

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

February 2021

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.



Ministry for Foreign
Affairs of Finland



OFFICE OF THE PRIME MINISTER

Introduction

1. The ability of refugees to exercise their rightsⁱ is being challenged during COVID-19. In addition to the particular concern around the closure of bordersⁱⁱ, 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 organizations and actors, including refugees themselves, towards enabling refugees to realize 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 organizations 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 Systemwide 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^{iv} 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 recognizes 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^v, (*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^{vi}, will be in scope, but in particular international cooperation, including the role and impact of advocacy by States, international and national organizations; 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) and sexual and reproductive health and rights (SRHR).* Prevention and response to GBV is a critical activity during the COVID-19 situation, with UN and civil society organizations 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 sensitization 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 specialized 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 organizations, 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;
 - b. To determine the effectiveness of the international response, in support of States, and with civil society organizations and refugees themselves, towards enabling refugees to realize their rights in the context of COVID-19.
 - c. 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 mobilized. 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 organizations, civil society organizations, including refugee-led organizations, 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 specialized* – 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 specialized* – 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 recognized 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 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 utilized 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 organizations) towards enabling refugees to realize 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 and SRHR, 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?

- c. **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 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 organizations, 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 organizations 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, minimize 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; minimizing 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 organizational 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 organizations 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) utilize 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^x.

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. They 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 analyze 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 minimize errors. The final deliverables in this phase are validation completed with all country case studies along with meeting notes.
- d. **Report drafting and finalization:** 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 finalized 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 1. Details of the COVID-19 Global Evaluation Coalition

The Coalition is an independent collaborative project made up of the evaluation units of countries, United Nations organisations and multilateral institutions. The OECD DAC Evaluation Network (EvalNet) Secretariat provides facilitation, research and communication support to the Coalition. The Coalition aims to provide credible evidence to inform responses to and recovery from the COVID-19 pandemic, helping to ensure that lessons are learned and that the global development community delivers on its promises.

Participants

The Coalition is made up of the central, independent evaluation units (or other suitable research or accountability entity) from countries and multilateral institutions:

- Australia, Belgium, Canada*, Colombia, Czech Republic, Denmark, Finland, France, Germany*, Iceland, Ireland*, Italy, Japan, Luxembourg, Netherlands, Norway, Spain, Sweden, Switzerland*, Uganda, United Kingdom, United States*
- Asian Infrastructure Investment Bank (AIIB), ADB*, AfDB, EBRD, IADB, IMF, World Bank IEG
- ALNAP, GAVI, FAO, IFRC, ILO, IOM, OHCHR, OIOS, UNDP*, UNESCO, UNFPA, UNHCR, UNICEF*, UNIDO, UNOCT, UN Women, WFP, WHO

* Denotes members of the Core Group.

Objectives

The Coalition aims to gather and communicate lessons from both individual evaluations carried out by the participants, and collaborative – or joint – evaluations of the COVID-19 response and recovery efforts. To the extent possible, the Coalition evaluation evidence for the response and recovery efforts as they are ongoing, making this “real time” work. In addition, ex-post evaluations will look at longer-term effects and allow for more in-depth analysis.

Collaborative approach

The approach to evaluating COVID-19 efforts should be commensurate with the scale of the crisis, and the unique learning opportunities and accountability challenges this presents. In this context, the specific value of the Coalition lies in providing:

- **Shared learning:** The Coalition will share lessons and proactively connect evaluation findings with decision makers (and other audiences), to maximize use of evaluation findings.
- **Better quality:** To improve evaluation quality and harmonisation, the Coalition will develop common frameworks, tools and approaches.
- **Objectivity:** Evaluation findings will have greater clout and credibility if undertaken with partners, using international standards. The Coalition is committed to transparently communicating findings, including with the broader public, to support mutual accountability.
- **Broader scope:** A collaborative approach provides broader scope to cover important issues that could not be covered by individual evaluation units alone, such as understanding collective results, and analysis of critical questions of coherence and co-ordination.
- **Efficiency:** The evaluation units involved will benefit from reduced costs by avoiding duplication and sharing resources.

Guiding principles

The work of the Coalition will be guided by core values of credibility and usefulness, undertaken in a spirit of partnership. We take the approach of “first, do no harm”, and will be careful not to add to the burden of partners and implementers or detract from life-saving work that is underway. We are mindful of the unique circumstances of this work, including the effects of trauma. We are also committed to supporting evaluations that have a well-defined audience and purpose, which are focused on a few key questions, and produce useful, concrete lessons communicated in easily understandable ways. The Coalition’s work complements research and monitoring, focusing on causal effects and answering evaluative questions.

