provide final clearance on the report. The final deliverables include the evaluation report and an executive summary in English, French and Spanish. The evaluation team will present the findings, conclusions and recommendations at the high-level officials meeting.
- e Communication: The evaluation and its findings will be communicated to a range of audiences and critical and interested parties. Evidence will be made available in formats and styles appropriate for each of the priority stakeholders. This 'repurposing and repackaging' will be mindful of the communications preferences of the target audience, and the efficiency and effectiveness of reaching and engaging priority audiences in different ways. A mix of analogue and digital products will be generated e.g. printed evaluation reports and separate executive summaries; hosted webinars and attendance at web-conferences; (potentially face-to-face) validation workshops; brown bag lunches etc.

Communication opportunities will be identified throughout the life of the evaluation, not just at the end. There will be engagement of key audiences around emerging findings to help with 'sensemaking' and ownership over the findings and to finetune recommendations in concert with those who will be expected to implement them. A suite of messages will be identified that resonate with the interests and priorities of our internal audience with a view to generating both visibility of and interest in the evidence generated.

The main communication pathways will also comprise of direct contacts, national partners, civil rights groups targeted media groups and others. A more detailed communication and engagement framework with a breakdown by audiences, methods of engagements and timing will be prepared.

The finalised report will be published on the external websites of all MG members and disseminated via the COVID-19 Global Evaluation Coalition, ALNAP, UNEG and other relevant communities of practice. It is anticipated that several brown bag presentations will be held. Lastly, several digital communication products will be developed for different external audiences to share learning more broadly.

42.

A detailed timeline can be found in Annex 2

Annex 2 Evaluation Matrix

Question/Sub-question	Criteria	Judgement Criteria	Indicator ¹	Sources of data
EQ1. To what extent has the Global Level protection of refugees and their rights been recognised and addressed in the response of international cooperation to COVID-19? - How widespread, profound and lasting are the impacts of the COVID-19 pandemic on the protection of the fundamental rights of refugees?		<p>Evidence of the ability of refugees to exercise their rights being challenged during COVID-19.</p> <p>Evidence of the additional impact of the pandemic on the overall protection environment</p>	<p>Situation indicators in the GHRP</p> <p>Data on key protection indicators during the pandemic</p> <p>Global level data on cross-border forced displacement and asylum during the pandemic</p> <p>Global level data on resettlement</p> <p>Global level data on access to health care</p> <p>Global level on GBV and refugees</p> <p>Global level data on child protection</p> <p>Data on the perception of refugees including refugees with specific needs</p>	<p>Data analysis - universal and 27 country sample [Workstream 1]</p> <p>KIIs and survey [Workstream 2]</p> <p>Document review - universal and 27 country sample [Workstream 1 and 3]</p>
EQ 1.1a At the global level, to what extent has the response of international advocacy and diplomacy reflected an appraisal of where refugee rights have been most impacted by the COVID-19 pandemic? Where have there been effective practices? What more could have been done?	Relevance (Promotion, Inclusion, adaptation)	<p>Evidence that international actors have targeted global advocacy and diplomacy; based on an ongoing appraisal of the extent to which refugee rights have been protected.</p> <p>Evidence of systematic changes in approach which demonstrate analysis and learning over the course of the pandemic.</p> <p>Evidence that national level responses have adapted (to the extent that patterns are discernible from a global viewpoint)?</p> <p>Evidence that funding patterns have evolved to support promotion and inclusion and adaptation - in absolute terms and as a proportion of the global COVID-19 response.</p>	<p>Coverage of refugee rights issues in Human Rights Council Sessions.</p> <p>Monitoring of derogations during COVID that relate to COVID.</p> <p>Number of states that have put in place derogations.</p> <p>Derogations that have run out, derogations withdrawn.</p> <p>Positive trends in key protection indicators:</p> <ul style="list-style-type: none"> - Closure of borders over time. - Legislative provisions impeding access to territory and asylum. - Data on refoulement/persons forcibly removed. - Number of asylum applications pre and post pandemic declaration. - Number of refugees resettled pre and post pandemic 	<p>Data analysis: [Workstream 1]</p> <ul style="list-style-type: none"> - UNHCR dashboard data - GHRP indicators <p>Review of financial data</p> <p>Document review: Global and country level [Workstream 2]</p> <p>KIIs</p> <p>Survey [Workstream 3]</p>

1. Typology of indicators include: (i) Situation indicators; baseline – needs (ii) response monitoring indicators; input- output-outcome (iii) impact indicators. Needs and outcome indicators may overlap.

<p>EQ 1.1.b From a global perspective how effectively has the international community balanced the protection of the rights of refugees within the totality of the COVID-19 response? How, given their varying mandates and methods of working, have humanitarian organisations ensured that the protection of human rights, including refugee rights, have been translated into the provision of essential and lifesaving services?</p>	<p>Connectedness/coherence/coordination</p>	<p>At global level, evidence that the rights of refugees were reflected proportionately in the overall COVID-19 response. Evidence that refugee response was proportionately included in the country selection in the GHRP Evidence of how competing and reinforcing challenges the world now faces were balanced in the protection of refugee rights. To the extent that analysis allows; evidence that funding to refugee responses in the context of COVID-19 have received a proportionate amount of funding</p>	<p>declaration. Positive trend in the availability of data - specifically data disaggregated by migratory profiles/issue areas</p> <p>Continued inter-agency coordination at the country level during the pandemic, overall and on protection Joint needs assessments as the basis for prioritised action including refugees. Collective outcomes where available include refugee rights. Level of refugee inclusion in international and national response plans including World Bank (e.g., COVID-19 Fast Track Facility, MPTF)</p>	<p>Data analysis - financial data [Workstream 1] Desk review: Global and country level [Workstream 2] KIs – focus on global level and survey [Workstream 3]</p>
<p>EQ 1.1.c. Taking a Global view, to what extent has the response of international cooperation to COVID-19 been sufficient (including coverage – defined as whether all those in need had access to protection support), to address the needs of refugees to enable them to exercise their fundamental rights?</p>	<p>Coverage/adaptation</p>	<p>From a global standpoint, is there evidence of adequate inclusion of support of refugee rights in general appeals/plans (including the GHRP). From a global standpoint, is there evidence of <i>adequate</i> funding refugee focused programming in the context of COVID-19 (emergency and ODA). Evidence that international cooperation activities have adapted to address the specific protection rights of refugees Evidence from a global standpoint, to the extent that patterns can be identified, of the collective response in support of refugee rights adapting to COVID-19 related constraints</p>	<p>Coverage of refugee rights and core protection in GHRP and other global appeals. Amount of ODA to top host country recipients during the pandemic. Funding and shortfalls with respect to requirements in refugee hosting country areas Trends in perceptions over time: - Perception of key protection actors on trends. -Comprehensive and intersectoral needs assessments at the country level. Inclusion of adaptation measures in appeals and programming</p>	<p>Data analysis – UNHCR dashboards GHRP data Review of financial data [Workstream 1] Desk review: Global and country level [Workstream 2] KIs and survey [Workstream 3]</p>

