

UNHCR's response to the COVID-19 pandemic

Synthesis of evaluative evidence

FINAL SYNTHESIS REPORT

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UNHCR Evaluation Service

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Executive summary

Introduction

1. This report applies independent evaluative and other evidence to examine how UNHCR navigated the complex strains of the COVID-19 pandemic, from 2020 to early 2022, to serve its populations of concern. It aims to support ongoing learning and reflection, as the pandemic continues to evolve.
2. The synthesis asks three main questions:
 - What was the effect of COVID-19 on persons of concern (PoC) to UNHCR?
 - How did UNHCR adapt its institutional environment to respond to COVID-19?
 - How well has UNHCR responded to the needs of PoC during COVID-19?
3. This synthesis is not an evaluation, and does not cover UNHCR's role in the international response to COVID-19. Instead, it looks at UNHCR's own specific response to PoC. It applies evidence from 27 independent evaluations; management results for 2020; a sample of 23 Country Operational Plans; and broader evidence on the international humanitarian response. In addition, 47 members of staff were interviewed: 36 from 15 country offices and 11 from Headquarters.

Key findings

4. **How relevant was UNHCR's response?** UNHCR's response to COVID-19 was mostly relevant to the needs of PoC, achieved by (i) sustaining knowledge-gathering even under pandemic conditions; (ii) keeping communication flows open with PoC; and (iii) a strongly articulated leadership-led directive for staff to "stay and deliver". UNHCR provided a trusted channel of information for PoC, helping to combat fear and misinformation.
5. However, evaluations note that some groups of PoC risked further marginalization during the response such as vulnerable urban refugees, individuals with disabilities, and the needs of adolescent girls. The shift toward remote communication also exposed a lack of connectivity or phones for PoC and/or inexperience with technology, especially for some groups such as older people.
6. *Externally*, the "stay and deliver" imperative generated valuable reputational capital. Evaluations report praise from partners, who valued the continued and committed presence of UNHCR, particularly as many other agencies had departed, or their staff worked remotely. Some government representatives arrived for meetings at "empty" UN compounds, with only UNHCR and a few other humanitarian agencies remaining present.

Internally, however, the picture reflects more complex trade-offs. "The stay and deliver" imperative placed strains on the relationship between UNHCR as an institution, and its component staff. Fear and anxiety levels were high in the early stages and corporate directives – both to "stay and deliver" and, later in 2020, to return "back to office" – could not always reflect individual situations. The synthesis identified a strong sense of staff feeling "torn" between professional commitment and personal circumstances; whether anguish at separation from young children for several months; anxiety at the inability to visit older or unwell family members; or deep regret at missing close family bereavements.

7. **How effective was UNHCR's response?** Country-level performance monitoring was disrupted, particularly in the early stages of the pandemic. This impeded assessment of programme quality.

8. However, UNHCR pivoted to meet the demands of COVID-19, with its professional experience in, and culture of, working in emergencies, enabling an agile response. Internal administrative systems and procedures were however not always sufficiently flexible.

9. Education, health, and shelter met performance targets for 2020, and there was a considerable expansion in cash-based approaches. Some complex areas such as refugee status determination and resettlement met challenges; durable solutions, including livelihoods approaches, came under threat in the early stages, with many activities suspended.

10. Despite rising rates of Sexual and Gender Based Violence, this area was de-prioritized by the global humanitarian community during the early phase of the pandemic, although subsequent advocacy sought to restore the emphasis required. However, UNHCR's own SGBV activities during the pandemic were largely sustained, with operations maintaining or expanding services in more than three-quarters of the 63 GHRP countries. UNHCR created and/or expanded communication channels for victims; conducted targeted campaigns to disseminate information on remote SGBV services; and provided services such as psychosocial support through partners.

11. **How coherent was UNHCR's response?** Evaluations document increased drive and impetus for system-wide coordination during the pandemic. Operational coordination intensified at country level, with expanded partnerships serving the pandemic response. Evaluations also report increased drive and focus on NGO cooperation. Although funding to local NGOs did not increase, partnerships for service delivery and information provision expanded, as did engagement with NGOs as strategic and technical partners. UNHCR also mostly successfully navigated often delicate relationships with governments during the pandemic, building on long-standing relationships and mutual respect.

12. **How efficient was UNHCR's response?** The limited data available finds that UNHCR diversified its funding sources, and maximized flexibility in budgetary prioritization where feasible. However, evaluations (and UNHCR staff) raised questions about the scope for procedural adjustment in internal systems, such as establishing global frameworks with financial service providers to speed up cash-based responses in emergencies and streamlining some procurement procedures.

Enabling and constraining factors

13. Evaluations identified six main enabling factors which supported UNHCR's response to COVID-19, and five which constrained it:

Enabling factors

- i. **The driving force** of the institutional *raison d'être* and its basis in the Convention – which provided the impetus to “stay and deliver”.
- ii. **The corporate Level 2 emergency declaration**, which prioritized the response and enabled greater flexibility in funding and staffing arrangements. It also facilitated organizational speed, increased the visibility of the crisis, and allowed staff to better articulate and advocate the needs of UNHCR with different stakeholders.

