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

Inception Report

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Submitted by Itad and Valid Evaluations

VALID EVALUATIONS

itad

Acknowledgements

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Contents

List of acronyms

AGD	Age, Gender and Diversity
DIP	Division of International Protection
DRC	Danish Refugee Council
DRS	Division of Resilience and Solutions
EQs	Evaluation Questions
FTS	Financial Tracking Service
GBV	Gender-based violence
GCR	Global Compact on Refugees
GDS	Global Data Service
GHRP	Global Humanitarian Response Plan
GIMAC	Global Information Management, Assessment and Analysis Cell
GRF	Global Refugee Forum
HRLU	Human Rights Liaison Unit
IASC	Inter-Agency Standing Committee
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICRC	International Committee of the Red Cross
IDP	Internally Displaced People
IFRC	International Federation of Red Cross and Red Crescent Societies
INGOs	International Non-Governmental Organisations
JDC	Joint Data Centre
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
NGOs	Non-Governmental Organisations
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance

OECD DAC	Organisation for Economic Cooperation and Development's Development Assistance Committee
OHCHR	Office of the High Commissioner of Human Rights
PPLA	Protection Policy and Legal Advice
QA	Quality Assurance
RLOs	Refugee-Led Organisations
RSD	Refugee Status Determination
RRRPs	Regional Refugee Response Plans
SRHR	Sexual and Reproductive Health and Rights
ToR	Terms of Reference
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNHCR	United Nations High Commissioner for Refugees
UNRWA	United Nations Relief and Works Agency for Palestine Refugees
VTC	Video-teleconferencing
WHO	World Health Organisation

1 Introduction

1.1 Introduction and outline of the report

The COVID-19 pandemic has exacerbated the challenges faced by refugees across the globe in exercising their rights. It has also placed a significant burden on the collective response in support of the protection of the rights of refugees.

This *Joint Evaluation of the Protection of the Fundamental Rights of Refugees during the COVID-19 Pandemic* was commissioned under the auspices of the COVID-19 Global Evaluation Coalition (referred to hereafter as the 'Evaluation Coalition'). The evaluation team is headed by Itad in partnership with VALID Evaluations and is itself a collaborative effort including a network of evaluators and academic institutions.

The Terms of Reference (ToR) for the evaluation states that its focus is 'international co-operation'. The framing in the ToR provides a useful and logical way to consider the collective response as foreseen in the Global Compact on Refugees (GCR) with a broadened and deepened engagement of all actors through a multi-stakeholder and partnership approach. From the onset of the pandemic, it has been possible to define response elements that are truly global or international.[1] The framing also includes local responses which are worthy of equal or greater attention. When referring to the totality of actions within the evaluation's scope and focus, this Inception Report will use the term 'collective response' throughout. In doing so it refers to the actions and interactions of protection actors – states (including federal, local and municipal- government), international actors (including mandated protection agencies), United Nations agencies, international non-governmental organisations (INGOs) and intergovernmental bodies, and national, non-governmental actors, including non-governmental organisations (NGOs), community organisations, communities, refugee-led organisations (RLOs) and refugees themselves – towards enabling refugees to realise their rights in the context of COVID-19.

This Inception Report, the first output of phase 1 of the evaluation, details how the evaluation team will fulfil the evaluation ToR developed by the Evaluation Coalition (Annex 1), and provides a foundational element for the remaining phases of the evaluation.

- The remainder of **Section 1** outlines the overall purpose and objectives of the evaluation, provides an overview of the inception phase, and the rationale for several key adjustments to the ToR.

- **Section 2** presents our understanding of the context for the evaluation.

- **Section 3** sets out our approach, methods and tools for the evaluation; the evaluation questions (EQs); the analytical framework that the evaluation team will use to answer the EQs; data collection methods and tools; ethics and safeguarding and data management considerations; processes; risks and limitations; and Quality Assurance (QA) processes.

- **Section 4** describes the management of the evaluation, presenting the revised workplan and phasing of the evaluation; the agreed deliverables; evaluation team roles and responsibilities; and evaluation management.

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[1] The global level components of the response are those defined by the actions of inter-governmental organisations and the global-level coordination of internationally mandated bodies, either through standing bodies or bespoke coordination arrangements, including the Global Refugee Forum and the Inter-Agency Standing Committee (IASC).

1.2 Evaluation purpose, objectives and scope

1.2.1 Purpose and objectives

The purpose of the evaluation, as outlined in the evaluation ToR (Annex 1), is to examine the effectiveness of the collective response in support of the protection of the rights of refugees[2] during the COVID-19 pandemic. The evaluation will identify emerging good practices, innovation and adaptation of protection responses.

The evaluation aims to provide a better understanding of how the COVID-19 pandemic has challenged the protection of the fundamental rights of refugees, how widespread the challenges are, and how effective the collective response has been; with a view to informing the implementation of current operations and the design of future strategies and plans.

The three **objectives** for the evaluation set out in the ToR (Annex 1) remain unchanged:

1. To ascertain the coherence and coverage of refugee rights promotion and incorporation into international cooperation in the context of national COVID-19 responses;

2. 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;

3. 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.

During the inception phase, meetings with the evaluation Management Group and Reference Group highlighted a number of aspirations for the evaluation:

- To balance an exploration of the challenges brought by the pandemic with positive examples of how these challenges have been met, with examples of adaptation, innovation and good practice;

- To the fullest extent possible, bring to the fore the voices of refugees, RLOs and communities;

- To strive for an evaluation report that demonstrates the use of a solid methodical approach, while providing a narrative style which lends itself to use for future advocacy, collective learning and exchange on good practice and areas for improvement;

- To make the fullest possible use of the diversity of actors in the management *and* reference groups;

- To draw on existing data and ongoing research where possible, aiming for a collaborative approach that adds value and does no harm, in keeping with the nature of and values of the Evaluation Coalition.

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[2] The ToR are limited to refugees and do not include conflict driven IDPs and stateless persons under UNHCR's expanded mandate. On the basis that refugee status under the 1951 Convention is declaratory, not constitutive, asylum seekers are refugees within the Convention until it is determined otherwise. Refugees also includes returnees until they have a durable and sustainable solution or cessation is declared.

1.2.2 Evaluation scope

The evaluation represents an ambitious undertaking, particularly given a tight timeframe and the fact that the pandemic is ongoing. As such, clearly defining and limiting the scope of the evaluation will be crucial to its success. The evaluation ToR sets out a limited set of focus areas, recognising, in part, that this is one of a number of ongoing evaluations and aims to complement and not duplicate.

The evaluation is global in geographic scope. In keeping with the description above, the evaluation will look at components of the response which are the shared responsibility of protection actors and bodies. It also recognises that the principal organisation of the refugee response is at national level.

The evaluation's temporal scope begins at the onset of the collective response towards the protection of refugee rights in the context of the COVID-19 pandemic i.e., developments since the declaration of the global pandemic in late March 2020. Data collected will cover the period from this date until a cut-off point, probably toward the end of Q2 2021. The cut-off will be agreed between the evaluation team and Management Group, and close to completion of the final report as possible.

The 1993 Vienna Declaration on Human Rights held that *all* rights are 'universal, indivisible and interdependent and interrelated. The international community must treat human rights globally in a fair and equal manner, on the same footing and with the same emphasis'.[3] The United Nations General Assembly gave UNHCR its unique mandate in 1950, to provide international protection for refugees, working with other international actors such as the country of asylum and other United Nations or humanitarian actors. The 1951 Convention affords refugees a range of rights, even though it is not comprehensive. In combination with international human rights law, under which states' obligations extend to everyone on the territory, it provides the framework for the range of rights which are included in the evaluation. As such, the specific rights listed below need to be seen within this more holistic context.[4]

The right to seek and enjoy asylum: The right to seek and enjoy asylum from persecution is found in Article 14.1 of the 1948 Universal Declaration of Human Rights. It is a norm of customary international law binding on all states in their relations with other states. Parallel therewith is the right to *non-refoulement*, a principle of customary international law also set out in Article 33.1 of the 1951 Convention relating to the Status of Refugees: closing borders is indirectly a form of *refoulement*. As detailed in section 2 below, the implications of the pandemic for global migration have been profound. The evaluation will assess this impact and review international response efforts to promote access to territory and access to asylum-procedures and adaptation processes during the pandemic. In general terms, it appears that migration policy responses to COVID-19 for foreigners within national borders have, in many cases, resulted in discriminatory practices which compromise the rights of migrants and refugees.

The right to health: Refugees (and other migrants) have the right to the enjoyment of the highest attainable standard of physical and mental health. WHO guidance[5] dictates that refugees should be afforded the same access to health services as host country nationals, including health promotion, disease prevention and care. Guidance also stresses the importance of inclusive and people-centred healthcare (irrespective of age, gender and

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[3] World Conference on Human Rights (Vienna, 25 June 1993), UN doc A/CONF.157/23 (12 July 1993) (Vienna Declaration) para.5.

[4] For example, access to health care may depend on being able to pay for treatment that then turns on the right to work.

[5] WHO. (n.d). Promoting The Health of Refugees and Migrants. [Online]. Available from: https://www.who.int/migrants/about/framework_refugees-migrants.pdf

diversity). Especially pertinent in the context of COVID-19 is that the health of refugees should not be used as an excuse for imposing and arbitrary restrictions, linked to other rights including asylum.

Because the majority of refugees are hosted in developing countries (i.e., 86% in low- and middle-income countries), many lack access to adequate health services. Barriers to care and vaccination also exist in high-income countries, since refugees and asylum seekers have poorer access to primary healthcare services, encounter communication challenges, discrimination and stigma, fear of deportation and a loss of trust in authorities.

Protection against GBV: The obligation to address GBV in humanitarian action is supported by international and national law, United Nations Security Council Resolutions and core humanitarian principles. The humanitarian community has further committed to addressing GBV, in accordance with, humanitarian standards and guidelines, including from Sphere and the Inter-Agency Standing Committee (IASC), and not only in terms of ensuring services for survivors, but also ensuring prevention interventions through, for example, social norms work (even in the context of humanitarian response). In addition, the IASC holds the entire humanitarian community responsible for risk mitigation of GBV across all sectors of humanitarian intervention through the recommendations articulated in the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action. The responsibility to address GBV was also reflected in the COVID-19 Global Humanitarian Response Plan (GHRP), which is specifically identified as a core priority under objective 2.2, with 'multi-sectoral gender-based violence prevention and response services' identified as critical to scale up in order to achieve Strategic Priorities 2 and 3 of the GHRP[6].

In many countries across the world, reported incidents of GBV have risen dramatically since the onset of COVID-19. By the end of 2020, nearly all of the GBV coordination mechanisms operating across 27 refugee settings reported moderate to extreme risk of GBV among the populations they served. This was attributed to a variety of factors, including, for example, movement restrictions that keep women and girls in close proximity to abusive partners, loss of employment or income that put them at higher risk of sexual exploitation and abuse, and school closures that contribute to child marriage. At the base of these and other forms of GBV is the issue of gender inequality, which some analysts argue the pandemic has accelerated significantly, rolling back gains for women and girls and in many parts of the world deepening gender inequalities that contribute to GBV.

Child Protection:[7] The United Nations Convention on the Rights of the Child (UNCRC) covers all aspects of a child's life and sets out the civil, political, economic, social and cultural rights to which all children are entitled. The Convention outlines the basic human rights that children everywhere have: the right to survival; to develop to the fullest; protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The Convention also provides standards to protect children's rights in health care, education and legal, civil and social services. By ratifying the UNCRC, national governments have committed themselves to protecting and ensuring children's rights and to hold themselves accountable for this commitment before the international community.[8] The Minimum Standards for Child

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[6] Strategic priority 2: Decrease the deterioration of human assets and rights, social cohesion and livelihoods. Strategic priority 3: Protect, assist and advocate for refugees, internally displaced people, migrants and host communities, particularly vulnerable to the pandemic

[7] The ToR refers to "Child Protection & family reunification". However, family reunification can be one of many interventions which form part of a broader child protection response and addresses issues relating to family separation. The evaluation includes this aspect but does not treat it as a stand-alone intervention.

[8] https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Protection in Humanitarian Action (2019) set out the minimum standards, core principles and priorities for child protection in emergencies, including in the context of infectious diseases.

Children's survival, well-being and healthy development are seriously jeopardised in humanitarian settings. Given these immediate and long-term risks, it is an urgent priority for all those working in humanitarian settings to protect children from violence, abuse, exploitation and neglect. While child protection actors play a central role, all sectors need to be involved in preventing and responding holistically to the risks and vulnerabilities that affect girls and boys in crises.[9] *Standard 24* on *Health and Child Protection* indicates that the prevention of and response to infectious disease outbreaks requires close coordination and collaboration between several sectors. All service providers should be aware of and mitigate the secondary risks children face in infectious disease outbreaks, such as the lack of care and increasing mental health and psychosocial support needs of children, families and communities during and after the crisis to overcome the fear, separation, discrimination, loss and other stressors related to the outbreak. Special measures must be put in place to maintain the psychosocial well-being of children in observation or treatment centres, and quarantine or isolation.

Family violence can have lifelong consequences in terms of the physical and psychosocial well-being of children and adolescents. The impact of lockdowns and movement restrictions on the livelihoods and household income of families resulted in increased risk of harmful coping and other negative child protection outcomes, such as child labour and child marriage. In addition, the closure of borders and travel restrictions have hampered the family reunification of unaccompanied and separated children, including refugee children. Furthermore, the lack of access to education and other essential child protection services has had detrimental impacts on children's development, safety and well-being. Particularly, the closure of schools has had severe consequences for the mental health of children and adolescents, including refugee children, who were often already facing challenges in accessing quality education prior to the spread of COVID-19.

Protection rights of persons with specific needs: In line with the principle set out in the Sustainable Development Goals (SDGs) to leave no one behind and support those furthest behind first, intersecting personal characteristics should inform protection risk mitigation approaches and assistance for refugees with specific needs. In addition to being a refugee or asylum seeker, women and girls, older persons, survivors of GBV, children, youth, persons with disabilities and lesbian, gay, bisexual, transgender and intersex (LGBTI) persons are often marginalised and have specific vulnerabilities that need to be considered and addressed. Refugee women and girls are likely to experience distinct challenges and risks associated with the COVID-19 outbreak, exacerbating already existing gender inequalities. Persons with disabilities are at higher risk during the pandemic due to additional challenges and barriers in accessing preventive information, services and following other public health measures meant to decrease or stop transmission of COVID-19. Social distancing, wearing face masks, practising handwashing, and stay-at-home lockdown measures are additionally challenging for refugees with specific needs who may need to rely on support persons and physical contact, as a result of certain impairments. Refugees who are members of the LGBTI community are likely to face adverse impacts in terms of intensified protection challenges, such as heightened risk of isolation, stigmatisation, violence, abuse, discrimination and exploitation.