Annex 2. Timeline for the Evaluation

TABLE 1

Activity	Deliverable and payment schedule	Indicative timeline	# of estimated working days
Inception Phase			
Initial briefings with MG and other key stakeholders		Start Month (1)	5
Undertake initial document review; country case selection; mapping of key actors and rights and areas of international cooperation; interviews with stakeholders	Summary notes as relevant.	Month 1	25
Submission of draft inception report	Draft inception report, including refined key evaluation questions and relevant sub-questions; country case selection; evaluation matrix, proposed detailed methodology, data analysis plan, workplan with deliverables, final report outline.	Month 2	15
Submission of the final inception report	Final inception report – including methodology, refined evaluation questions (as needed) evaluation matrix, data analysis plan and draft outline of the final evaluation report. <i>Payment – 20%</i>	Month 2	5
Est Sub-Total Days			50
Data Collection Phase			
Stakeholder interviews and document review	Virtual data collection	Months 2-3	80 (20 days general, 10*6 for case studies)
Field missions to country case studies (5-6 ¹)	Data collection at country level Debrief presentation in-country with key stakeholders at the end of the mission Field visit summary recapping major activities, preliminary findings/areas requiring further analysis, challenges encountered and next steps (8 pg.max) <i>Payment – 30%</i>	Months 3-4	96 (6*16 days)
Est Sub-Total Days			176

¹ Using in-country consultants, and if travel possible, supported by international consultants (if not, then supporting virtually)

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

Activity	Deliverable and payment schedule	Indicative timeline	# of estimated working days
Data analysis and internal sensemaking Phase			
Data analysis and synthesis	Refined data analysis plan	Month 5-6	80 (20+6*10)
Validation workshops (live or virtual) of the preliminary findings for key stakeholders in each country case study	PowerPoint presentations per case study; meeting notes	Month 6	12 (6*2)
1 virtual workshop with the Reference Group of the preliminary findings	PowerPoint presentation; meeting notes <i>Payment 25%</i>	Month 7	4
Est Sub-Total Days			96
Report Drafting and Finalization Phase			
Submission of draft report for each country case study and a synthesis write-up of analysis from global and country levels	Country case study reports (max 20 pg.) and overall report max 60 pages	Month 8	80 (20+6*10)
In-person briefing with MG and on line with RG	PowerPoint presentation; meeting notes	Month 9	2
Submission of final reports and Executive Summary	Country case study reports (max 20 pg. each with executive summary) Synthesis report of findings (max 60 pg.) Stand alone Executive summary in French and English. <i>Payment 25%</i>	Month 9	28 (3*6+10)
Est Sub-Total Days			110
Dissemination and Management Response Phase			
Presentation(s)	Preparation and presentation for high level panel side session	Month 9	10
Draft communication materials-briefs, etc.		Month 9	10
Est Sub-Total Days			20
OVERALL ESTIMATED TOTAL NUMBER OF DAYS*			452

*This is an estimate of the working days required to deliver the required outputs. It is intended as a guide to the evaluation teams submitting proposals. Recognizing that each output will require a different balance and level of inputs from team members, the overall total may vary, and evaluation teams will need to specify the expected level of effort of each team member (person-days) and calculate the total number of days worked for the team.



Annex 3. Country Case Studies and considerations for selection

The primary focus will be on choosing countries for case studies that illustrate diverse protection challenges and approaches including: countries representing different asylum systems, various causes of displacement, areas where there are unique country and regional contexts, and any innovations or adaptations that could be scalable or replicated in order to also capture good practices.

The evaluation team will be expected to have networks with in-country evaluators, as the case studies will include data collection and interviews with local stakeholders; although part of the work may also consist of desk-based reviews. The consultants will need to be able to work with local stakeholders in relevant languages (French, Spanish, Arabic, etc).