<p>EQ 1.2. To what extent has the GCR been utilised as a framework in the response to the needs of refugees during COVID-19?</p>	<p>Connectedness, coherence (Global)</p>	<p>At global level, is there evidence that states and other stakeholders have drawn on the principles and arrangements of the GCR in their response to COVID-19: (i) easing pressures on host countries; (ii) enhancing refugee self-reliance; (iii) expanding access to third country solutions; and (iv) supporting conditions in countries of origin for return in safety and dignity. Evidence of more equitable, sustained and predictable contributions by states and other relevant stakeholders.</p> <p>Above and beyond the GHRP and Global Appeal for COVID-19, to what extent was the GCR utilised as a platform for bringing together states, FIs and other actors in the formulation of a global level response?</p> <p>From a global viewpoint, to the extent that patterns are apparent, were country GCR Platforms established or utilised to deal with effects of COVID-19? evidence of support and investment in the implementation of pledges made by host countries at the GRF towards the inclusion of refugees in national programmes, development planning and access to services.</p>	<p>Success against individual indicators within the GCR indicator framework.</p> <p>Leadership and advocacy on the GCR during the pandemic</p> <p>Operationalisation of the GCR at different levels</p>	<p>Data Analysis [Workstream 1] GCR indicator reporting and OECD data Funding and resettlement data) Document review - universal and 27 country sample [Workstream 2] (e.g., DRC study Exploring the impact of COVID-19 on the GCR) Key informant interviews and survey [Workstream 3]</p>
<p>EQ2. How effective has been the combined response of international and national actors (states, agencies and civil society organisations) towards enabling refugees to realise their rights in the context of COVID-19 in the seven issues scoped in this ToR?</p>	<p>Effectiveness</p>	<p>Evidence of (1) focus on sustaining the pre-existing protection response, while (2) tailoring it to address the additional impact of the pandemic on the overall protection environment (3) strengthened coordination and partnerships (4) timeliness and preparedness (5) use of disaggregated data (6) attention and response to key protection issues and areas (7) the financial support provided for the maintenance of critical protection functions (8) and the role and effectiveness</p>	<p>(1) Indicators on funding levels output level narrative and indicator reporting across selected areas within GHRP/HRP/RRP/JRP plans and targets (2) Indicators on new protection related activities and output areas in 2020 and in 2021 (3) Strengthened coordination at the global (Number of EDG meetings, joint plans), regional and country levels in 2020 and in 2021 (e.g., Number of MoUs, partnerships, joint statements) (4) Timeliness of appeals, funding and implementation indicators</p>	<p>Data analysis - key protection and health data [Workstream1] Desk review: Global and country</p>

<p>EQ 2.1 Overarching question: What are the results of the international cooperation for refugees in the areas of the rights, and the effectiveness of community-based approaches? What good practices and innovations can be identified, and what were the key factors behind these?</p>		<p>of monitoring and feedback mechanisms (9) Promotion, (10) Inclusion and (11) Adaptation (12) Evidence of good practice and innovation</p>	<ul style="list-style-type: none"> - Indicators on Emergency Response preparedness, HALEP and other efforts (frequency and coverage of meetings). (5) Disaggregated data use in needs assessments and appeals and reporting at the country level. Evidence of increased disaggregated data at the agency and GHRP levels. (6) Coverage of protection issues through direct actions and mainstreaming to achieve protection outcomes (7) Level of protection funding (8) Perceptions on M&E systems in place (9) Recorded activities and results on promotion of rights (guidance, dissemination) (10) Recorded activities and results on promotion of rights (guidance, dissemination) (11) Recorded activities and results on the inclusion of refugees (12) Recorded activities and results on adaptation efforts for continued and enhanced services/support (13) Examples of perceived good practice and innovation 	<p>level (including GHRP indicators and reporting) [Workstream 2]</p> <p>Reporting against refugee plans and specific country level plans in high hosting refugee states. GHRP reporting. COVID-19: Inter Agency Coordination</p> <p>Kills and survey [Workstream 3]</p>
<p>EQ 2.1.1 Overarching question: What are the results of the international cooperation for refugees in the areas of the rights, and the effectiveness of community-based approaches? What good practices and innovations can be identified, and what were the key factors behind these?</p>	<p>Effectiveness</p>	<p>Evidence that international response has helped refugees have access to the support they need at the right time to enjoy their rights.</p> <p>Evidence of the results of international cooperation for refugees in the areas of the rights to seek asylum, protection of the right to access health, prevention and response to GBV, child protection, rights of persons with specific needs, right to access to information.</p> <p>Evidence of support to (and/or positive results from) community-based protection mechanisms/putting the capacities, agency, rights and dignity of refugees at the centre of programming Access of refugees to community-based protection mechanisms. Inclusion of RLOs in the response.</p>	<p>Data on the perception of refugees</p> <p>Success against individual indicators within the GHRP and relevant plan indicator framework</p> <p>Success against agency and country level indicator targets on Community Based Protection (CBP)/CDD</p> <p>Perceptions on effectiveness of community based-approaches/ Community-driven development in the COVID-19 response in the issue areas</p> <p>Level of inclusion of RLOs in response on related issue areas</p> <p>Examples of perceived good practice and innovation in CBP/CDD</p> <p>Number of mentions of factors in narratives on good practice and innovation Partnerships with RLOs. Level of support to RLOs Partnerships with local women's organisations.</p>	<p>Data analysis: GHRP monitoring Framework UNHCR dashboard data Desk review: Global and country level [Workstream 2]</p> <p>Kills [Workstream 2]</p> <p>Document review - universal [Workstream 1 and 3]. UNHCR ACD Evaluation. RLO surveys</p> <p>Financial analysis [Workstream 1] UNHCR data and COVID Mapping (dashboard) and data over time OHCHR qualitative data.</p> <p>Asylum Capacity Development evaluation</p>