Right of access to information: Information in the context of the COVID-19 pandemic is viewed as lifesaving and critical for prevention and risk education, protection and to ensure access to health and other rights and basic services. The right to information is a human right

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[9] Minimum Standards for Child Protection in Humanitarian Action, the Alliance for Child Protection in Humanitarian Action, 2019, page 7, 262-263

enshrined in both the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights which, in Article 19.2, establishes the 'freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers'. Denial of this right can threaten other rights, including non-derogable ones, as recognised by the Human Rights Committee in GC 34, paragraphs 6, 18 and 19 (CCPR/C/GC/34, 12 September 2011).

In a pandemic, inability to access accurate information can threaten the right to life. The scope of the evaluation includes information, risk communication and community engagement efforts. These were however merged under community-based approaches and also included under other rights. The speed of the COVID-19 outbreak and the evolving situation and changing measures have made access to information all the more crucial. Access to information can also be lifesaving and crucial to ensure equal and non-discriminatory access to services. This includes accessing information about seeking asylum, registration and documentation and on Refugee Status Determination (RSD) processes, especially concerning available legal services. Refugees face a number of barriers that hinder access to information: these include language, more limited access to technology, social networks and trusted information. Refugees and asylum seekers should have access to clear, factual and updated information. Refugees have also been affected by misinformation, xenophobia, stigma, discrimination and blamed for spreading COVID-19.

All six areas were included in the ToR. Access to information, previously merged with community-based approaches, will be covered discretely. Community-based efforts will be considered as part of each issue. These slight revisions are based on the analysis done during the inception phase and suggestions made by key informants. Other areas of rights and needs remain.

In addition, the six areas for evaluation in the ToR will also incorporate socio-economic rights in terms of health and children's education. Nevertheless, since all rights are universal, indivisible, interdependent and interrelated, broader socio-economic rights will be part of the evaluation of how refugee's rights were protected during the pandemic. It is not possible to evaluate the effects of livelihoods programmes, and not necessarily directly significant in the relatively short timeframe under consideration. However, the collapse of the informal economy in many countries, which traditionally provides refugees with employment opportunities will be considered. The breakdown of these economies may affect the protection of refugee rights e.g.: Could they pay for health care? Were they able to afford accommodation that allowed for social distancing? Were refugee children withdrawn from schooling? Is there a measurable correlation between loss of employment opportunities through lockdowns and increased GBV? The intersectionality of all rights, especially vis-à-vis discrimination, will make civil, cultural, economic, political and social rights a cross-cutting theme of the evaluation.

1.3   Overview of the inception phase

The evaluation team conducted the inception phase from 6 May 2021, up to the submission of this draft Inception Report on 9 July 2021. Key activities conducted during this period included:

- Engagement and collaboration with the evaluation Management Group and Reference Group (see Annex 2 for details on the composition of these groups)
- Key informant interviews (KIIs) with the key interlocutors from the United Nations High Commissioner for Refugees (UNHCR) and other key response actors (see Annex 3 for a list of interviewees consulted)
- Preliminary desk-based research.

Through these activities, the evaluation team sought to better understand and define the evaluation context, subject, and scope and to conduct an extensive mapping of data sources, on the basis that an understanding of available data would inform an understanding of evaluability. Based on this investigation, the evaluation team developed a detailed approach and methodology, building on the initial concept note.

The inception phase activities highlighted a number of key themes and lessons which have informed the evaluation team's understanding of the parameters of the evaluation and the development of the evaluation approach and methodology:

1. The evaluation will give appropriate acknowledgement to the variable and uncertain nature of the pandemic, the fact that the pandemic and the response remain ongoing and should not be referred to in the past tense.

2. This evaluation will consider the compounding risks for refugees and asylum seekers in the context of COVID-19. The importance of the pre-pandemic context should also be recognised to understand needs and capacities and whether pre-existing vulnerabilities faced by refugees may have been exacerbated.

3. The evaluation ToR necessarily limits the scope of the evaluation by focusing on a limited number of rights. Ultimately, these rights are interconnected and intersect with other issues, some of which are not specific areas of focus for the evaluation:

    a. In particular, the pandemic has disproportionately affected the ability of refugees to maintain livelihoods[10], and this directly undermines other rights. A multi-agency study notes that: 'Refugees living in low- and middle-income countries are especially vulnerable to the economic impacts of the COVID-19 pandemic'.[11] Data from eight refugee hosting studies demonstrate the ongoing effects of the pandemic, likely leading to 'a widespread loss of livelihoods and an increase in poverty among refugee populations', 'exacerbated by the fact that COVID-19 has made it more difficult for refugees to access the labour market, social safety nets and aid provided by humanitarian organisations'.[12] Numerous interviewees and members of the evaluation Reference Group stated the importance of livelihoods in realising other rights. The realisation of the right to health, for example, might be dependent on several factors beyond the simple availability of services. These may include access to information, access to washing facilities, the ability to maintain social distancing and access to vaccines.

    b. The additional 1977 Protocols to the Geneva Conventions (1949) stipulate that in armed conflict humanitarian access should be guaranteed during times of peace in order to deliver humanitarian supplies (specifically food and medicine) and there should be no restrictions of movement for humanitarian workers where it affects persons of concern. It is generally accepted, however, that during the pandemic, government-imposed lockdowns, as well as protocols and policies introduced by humanitarian organisations themselves have limited the mobility of humanitarian workers. This is a major concern as the presence of humanitarian actors is a significant component of protection. Other areas which should be taken into consideration include discrimination and xenophobia related to refugees, which needs to be challenged by states.

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[10] This relates directly to refugees' right to an adequate standard of living (Article 11 International Covenant on Economic, Social and Cultural Rights (ICESCR).

[11] Dempster &Graham. 'Locked Down and Left Behind'. July 2020, CGD, IRC, Refugees International. https://data2.unhcr.org/en/documents/details/78311

[12] Ibid

The evaluation, while maintaining a focus on the international response in specific issue areas, will recognise these linkages and dependencies. Efforts during COVID-19 by United Nations agencies and partners supporting the rights of refugees with specific needs have included cash-based interventions ensuring that protective measures and protection services are available.

4. **There are limitations to the availability of comprehensive data on the impact of COVID-19 on refugees.** In humanitarian settings, data has not been collected in a systematic manner and reliable data are not always available among certain at-risk populations, including refugees. For agencies, given the unknown and volatile nature of the consequences of the pandemic, part of the challenge has also been both understanding what information would be most relevant to collect and which areas to prioritise in this response. Initial document reviews and scoping interviews suggest possible significant gaps on child protection, in particular where violence against children has been less considered. Early assumptions of rapidly accelerating, and ultimately extremely high transmission rates in refugee camp settings did not play out[13]. Information has also been limited by other factors including protection actors' lack of access to areas given freedom of movement restrictions, agency concerns about sharing data and do no harm considerations. As foreseen in the ToR, the evaluation will rely mostly on qualitative data to fill existing data gaps.

5. **By necessity, within each of the rights of refugees, the focus of the evaluation is limited**. The evaluation focus refers to the legal rights and takes a specific range of indicators for each. These refer to the best available data, which follow the intersection of these legal rights and key the protection areas of the collective response. Each of these areas is covered in more detail in section 2.

2 Context: the COVID-19 pandemic, refugees and the international response

This section presents the evaluation team's understanding of the evaluation subjects, including an overview of the pandemic and its effects on refugees, the collective international response, and a discussion of the specific effects of the pandemic on the rights of refugees in relation to the evaluation's thematic areas of investigation, including how the evaluation will seek to examine these effects.

2.1 Overview – the effects of the COVID-19 pandemic on refugees

The effects of the COVID-19 pandemic have been wide-ranging and far-reaching, both in terms of the direct health crisis caused by the spread of the virus, and the economic and social impacts of international and state restrictions and containment measures. Systems and response structures have been challenged. As the COVID-19 pandemic spread, those at greatest risk include around 30 million refugees and asylum seekers, more than 80% of whom live in low- and middle-income countries with weaker health systems and pre-existing humanitarian crises.14 Pre-existing challenges for refugees including being excluded from essential public services, social protection systems, economic opportunities and financial services may have also intensified since the beginning of the pandemic. Asylum seekers and

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[13] While this worst-case scenario had not materialised at the time of writing in July 2021, the proliferation of new and more aggressive COVID variants means that the risk remains high.

[14] https://www.unhcr.org/refugee-statistics/

refugees face additional risks to their health, protection and resilience and challenges in accessing their rights.[15]

The effects of COVID-19 are very much ongoing. Border restrictions imposed by countries during the pandemic have limited access to territory and asylum, in ways that appear to contravene international human rights and refugee protection standards, including the principle of non-refoulement. COVID-19 public health orders have been used by certain governments to further anti-refugee and anti-migrant agendas. With varying degrees of severity to date, with fluctuations and unpredictability, the effects have impacted countries irrespective of wealth and level of development. That said, the burden has and will likely continue to be disproportionately borne by the most vulnerable. State interventions in response to the pandemic have ranged from significant restriction on population movements, including the closure of borders and severe restrictions on economic and social interactions to, in some cases, a reluctance to act and/or a denial of the scale of the problem. Compounding these difficulties are, underreporting, misinformation, and the difficulties of conducting on the ground research has meant that the full scale of the impact of the pandemic is currently poorly understood and likely understated. Furthermore, vaccine inequity and the emergence of new COVID-19 variants mean that the trajectory of the pandemic remains unpredictable, with its effects possibly still to peak in some parts of the world.

2.2 **The collective response**

The first Global Refugee Forum (GRF) took place in 2019, just months before the declaration of the pandemic. The GRF, guided by the GCR, aimed to translate the principle of international responsibility sharing for refugees into action by bringing the international community together to demonstrate solidarity with the world's refugees and their host communities. The GCR, a framework for more predictable and equitable responsibility sharing, recognises that a sustainable solution to refugee situations cannot be achieved without international cooperation.

In response to the COVID-19 pandemic, the IASC activated its first ever global System-Wide Emergency Activation Procedures 'Scale-up Protocols' to coordinate system-wide preparedness and response efforts and the launch of the first ever GHRP "appeal". The GHRP, with a specific pillar focused on the rights of refugees and other displaced populations, was a major component of the early international response. The GHRP acted as the international community's main fundraising vehicle for the humanitarian response to the crisis and its first event-specific global appeal. Running until 31 December 31 2020, the GHRP covered a total of 63 countries and included as one of its strategic priorities protecting, assisting, and advocating for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic. Following the conclusion of the GHRP, the response to COVID-19 has been integrated into 'regular' Humanitarian Needs Overviews and inter-agency coordinated plans.[16]

The GHRP represented, in some ways, a characteristic response framework for the humanitarian component of the international response. The use of OCHA's Financial Tracking Service (FTS) to track contributions and reporting against the GHRP, make the response recognisable and somewhat quantifiable. The principal framing for the response to the COVID-19 pandemic, however, is at the level of each individual state. The bulk of most responses is undertaken by national actors: Governments through standing and emergency structures,

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[15] https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25762&LangID=E

[16] Global Humanitarian Response Plan COVID-19 Progress Report: Final Progress Report, 22 February 2021; Tracking the global humanitarian response to COVID-19. International Rescue Committee and Development Initiatives, April 2021.

municipalities, national NGOs and communities and in the case of refugee responses, RLOs and refugees themselves. As is the case for each international response, the international and national responses interact in a unique fashion. The contributions of very local actors and communities including affected populations themselves, are often undervalued in reflections on humanitarian responses. For many, the pandemic has created the impetus and space for a more localised response that can better listen to and help refugees support themselves.[17]

3 Evaluation approach, methods and tools

In this section, we set out the approach, methods and tools for the evaluation.

3.1 Overarching evaluation approach

3.1.1 Conceptual framework

The following conceptual framework in Figure 1 was developed using the ToR for the evaluation and reflects both the team's understanding of these and the evaluation's approach.

Figure 1 Conceptual framework
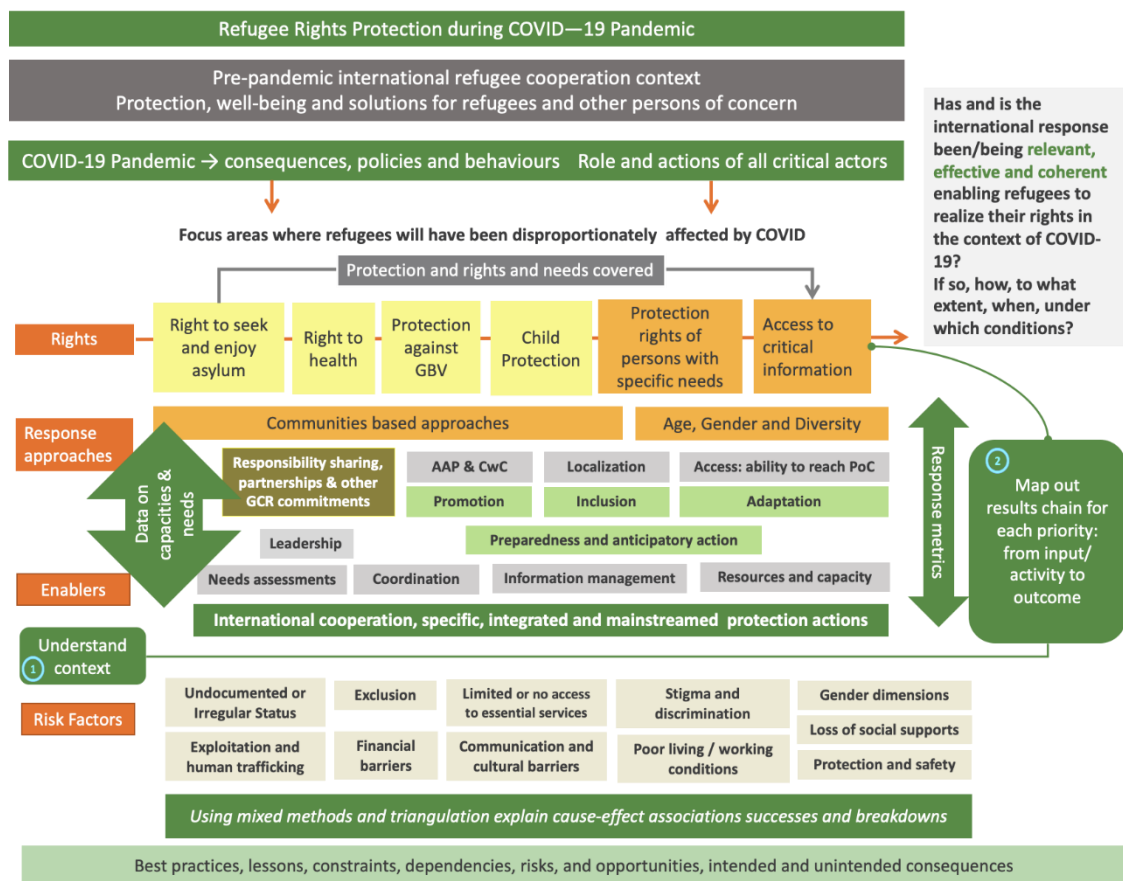
Seven key issues/areas were scoped in the evaluation ToR. These key areas of inquiry were further unpacked during the inception phase and included in an analytical framework at different levels. The rights and six issue areas covered by the evaluation are listed in the top section of the figure where protection of persons with specific needs is also considered part of

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an age, gender and diversity sensitive approach across all other protection areas. Below these, the figure includes response strategies and approaches that have been highlighted in the ToR and emphasised in scoping interviews and in document reviews. 'Access to critical information' listed as a right and need is one area that was initially included in the ToR across all other issue areas and, in particular, also merged under "community-based approaches". Scoping interviews undertaken during the inception phase suggested the need for also separately addressing access to information as a specific standalone key area for review. Additional response approaches to be evaluated include: Responsibility sharing, partnerships and other GCR commitments, Accountability to Affected Populations (AAP) and Communicating with communities (CwC), Localisation, Access, Promotion, Inclusion, Adaptation, Preparedness and anticipatory action. Below response approaches, the framework includes the following enablers: Leadership, Needs assessments, Coordination, Information management, Resources and capacity. Compounding risk factors are listed in the bottom portion of the figure. These are drawn from the International Federation of Red Cross and Red Crescent Societies (IFRC) study on risks faced by refugees and migrants during the COVID-19 pandemic.[18] All components in the framework help guide the evaluation's data collection approach and analysis.