Suggested country case study selection criteria may include:

- A particular focus on refugee hosting countries (rather than countries of origin or transit countries) in order to limit the scope and make the evaluation manageable in the time available
- Number of refugees/ returnees as a percentage of population (including number of returnees and estimated number of people in transit)
- Countries expressing interest in participating actively in the evaluation
- Countries where there are key protection considerations for refugees, such as where there are:
 - particular issues related to protection and obvious areas for improvement
 - good case examples/ opportunities to highlight good practices and examples of innovation
 - evidence that COVID-19 has had a particular impact on refugees and displaced populations
 - countries that have implemented unique policy responses and/or where there are examples of how policies and practices have impacted particular groups (ie. Women, children, people with disabilities, etc)
 - countries that offer evident examples of contrasting approaches and policies

A final consideration will be to draw upon the opportunity presented by the diversity of members in the evaluation Management Group.

The evaluation team will be required to finalize the list of selection criteria outlined above, making any additions or modifications, as need. This should balance the aim of analytical representativeness of case studies, with practical considerations and feasibility, and both will need to be assessed by the evaluation team. The final selection of country case studies and the background material for selection, will need to be approved through consultations with the MG.

ANNEX 4. Team Qualifications and Composition

Qualifications

Functional requirements for an evaluation team comprising multiple team members. The evaluation team should be able to work in English, French, and Spanish. The team should be gender and geographically balanced, drawing on expertise from each region. The Evaluation Management Group (and UNHCR as the lead agency) encourages bidders to establish relationships with local consultancy/evaluation firms as part of this bid.

Evaluation Team Leader and Subject Matter Specialist*

- A post-graduate degree (ideally Ph.D.) in international refugee law or human rights and justice
- Minimum of 20 years of experience conducting policy research at global, regional and country level.
- Expertise and experience leading large evaluation/review teams
- Recognized international expert on refugee rights, asylum issues and/or other areas in scope in this evaluation (GBV, children/child protection)
- Demonstrated experience and understanding of UN or other large organizations/ governments.
- Working knowledge in rights and refugee protection across several geographic regions of the world.
- High proficiency in English; additional language expertise in Spanish or French preferable.

Evaluation and Institutions Specialist*

- A graduate degree in International Affairs/Relations, Economics, Sociology, or area related to the subject of the evaluation.
- Minimum of 15 years of experience conducting large global, regional, and country-level centralized evaluations.
- Demonstrated expertise and experience in national institutions / political economy and evaluating capacity development
- Demonstrated experience and understanding of UN or other large organizations/ governments.
- Proven experience in successfully leading an evaluation/research team and managing team members remotely.
- In-depth knowledge of and proven experience with various data collection and analytical methods and techniques used in evaluation and operational research.
- Previous evaluation experience in a wide range of geographic regions.
- Experience leading a team comprising international and national team members.
- Strong facilitation/presentation skills with experience presenting to senior executives.
- High proficiency in English; additional language expertise in Spanish or French preferable.

*The team leader may be the subject matter specialist or the evaluation / institutions specialist depending on the individual concerned and the overall balance of the team.



Evaluation Team Members (Minimum Qualifications)

- Graduate degree in International Affairs/Relations, Economics, Social Science, Law, or other relevant area plus a minimum of 8 years of relevant professional experience for the evaluation specialist and 4 years for the data analyst.
- Proven experience (minimum 8 years) in research or evaluation, carrying out mixed methods evaluations or research.
- Deep knowledge and experience of refugee protection and/or GBV, child protection issues in one or more of: Sub-Saharan Africa; Europe (including Central and Eastern Europe); Middle-East / North Africa; Americas; Asia-Pacific; Australasia
- Fluency (spoken and written) in principle international language(s) in one or more of the above regions (notably Spanish and/or French) in addition to high proficiency in English
- Expertise in carrying out qualitative and quantitative data collection and rigorous analysis for evaluation purposes.
- Strong expertise in facilitating workshops aimed at sensemaking, data interpretation and synthesis across multiple data sources and types.

Evaluation team selection criteria and bid requirements

Technical criteria used to evaluate proposals will comprise 70% of the total score while the remaining 30% is based on the financial offer. The Technical offer will be evaluated using the following criteria:

- Proposed services: Approach and methodology to the evaluation
- Team Composition and Strength: Number of people, qualifications and relevant experience

The bid should include the following components:

- a. Proposed services: A statement detailing the methodology and tools you propose for this evaluation, important constraints/risks to the evaluation study that should be taken into consideration and mitigation strategies, expected level of effort (# of days and team size) and what quality assurance measures would be taken.
- b. Team Composition and Strength: Bidders should indicate the composition and qualifications of each proposed team member; their role and past experience working together in carrying out this type of evaluation as well as additional resources within the company that could be tapped into in future years as needed. Please submit the names and CVs of all proposed members.
- c. One example evaluation report from previous work that demonstrates relevant experience to the requested services in this TOR

Endnotes:

ⁱ Enshrined in various international and regional instruments, including the 1951 Refugee Convention; Universal Declaration of Human Rights; the African Charter on Human and People's Rights and the Charter of Fundamental Right of the European Union.