<p>a) the right to seek and enjoy asylum;</p>		<p>Evidence of the success of advocacy efforts and adaptation of protection procedures to ensure continuity during COVID-19 / alternative adaptive response (e.g. Remote mechanisms)</p> <ul style="list-style-type: none"> (i) to open access to territory, (ii) to reverse border closures preventing persons from seeking asylum, refugees from returning (iii) reduce cases of refoulement, including pushbacks at sea (iv) to reduce backlogs and processing delays, (v) facilitate access to documentation and renewal of documents, (vi) to improve communication and information efforts both for asylum seekers and other stakeholders/important gatekeepers to facilitate access to territory/ protection. (vii) Access of asylum seekers to UNHCR; (viii) access by UNHCR and partners to asylum seekers. <p>Evidence of CBP used in core protection activities.</p> <p>Evidence of international cooperation results, good practices and innovations.</p> <p>Indirect refoulement (and this feeds into health, GBV and education) - presumption against detention and if detention is used, (especially as a quarantine measure), it is for as short a time as possible and respects duties to provide health care, that GBV is prevented and that education plans are in place.</p>	<p>Level of support to local women's organisations</p>	<p>Number of countries overall with closed borders without exceptions for asylum seekers and its evolution over time - asylum capacity support - processing delays and backlog.</p> <p>Requirements for testing as a pre-condition for arrivals for those seeking asylum. Data on backlogs and processing delays.</p> <p>Data on cases of refoulement.</p> <p>Access to relevant documentation/information</p> <p>Access to legal assistance and legal services (including hotlines); [Extent persons of concern have access to legal remedies in relation to status determination.</p> <p>Extent persons of concern have access to legal remedies in relation to their rights, including reparations of violations. refugee resettlement numbers]</p> <p>Access to a reception process/centre</p> <p>Admission practices sensitive to PoC with specific needs (AGD) promoted</p> <p>Extent to which protection actors were granted extended (or ongoing) travel rights in states under COVID, [# of border monitoring visits conducted and recorded].</p> <p>Communities' self-protection measures identified, in place/supported/able to provide information and report protection incidents.</p> <p>Adaptation: capacity building provided to support adaptation (e.g., remote RSD).</p> <p>Extent of access to alternative dispute mechanisms</p>	<p>Data analysis: UNHCR dashboard data</p> <p>Financial analysis [Workstream 1] (including Asylum Capacity Development evaluation)</p> <p>Desk review: Global and country level [Workstream 2]</p> <p>KIIs Survey [Workstream 3]</p>
		<p>Effectiveness</p>			

		<p>"Evidence that the combined response has supported refugee access to health services through partnerships to provide health services (right to a system of health services and protection on a par with nationals, including vaccines, maternal and reproductive health services) to refugees.</p> <p>Evidence that the combined response supported and adapted to 'protection sensitive arrangements for health assessments of new arrivals' (para 57 GCR) during COVID, and during voluntary repatriation or resettlement.</p> <p>Evidence of an integrated and inclusive approach advocating inclusion of refugees into national COVID preparedness and response plans and measures to overcome barriers to access health services.</p> <p>Evidence of good practice and innovation"</p>	<p>Changes in patterns of inclusion/ exclusion of refugees from public health systems. (pre-pandemic baseline data available)</p> <p>Trends in refugee utilisation of health services</p> <p>Vaccine access and vaccine coverage</p> <p>Rates of COVID vaccine roll out/coverage for refugees</p> <p>Changes in normal/critical vaccination coverage (polio, measles etc) as a result of COVID.</p> <p>Extent that refugees have access to primary, secondary and tertiary health care.</p> <p>Amount/coverage of PPE supplied to refugee centred health care facilities.</p> <p>Proportion of refugees with access to health insurance schemes (target).</p> <p>Extent refugees have access to comprehensive reproductive health services.</p> <p>Adaptation of service delivery to comply with COVID-19 related restrictions.</p>	<p>Data analysis: UNHCR Health Information System health dashboard data and GHRP monitoring</p> <p>[including - COVAX Humanitarian Buffer https://www.gavi.org/covax-facility]</p> <p>Results of UNHCR refugee inclusion survey in healthcare systems</p> <p>The Access to COVID-19 Tools (ACT) Accelerator https://www.who.int/initiatives/act-accelerator</p> <p>Desk review: Global and country level [Workstream 2]</p> <p>Kills [Workstream 3]</p>
<p>b) the right to health</p>	Effectiveness		<p>Number and proportion of countries where multi-sectoral GBV services are maintained or expanded in response to COVID-19</p> <p>Number and proportion of countries where hotlines or other remote case management/survivor support methods are introduced in order to sustain case management and PSS services in response to mobility restrictions associated with COVID-19</p> <p>Number and proportion of countries where women's</p>	<p>Data analysis: UNHCR protection dashboard data and GHRP monitoring Desk review: Global and country level</p> <p>[Workstream 2] GHRP, RRRPs, UNHCR dashboard, GBVIMS, GBV AoR, UNFPA/ UN Women, Care, IRC data</p> <p>Kills [Workstream 2]</p>
<p>c) protection from gender-based violence;</p>	Effectiveness	<p>Evidence that the combined response supported refugee access to multi-sectoral (e.g., health, PSS, security, legal/justice, education, livelihoods) GBV services, adapting services as necessary to address accessibility issues related to COVID 19, including through support to local women's networks and organisations.</p> <p>Evidence that the combined response supported GBV prevention efforts, adapted to the risks related to COVID 19 (e.g.,</p>		