The evaluation has also drawn on other vulnerability frameworks[19] and developed the framework below as Figure 2 to better categorise issues around refugee vulnerability during the pandemic (exposure and sensitivity). The framework considers the promotion, inclusion and adaptation efforts supporting adaptive capacity and enhanced protection. Solid and dashed arrows respectively show a negative and positive relationship of a component with vulnerability.

Figure 2 Common framework for the assessment of vulnerability
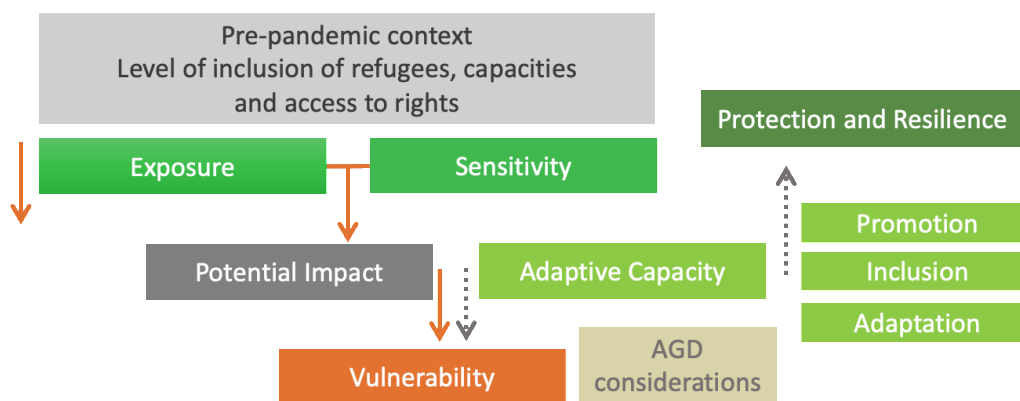
These frameworks are designed to help the evaluation team be selective, and decide which variables are most important and necessary, which relationships are likely to be most meaningful, and, therefore, what information should be collected and analysed. In very

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[18] Least protected, most affected: migrants and refugees facing extraordinary risks during the COVID 19 pandemic. Geneva: International Federation of Red Cross and Red Crescent Societies; 2020 (https://media.ifrc.org/ ifrc/document/least-protected-affected-migrants-refugees-facing- extraordinary-risks-covid-19-pandemic/

[19] See *A framework analysis of analytical frameworks*. The Analytical Framework Report reviews 39 frameworks including 10 vulnerability frameworks (The IFRC Vulnerability and capacity assessment, Pressure and Release Model and the Access Model, Southern Africa Vulnerability Initiative Framework, Household Vulnerability Index, Framework for Vulnerability Analysis in Sustainability Science, MOVE framework of vulnerability, Local Vulnerability index, BBC Conceptual Framework, UNHCR vulnerability framework for refugees in Jordan). https://www.sheltercluster.org/sites/default/files/170902%20Analytical%20Framework%20Review.pdf

practical terms, these approaches are translated into an overarching evaluation approach, which contains an evaluation matrix and a data collection approach.

3.1.2 Overarching evaluation approach

Revisions to the evaluation approach envisaged in the ToR

The ToR suggests a 'T-shaped' approach for the evaluation, comprising a global component that provides breadth alongside 5 to 6 in-depth country case studies to provide depth. It also describes a primarily 'meta' evaluation drawing on existing data and evaluative work, with some primary research elements.

Consultations undertaken during the inception phase, identified the following issues:

- The timeframe to undertake an expansive global evaluation is relatively compact. While the timeframe is manageable, the need to minimise the risk of delays is clear. The time required for the selection of countries and permission to engage in country case studies is the biggest such risk. The risk of travel delays due to the ongoing pandemic and travel restrictions is also significant.

- The extent of the existing pressure on protection actors at country level, is also clear. In part this is due to the ongoing pandemic response, as well as the significant number of ongoing evaluations.

- Given the number of affected countries and the wide range of response contexts, the 5-6 case studies proposed would not provide a representative sample across multiple selection criteria.

In recognition of the challenges and risks listed above, the evaluation team has designed a modified approach. The approach aligns with the original vision of the ToR and provides the same 'T' shape.

The evaluation report will provide evaluative judgements at two levels:

1. Global level analysis will be presented in the form of a 'meta' evaluation. This meta evaluation component will principally answer evaluation question 1 (see section 3.1.7 and Annex 9), provide an overarching picture of the effects of COVID-19 on refugee rights and where possible, identify patterns using the available material. The meta evaluation will include analysis by thematic area, to the fullest extent that data and information allow. It will bring together analysis from all of the workstreams (below). To the extent that data and information can be collated/aggregated at the global level, the meta evaluation with present an overview of the views of refugees via community engagement efforts, RLOs, surveys, etc. The global analysis will include analysis by right and issue area (below).

2. Country level data collection and analysis will be carried out on a sample of 27 countries. This will inform the evaluation's response to EQs, the global level analysis, and analysis of each issue area. Concerted efforts will be made to gather data from existing sources on each of the countries across all indicators where relevant. Available data will be sourced from agencies with the mandate and expertise to gather data on specific indicators and a comprehensive document review and data mapping initiated during the inception phase. Sources include the GHRP indicators and monitoring framework and agencies' continued and broader efforts in this area. The evaluation team has defined a-country review template defining categories of data, indicators and checklists for this purpose. KIIs and survey data at the global and regional level will complement these efforts.

3. Analysis of specific rights and issue areas covered in this evaluation will be presented principally through thematic snapshots. Each of the snapshots will focus on one of the evaluation's key thematic areas at country level, with a single or multiple country focus. These will be short (3-4 page) narratives and include examples of good practice, innovation and/or challenges illustrative of those identified at global level. They might focus on instances where COVID-19 has had a particular impact on refugees; instances where states have implemented unique policy responses and/or where policies and practices have impacted particular groups (i.e. women, children, persons with disabilities, indigenous persons, LGBTI, etc.). Each of the thematic snap shots will aim to include the voices of refugee and have a partial focus on the role of community and refugee-led responses.

For the purposes of managing the data collection and analysis within the relatively compressed timeline allowed, the evaluation will be managed in three distinct workstreams.

Snapshots might include a range of methods: additional, in-depth analysis (KIIs, additional document review) and, to the fullest extent possible, include the views of local stakeholders (national NGOs, federal, local and municipal government), RLOs, communities and refugees. Any conversations to solicit the views of persons of concern will be undertaken through partners already in situ.

Approaches for each issue area

These descriptions below, outline the basic approach to each issue area. The approach to each identifies themes within each, in broad terms, the themes *include* those for which standard measures of indicators of success exist in various performance frameworks. For many of these, existing data streams (albeit at various levels of quality, completeness, and frequency) already exist.

The right to seek and enjoy asylum: The right to seek and enjoy asylum and the prohibition on refoulement, have been and continue to be moving targets during the pandemic response. The evaluation will assess the law, the policy and the practice relating to border closures, whether there were distinctions made for refugees and asylum seekers, how far states prohibited access to borders, and where entry was possible, the extent to which individuals were protected from indirect refoulement. It is equally important to examine how and why laws, policies and practices relating to border closures changed during the pandemic response. The evaluation will review the collective international response, efforts to promote access to territory and access to asylum and uphold *non-refoulement.* It will also consider how the collective response has adapted during the pandemic. It will set this in the context of rights found in the 1951 Convention relating to the Status of Refugees, international human rights law,[20] and the broader protection for refugees found in the GCR.

The right to the highest attainable standard of health: The right to the highest attainable standard of health: This evaluation will focus on whether, how, and with what effects COVID-19 has impeded refugees' access to health services and the extent to which international cooperation has advocated for the inclusion of refugees within their national responses to COVID-19 (including the incorporation of refugees within vaccination roll out/coverage strategies, maternal and reproductive health services on par with nationals and other health assessment measures at state borders designed to reduce disease transmission). Because the rights covered in the evaluation, such as the right to health, are closely linked with the right to seek and enjoy asylum, the evaluation will also consider the effects of conditions that regulated the entry for asylum seekers and applicants for refugee status - for example,

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[20] Including the right to a family life – ICCPR, articles 23 and 24.

whether refugee applicants were detained or required to undergo COVID-19 testing as a pre-condition for entry. If detained on arrival by states, either for the purpose of RSD or quarantine, conditions for entry and admission into national territory need to uphold the ability to seek asylum and thereby preserve the health of people in pursuit of humanitarian protection. While the detention of migrants, asylum seekers and refugees is regarded as a measure of last resort by OHCHR 1 and other UN agencies, existing evidence suggests the use of detention at borders to detain asylum seekers has limited the access of refugees to fundamental rights, including but not limited to the right to health and asylum. The evaluation will examine the combined response for refugee access to health services to determine whether the international response supported 'protection sensitive arrangements for health assessments' for new arrivals (para 57 GCR) and affected refugees during voluntary repatriation or resettlement. The evaluation will seek to identify evidence of good practice and innovation in terms of the inclusion of refugees from public health systems, the rates of COVID-19 vaccine roll out and coverage for refugees, changes in patterns of inclusion/exclusion of refugees from public health systems, the proportion of refugees with access to health insurance schemes, the extent refugees have access to comprehensive reproductive health services, and the adaptation of service delivery to comply with COVID-19 related restrictions.

GBV: The COVID-19 pandemic has intensified the risks of gender-based violence for refugees. The prevention and response to GBV must therefore form a critical component of the evaluation of the international response. Available data and reporting suggest that the risks of GBV for refugee populations are particularly acute, especially for women, girls and members of the LGBTI community, whose access to GBV-related services may be limited compared to the pre-COVID-19 situation. To better understand the effects of COVID-19 on GBV for refugee populations, this evaluation will collect evidence on the efficacy of interventions designed to prevent GBV at the international, national and local level. Efforts to prevent GBV include awareness-raising campaigns, psychosocial support to survivors, training frontline health workers, judicial officials and police on GBV on the specific challenges of GBV and working with civil society actors to prevent incidents of GBV.

Child protection: The COVID-19 pandemic is exacerbating existing inequalities in accessing essential services. Child protection risks are evolving and increasing across the world, with refugee children equally affected. Reports indicate that confinement and other restrictive infection control measures led to an increase of psychosocial distress and family violence. This evaluation will collect evidence on the protection of refugee children globally and within the selected countries. Additionally, the evaluation will collate evidence on the effectiveness of interventions, e.g. advocacy, fundraising, child-friendly provision of information, community-based responses, development of technical guidance for adaptation of mitigation and response programmes seeking to address the key child protection risks. This will include family separation and other concerns, identified within the context of pandemic. It will also look at the effectiveness of coordination efforts and technical support provided through the Alliance for Child Protection in Humanitarian Action at the global level and child protection coordination mechanisms at the country level.

Access to information: Access to information can also be lifesaving and crucial to ensure equal and non-discriminatory access to services. Refugees face several barriers that hinder access to information. These include language barriers, more limited access to technology and social networks and the absence of trusted information. Refugees and asylum seekers should have access to clear, factual and updated information. Refugees have also been affected by misinformation, xenophobia, stigma, discrimination and blamed for spreading COVID-19. The evaluation will gather data on the level of access of refugees and asylum seekers to information and the effectiveness of efforts to provide factual and relevant information and of

two-way communication enabling refugees to share their feedback, ideas and engage in the COVID response.

3.1.3 Data collection methods and tools

The global and country level analyses described above draw on various research methods (and their respective research tools). For the purposes of managing the various methods, they are organised into a number of clear workstreams. Each workstream will be managed by one of the team as a process i.e. the manager of each respective workstream will be responsible for ensuring that the research is completed in line with the timeline for the whole evaluation (see section 4.1). Each workstream encompasses all of the evaluation's thematic focus areas. Consistency and quality in each of the thematic areas, across all workstreams, is the responsibility of each thematic lead (workplan at 4.1). To the fullest extent possible at the end of the inception phase, this section details the methods and tools, and quantifies their respective contributions to each of the evaluation workstreams. The following methods are covered, including a description of the tools related to each: data analysis; document review; financial analysis; KIIs; and survey. All data, documents and KIIs will be coded according to a standard system, based on the conceptual framework and evaluation matrix and implemented via MaxQDA (see section 3.2).

3.1.3.1 Workstream 1: Data analysis

Analysis of key data streams

Analysis of quantitative data sets is a key component of the research. Data sets will be accessed through the respective agencies who are gathering data and reporting on indicators in the relevant issue areas of the evaluation. A number of data streams cover multiple countries and issue areas. These are covered in more detail under 'data mapping' below, they include:

- the GHRP monitoring framework and reporting which covered 63 countries (UNHCR's reporting against the GHRP analytical framework covering more countries)
- GCR indicators
- UNHCR's protection, health and education dashboards (which also contain qualitative data).