ⁱⁱ As of 6 July, 168 countries had fully or partially closed their borders to contain the spread of the virus of which well over half are making no exception for people seeking asylum. This dropped to 67 countries where access to territory is still being denied as of December 2, 2020, and a further 24 where access to data remains pending. Source: https://im.unhcr.org/covid19_platform/

ⁱⁱⁱ The GCR establishes an architecture for a more equitable and predictable sharing of the burden and responsibility for hosting and supporting the world's refugees. It seeks to mobilize the international community as-a-whole for improved responses to refugee situations, including through the inclusion of refugees in national systems and services. Sharing responsibility for protection, assistance, and solutions for refugees, lies at the heart of the GCR, which is grounded in the international refugee protection regime and guided by international human rights and humanitarian law. Drawing on the objectives of the Compact, a number of COVID-19 specific issues are in scope, as outlined below:

- Easing pressures on host countries focuses on burden and responsibility sharing, recognizing that the challenges posed by COVID-19 require short-, medium- and potentially long-term international cooperation. This implies the provision of additional resources and support from the international community including investment, financing, material and technical assistance to low- and middle-income refugee-hosting countries. During COVID-19, from a protection perspective, this implies prioritizing and follow-through on commitments and pledges (despite domestic priorities and needs) in a range of areas, including support to adapt asylum systems to the realities of COVID-19 so that they can continue to identify and protect persons of concern in need of international protection
- Enhancing refugee self-reliance seeks to ensure that refugees are able to actively participate in the social and economic life of host countries. There is a clear link between ongoing engagement with national authorities about refugee inclusion and access to national healthcare, social protection, livelihoods, and education systems, and rights such as the freedom of movement and the need for restrictions on it to be lifted appropriately. This is particularly true for refugees in non-camp settings, such as urban areas, where movement and access are more challenging.
- Expanding access to third country solutions focuses on refugees in need having access to opportunities for resettlement in or complementary pathways to an increasing number of countries. This third objective of the GCR provides a framework to discuss both the challenges presented to normal resettlement channels and complementary pathways in line with the GCR's three-year strategy (2019-21).
- Supporting conditions in countries of origin for return in safety and dignity addresses the support required, including resources, to establish the conditions that must be present for return in safety and dignity to occur. Within the context of COVID-19, where a number of countries have returned asylum seekers to their country of origin, risking refoulement or return to unsustainable conditions of safety, the GCR provides the framework to keep discussions around voluntary repatriation in the context of a global emergency as well as its longer-term impacts in the fore, at a time when much of the focus has become short-term and emergency.

^{iv} The cornerstones of the international protection regime are the 1951 Refugee Convention and its 1967 Protocol. The 1951 Convention recognizes the refugee's right to remain and right to return, the principle of non-refoulement, and the right of first asylum, it also defines minimum standards of treatment for refugees and outlines determination procedures and eligibility criteria for refugee status. The Global Compact on Refugees, affirmed by the UN General Assembly in 2018, is the latest addition to the international regime; it seeks to enhance international cooperation with a view to enhancing the overall operation of the international protection regime.

^v This also includes protection from arbitrary detention for those in reception and those in the country. Growing use by some nations of immigration detention for asylum seekers and their families for disproportionate periods that become arbitrary contrary to human rights.

^{vi} Some countries have been creative in enabling asylum claims by adopting remote, digital technologies for registration, interviews, submission of documents, quarantine measures, flexible timelines for documentation and visa extensions (citation from endnote iii).

^{vii} As noted by a number of speakers at the Global Protection Cluster High Level Event: the State of Protection in the COVID-19 Era, including Jan Egeland, Secretary-General of the Norwegian Refugee Council and William Chemaly, Global Protection Cluster Coordinator.

^{viii} See for example: Cosgrave and Buchanan-Smith (2017) *Guide de l'Evaluation de l'Action Humanitaire* (London: ALNAP) and Beck, T. (2006) *Evaluating Humanitarian Action using the OECD DAC Criteria* (London: ALNAP).

^{ix} The final evaluation report will be in English and should include an executive summary in French, Spanish and English.