		<p>increased risk of intimate partner violence due to movement restrictions), and utilising community-based responses were safe and feasible.</p> <p>Evidence that the combined response supported mainstreaming of GBV risk mitigation across all sectors of humanitarian response, adapted to the risks related to COVID 19. Evidence of GBV coordination mechanisms functioning throughout the pandemic with regular assessments and monitoring, and action plans adapted to meet the changing needs of refugee survivors and those at-risk of GBV.</p> <p>Evidence of successful advocacy, including across top levels of humanitarian leadership, for inclusion of GBV issues affecting refugees into national and subnational COVID preparedness and response plans, policies and guidance, with particular attention to those women and girls most at-risk of GBV and/or whose needs are often most overlooked in the context of COVID-19 (e.g. caregivers, women and girls with disabilities, etc.)</p> <p>Evidence of successful advocacy, including across top levels of humanitarian leadership, for increased and adapted funding for GBV to address increased/changing GBV risk related to COVID 19 restrictions.</p>	<p>organisations were supported to offer community-based GBV services as an adaptation to ensure ongoing care and support to survivors</p> <p>Number and proportion of countries where GBV prevention interventions adapted to risks related to COVID-19; and where these interventions used a community-based approach</p> <p>Number and proportion of countries where GBV risk mitigation efforts across all sectors of humanitarian response were maintained or expanded in response to COVID-19</p> <p>Number of GBV action plans related to COVID-19 produced by GBV coordination mechanisms operating in refugee settings</p> <p>Number of GBV referral pathways revised by the GBV coordination mechanisms operating in refugee settings to reflect availability of services in the changing context of COVID-19</p> <p>Number and proportion of countries with national and subnational COVID-19 plans, policies and guidance that include attention to GBV affecting refugees</p> <p>Number and proportion of countries where funding for GBV in refugee response increased as a result of global and national advocacy efforts by GBV and protection partners</p>	<p>Document review - universal [Workstream 1 and 3].</p> <p>Financial analysis [Workstream 1] FTS funding data. Kill and review of country level and regional level reporting. Feminist Humanitarian Network</p> <p>Rapid assessment on the Impacts of Covid-19 - UN Women</p>
<p>d) child protection, education</p>	<p>Effectiveness</p>	<p>Evidence that the international response has sought to maintain or increase: the proportion of unaccompanied or separated refugee children for whom a best interest process has been completed; non-discriminatory access to national child protection and social services; Evidence of that the international response has engaged in awareness-raising with respect to refugee child protection issues</p>	<p>% of children in school % of children age 2-17 years who experienced physical or emotional violence during the last months % of children age 5-14 years who are involved in child labour % of children forced into child marriage % of children with safe access to community spaces for socialising, play, learning, etc. % of identified children of concern with specific needs that are assisted</p>	<p>Data analysis: UNICEF and UNHCR protection, UNRWA and UNESCO data and GHRP monitoring Desk review: Global and country level</p> <p>[Workstream 2] GHRP, RRRPs, Child Protection alliance and Child Protection AoR, Save the Children, Plan among other sources data</p>

		and preventive and remedial action related to COVID and other concerns. Evidence of community-based child protection approaches supported. Evidence of good practice and innovation	% of UASC for whom a best interest process has been initiated or completed Extent children of concern have non-discriminatory access to national child protection and social services Extent girls and boys are protected against harmful practices # of community based child protection approaches supported Child-friendly awareness and information campaigns, hotlines Number and proportion of countries where child protection services are maintained or expanded in response to COVID-19 % of countries where technical guidance is in place to adapt essential child protection services, including Best Interests Processes, in the context of the COVID-19 restrictions # of advocacy interventions made % of refugee children and youth supported with distance /home-based learning	UNHCR child protection evaluation Blueprint for Joint Action: Briefing Paper (UNICEF and UNHCR) Kills [Workstream 2] Document review - universal [Workstream 1 and 3] Financial analysis [Workstream 1] FTS funding data Child migration/displacement and COVID-19 (UNICEF)
e) addressing the protection rights of persons with specific needs	Effectiveness	Evidence that the combined response supports refugees and returnees who are elderly, have disabilities or medical needs, or are in detention) or who have diverse needs on account of their identity and culture. Focus on women and girls due to heightened gender inequality linked to COVID-19; Evidence of good practices and innovations. Evidence of AGD sensitive community-based protection approaches supported.	% of older persons of concern who receive services for their specific needs; % of known LGBTI persons of concern who receive services for their specific needs; % of persons of concern from minorities or indigenous groups who receive services for their specific needs; % of persons of concern with disabilities who receive services for their specific needs. Assistance to returnees with specific needs including unaccompanied or separated children and elderly persons.	Data analysis: GHRP monitoring Desk review: Global and country level [Workstream 2] GHRP, RRRPs, Persons with specific needs, UNHCR, UNRWA, UNICEF, Humanity International, Helpage.
f) Access to information		Evidence of approaches aimed at ensuring refugees have access to timely and factual information, Evidence of active and meaningful two-way communication between humanitarian actors and communities of concern, in line with AAP principles. Evidence of communication/information is aid efforts:. Evidence of efforts to combat xenophobia, discrimination and stigmatisation of refugees leading to inclusion and increased protection; Evidence of international	Response indicators on communication, participation and feedback (Core Humanitarian Standard) Availability of timely and accessible information to refugees Level of refugee awareness on pandemic related risks Level of refugee awareness on risk mitigation /non-pharmaceutical measures Level of awareness of refugees of their rights and how to access services GHRP information and community engagement /CwC/C4D related indicators (e.g., on xenophobia)	Data analysis: UNICEF and UNHCR protection, GHRP monitoring UNHCR CwC information in reporting. UNICEF C4D. IFRC VCA data Desk review: Global and country level [Workstream 2] Kills [Workstream 2] Document review - universal [Workstream 1 and 3].