For each issue area, the evaluation will access data from partners. For the most part, discussions with partners for access to specific data are not yet complete. The most likely sources of partner data are UNICEF, UNRWA, UNFPA, OCHA, WHO and NRC, DRC, ICRC, IFRC, and the Child Protection alliance. Data from all of these sources will be brought together and reviewed to be included in the evaluation's global level analysis and at the level of the 27 countries where relevant (below).

The evaluation will also utilise data provided by Ground Truth Solutions. Ground Truth Solutions is an INGO that helps people affected by crisis both influence the design and implementation of humanitarian aid and capture their perspectives. Ground Truth has a network of local researchers; for this evaluation they will provide country-specific data on refugees' perceptions. The exact nature of this support will be determined during the data collection phase.

Analysis of key financial data

An analysis of key financial data is an essential component of global and country level analysis. As above, while module 1 focuses on the global level and module 3 on a large sample country, the approach in each case, irrespective of the level, is different.

The team will review and analyse funding data to assess the evolution of funding flows over the course of the pandemic to date, identify patterns and identify any evidence of adaptation. This will be used to build a picture of the financial response to the pandemic, the impact on support to refugees, and the degree to which financial support has been directed towards protecting rights of refugees.

The principal financial data sets which will be analysed for global level data include: United Nations FTS data; UNHCR financial reporting; Organisation for Economic Co-operation and Development Assistance Committee (OECD DAC) data on Official Development Assistance (ODA) in support of refugees or OECD DAC data on ODA contributions to top refugee hosting aid recipient nations in the creditor reporting system including preliminary 2020 data; World Bank; GHRP (appeal documents); Regional Refugee Response Plans (RRRPs); reporting against GCR indicators; UNHCR internal reporting/data; COVID-19 response plans in top refugee countries; and United Nations COVID-19 multi-partner Fund.

3.1.3.2 **Workstream 2: Document review**

The systematic review of key documentation is a central component of the meta evaluation and the country level/thematic snapshots. In each case, the selection of documents will cover each of the evaluation's thematic focus area's and be continually updated as the evaluation unfolds. The suggestions below are informed by the data scoping and mapping exercise conducted as part of the inception phase and described in section 1.3.

Document Review as part of the global level analysis: Relevant literature: including evaluations, academic and humanitarian sector publications, papers collating and synthesising refugee voices. Evaluations and commentary from country level which are directly relevant to the evaluation's key themes are considered to be in scope and will be reviewed. This type of literature will be included in the global level analysis for countries which are beyond the country standard document review (see below). To the extent that these sources cover potentially one country or region, the coding process (in Max QDA below) will contain a rating to ensure that the information/data is appropriately weighted in the global overview.

Review of data for 27 country sample. This review of standard documentation and data from a representative set of 27 countries, forms a discrete part of the document review in support of the global analysis. The selection of the 27 country sample countries (sampling method described in section 3.1.5). To the fullest extent possible, information will be extracted from a review of a standard set of documentation: GHRP narrative reports, country level reporting from key actors (UNHCR, UNICEF, UNFPA, WHO, OCHA, UN Women, IFRC, NRC, DRC, Refugees International), country level and regional level reporting from RLOs. A small number of the refugee host country sample are typically donors as opposed to aid recipients. To the extent that they meet the sampling criteria, it is essential that a review of documentation from these country contexts is included. Since they will not have regular reporting through typical humanitarian streams. The purpose of this discreet component is to deepen and to 'ground' the global level analysis. Its secondary purpose is to provide a contextual framing for the thematic/country level snapshots/narratives.

The country/thematic-level review will be informed by a review of additional country level and theme-specific literature.

3.1.3.3 **Workstream 3: Gathering opinions and perception**

This evaluation workstream collects and synthesises opinions and perception of refugees and staff across core protection actors in all thematic areas. It brings together the results of a set of KIIs and a global survey of key protection actors and draws on data from surveys of RLOs and refugees. The evaluation will explore data sources covering the 27 countries in order to include the voices of refugees.

Survey

A survey of staff in key protection roles is a core component of the global level analysis. The selection of respondents will cover each of the evaluation's thematic focus area's and be continually updated as the evaluation unfolds. Subject to confirmation from each agency, respondents will include staff from: IFRC, ICRC, UNRWA, NRC, DRC, Office of the United Nations High Commissioner for Human Rights (OHCHR), UNHCR, OCHA and national governments; national human rights institutions and other organisations.

Key informant interviews

KIIs are a core component of both global and country level analysis. All interviews will be semi-structured and undertaken remotely. The selection of interviewees will cover each of the evaluation's thematic focus areas and be continually updated as the evaluation unfolds.

KIIs in support of global level analysis: Anticipated stakeholders groups include: global level protection actors (members of the Global Protection Cluster); other United Nations partners, relevant donors and International Financial Institutions; academic bodies/think tanks; regional offices of global protection actors (approximately 7-8 interviews per thematic area – approximately 50 interviews maximum). KIIs undertaken at a regional level are principally in support of the global level analysis, and will be used to gather and verify data collected at the country level. An estimated 15-18 interviews are foreseen.

KIIs in support of country level/thematic snapshots: 8-10 interviews per thematic areas. Interview guides tailored for each group of stakeholders based on the relevant indicators in the evaluation matrix will be used for all interviews. Guides will be designed prior to the interviews at each level and shared with the Management Group.

3.1.4 **Data mapping**

In parallel to the work on developing an evaluation matrix around the three EQs, the evaluation team undertook a data landscape mapping exercise. This two-track process ensured a more comprehensive and complete approach to better understand information availability.[21] While the evaluation, as per the ToR, will mostly draw on qualitative data, the evaluation team has sought to better understand and map the availability of primarily quantitative data on refugees and the response to the COVID-19 pandemic and draw on data and existing wider evidence from studies on the impact of COVID-19 on refugee rights.

In response to COVID-19, several agencies have developed information tracking dashboards. UNHCR's Global Protection Platform[22] visually portrays the impact that the COVID-19 pandemic is having on aspects of the protection environment for forcibly displaced. Other relevant dashboards for the evaluation include the World Health Organisation COVID-19 Partners Platform and UNHCR's Public Health dashboard on inclusion of refugees in national

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[21] This is also known as "evidence mapping" Evidence maps are a relatively new approach to systematically identify and report the range of research activity in broad topic areas or policy domains where a systematic approach mapping begins with a broad question, theme or issue which defines the scope of the evidence map.

[22] https://data2.unhcr.org/en/dataviz/127

health systems[23] and education dashboards. The GHRP has a high frequency COVID-19 multi-sectoral monitoring tracking platform. Agencies have reported under the GHRP which covered 63 countries. Indicators that are most relevant for the evaluation include those on monitoring the situation and needs and protection.[24] UNHCR has also used and adapted the GHRP analytical framework to report on a larger number of countries - up to 134 countries - including industrialised countries on protection data. The evaluation team will draw on these sources of data recognising that the majority of indicators are not disaggregated by status and that qualitative information - including information in figures at a glance and dashboards - is needed to better understand reporting on protection.

The evaluation team undertook a systematic approach to appraising the availability of a range of data sources for the evaluation. Over 80 sources were mapped across 18 areas (listed in the Figure below) covering a range of typology criteria, key issue areas of the evaluation, and international response metrics. Data reviewed covered both humanitarian and development data sources with SDG targets including the 'availability of disaggregated data of high quality, that is routinely available and reliable.' The framework for this mapping process is presented in table below.

Table 1 Data mapping framework

Data categorisation		
Typology	Evaluation issue area	International response metrics
1. Global/regional /country 2. Coverage and disaggregation by migratory status 3. Frequency of data 4. Timing/period covered	5. The right to seek asylum 6. The right to health 7. Protection against GBV 8. Child protection and family reunification 9. Rights of persons with specific needs 10. Community-based approaches 11. Information	12. Community-based approaches 13. Funding and coverage 14. Timeliness 15. Staffing/resources /presence 16. Access and Freedom of movement 17. Coordination/cluster sector metrics 18. Localisation

The COVID-19 response has evidenced both widespread data and analysis gaps and opportunities.[25] Categorised data sources, where relevant, have been matched with evaluation matrix indicator sources.

A further analysis of existing data sources reveals that:

- There is limited global level data with comprehensive geographic country coverage

- Available information tends to be agency focused and country-specific and is often not disaggregated by migratory status

- Recent efforts to boost the quality of available data on refugees have been limited to a selection of countries and focused on the socio-economic impacts of COVID-19

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[23]https://app.powerbi.com/view?r=eyJrIjoiMWQ0OGM4YWEtNzYxZS00MTVlLTk4ZTItMjk4YzU5NTkwYjhhIiwidCI6ImU1YzM3OTgxLTY2NjQtNDEzNC04YTBjLTY1NDNkMmFmMODBiZSIsImMiOjh9&pageName=ReportSection

[24] These are reported by WHO, UNFPA, IOM, WFP, CP-AoR, UNICEF, UNRWA, UNHCR, DRC and Care.

[25] The *World Bank-UNHCR Joint Data Center on Forced Displacement* (JDC) operationalised in 2020, marks a step change in efforts to address the overall data and evidence challenge. The JDC's efforts have focused on improving the availability and accessibility of high-quality socioeconomic data on refugees. According to UNICEF, there is recorded data by age for just 56 percent of the refugee population under UNHCR's mandate. Kaplan, Josiah and Emanuela Bianchera. (2021). "Data and Research on Children and Youth in Forced Displacement: Identifying Gaps and Opportunities", in Kaplan, J. and E. Bianchera. (eds.); World Bank; UNHCR; JDC. Quarterly Digest on Forced Displacement, Third Issue. Washington, D.C.: World Bank Group. https://doi.org/10.47053/jdc.230321

- Operational guidance has favoured collecting and analysing AGD-disaggregated data to monitor and respond to implications of COVID-19 on different community groups

- Data sources are often incomplete, offer less information on core protection issues, and rarely focus on the international response

- The lack of disaggregated data by sex, age and disability - and other vulnerability factors - makes it difficult to understand the needs of groups most at-risk of discrimination in the context of COVID-19

- There are challenges related to the timing of the data available and its frequency

- There is greater data available on access to asylum and health indicators than other protection areas including GBV and child protection.[26]

Reporting reviewed on overall GHRP indicators is also incomplete and does not provide country level disaggregated data or specific data on refugees. Information and monitoring systems put in place during COVID-19 have been complex and onerous and the amount of burden on field staff to report on indicators has sometimes led to additional reporting gaps and incomplete data.[27] The evaluation team plans to engage directly with agencies responsible for GHRP reporting to access disaggregated data on issues covered in the evaluation. With the support of members of the Reference Group and Berkeley's Center for Effective Global Action (CEGA) a roundtable will be organised with economists and data analysts including staff from UNHCR and other agencies to discuss the evaluation's framework data needs and identify potential information efforts and sources.

3.1.5 Country sample

For data collection components within workstreams above, a core sample of 27 countries is foreseen. This sample will provide a large set of data in support of the global analysis. The *unit* of analysis is at the host country level and the analysis relatively light touch, covering key indicators and relevant cross-border issues and coordination between host, transit and destination countries. An initial set of criteria was established to help guide the selection of countries out of a list of 97 top refugee hosting countries. The main selection criteria applied include:

i. volume of refugees and asylum seekers (i.e. total number of refugee and asylum seekers in host countries with minimum thresholds, number of refugee per capita)

ii. country income classification

iii. INFORM Epidemic Risk Index[28]

iv. appeal type/coordination structure, level of funding and coverage

v. geographical coverage

An initial list ranking top 32 host countries was defined with combined population figures of over 210,000 persons combining refugee (including Palestinian refugees), asylum seekers and Venezuelan displaced abroad figures. Five countries were excluded from the list due to: (I)

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[26] Widespread lack of quality data on displaced children was viewed as a compounding risk factor pre-pandemic. In March 2020 the International Data Alliance on Children on the Move led by UNICEF, IOM, UNHCR and OECD was launched to improve data and statistics on children on the move. https://www.unicef.org/press-releases/lack-quality-data-compounds-risks-facing-millions-refugee-and-migrant-children. While data on access to education and school closures are available, there are substantial limitations regarding the availability of comprehensive and disaggregated data for refugee children.

[27] Information provided in key informant scoping interviews.

[28] The INFORM Epidemic Risk Index is an open source, multi-stakeholder platform which aims to assess risk at country level. This includes the risk of epidemic outbreak in relation to national capacity to respond to the crisis.

double counting issues given the level of overlapping between asylum seeker and Venezuelan displaced abroad categories (ii) relatively low refugee numbers (I.e. under 5,000) (iii) Over-representation of Venezuelans abroad and the region within the 32-country sample and extensive coverage of Palestinian refugees in the region (iv) the focus on international response and the availability of data. The decision was made to purposely under sample high-income countries by including only three OECD DAC countries in the mix. The 27 countries under review provide a solid representative and purposive sample of top refugee hosting nations and include three top donor countries and resettlement countries. The countries selected overall provide a representative sample in geographic terms and across different income levels.

3.1.6 Engaging refugees

The voices of refugees will be as prominent as possible in the report, predominantly through the country level snapshots and through thematic examples in support of global level analysis. During the inception phase, the team has undertaken an extensive search and mapped literature on refugee voices through a wide range of partners. A number of partners from the Reference Group and representatives of RLOs have offered existing data. Once the country level thematic snapshots are finally selected, the evaluation team will engage with any appropriate partners who can act as conduits.

Ground Truth Solutions were proposed as a key partner at the inception phase. They will provide the evaluation team with all of their available data on refugee perceptions in approximately five countries.

3.1.7 Evaluation matrix/questions

The matrix contains the EQs and sub-questions. Against these questions, it lists the evaluation criteria to be applied and the indicators, and judgement criteria for form evaluative judgements. It maps these onto the sources of data most likely to provide a reliable information source each evaluation question.

The evaluation questions have been modified in keeping with the evaluation approach, EQ 1 now contains elements to be addressed at the global level and EQs 2 and 3 at the country level. The data collection approach (including methods, sources, and tools) below, is incorporated into the matrix. It describes how three 'levels' of data collection feed each evaluation question and both levels of analysis.

EQ 1: Global level (relevance (promotion, inclusion, adaptation), coherence, connectedness). To what extent has the 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?

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?

EQ 1.1b 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?

EQ 1.1c. 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?

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? (See https://reliefweb.int/report/world/role-global-compact-refugees-international-response-covid-19-pandemic)

EQ2. 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?

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? Sub-questions cover: a) the right to seek and enjoy asylum; b) the right to health; c) protection from gender-based violence; d) child protection, education; e) addressing the protection rights of persons with specific needs; f) Access to information

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 humanitarian/development/peace nexus? What were the drivers and barriers to alignment?

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)

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 refugee rights, have been translated into the provision of essential and lifesaving services?

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, communities, RLOs and refugees themselves.

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?