<p>EQ 3. Coherence: To what extent have national government, development partners and global responses aligned to ensure coherent approaches for the international protection of refugees during COVID-19 at the global, regional and country levels? To what extent was there synergy and coherence across the nexus? What were the drivers and barriers to alignment?</p>	<p>cooperation results, good practices and innovations. Scale up of communication with communities to ensure sensitisation on preventive and protective measures. AGD, appropriate methods to communicate with communities including information materials, radio spots, help lines, call centres, community outreach volunteers, and community workers- Rumour tracking efforts. Use of existing community-based protection/early warning mechanisms as well as existing feedback mechanisms Two-way means of communication. Coverage of geographic areas. Inhabited by refugees promotional messaging amongst those hard-to-reach. Main refugee host countries with supported information campaigns about COVID-19 pandemic risks and response. Community messaging about coping with distress delivered in appropriate languages using contextually relevant dissemination methods.</p>	<p>Risk Communications and Community Engagement (RCCE) Collective Service for the COVID-19 outbreak response, Community Engagement in Low Resource/Low Connectivity settings with Movement Restrictions indicators</p> <p>➤ RCCE for refugees, migrants, IDPs and host communities vulnerable to COVID- 19. CDAC. Community engagement efforts in GHRP plans.</p> <p>Positive results (or results improving over time) from surveys of attitudes towards refugees.</p> <p>Data on development and dissemination of Frequently Asked Questions, audio-visual materials on awareness in appropriate languages, use and promotion of harmonised visual materials.</p> <p>Data on efforts collecting evidence, community perceptions, insights, suggestions, feedback, rumours/myths etc.</p> <p>Analysis and recommendations for adjusting messages or mechanisms of community engagement is prevalent in a number of countries/operations</p>	<p>Financial analysis [Workstream 1] FTS funding data CEGA affiliates' data sets on views of host populations towards refugees</p>
	<p>Evidence of (1) a focus on coherent and coordinated action sustaining the pre-existing protection response, while (2) tailoring it to address the additional impact of the pandemic on the overall protection environment (3) strengthened partnerships with all national and local actors, in general and as a means of adaptation (4) the use of nexus approaches, including purposeful joint working between humanitarian and development actors (5) Promotion, (6) Inclusion and (7) Adaptation (8) Evidence of good practice and innovation</p>	<p>Strengthened coordination at the country level Strengthened partnerships at country level: use of MoUs, inclusion of national actors, joint statements) Participation of local actors in needs assessments Narrative reporting, interviews and survey identify examples of positive practice in coordination and collaboration: Between UN agencies, including the use of MOUs and other joint working norms Between international, national, non-governmental actors including communities and refugees themselves Inclusion of refugees in national structures, systems (health, education, national insurance for example).</p> <p>Records of coordination and inclusion:</p> <ul style="list-style-type: none"> • promotion of rights (guidance, dissemination) 	<p>Desk review: Global and country level (including GHRP indicators and reporting) [Workstream 2]</p> <p>Reporting against refugee plans and specific country level plans in high hosting refugee states. GHRP reporting. COVID-19: Inter Agency Coordination Kills and survey [Workstream 3]</p>

<p>EQ 3.1 To what extent has the collaborative response in support of refugee rights (including service provision as a means to supporting rights/protection) been coordinated/collaborative and fully inclusive of local response options. (Overarching question covered in sub-questions below)</p> <p>EQ 3.1.1 How effectively has the international community been at working across institutions – including UN agencies – promoting compliance with HR/refugee obligations? How, given their varying mandates and methods of working, have humanitarian organisations ensured that the protection of human rights, including the protection of essential and lifesaving services?</p>	<p>Connectedness/coordination</p>	<p>At country level, evidence that inter-agency coordination - purely with respect to international organisations - has been effective.</p> <p>Evidence of joint needs assessments as the basis for prioritised action.</p> <p>Evidence of a focus on collective outcomes.</p> <p>Evidence of the application of the application of MOUs on joint working.</p> <p>Effective coordination in UNHCR led coordination structures and evidence of UNHCRs participation on clusters and other general humanitarian coordination platforms.</p> <p>Evidence that the response in support of refugee rights been inclusive of the fullest possible range of international and national/local, non-governmental actors. This includes local NGOs, CBOs, RLOs and the use of all national response options.</p>	<ul style="list-style-type: none"> • promotion of rights (guidance, dissemination) • results on the inclusion of refugees • results on adaptation efforts for continued and enhanced services/support <p>Examples of perceived good practice and innovation</p>	<p>Desk review: Global and country level [Workstream 2]</p> <p>KIIs [Workstream 2]</p> <p>Document review - universal [Workstream 1 and 3]</p> <p>Financial analysis [Workstream 1]</p> <p>FTS funding data</p>
<p>EQ 3.1.2 How effective has collaboration been between all protection actors: – states, including federal, local and municipal governments), international actors (including mandated protection agencies), United Nations agencies, INGOs and intergovernmental bodies, and national, non-governmental actors, including NGOs, community organisations,</p>	<p>Coherence / nexus</p>	<p>Adaptation through local partnerships to COVID-19 related access constraints [this might include the use of refugee health workers, teachers, RLOs, remote working practices – while avoiding the transference of risk.]</p> <p>Coherence and collaboration on mixed migration movements during the pandemic response.</p>	<p>Adequate inclusion of support of refugee rights in general appeals/plans (including the HRPs and other non-refugee specific appeals).</p> <p>References in interviews and survey to inclusion/prioritisation of refugee rights.</p> <p>References to the use of inter-agency MOU's.</p> <p>References to the positive use of UNCT's and other UN coordination modalities in supporting refugee programming.</p> <p>Instances of prioritisation of UN led pooled funding instruments (notably CERF) towards refugee programming</p>	<p>Desk review: Global and country level [Workstream 2]</p> <p>KIIs [Workstream 2]</p> <p>Document review - universal [Workstream 1 and 3]</p>

<p>communities, RLOs and refugees themselves.</p> <p>To what degree have organisational responses been complementary and aligned?</p> <p>Have existing mechanisms proven effective and sufficient in promoting cooperation and coherence? What are the implications and what more could have been done?</p>	<p>Evidence of coordination and planning within and between humanitarian and development sectors.</p> <p>Evidence of co-operation with government, federal, municipal and local governments (this includes the inclusion of refugees into national health, education and social protection systems - detailed in EQ2 above), UN CCA/ UNSDF and national development strategies amended for/targeted towards COVID-19 are inclusive of refugees;</p> <p>Evidence of the inclusion of IFIs in strategy discussions and financing (including coordination platforms that invoke the GCR)</p>	<p>Levels of inclusion of refugees in national systems, programmes and structures (linkage with thematic areas under EQ2) Inclusion of COVID-19 related refugee programming in resilience platforms.</p> <p>Level of inclusion of local actors (including communities and refugees) in needs assessment exercises.</p> <p>Levels of funding for local partnerships</p> <p>Positive perceptions of coordination structures and practices across partner types</p> <p>Local/national actors have positive perceptions of transparency and inclusivity in decision-making and planning</p> <p>Partnerships established with development actors at national and regional levels; # of capacity building interventions.</p>	<p>Financial analysis [Workstream 1] FTS funding data</p> <p>Testimony from RLOs and from refugees.</p>
<p>EQ 3.2.2 How aligned have assistance and advocacy efforts been to promote applicable international norms, standards and international refugee law?</p>	<p>Evidence of the balancing / combining of the safeguarding the physical and legal protection of refugees / the efforts of humanitarian agencies, the UN, the Red Cross/ Red Crescent, human rights defenders, refugee advocacy groups?</p>	<p>Perceptions of key protection actors on level of cooperation and results.</p> <p>Perceptions of key protection actors on promotion efforts</p> <p>Perception of protection actors and refugees on adaptation efforts</p> <p>Collaboration with National Human Rights Institutions.</p>	<p>Data analysis - financial data [Workstream1]</p> <p>Desk review: Global and country level [Workstream 2]</p> <p>Kilis – focus on global level and survey [Workstream 3]</p>

Annex 3 Management Group and Reference Group composition²

This evaluation was managed by the Evaluation Units of UNHCR, Ministry of Foreign Affairs of Finland, Governments of Colombia and Uganda, and the humanitarian system network, ALNAP, and chaired by David Rider Smith of UNHCR. As the evaluation was carried out under the auspices of the COVID-19 Global Evaluation Coalition, the OECD DAC Evaluation Network Secretariat provided technical and logistical support to the evaluation process.

The Reference Group for this evaluation was co-chaired by Gillian Triggs, United Nations Assistant Secretary-General and Assistant High Commissioner for Protection at UNHCR, and Susanna Moorhead, the elected Chair of the OECD DAC.

The Reference Group is composed of actors in the international protection, humanitarian policy, and research spheres who can both assist in shaping the evaluation and act as a conduit to a wider, relevant audience. The Reference Group will provide strategic advice to the evaluation team about the policy context and approach to ensure it delivers high quality evidence which are relevant to needs of decision makers.

2. As outlined in the 'Brief Note: Joint Evaluation of the Protection of the Fundamental Rights of Refugees during the COVID-19 Pandemic'. April 2021. COVID-19 Global Evaluation Coalition

Annex 4 List of interviewees

Organisation	Name	Role
COVID-19 Team CP	Timothy Williams	Co-lead COVID-19 Team CP Alliance
CP Alliance	Hani Mansourian	Lead CP Alliance
ICRC	Tim Brown	Head of Unit for Relations with the Arms Carriers (FAS)
ICRC	Angela Cotroneo	Global Adviser on Migration Issues
IMC	Micah Williams	GBV Specialist
Independent Consultant	Amanda Harvey-Dehaye	Health Specialist
Independent Consultant	Marcy Hersh	GBV Specialist
IOM	Monica Noriega	GBV Specialist
IOM	Agnes Olusese	GBV Specialist
IRC	Sara Magber	CP Technical Advisor
IRC	Sarah Moseley	GBV Specialist
Ministry of Foreign Affairs of Denmark	Lone Thorup	Chief Advisor, Department of Humanitarian Affairs
MSF	Sean Healy	Head of Reflection and Analysis
MSF	Paul Harvey	Reflection and Analysis
MSF	Nwankwo Maryjane Chinwe	Administrative Assistant
PRM	Kelly Loewer	Education and Child Protection Programme Officer
Save the Children	Steve Morgan	Director, Migration and Displacement Initiative
UNFPA	Emily Krasnor	Technical GBV Specialist
UNICEF	Tasha Gill	Senior Advisor CPiE
UNICEF	Catherine Poulton	Gender-based violence in emergencies manager
UNICEF	Sunita Palekar Joergensen	Regional GBV Specialist
UNHCR	Rebecca Telford	Chief of Education
UNHCR	Periklis Kortsaris	Chief, Refugee Status Determination (RSD) Section, Division of International Protection (DIP)
UNHCR	Marian Schilperoord	Deputy Director, Division for Resilience and Solutions (DRS)
UNHCR	Charles Mballa	Head of Bureau Protection Services, Regional Bureau east, Horn of Africa and Great Lakes (RBEAHGL)

UNHCR	Valerie Svobodova	Senior Liaison Officer (Human Rights), DIP
UNHCR	Madeline Garlick	Senior Legal Coordinator, DIP
UNHCR	Catherine Hamon Sharpe	Senior Adviser to the Director, DIP
UNHCR	Kathryn McCalister	Protection Officer, DIP
UNHCR	Vincent Kahi	Senior Public Health officer, Pakistan
UNHCR	Maria Cecelia Lopez	Senior Public Health Officer, Regional Bureau for the Americas (RBA)
UNHCR	Constanze Quosh	Senior GBV Officer, DIP
UNHCR	Richard Grindell	Senior Protection Officer, RBE-AHGL
UNHCR	Maria Bances del Rey	Senior Protection Coordinator, RBA
UNHCR	Emily Bojovik	Senior Protection Officer, Regional Bureau for Asia and the Pacific (RBAP)
UNHCR	Clifford Speck	Protection Officer, Child Protection (CP) and Gender Based Violence (GBV), DIP
UNHCR	Katie Drew	Innovation Officer, Innovation Service
UNHCR	Emilie Page	Senior SGBV Officer, DIP
WHO	Dr Santino Severoni	Coordinator Public Health and Migration and area programme manager, Division of Policy and Governance for Health and Well-being
WHO	Rits Sa Machado	Policy Advisor at the Health and Migration Programme

Annex 5 Financing of the global response

This section considers the extent to which the collective support of international cooperation to refugee rights within the COVID-19 response has been sufficient. This global level analysis begins with the discussion of coverage focusing on funding.

International financing for refugees in times of COVID-19: The global picture

Overall funding data suggests that donors increased their level of humanitarian funding during the pandemic, although this rise in funding was not at pace with the increased level of appeal requirements. The international community initially responded to the foreseen increased humanitarian needs resulting from the pandemic through the COVID-19 GHRP. The GHRP covered countries and refugee host countries included in Refugee Response Plans (RRPs), and it was launched on March 25th 2020 and updated in May 2020. The initial US\$6.7 billion funding requirements needed in May 2020 to implement the response, were revised to \$10.26 billion in July 2020. In 2020, according to the Financial Tracking Service data³, funding for UN-led humanitarian appeals reached a record high with US\$19bn, yet at the same time these appeals were seeing the lowest levels of coverage in its history. This was due to the sharp increase of appeal requirements, up by 39% from the pre-pandemic levels to US\$39bn (US\$37bn in 2021, a 36% increase from the 2019 levels).