EQ 3.2.2 How aligned have assistance and advocacy efforts been to promote applicable international norms, standards and international refugee law?

3.2   **Data analysis**

Upon completion of the data collection phase, the evaluation team will conduct a thorough analysis, sensemaking and synthesis of the evidence as part of phase 3 of the evaluation. (See

the updated workplan that details each evaluation phase and activities thereunder in section 4.1.).

The **evaluation matrix** will be the primary tool for the evaluation team to systematically analyse data, triangulate findings and assess the strength of evidence. The team will first assemble, review and test to refine the findings and arrive at initial conclusions.

All documents and interviews will be reviewed and **coded** to generate evidence against the evaluation questions and sub-questions and associated indicators. In order to do so, the team will use MaxQDA to systematically code data. A comprehensive coding tree will be uploaded mirroring the structure of the Evaluation Matrix, in addition to sub-codes which will enable better categorisation of data (e.g. the relevant 'level', reflecting the evaluation approach). Once completed, the evaluation team will export all data into one Excel document, which will be disaggregated according to codes and EQs, enabling the team to search and analyse relevant data across the EQs. Once all interview and document data has been exported, this will provide the team with the opportunity to assess the strength of evidence under review. Evidence will be provided a weight and coded as supportive, neutral or contradictory against emerging findings relevant to each EQ. In this way, findings are quantifiably validated by the evidence and further revision of the findings can be undertaken based on the validation exercise.

Drawing on evidence collected across the desk review, KIIs, financial data review and global survey of protection actors, the evaluation team will then **synthesise** evidence to draw out findings against the EQs for each of the three levels of analysis.

The evaluation team will employ a **participatory approach** throughout the analysis, synthesis and sensemaking phase. Following the team's initial analysis and synthesis, the evaluation team will engage key evaluation stakeholders in a series of sensemaking and validation meetings and workshops (see section 3.3 for further details). These are intended to provide an opportunity for the evaluation team to test and validate early findings with key evaluation stakeholders and to share emerging lessons and examples of best practice with key evaluation stakeholders to inform adaptation.

3.3 Engaging stakeholders in the evaluation results

Effectively supporting the engagement of key stakeholders and audiences with the evaluation results will be critical to the evaluation's success. This will be particularly important in relation to the sharing of any good practices and lessons identified by the evaluation and ensuring maximum uptake of those lessons to support preparedness and application in future emergencies, and to inform innovative and adaptive solutions. Furthermore, ensuring regular engagement with key stakeholders throughout the implementation phase has the potential to facilitate early engagement with and uptake of emerging findings so as to support adaptation to current responses to the pandemic and its associated impact on the rights of refugees.

As such, our evaluation approach and activities have been designed with careful consideration to facilitate engagement of key stakeholders with the evaluation results throughout the implementation and reporting/dissemination phases. A full stakeholder engagement plan is presented in Annex 4.

Key features of the plan include:

- **A participatory approach to data collection, analysis and sensemaking**. As detailed above, informed by our inception phase scoping activities, the evaluation team has designed a participatory approach to data gathering, drawing on support of the Management Group and its partners and networks to identify and access relevant

existing data sets. In addition to ensuring that the evaluation makes maximum use of available data, this approach offers the added benefit of facilitating early communication with relevant stakeholders around existing evidence. The evaluation team will then employ a participatory approach to the data analysis and sensemaking phase to test and refine emerging findings through consultation and discussion with a wide cross-section of stakeholders through a series of validation workshops and a workshop with the RG at which early findings will be presented for discussion and feedback.

- **Iterative approach to lesson sharing.** To ensure that potentially important lessons are captured and shared in a timely fashion, the evaluation team will continue to explore with the Management Group ways to feedback findings in an iterative fashion as the evaluation is ongoing, as well as communicate findings once reports are completed.

- **Tailored set of reporting and communication products to maximise accessibility and uptake of evaluation results with target audiences**. All evaluation outputs, including reporting, communication products and presentations, will be developed with a clear focus on utility and accessibility. Alongside the full synthesis report, a set of accompanying products will be developed with view to ensuring evaluation findings are shared in a range of different formats and styles to meet the needs of different target audiences. The evaluation team will engage closely with the Management Group to identify priority audiences and design products which will facilitate engagement of those audiences.

- **Dissemination activities.** The revised workplan (section 4.1) makes clear provision for a range of dissemination activities during the reporting and dissemination phase of the evaluation, including a final presentation and development of a range of communication materials. In addition, Itad and VALID will provide specialist communication support to the Management Group's s own communications strategy and plan.

3.4 Ethical considerations and data management

3.4.1 Ethics and safeguarding

Itad and VALID fully understand and are committed to the United Nations Evaluation Group (UNEG) Ethical Guidelines and Code of Conduct for Evaluations in the United Nations Systems. During the contracting phase, all evaluation team members have signed the UNHCR's confidentiality and Data Protection policy requirements and are expected to follow the UNHCR Code of Conduct and complete UNHCR's introductory protection training module.

As stated in the ToR, this evaluation is based on established standards for evaluation practice in the OECD DAC and UN systems, the DAC and UN Ethical Guidelines for evaluations and ALNAP's guidance on evaluating protection. Following these standards, the evaluation is founded on the principles of independence, impartiality, credibility and utility. In practice, they imply: 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.

Itad, as contract lead, takes evaluation ethics very seriously and has developed a comprehensive document – *Itad's Ethical Principles for Evaluations* – which sets a standard to which all Itad staff, consultants, and partners adhere when working on Itad evaluations, and which is in alignment with UNEG guidelines (see Annex 5).

Itad staff are required to attend training in safeguarding and Itad's safeguarding policy has been incorporated into all contractual material. All evaluation team members operate in accordance with international human rights conventions and covenants to which the United Kingdom is a signatory, regardless of local country standards. For this assignment, it is fundamental to understand the local context and norms to ensure that data collection methods are appropriate and sensitive.

Before data collection starts, we will design a robust ethics and safeguarding protocol for remote data collection to ensure that UNEG and Itad's ethics and safeguarding principles are applied at all stages of the evaluation. The evaluation's Project Manager will work in consultation with Itad's in-house expert in applying ethical principles in evaluation and research to rigorously undertake the review of ethics and submit the protocol to the internal Ethics Committee. The evaluation team will consult the Management Group to ensure the protocol encompasses all relevant sensitivities and that the evaluation is harmonised with UNHCR's standard ethics and safeguarding practices. Given the fully remote evaluation design due to COVID-19, the evaluation team will ensure that the ethics and safeguarding guidelines are tailored to remote data collection.

The evaluation team anticipates that some of the main ethical concerns of this evaluation will relate to:

Risks around data protection, and associated risks to confidentiality and anonymity of participants. The evaluation team has a robust approach to data management (outlined in section 3.4.2 below), to ensure both secondary and primary data is stored securely. Our protocol will cover voluntary participation, right to withdraw, anonymity, confidentiality and informed consent. Data will be anonymised, and any identifying information will be stored separately from interview responses.

Risks associated with remote data collection. The use of remote data collection and analysis methods and tools carries specific additional ethical considerations and risks. In particular, collecting data through remote methods such as remote interviews or surveys can pose a range of safeguarding and protection risks to respondents, while additional care is required to ensure confidentiality, privacy and informed consent is appropriately secured. For example, collecting data remotely makes it more difficult for evaluators to ensure those participating are able to do so in an environment where they can do so safely and privately. The security of remotely gathered data and protection of all personal data also requires careful attention, as data collected and stored on mobile or online platforms may be vulnerable to being compromised and potentially used by malicious actors.

3.4.2 Data management

The evaluation has aligned with UNHCR's data protection principles as outlined in the Confidentiality Agreement. Adherence to Itad's Data Protection Policy and UNHCR's data protection requirements are embedded in Itad's contractual agreements with external consultants contracted on the evaluation. Access to UNHCR's internal dashboards will facilitate processes and avoid additional data transfers. Itad takes information security and data protection very seriously, ensuring all personal or sensitive information is adequately protected to industry-recognised standards. All team members use exclusively Microsoft Teams/SharePoint as the platform for sharing and temporarily storing data. This platform is General Data Protection Regulation compliant and deemed the safest option for data management compared to other document sharing platforms (e.g. Dropbox, Google Drive). In addition, the Management Group has provided the evaluation team with access to a OneDrive folder to share UNHCR documents with the evaluation team.

3.5 Limitations and risks to the evaluation

A comprehensive risk matrix, with corresponding mitigations measures, can be found in Annex 6, structured around five main categories: (1) COVID-19 (2) Methodological risks (3) Operational risks (4) Security risks, and (5) Ethics and safeguarding risks. Risks will be reviewed and updated at key planning points during the course of the evaluation.

3.6 Quality Assurance

QA mechanisms for this evaluation are built on Itad's robust organisational QA systems and tools, which are designed to ensure that our evaluations meet OECD DAC standards for usefulness, cost-effectiveness, accuracy and credibility. For this evaluation, we will apply Itad's four-stage QA framework across each phase of the evaluation (Annex 7). Our approach to QA is informed by the system of academic peer-reviewing and by established standards for evaluation quality. Itad ensures that its evaluations meet the highest standards for conduct of evaluations, and that they are conducted according to the relevant professional standards from professional evaluation associations. On top of that, the evaluation team and the QA Lead will take into close consideration the UNHCR 'Evaluation Quality Assurance' (EQA) guidance, which clarifies the quality requirements expected for evaluation processes and products. On top of Itad's internal QA mechanism.

For this evaluation, Itad Partner and Project Co-Director, David Fleming, is the QA Lead, working alongside Alistair Hallam, VALID Evaluations Director and Project Co-Director. The QA will focus on the following:

i. **Embedding clear quality expectations from the outset for the team on what is required throughout the evaluation to ensure high quality of deliverables.**

ii. **Ensuring the key principles of transparency, credibility, utility and efficacy are embedded throughout** specifically through i) quality assuring all data collection tools and protocols to ensure they are clear and robust, and will generate high quality data; ii) quality assuring data collection plans to ensure they are well prepared and will generate high quality data in an efficient way; iii) quality assuring data analysis tools and outputs to ensure they yield credible findings supported by a transparent evidence base and analytical process.

iii. **Early investment of QA time to ensure products are on track to deliver on expected quality standards.** This will focus on robustness of methodology, readability of reports and clear line of sight in all reports between findings, conclusions and recommendations.

All evaluation products will be shared with an external QA provider (contracted by UNHCR) for their comment, in addition to being reviewed by the Management Group and 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.

4 Evaluation planning and management

4.1 Updated workplan and deliverables

Table 2 below sets out a draft workplan and deliverables for the evaluation implementation, including phases, activities and timelines. The deliverables are broadly in line with the ones included in the ToR.

Other than the timing of the final report itself, the key point in the projects timeline is the High-Level Officials Meeting on 14th and 15th December 2021. The meeting is the first gathering of senior government officials and representatives of the international community to review progress under the GCR. Subject to ongoing discussions, a presentation of the evaluation's key findings will be presented at the High-Level Meeting, most likely a relevant side-event.

The main departure from the ToR in terms of deliverables, as discussed in Section 3.1.2, is that the evaluation will not conduct country level case studies but will include thematic snapshots, which, together with the other three workstreams, will inform the synthesis report.

Table 2 Workplan and deliverables

Phases	Activities	Deliverable	Timeline
Inception phase	Initial briefings with Management Group, Reference Group and other key stakeholders		Early May 2021
	Initial document review, interviews with key stakeholders, mapping of key actors, rights and areas of international cooperation		May-June 2021
	Submission of draft Inception Report	✓	9th July 2021
	Submission of the final Inception Report	✓	3rd August 2021
Data collection phase	Global document review and interviews		August –October 2021
	Global survey of protection actors - design and roll out		
	Thematic snapshots		
	Review of 27 country reports		
	Analysis of financial data		
Data analysis and internal sensemaking phase	Analysis and synthesis of data from all workstreams		October- November 2021
	Remote validation workshops	✓	November 2021
	Presentation of key findings and remote Reference Group workshop	✓	End November 2021
	Presentation of key findings to High Level Officials Meeting (e.g., HLOM Spotlight Session on GCR and COVID-19)	✓	14th/15th December 2021
Report drafting and finalisation phase	Submit draft synthesis report of analysis from all workstreams	✓	December 2021
	Meeting with Management Group and Reference Group	✓	January 2022

	Submit final synthesis report and executive summary in English, Spanish and French	✓	February 2022
Dissemination and management response phase	Presentation(s) for high level participants	✓	February 2022
	Draft communication materials[31]	✓	

4.2 Team composition

The evaluation team composition remains broadly unchanged to that set out in the initial proposal (see Annex 8). The team is a joint initiative between Itad and VALID Evaluations. The Team Leader for the evaluation is Glyn Taylor, a highly experienced evaluation and institutional development specialist, with extensive expertise and knowledge of the humanitarian system and policy environment and of refugee settings. The rest of the evaluation team is composed of Silvia Hidalgo (Deputy Team Leader), Professor Geoff Gilbert (Subject Matter Specialist in Human Rights and Humanitarian Law), Jeanne Ward (Technical Specialist - SGBV), and Marleen Korthals Altes (Technical Specialist - Child Protection), who bring a complementary range of expertise in evaluation, refugee rights, relevant thematic areas, as well as experience across various geographical focus areas, and a range of linguistic skills. Data and evaluation support will be provided by Elisa Sandri, Betsie Lewis and Corey Robinson. Elisa Sandri also supports the day-to-day management of the evaluation as Project Manager, managing all contract administration and logistical tasks (including sub-contracting experts, workplan tracking and logistics). Additional evaluation oversight and QA of evaluation deliverables will be provided by the Co-Project Directors David Fleming (Itad) and Alistair Hallam (VALID). A table outlining roles and responsibilities has been included in Annex 8.

4.3 Evaluation management

The evaluation falls under the auspices of the COVID-19 Global Evaluation Coalition. The Management Group for the evaluation cosists of representatives from Evaluation Units of UNHCR, Ministry of Foreign Affairs of Finland, Governments of Colombia and Uganda, and the humanitarian system network ALNAP As Chair of the Management Group, David Rider Smith of UNHCR is the Evaluation Manager. The Itad evaluation team is led by Glyn Taylor. Day-to-day management of the evaluation will be conducted between the UNHCR Evaluation Manager, the Team Leader and the Itad Project Manager.

The RG for the evaluation will play an advisory function. It 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. The RG will be asked to provide feedback on the key evaluation products. The content of evaluation products will be agreed between the Evaluation Manager, the Evaluation Team Leader and Project Manager. The Evaluation Manager will give the formal sign-off of the evaluation products.

Annexes

Annex 1: ToR

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.

Website: www.covid19-evaluation-coalition.org

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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 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 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 regimeiv 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 statusv, (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 responsesvi, 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 essentialvii. 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;

    b) 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.

    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 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 excise 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?

c)   Coherence: To what extent have national government, development partners and global responses aligned to ensure coherent approaches for the international protection of refuges 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 evaluationsviii; 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 Englishix.

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 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: Management Group and Reference Group composition[29]

The Reference Group is co-chaired by Gillian Triggs, United Nations Assistant Secretary-General and Assistant High Commissioner for Protection at UNHCR and Susanna Moorehead, the elected Chair of the OECD DAC. It is composed of critical actors in the international protection, humanitarian policy, and research spheres who can both assist in shaping the evaluation and also 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.

The evaluation is managed by the Evaluation Units of UNHCR, Ministry of Foreign Affairs of Finland, Governments of Colombia and Uganda, and the humanitarian system network and chaired by David Rider Smith of UNHCR. As the evaluation falls under the auspices of the COVID-19 Global Evaluation Coalition, the DAC Network on Development Evaluation (EvalNet) Secretariat is providing technical and logistical support to the evaluation process.

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[29] 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 3: List of inception phase KIIs

Table 3 lists key informants that were interviewed as part of the inception phase.

Table 3 KIIs during inception phase

Name	Organisation	Role
Hiroko Araki	UNHCR	Chief of Section (Resource Mobilisation, inter-agency appeal fundraising)
Bernadette Castel-Hollingsworth	UNHCR	Deputy Director, Division of International Protection (DIP)
Helen Durham	ICRC	Director of International Law and Policy; member of RG
Madeline Garlick and Kees Wouters	UNHCR	Protection Policy and Legal Advice (PPLA), Chief of Section / Senior Refugee Law Adviser
Bjorn Gillsater and Domenico Tabasso	Joint Data Centre (JDC)	Head of JDC / Senior Economist
Catherine Hamon Sharpe	UNHCR	Senior Adviser to the Director, DIP
Fawad Hussain and Alicia Ortega	Global Information Management, Assessment and Analysis Cell (GIMAC)	OCHA Focal Point and UNHCR Focal Point
Karin Jehle	UNHCR	Division of Strategic Planning and Results, Assessment Officer and GHRP Link
Periklis Kortsaris	UNHCR	Head of RSD Section, DIP
Pedro Mendes Rosa	UNHCR	Division of Resilience and Solutions (DRS), Conflict Prevention
Kathrine Starup	DRC	Head of Protection Unit; member of Reference Group
Valérie Svobodova	UNHCR	Human Rights Liaison Unit (HRLU), DIP
Volker Schimmel	UNHCR	Head of Global Data Service (GDS)
Manisha Thomas (RG)	WRC	Geneva Representative
Bilal Siddiqi (RG)	University of California	Director of Research, UC Berkley's Centre for Effective Global Action
Meg Sattler	Ground Truth Solutions	Director (and focal point for COVID related work)
Saskia Blume	UNICEF	Focal point for COVID and Children 'On the Move'

Annex 4: Stakeholder analysis and engagement plan

Stakeholder analysis involves identifying groups that have a particular interest in the evaluation. Stakeholders in this evaluation include both duty-bearers and rights-holders operational actors, national and local authorities, UN agencies, governments of the country of asylum and country of origin, host communities and their organisations. The evaluation team has conducted a preliminary analysis of stakeholders, which include:

- Refugees and asylum seekers: key actors in their own protection

- RLOs: refugee communities often set up self-help structures within their host countries. Global level representatives and umbrella organisations form part of the Reference Group for the evaluation. These include the Women's Refugee Commission and the Global Youth Refugee Network

- National NGOs: during the inception phase, it is impossible to identify which specific national NGOs will be interviewed or surveyed. Once the countries of focus for the thematic snapshots are identified, national NGO partners with a key role in refugee programming will be identified and included in the evaluation

- UN Agencies: including UNHCR, IOM, WHO, UNICEF, UNRWA, UNFPA, UN OCHA

- Red Cross Red Crescent Movement: IFRC (including respective national society in thematic snapshot countries), ICRC

- INGOs: from the outset, documentation and publicly available data from a number of INGOs will form part of the document review, the data analysis and the KIIs. The list will be expanded but initially includes: NRC, DRC, Refugees International, Save the Children

- INGOs, NNGOs and local organisations who represent refugees with specific needs will also be stakeholders in the evaluation

- Governments: governments of the country of asylum and country of origin have primary responsibility for protecting refugees and returnees, respectively. States vary in their ability or willingness to fulfil their obligations. Some governments have clear frameworks established to ensure the provision of protection and may to extend their services as part of their responsibilities under the 1951 Refugee Convention. Governments may have imposed restrictions to rights during the pandemic. Three governments form part of the Management Group for this study: Colombia, Finland and Uganda. Other governments, especially those in thematic snapshot countries will be included in the evaluation. This will include the role of all levels of regional and local government and municipal government. The Reference Group for the evaluation includes the Mayor's Migration Council, which has a certain amount of existing information of activities launched by cities in support of migrants during COVID

- Key donor countries: funding data from key donor countries will be part of the financial analysis. Humanitarian funding and ODA will form part of the analysis and donor representatives may form part of the KIIs.

A more detailed list of key informants will be drafted after the inception phase.

Table 4 below outlines the stakeholder engagement plan for the evaluation.

Table 4 Stakeholders engagement plan

Phase/Engagement activity	Purpose/description	Stakeholders involved
Inception phase		
Scoping and data collection	Deeper understanding of the origin and purpose of the evaluation, mapping of available data, preparation of the Inception Report	Various stakeholders (including UNHCR, UNICEF, INGOs, etc.) and members of the RG
Engagement with MG	Regular MS Teams meeting to discuss/understand expectations, challenges and limitations; and build relationships with key stakeholders at early stage	Management group members
Reference Group meetings	To build understanding with the RG on the purpose of the evaluation	Reference Group
Data collection phase and analysis phase		
Engagement with MG	Regular briefings and updates to MG to provide updates on progress, highlight any challenges and to continue consider and identify opportunities to share evaluation results	Management group
Validation workshops	Participatory process to make sense of analysis and validate findings. Opportunity for evaluation team to test and validate early findings with key evaluation stakeholders, and to share emerging lessons and examples of best practice with key evaluation stakeholders to inform adaptation	All stakeholders involved in the data collection (see above)
Reference Group meeting	To enable RG to provide early feedback on the emerging results of the evaluation and on planned next steps in reporting and dissemination phase	Management group, Reference Group
Reporting and dissemination		
Discussion of synthesised findings with Reference Group	Formal presentation to RG on findings, conclusions and recommendations, to receive verbal feedback on the draft evaluation report	Reference Group
External presentation	Formal presentation on headline findings, conclusions and recommendations	TBC
Brown bag presentations	Share headline messages of the evaluation with wider internal and external audiences	TBC

Annex 5: Summary of Itad's ethical principles

This Summary of Ethical Principles sets a standard to which all Itad staff, consultants, and partners aspire to when working on Itad-managed evaluations. Itad evaluators operate in accordance with international human rights conventions and covenants to which the United Kingdom is a signatory, regardless of local country standards. They will also take account of local and national laws.

Itad takes responsibility **for identifying the need for and securing any necessary ethics approval for the study they are undertaking**. This may be from national or local ethics committees in countries in which the study will be undertaken, or other stakeholder institutions with formal ethics approval systems.

The conduct of all those working on Itad-managed evaluations is characterised by the following general principles and values:

Principle 1: Independence and impartiality of the researchers. Itad evaluators are independent and impartial. Any conflicts of interest or partiality will be made explicit.

Principle 2: Avoiding Harm. Itad evaluators will ensure that the basic human rights of individuals and groups with whom they interact are protected. This is particularly important with regard to vulnerable people.

Principle 3: Child protection. Itad follows the code of conduct established by Save the Children (2003) which covers awareness of child abuse, minimising risks to children, reporting and responding where concerns arise about possible abuse. Itad evaluators will obtain informed consent from parents or caregivers and from children themselves. Children will not be required to participate even if their parents' consent.

Principle 4: Treatment of Participants. Itad evaluators are aware of differences in culture, local customs, religious beliefs and practices, personal interaction and gender roles, disability, age, and ethnicity, and will be mindful of the potential implications of these differences when planning, carrying out and reporting on evaluations.

Principle 5: Voluntary participation. Participation in research and evaluation should be voluntary and free from external pressure. Information should not be withheld from prospective participants that might affect their willingness to participate. All participants have a right to withdraw from research/evaluation and withdraw any data concerning them at any point without fear of penalty.

Principle 6: Informed consent. Itad evaluators will inform participants how information and data obtained will be used, processed, shared and disposed of prior to obtaining consent.

Principle 7: Ensuring confidentiality. Itad evaluators will respect people's right to provide information in confidence and must ensure that sensitive information cannot be traced to its source. They will also inform participants about the scope and limits of confidentiality.

Principle 8: Data security. Itad is registered under the UK Data Protection Act 1998 and has a Data Protection Policy which includes procedures on data retention and confidentiality. Itad evaluators will guard confidential material and personal information by the proper use of passwords and other security measures. Itad evaluators have an obligation to protect data and systems by following up-to-date recommendations to avoid damage from viruses and other malicious programmes. Plus, there is a duty to state how data will be stored, backed-up, shared, archived and (if necessary) disposed.

Principle 9: Sharing of findings. Itad evaluators are responsible for the clear, accurate and fair written and/or oral presentation of study limitations, findings and recommendations.

Annex 6: Evaluation Risk Matrix

Table 5 lists the identified risks, their likelihoods, mitigation measures and residual risk after mitigation measures.

Table 5 Risk matrix

| Risk	Likelihood	Mitigation measures	Residual risk
Risks related to COVID-19			
Limitations around the quality of data collected remotely.	High	Through experience running a number of global assignments during the COVID-19 pandemic, Itad has built up expertise managing the risks the pandemic presents and will bring this to bear in the evaluation. All data collection will be conducted remotely, utilising telephone and video-teleconferencing (VTC) for interviews, an extensive desk-based review and analysis of existing data streams and utilising existing survey instruments to gather additional primary data, including ensuring voices of affected populations are adequately represented. We will also utilise support from our on the ground partners Ground Truth to access additional country-specific data. All workshops and meetings will be delivered remotely, through MS Teams or Zoom. In doing so, we will draw on Itad and VALID's wealth of experience in remote evaluation delivery.	Low
Data management and use of virtual data collection methods.	Medium	The evaluation team will have access to a broad range of virtual data collection methods, including online data storage platforms, collaborative working platforms (like Miro and teams) as well as online phone access (to enable calls abroad without excessive cost). We are well practised in applying these techniques to a wide range of projects, and therefore challenges of accessing people or data are minimised. However, we understand there is also a potential security risk when using virtual methods. However, within Itad we have recently undertaken an internal review regarding the security of a variety of data storage platforms. As a result, we have excluded several platforms (e.g., Dropbox) from further use. All data collected will be anonymised and stored on secure platforms. And only the evaluation team will be provided access to any data stored on our online data storage platform.	Low
Methodological risks			
Limited availability of comprehensive data on the impact of COVID-19 on refugees.	High	As discussed in section 3.3.1, the evaluation team is already aware that there is relatively limited availability of global comprehensive data on the impact of COVID-19 on refugees and have discussed this potential limitation with the Management Group during in inception phase. The ongoing and uncertain nature of the pandemic and its effects and access and freedom of movement limitations pose further challenges. The evaluation heavily relies on access to information available in UNHCR internal dashboards. As detailed in section 1.3, the evaluation team has undertaken scoping interviews to better understand the available data and an extensive mapping exercise of data sources. This is in parallel to the work on developing an evaluation matrix around EQs. This two-track process was intended to ensure a comprehensive and complete approach to better understand information availability, and ensure that the evaluation matrix is rooted in this clear understanding of how available data will support a complete assessment against the EQs. Including a broad selection of up to 27 countries in the review will help the evaluation team develop a fuller global level picture and help offset data limitations that may be more pronounced in certain countries on certain issue areas. A roundtable with data experts will also be organised specifically on this evaluation to better discuss data that is available and discuss opportunities for additional data collection in gap areas. The evaluation team will continue to engage with the Management Group key agencies tracking indicators on protection and reporting under the GHRP and other relevant stakeholders throughout the data collection phase in order to access data and address gaps and limitations.	Medium
Limited quality/robustness of secondary data.	High	Our evaluation matrix and mixed-methods approach has been carefully designed to maximise triangulation of all evidence by drawing on a range of primary and secondary data sources to address each EQ. This is intended to mitigate the risk of reliance on secondary data sources, given that in some	Medium

		cases it may be difficult to discern the robustness and quality of that data and the data collection methods employed to gather it.	
Limited independence in the selection of country/thematic snapshots.	Medium	In section 3.3.6 of the Inception Report we set out our proposed selection of selection of countries for mid-level analysis and thematic/country level snapshots, and the rationale for that selection. In practice, the final selection also depends on the feedback and approval of the Management Group and Reference Group.	Low
+ve or -ve bias in sampling of stakeholders.	Low	Our stakeholder sampling strategy will build a comprehensive list of key informants to interview. We might ask for help from the Management Group to map stakeholders and make decisions around key stakeholders to interview. This approach will aim to purposively sample a small number of respondents that may have more comprehensive perspectives.	Low
Unavailability of key stakeholders.	Medium	The data collection phase will involve consulting a large range of stakeholders, within a short timeframe. It is likely that the evaluation team are unable to access some stakeholders within the timeframe, particularly given data collection is to be done remotely due to COVID-19 restrictions. The evaluation matrix and data collection plan has been designed to ensure sufficient coverage of all relevant stakeholder groups to mitigate against the fact that that in some cases not all stakeholders will be available.	Medium
Inability to complete all activities within the tight evaluation timeframe.	High	As discussed in section 1.2.2, the evaluation represents an ambitious undertaking within a tight timeframe. With this in mind, a key focus on the inception phase has been to clearly define and limit the scope of the evaluation and to design an approach, methodology which workplan which can be realistically delivered within the timeframe without compromising its robustness or quality. The Evaluation Team Leader and Project Manager will closely oversee implementation and monitor progress and liaise closely with the Management Group to discuss progress and identify any necessary mitigation measures in the event of any potential delays.	Medium
Operational risks			
Cultural and/or language barriers resulting in a failure to collect robust data and/or misinterpretation of issues and data in relation to specific contexts.	Low	The team's composition has been selected in order to ensure an adequate experience and understanding of the broad range of contexts and issues which are the focus of the investigation, as well as a range of language skills. Our team covers UNHCR's working languages, English, French, Spanish. This is reinforced by our in-country partners who will provide support to accessing data which is rooted in expert localised knowledge of operating in contexts including familiarity with local cultures and languages and dialects.	Low
Risk of corruption, embezzlement and fraud within the supplier chain and with individual consultants.	Low	Due diligence is conducted of Itad subcontractors and all transactions will be closely monitored through a robust financial management system. A whistle-blowing policy is in place within Itad.	Low
Security risk			
Threats to safety and security of staff (crime, terrorism, conflict and other forms of armed violence).	Medium	Given the remote approach to delivering the evaluation, security risks are likely to be minimal. Nevertheless, Itad's Global Safety and Security Framework provides a structured approach to managing safety and security risk. Evaluation team members will form a Joint Risk Management Committee to assess and manage threats to staff security. 24-hour live-field safety check-in and incident management procedures will be put in place for deployments to high-risk areas. Comprehensive insurance includes provisions for medical emergency evacuation for in-country consultants.	Low
Data security breaches, enabled by extensive use of portable/networked IT equipment (tablets, laptops, etc.).	Low	All data will be encrypted both during storage and data transfer, and subject to strict access controls, including where remote hand-held devices are used for data collection. Subcontractors will be briefed on the importance of information security and provided with best practice tools for minimising data loss. Itad's information security policy is supported by its adherence to the Information Assurance for Small and Medium Enterprises Governance Information Security Management System cybersecurity standard.	Low

Ethics and safeguarding risk			
Breach of safeguarding standards/sexual harassment or abuse carried out by an evaluation team member or a contractor.	Low	Safeguarding standards and Supply Partner Code of Conduct are fully part of contractual obligations for staff and partners. An Itad whistle-blowing policy is in place to enable the reporting of any incident, plus procedures for dealing with sensitive issues and complaints.	Low
Breach of respondents' confidentiality and privacy.	Low	The evaluation team will draw on Itad's own safeguarding policies and ethical principles and develop culturally meaningful approaches to informed consent and/or assent. This approach will cover voluntary participation, right to withdraw, anonymity, confidentiality and consent.	Low

Annex 7: QA Process

Itad's QA approach involves four stages as illustrated in Figure 3 below: a) establishing quality ex ante – engaging the right team, b) implementing quality in process – in all aspects of the project, c) quality of the end product – ensuring the timeliness and quality of all deliverables, and d) improving quality ex post – securing feedback on the technical quality.