Donors generally increased their levels of funding to multilaterals to help swiftly respond to the pandemic and provided additional flexibility. This approach was also in line with the COVID-19 GHRP that planned for almost all the allocation of the funding to be channelled through UN agencies. Relatively speaking, however, there was no significant increase in funding to NGOs (national and/or international). The revised GHRP added \$300 million as a supplemental envelop for NGOs, on top of the over \$8 billion in country-level requirements in an effort to enable NGOs to quickly act to the evolving needs on the ground to respond to the pandemic. A review of UN-HCR funding data suggests that although the organisation has been steadily allocating a greater proportion of its funding to local actors over time, this trend was not accelerated during the pandemic. A review of funding reported against the GHRP and RRP shows that direct funding to NNGOs remains relatively low: only the Bangladesh and Syria RRP show funding to NNGOs.

Interviews suggest that the response revealed the need for greater work on needs-based funding amounts, effective partnerships and mechanisms through which funds reach local partners.

3. Based on data by UN OCHA Financial Tracking Services, last accessed on 17 November 2021.

ANNEXES OF THE JOINT EVALUATION OF THE PROTECTION OF THE RIGHTS OF REFUGEES DURING THE COVID-19 PANDEMIC

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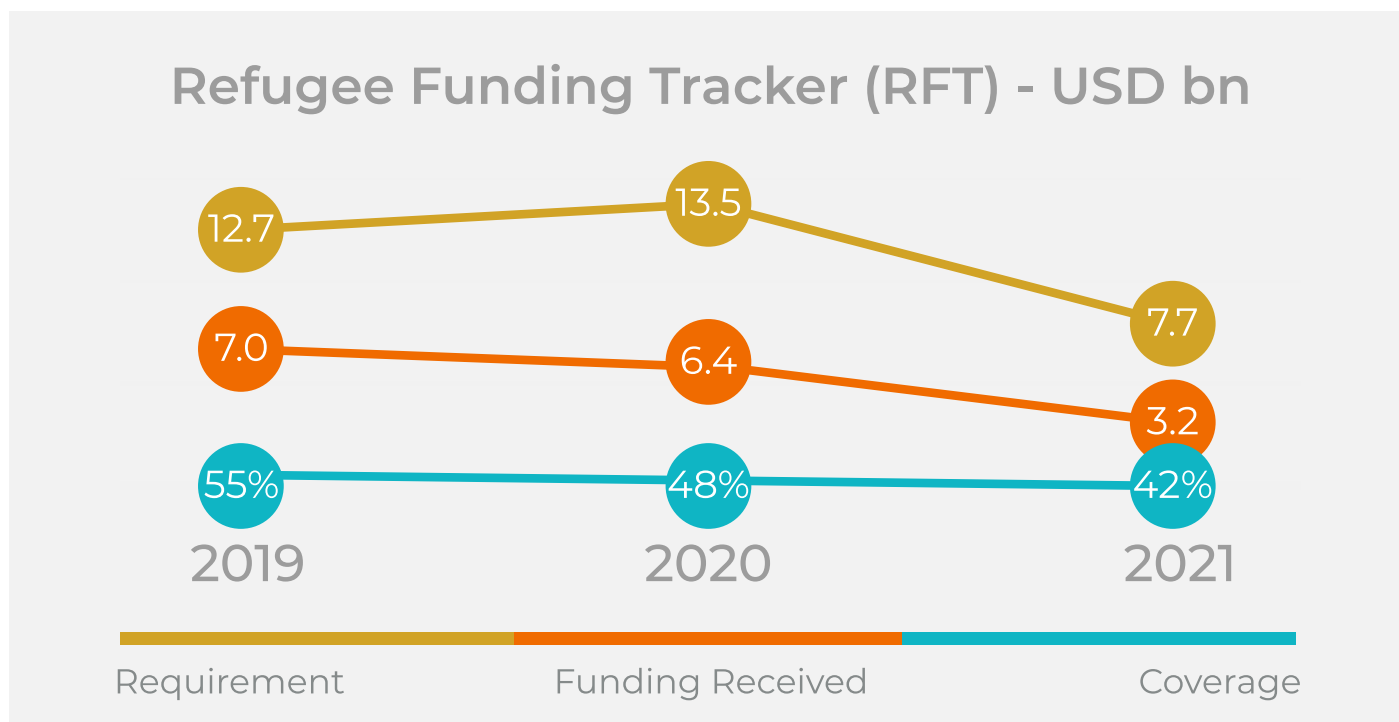
www.covid19-evaluation-coalition.org

UN appeals – HRPS and RRP

In 2020, funding for UN-led appeals reached a record high with US\$19bn⁴, yet at the same time appeals were seeing the lowest levels of coverage in its history. This was due to the sharp increase of appeal requirements, up by 39% from the pre-pandemic levels to US\$39bn (US\$37bn in 2021, a 36% increase from the 2019 levels). The swell in appeal requirements reflects both the increasing needs in existing emergencies, as well as the surge of new crises: there were nineteen new appeals in 2020, seventeen of which were solely in response to the impacts of the pandemic, while requirements for countries experiencing protracted crises in 2020 grew on average by 39% compared to 2019. ⁵ Half of the appeals needs went unmet in 2020 (up by 13% from the previous year). For 2021, 54% of needs were still unmet as of mid-November.

In the same period, support for RRP was also struggling to keep pace with the needs: funding was down both in absolute and relative terms, and coverage dropped to 48% (down from 55% in the pre-pandemic period).

Figure 1 Funding trends reported to the Refugee Funding Tracker as of 19 November 2021 (in USD bn)



4. Based on data by UN OCHA Financial Tracking Services, last accessed on 17 November 2021.

5. Development Initiatives, Global Humanitarian Assistance Report 2021: Executive Summary, <https://devinit.org/resources/global-humanitarian-assistance-report-2021/executive-summary/>

ODA and humanitarian assistance overall figures

Preliminary ODA data from members of the Organisation for Economic Cooperation and Development's Development Assistance Committee (OECD DAC) indicated that it rose to an all-time high of US\$161.2 billion in 2020, up 3.5% in real terms from 2019. The DAC sees such rise as being driven by additional spending mobilised to help developing countries grappling with the COVID-19 crisis and concludes that ODA has remained resilient in times of crises.⁶ Based on preliminary figures, humanitarian aid from DAC donors rose by 6% in 2020. However, according to Development Initiatives' Global Humanitarian Assistance Report 2020, international humanitarian aid – which takes into account funding from non-DAC donors, domestic spending by affected countries on emergencies within their own borders, as well as private financing, has plateaued for a third consecutive year, thus not keeping pace with the sharp increase in humanitarian needs resulting from the spread of COVID-19 and the subsequent worldwide pandemic. International humanitarian assistance was US\$30.9bn in 2020, barely up from the US\$30.8bn the previous year and down from the US\$31.3bn in 2018.⁷