Figure 3 Itad's approach to QA
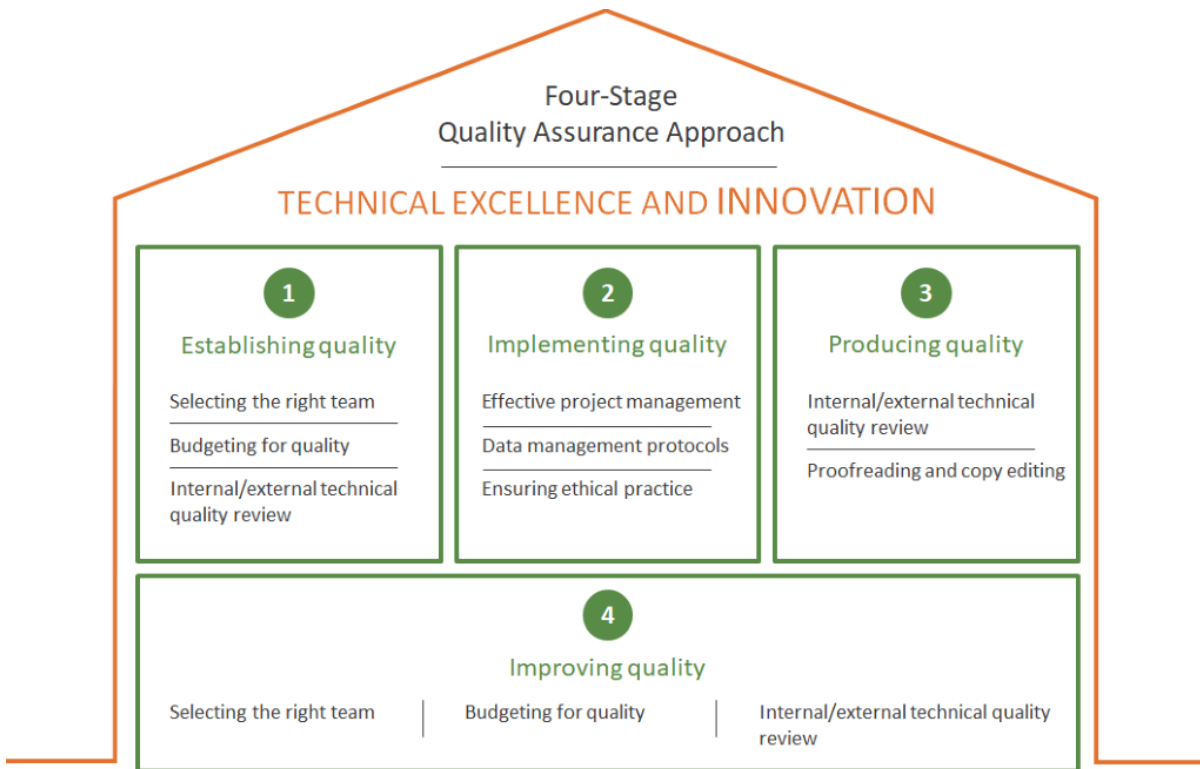
The procedures for quality control on deliverables sit within the broader QA system and policies, attributes of which include:

- Tendering for projects where Itad can deliver real value to clients
- Sourcing the best possible available team to deliver the project
- Subjecting deliverables to detailed scrutiny by a senior Itad staff member prior to delivery (see Table 7 for checklist)
- Discussing final deliverables with the client prior to production to ensure continued relevance
- Providing clients with a post-completion opportunity to comment through feedback.

As illustrated in Table 6, the evaluation team will implement Itad's QA process at all stages of this assignment, starting from the bidding stage to closing the feedback loop after an evaluation has been completed.

Table 6   QA Procedures for each phase of the evaluation

Evaluation phase	QA procedures
Inception	At inception, Itad has already established quality through engaging a strong evaluation team and designing a robust evaluation appropriate to the purpose of the evaluation. The evaluation team used the inception phase to finalise our evaluation methodology in consultation with the Management Group and to ensure data collection methods are appropriate and relevant. The draft Inception Report was reviewed by our QA Lead, David Fleming. We also used the inception phase to set clear expectations across the evaluation team on product and process quality expectations throughout the evaluation.
Data collection and analysis phase	Appropriate data collection tools that gather relevant evidence in a timely and sensitive manner are critical to a successful evaluation. To support this, the evaluation team will apply an iterative approach to test the data collection instruments and to allow for adaptations. The Evaluation Team Leader will support a regular reflection and adaptation process, with oversight from our QA Lead. The Project Manager and Team Leader will periodically review the evaluation workplan to ensure that delivery is on track and planning for next phases is realistic.

For the analysis phase, our QA procedures focus on the quality and transparency of our analysis. Our Project Co-Directors and QA Lead will support the team during this phase to ensure a systematic and transparent approach to analysis at the three evaluation levels; and to ensure that sufficient preparations are made to maximise the value of validation and emerging findings workshops. |
| **Reporting and dissemination** | In this stage, our QA Lead will engage early with report authors to ensure all evaluation reports and communications products present a credible evidence base; a logical and clear flow from evidence to findings, conclusions, and recommendations; practical, targeted and actionable recommendations; and clear, engaging, accessible and jargon-free documents. For this, our QA Lead will use a QA checklist (see below) alongside UNHCR's EQA Guidance and in consultation with the Management Group All reports and other outputs that will be shared publicly will be professionally proofread, and feedback will be gathered throughout the evaluation process to ensure suggestions on improvements can be fed into the evaluation products. |

Itad's QA Checklist

Please note this simple checklist has been designed for the QA of inception reports.

Table 7 Itad's QA Checklist

STRUCTURE AND CLARITY:
Is the product logically structured, is it clearly written and does it contain all the relevant elements?
CONTEXT, PURPOSE, SCOPE AND OBJECTIVES:
Is there a sufficiently detailed description of the background to the evaluation, including the context, purpose, scope and objectives?
EVALUATION FRAMEWORK:
Is the proposed evaluation framework sufficiently focused and capable of addressing the purpose, scope and objectives of the evaluation?
METHODOLOGY AND DATA:
Is the proposed methodology appropriate and capable of adequately addressing the evaluation questions? Are proposed data sources appropriate and sufficiently robust?
INCLUSION AND ETHICS:
Will the methods address issues of impartiality, propriety and inclusion? Is the proposal ethically sound?
PLANNING, MANAGEMENT AND GOVERNANCE:
Is the evaluation plan coherent, supported by clear management and governance arrangements? To what extent does the evaluation design take into account Paris Declaration Principles?
USEFULNESS:
Is the evaluation designed to meet the information and decision-making needs of the intended users and other stakeholders?

Annex 8: Team organogram and roles and responsibilities

Figure 4 outlines the team composition.
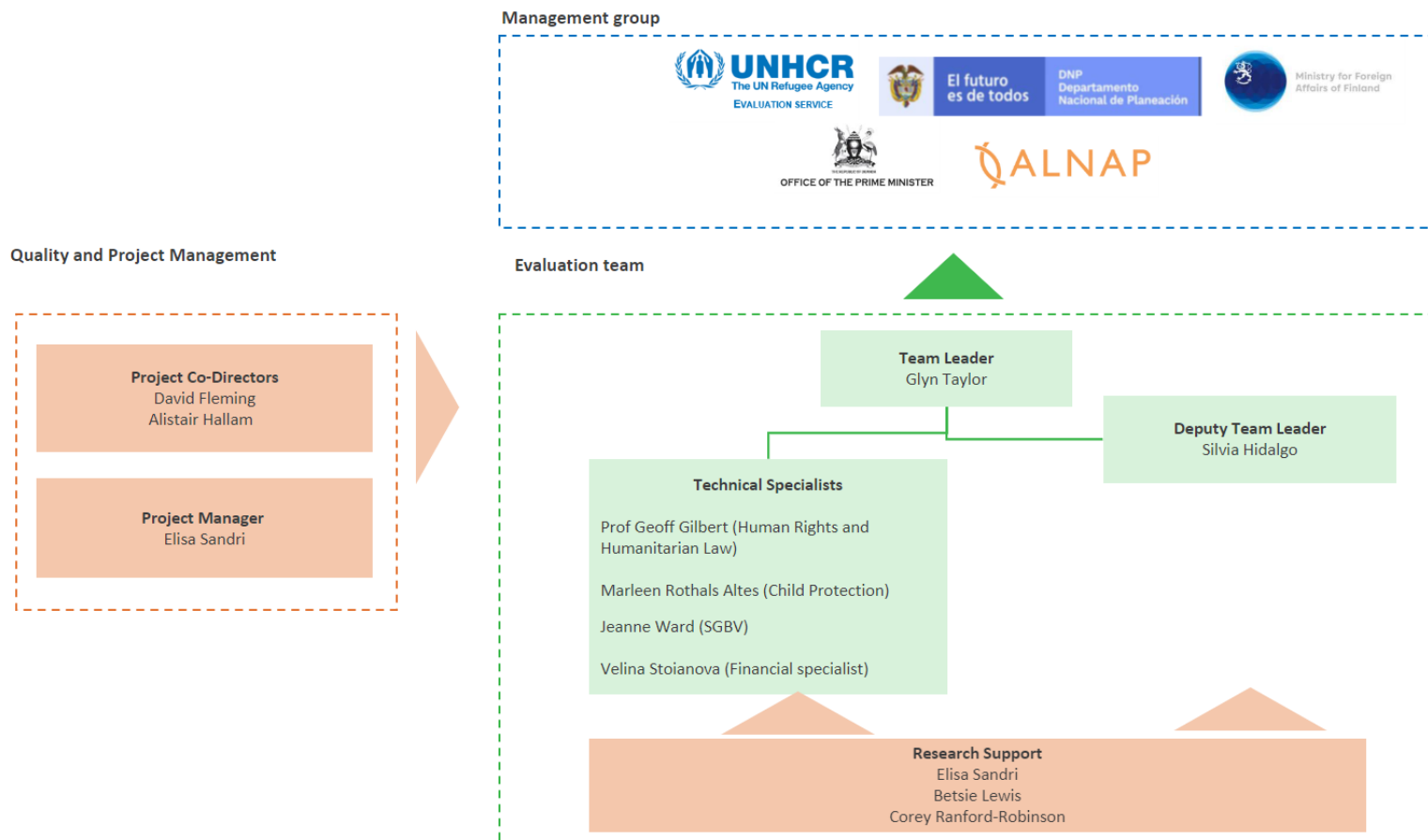
Figure 4 Team organogram

Table 8 describes roles and responsibilities for each team member in the evaluation team.

Table 8 Evaluation team roles and responsibilities

Team member and role	Responsibilities
Glyn Taylor Team Leader	▪ Leading the detailed design of the evaluation and setting out the methodology and approach in the Inception Report; ▪ Allocating areas of work to team members and guiding them in implementation; ▪ Overseeing the data collection and analysis across all workstreams and snapshots; ▪ Leading the design of workstreams and liaising with Technical Specialists on their specific components; ▪ Leading on the meta evaluation; ▪ Leading on one thematic snapshot, including data collection, document review, analysis, synthesis and writing; ▪ Leading the drafting of the final report and consolidating the inputs of team members; ▪ Representing the evaluation team on technical matters; ▪ Coordinating and leading on all deliverables.
Silvia Hidalgo Deputy Team Leader	▪ Support the Team Leader with evaluation design during inception; ▪ Support with oversight of data collection and analysis; ▪ Leading on one thematic snapshot, including data collection, document review, analysis, synthesis and writing; ▪ Providing technical input into quantitative data.
Geoff Gilbert Subject Matter Specialist	▪ Provide specialist technical support to the Team Leader and the team throughout the evaluation, including supporting the team in the development of methodology and analysis; ▪ Inputting into the development of all deliverables together with the Team Leader; ▪ Leading on one thematic snapshot, including data collection, document review, analysis, synthesis and writing; ▪ Attend all presentations with the Reference Group and other key evaluation stakeholders.
Jeanne Ward Technical Specialist - SGBV	▪ Technical support on methodology, data collection and analysis; ▪ Leading on one thematic snapshot on GBV, including data collection, document review, analysis, synthesis and writing; ▪ Input into the development of all deliverables.
Marleen Korthals Altes Technical Specialist – Child Protection	▪ Technical support on methodology, data collection and analysis; ▪ Leading on one thematic snapshot on child protection, including data collection, document review, analysis, synthesis and writing; ▪ Input into the development of all deliverables.
Velina Stoianova Technical Specialist- financial	▪ Analysis of financial data sets

Elisa Sandri Project Manager and Evaluation Support	As a Team Member: ▪ Technical support on methodology, data collection and analysis; ▪ Supporting the management of documents, surveys, KIIs across all workstreams; ▪ Providing support to thematic snapshots; ▪ Input into the development of all deliverables. As Project Manager: ▪ Ensure the project it is delivered on time, on budget and to the expected high quality. This will involve leading on the day-to-day management of the project; ▪ Providing logistical support as required to support the Team Leader in the efficient and effective management. This will involve working with Itad's designated Project Officer (in Itad's internal Project Management Unit) to oversee key project processes such as contracting, risk management, QA, budgeting and supporting the Project Co-Directors and Team Leader in team management.
Betsie Lewis Evaluation Support	▪ Supporting the management of documents, surveys, KIIs across all workstreams; ▪ Providing support to thematic snapshots; ▪ Input into the development of all deliverables.
Corey Ranford-Robinson Evaluation Support	▪ Supporting the management of documents, surveys, KIIs across all workstreams; ▪ Providing support to thematic snapshots; ▪ Input into the development of all deliverables.
David Fleming, Alistair Hallam Project Co-Directors and QA Leads	▪ Having ultimate responsibility for the project, ensuring that it is delivered on time, on budget and to the expected high quality. This will involve close liaison with the Team Leader to resolve any complex technical issues, in addition to acting as the client contact for the highest-level queries (and escalation) on project delivery and performance; ▪ Overseeing all contractual and scheduling matters for the evaluation, working in close coordination with the Project Manager and Team Leader; ▪ Assuring the robustness of the methodologies used and the quality of all outputs and deliverables; ▪ Working closely with the Team Leader and Project Manager to feedback any quality issues as early as possible to ensure the project progresses to the expected high quality. This will also involve ensuring quality control advise is acted upon in a timely manner; ▪ Ensuring that all evaluation deliverables meet Itad and UNHCR quality standards; ▪ Supporting the Team Leader with embedding quality throughout all evaluation processes; ▪ Supporting the evaluation team in inception, where needed, on finalising the evaluation approach and methodology; ▪ QA of all deliverables.

Annex 9: Evaluation Matrix

Question/Sub-question	Criteria	Judgement Criteria	Indicator[30]	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?		Evidence of the ability of refugees to exercise their rights being challenged during COVID-19. Evidence of the additional impact of the pandemic on the overall protection environment	Situation indicators in the GHRP Data on key protection indicators during the pandemic Global level data on cross-border forced displacement and asylum during the pandemic Global level data on resettlement Global level data on access to health care Global level on GBV and refugees Global level data on child protection Data on the perception of refugees including refugees with specific needs	Data analysis - universal and 27 country sample [Workstream 1] KIIs and survey [Workstream 2] Document review - universal and 27 country sample [Workstream 1 and 3]
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)	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. Evidence of systematic changes in approach which demonstrate analysis and learning over the course of the pandemic. Evidence that national level responses have adapted (to the extent that patterns are discernible from a global viewpoint)? Evidence that funding patterns have evolved to support promotion and	Coverage of refugee rights issues in Human Rights Council Sessions. Monitoring of derogations during COVID that relate to COVID. Number of states that have put in place derogations. Derogations that have run out, derogations withdrawn. Positive trends in key protection indicators: - Closure of borders over time. - Legislative provisions impeding access to territory and asylum.	Data analysis: [Workstream 1] - UNHCR dashboard data - GHRP indicators Review of financial data Document review: Global and country level [Workstream 2] KIIs Survey [Workstream 3]

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[30] 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.

		inclusion and adaptation - in absolute terms and as a proportion of the global COVID-19 response.	- Data on refoulement/persons forcibly removed. - Number of asylum applications pre and post pandemic declaration. - Number of refugees resettled pre and post pandemic declaration. Positive trend in the availability of data - specifically data disaggregated by migratory profiles/issue areas	
EQ 1.1b 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?	Connectedness /coherence/ coordination	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	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)	Data analysis - financial data [Workstream1] Desk review: Global and country level [Workstream 2] KIIs – focus on global level and survey [Workstream 3]
EQ 1.1c. 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?	Coverage/ adaptation	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 *adequate* 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	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.	Data analysis – UNHCR dashboards GHRP data Review of financial data [Workstream1] Desk review: Global and country level [Workstream 2] KIIs and survey [Workstream 3]

		the collective response in support of refugee rights adapting to COVID-19 related constraints	Inclusion of adaptation measures in appeals and programming	
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?	Connectedness, coherence (Global)	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. Above and beyond the GHRP and Global Appeal for COVID-19, to what extent was the GCR utilised as a platform for bring together states, IFIs and other actors in the formulation of a global level response? 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.	Success against individual indicators within the GCR indicator framework. Leadership and advocacy on the GCR during the pandemic Operationalisation of the GCR at different levels	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]
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	Effectiveness	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	(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	

| context of COVID-19 in the seven issues scoped in this ToR? | | 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 of monitoring and feedback mechanisms (9) Promotion, (10) Inclusion and (11) Adaptation

(12) Evidence of good practice and innovation | (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
- 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 | Data analysis - key protection and health data [Workstream1]

Desk review: Global and country level (including GHRP indicators and reporting) [Workstream 2]

Reporting against refugee plans and specific country level plans in high hosting refugee states. GHRP reporting.
COVID-19: Inter Agency Coordination

KIIs and survey

[Workstream 3] |
| 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? | Effectiveness | Evidence that international response has helped refugees have access to the support they need at the right time to enjoy their rights.

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.

Evidence of support to (and/or positive results from) community-based protection | Data on the perception of refugees

Success against individual indicators within the GHRP and relevant plan indicator framework

Success against agency and country level indicator targets on Community Based Protection (CBP)/CDD

Perceptions on effectiveness of community based-approaches/ Community-driven development in the COVID-19 response in the issue areas

Level of inclusion of RLOs in response on related issue areas | Data analysis: GHRP monitoring Framework UNHCR dashboard data Desk review: Global and country level [Workstream 2]

KIIs [Workstream 2]

Document review - universal [Workstream 1 and 3]. UNHCR ACD Evaluation.
RLO surveys

Financial analysis [Workstream 1] UNHCR data and COVID Mapping |

		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.	Examples of perceived good practice and innovation in CBP/CDD 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. Level of support to local women's organisations	(dashboard) and data over time OHCHR qualitative data. Asylum Capacity Development evaluation
a) the right to seek and enjoy asylum;	Effectiveness	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) (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. Evidence of CBP used in core protection activities. Evidence of international cooperation results, good practices and innovations. Indirect refoulement (and this feeds into health, GBV and education) - presumption	Number of countries overall with closed borders without exceptions for asylum seekers and its evolution over time - asylum capacity support - processing delays and backlog. Requirements for testing as a pre-condition for arrivals for those seeking asylum. Data on backlogs and processing delays. Data on cases of refoulement. Access to relevant documentation/information Access to legal assistance and legal services (including hotlines); [Extent persons of concern have access to legal remedies in relation to status determination. Extent persons of concern have access to legal remedies in relation to their rights, including reparations of violations. refugee resettlement numbers] Access to a reception process/centre Admission practices sensitive to PoC with specific needs (AGD) promoted Extent to which protection actors were granted extended (or ongoing) travel rights in states under COVID, [# of border monitoring visits conducted and recorded]. Communities' self-protection measures identified, in place/supported/able to provide information and report protection incidents. Adaptation: capacity building provided to support adaptation	Data analysis: UNHCR dashboard data Financial analysis [Workstream 1] (including Asylum Capacity Development evaluation) Desk review: Global and country level [Workstream 2] KIIs Survey [Workstream 3]

		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.	(e.g., remote RSD). Extent of access to alternative dispute mechanisms	
b) the right to health	Effectiveness	"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.

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.

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. Evidence of good practice and innovation" | Changes in patterns of inclusion/ exclusion of refugees from public health systems. (pre-pandemic baseline data available)

Trends in refugee utilisation of health services

Vaccine access and vaccine coverage

Rates of COVID vaccine roll out/coverage for refugees Changes in normal/critical vaccination coverage (polio, measles etc) as a result of COVID.

Extent that refugees have access to primary, secondary and tertiary health care.

Amount/coverage of PPE supplied to refugee centred health care facilities.

Proportion of refugees with access to health insurance schemes (target).

Extent refugees have access to comprehensive reproductive health services.

Adaptation of service delivery to comply with COVID-19 related restrictions. | Data analysis: UNHCR Health Information System health dashboard data and GHRP monitoring

[including - COVAX Humanitarian Buffer https://www.gavi.org/covax-facility] Results of UNHCR refugee inclusion survey in healthcare systems

The Access to COVID-19 Tools (ACT) Accelerator https://www.who.int/initiatives/act-accelerator]

Desk review: Global and country level [Workstream 2]

KIIs [Workstream 3] |
| **c) protection from gender-based violence;** | Effectiveness | 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. Evidence that the combined response | Number and proportion of countries where multi-sectoral GBV services are maintained or expanded in response to COVID-19

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 | Data analysis: UNHCR protection dashboard data and GHRP monitoring Desk review: Global and country level

[Workstream 2] GHRP, RRRPs, UNHCR dashboard, GBVIMS, GBV AoR, UNFPA/ UN Women, Care, IRC data |

		supported GBV prevention efforts, adapted to the risks related to COVID 19 (e.g., increased risk of intimate partner violence due to movement restrictions), and utilising community-based responses were safe and feasible. 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. 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.) 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.	services in response to mobility restrictions associated with COVID-19 Number and proportion of countries where women's organisations were supported to offer community-based GBV services as an adaptation to ensure ongoing care and support to survivors 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 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 Number of GBV action plans related to COVID-19 produced by GBV coordination mechanisms operating in refugee settings 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 Number and proportion of countries with national and subnational COVID-19 plans, policies and guidance that include attention to GBV affecting refugees 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	KIIs [Workstream 2] Document review - universal [Workstream 1 and 3]. Financial analysis [Workstream 1] FTS funding data. KII and review of country level and regional level reporting. Feminist Humanitarian Network Rapid assessment on the Impacts of Covid-19 - UN Women
d) child protection, education	Effectiveness	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	% 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	Data analysis: UNICEF and UNHCR protection, UNRWA and UNESCO data and GHRP monitoring Desk review: Global and country level

		protection and social services; Evidence of that the international response has engaged in awareness-raising with respect to refugee child protection issues 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 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 % 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	[Workstream 2] GHRP, RRRPs, Child Protection alliance and Child Protection AoR, Save the Children, Plan among other sources data UNHCR child protection evaluation Blueprint for Joint Action: Briefing Paper (UNICEF and UNHCR) KIIs [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/	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	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]

		information is aid efforts:. Evidence of efforts to combat xenophobia, discrimination and stigmatisation of refugees leading to inclusion and increased protection; Evidence of international 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.	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) 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 ➤ RCCE for refugees, migrants, IDPs and host communities vulnerable to COVID- 19. CDAC. Community engagement efforts in GHRP plans. Positive results (or results improving over time) from surveys of attitudes towards refugees. Data on development and dissemination of Frequently Asked Questions, audio-visual materials on awareness in appropriate languages, use and promotion of harmonised visual materials. Data on efforts collecting evidence, community perceptions, insights, suggestions, feedback, rumours/myths etc. Analysis and recommendations for adjusting messages or mechanisms of community engagement is prevalent in a number of countries/operations	KIIs [Workstream 2] Document review - universal [Workstream 1 and 3]. Financial analysis [Workstream 1] FTS funding data CEGA affiliates' data sets on views of host populations towards refugees
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?		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	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	Desk review: Global and country level (including GHRP indicators and reporting) [Workstream 2] Reporting against refugee plans and specific country level plans in high hosting refugee states. GHRP reporting. COVID-19: Inter Agency Coordination

		development actors (5) Promotion, (6) Inclusion and (7) Adaptation (8) Evidence of good practice and innovation	Between international, national, non-governmental actors including communities and refugees themselves Inclusion of refugees in national structures, systems (health, education, national insurance for example). Records of coordination and inclusion: • promotion of rights (guidance, dissemination) • promotion of rights (guidance, dissemination) • results on the inclusion of refugees • results on adaptation efforts for continued and enhanced services/support Examples of perceived good practice and innovation	KIIs and survey [Workstream 3]
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)	Connectedness/coordination			
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 refugee rights, have been translated into the provision of essential and lifesaving services?	Connectedness / coordination	At country level, evidence that inter-agency coordination - purely with respect to international organisations - has been effective. Evidence of joint needs assessments as the basis for prioritised action. Evidence of a focus on collective outcomes. Evidence of the application of the application of MOUs on joint working. Effective coordination in UNHCR led coordination structures and evidence of UNHCRs participation on clusters and other general humanitarian coordination platforms.	Adequate inclusion of support of refugee rights in general appeals/plans (including the HRPs and other non-refugee specific appeals). References in interviews and survey to inclusion/prioritisation of refugee rights. References to the use of inter-agency MOU's. References to the positive use of UNCT's and other UN coordination modalities in supporting refugee programming. Instances of prioritisation of UN led pooled funding instruments (notably CERF) towards refugee programming	Desk review: Global and country level [Workstream 2] KIIs [Workstream 2] Document review - universal [Workstream 1 and 3] Financial analysis [Workstream 1] FTS funding data

EQ	Coherence / nexus			
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, communities, RLOs and refugees themselves. **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?**	Coherence / nexus	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. Evidence of coordination and planning within and between humanitarian and development sectors. 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; Evidence of the inclusion of IFIs in strategy discussions and financing (including coordination platforms that invoke the GCR)	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.] Coherence and collaboration on mixed migration movements during the pandemic response. 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. Level of inclusion of local actors (including communities and refugees) in needs assessment exercises. Levels of funding for local partnerships Positive perceptions of coordination structures and practices across partner types Local/national actors have positive perceptions of transparency and inclusivity in decision-making and planning Partnerships established with development actors at national and regional levels; # of capacity building interventions.	Desk review: Global and country level [Workstream 2] KIIs [Workstream 2] Document review - universal [Workstream 1 and 3] Financial analysis [Workstream 1] FTS funding data Testimony from RLOs and from refugees.
EQ 3.2.2 How aligned have assistance and advocacy efforts been to promote applicable international norms, standards and international refugee law?		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?	Perceptions of key protection actors on level of cooperation and results. Perceptions of key protection actors on promotion efforts Perception of protection actors and refugees on adaptation efforts Collaboration with National Human Rights Institutions.	Data analysis - financial data [Workstream1] Desk review: Global and country level [Workstream 2] KIIs – focus on global level and survey [Workstream 3]

Itad is a global organisation. Our strategy, monitoring, evaluation and learning services work to make international development more effective. We generate evidence on important issues – from malnutrition to migration – to support our partners to make informed decisions and improve lives.

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