Funding for refugees in donor countries

The one area where OECD DAC ODA underperformed in 2020 was funding for refugees in donor countries, down by 9% in real terms from 2019 (based on preliminary data) and 40% since 2017. OECD DAC reporting guidelines allow spending by donors on refugees in their country to be recorded as ODA only for the first 12-months after their arrival in country.⁸ UNHCR warns that following the pandemic, resettlement numbers are at a record low. Despite an estimated 1.44 million refugees in urgent need of resettlement globally, just under 23,000 were resettled in 2020 – the lowest resettlement numbers recorded in almost two decades and an 80 percent reduction from 2019.⁹ If new arrivals are severely limited, then under the “12-month rule”, funding for refugees in donor countries is bound to decrease, and if this trend is indeed the one driving the decrease in funding figures, then those are expected to continue to drop in 2021 as well.

6. OECD ODA 2020 preliminary data, 13 April 2021: <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/official-development-assistance.htm>

7. Development Initiatives, Global Humanitarian Assistance Report 2021: Executive Summary

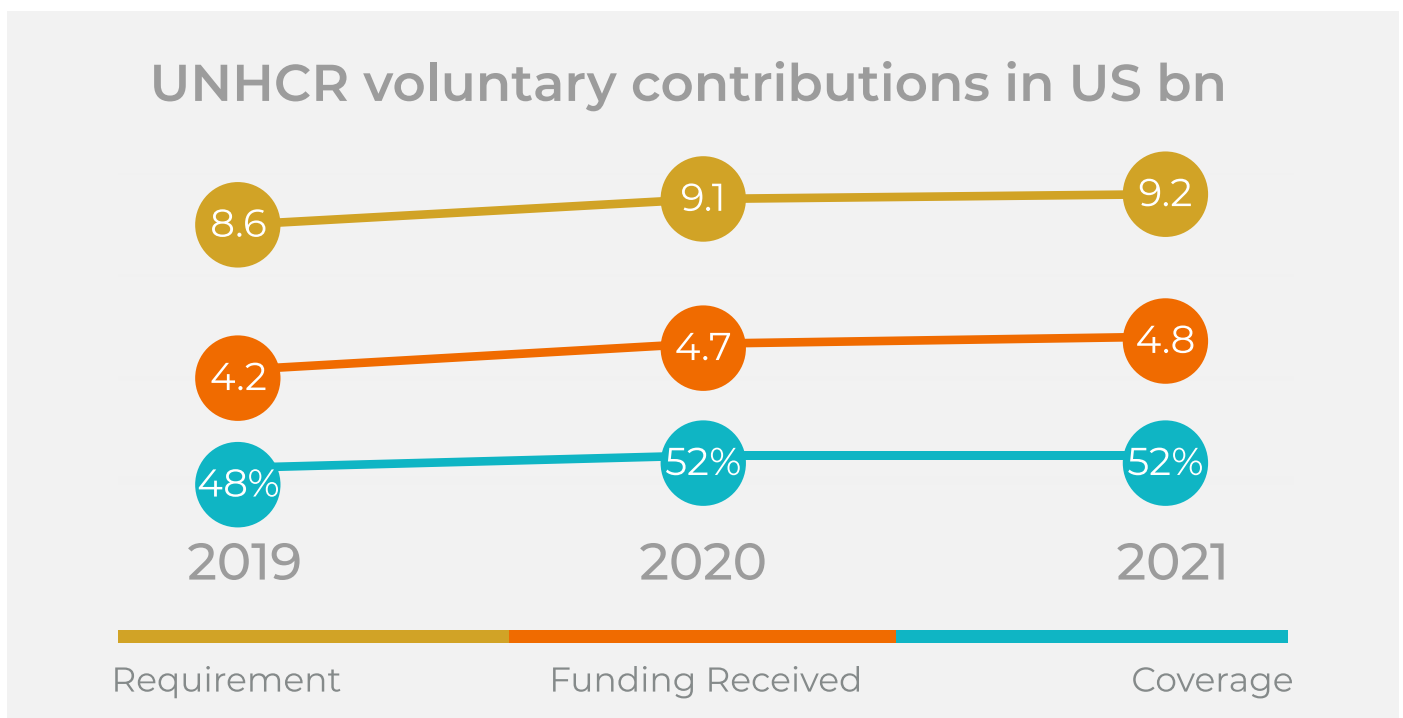
8. See OECD DAC, In-donor refugee costs in ODA: <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/refugee-costs-oda.htm>

9. UNHCR, Facts and Statistics: How the coronavirus pandemic has affected refugees and displaced populations: <https://www.unrefugees.org/news/facts-and-statistics-how-the-coronavirus-pandemic-has-affected-refugees-and-displaced-populations/>

Contributions to specialist organisations

Funding for UNHCR reached historic levels in 2020 and coverage of the UNHCR budget was reached 52%, up by 4% from the pre-pandemic levels, indicating strong support for UNHCR. In-kind contributions trebled in 2020 and as of the end of the third quarter contributions were coming at a faster rate than in the previous year (i.e., indicating increased timeliness of funding).

Figure 2 Voluntary contributions to UNHCR based on data from the UNHCR Global Reports for 2019 and 2020, and the Global Funding Overview for 2021 (in USD bn)



In late April 2020 UNHCR amended its 2020 budget to include an additional US\$404m for the COVID-19 emergency. A dedicated appeal for the COVID-19 emergency was launched in May 2020, seeking a total of US\$745m for the emergency. By the end of the year, 66% of the UNHCR 2020 COVID -19 appeal was funded, compared to 40% of the GHRP. UNHCR is seeking US\$924m for the COVID emergency in 2021. As of 9th of November, the appeal was 49% funded.

Allowing for context and country-by-country variations, the figures seem to suggest that UNHCR's work with refugees has not been negatively impacted by the emergency. UNRWA financing trends is more uneven, but it seems to indicate that it also is keeping pace with the crisis.