Roles adopted by UNHCR

Evaluations indicate six main roles adopted by UNHCR during its response to COVID-19

- **Knowledge generator** on the effects of the pandemic on PoC
- **Catalyst for PoC attention and inclusion** within COVID-19 responses, via advocacy and capacity-building
- **Protector of last resort** for PoC lacking other recourse during COVID-19
- **Facilitator** for PoC to take charge of their own response
- **Convenor of cross-sectoral dialogue** to address pandemic-related needs
- **Channel for philanthropy** and corporate social responsibility

- iii. **UNHCR’s human capital**, with personal and professional identities as humanitarians; an ethos of commitment to PoC; and a sense of institutional dedication providing the main “engine” for the response.
- iv. **The emergency instinct and operational agility** which enabled swift adaptation when the pandemic struck, including pivoting to remote communication and delivery.
- v. **Relationships** at country level, with mutual respect between UNHCR and its partners, and the organization seen as a “trusted partner” in the pandemic response.
- vi. **Communication capacity**, with UNHCR’s “closeness to the ground” enabling it to be perceived as a trusted source of information for PoC.

Constraining factors

- i. **Procedural challenges**, for example, regarding procurement and financial service provider provision under global pandemic conditions.
- ii. **The reversion to emergency response** and consequent de-prioritization of other issues such as statelessness, economic inclusion and livelihoods.
- iii. **A short-term mindset**, also reflected elsewhere, which hindered a medium-term approach to strategizing and planning, even as the COVID-19 pandemic evolved from a short-term event to a “here to stay” phenomenon.
- iv. **Uneven regional support**, with some country offices lacking support from newly established regional bureaux, at a time when it was sorely needed.
- v. **Inconsistent internal communication**, with UNHCR’s vertical (national–field) and horizontal (field–field) communication and information exchange not always flowing smoothly between offices and units. This resulted in information gaps at times (though this improved as the pandemic progressed, and as the organization became more familiar with digital communication and remote coordination).

Main conclusions

- 14. The evidence finds that UNHCR deployed its assets and comparative advantages well during the conditions of COVID-19. Its legal and technical capacities, its convening power, its advocacy abilities and its specialist expertise in refugee situations, statelessness and asylum were highlighted in evaluations from across the world.
- 15. **Responding to needs.** UNHCR assistance to its PoC was mostly appropriately designed for needs during the pandemic. It supported communities and PoC under demanding and uncertain conditions, and amid intricate and politically sensitive country conditions. UNHCR capitalized on its technical and advocacy capacities and tailored interventions swiftly as contexts changed. Its continued and committed presence bought it credibility with governments and external actors.
- 16. **Localization.** Evaluations also find that PoC’s agency to engage in, and at times direct, their own response, has come to the fore. These changes are a fundamental conceptual shift for many actors, and one on which UNHCR is well-positioned to lead.
- 17. **The costs of “staying to deliver”.** However, UNHCR’s achievements incurred some high internal costs. The commitment to “stay and deliver” to those in need – so integral to the organizational DNA, and so important to partners and PoC on the ground – required trade-offs with UNHCR’s responsibilities to staff. Evaluations find corporate good intentions, of sustained commitment to PoC and avoiding a corporate divide between HQ- and field-based staff, unsupported, in the early stages by: i) comprehensive institutional frameworks, such as to ensure staff mental health; and ii) explicit recognition of, and adaptive capacity for, specific individual circumstances.

18. **Investing in systems.** Evaluations also illuminate the ethos, culture and driving force of a Convention-based organization. The fundamentals of the 1951 Refugee Convention drove deeply and sincerely felt corporate choices. But at times, the functional building blocks were missing. The relatively new decentralization process offered support in some cases, but this was neither consistently available nor sufficiently mature to provide the necessary support. Key global frameworks to support global adaptation, such as those to facilitate a swift transition to cash under emergency conditions, were not yet in place.
19. **Looking forwards.** The continuing effects of the pandemic – and particularly the socioeconomic costs – are placing a significant strain on UNHCR’s current and future planning. As inequalities and marginalization continue to deepen, the rationale for a stronger focus on economic inclusion for PoC continues to grow.
20. Overall, the findings of the 27 evaluations suggest that UNHCR mostly rose to meet the demands of the pandemic. The spirit of commitment, and of “staying to deliver” was laudable in principle, even if imperfectly executed. The evaluations also offer some learning and opportunities for the future, as the pandemic continues to evolve.

Future opportunities

- 1) **Emphasize economic inclusion.** Evaluations reveal risks of deepening tensions between host populations and PoC as the socioeconomic effects of the pandemic continue to bite, with marginalization and risks of disenfranchisement rising. This implies an even stronger and more systematic focus on economic advocacy, and a stronger programmatic emphasis on, and financing for, socioeconomic inclusion as part of durable solutions.
- 2) **Complete the conceptual and operational shift of PoC as agents of their own response.** UNHCR is ahead of many actors in recognizing the agency of affected populations in their own responses, along the continuum from participation to architects and even leaders. Evaluations find progress, but UNHCR could take a stronger and more explicit corporate stance here, as part of both global advocacy and operational programming in support of the localization agenda, supported by its NGO partners.
- 3) **Capitalize on UNHCR’s role as a trusted communicator.** With distrust of public health measures and COVID-19 misinformation at high levels among many PoC, UNHCR can play a valuable role in combating misinformation and communicating critical health messages where other interlocutors may lack access or credibility. Communication with affected communities is a substantive area of expertise, and should be invested in and prioritized accordingly.
- 4) **Remain sighted on status issues.** Issues such as resettlement and reintegration, alongside RSD, can be complex to deliver under pandemic conditions. But the price of their suspension is exceptionally high. UNHCR would be well advised to prioritize these elements in any future crisis response, given the high reputational capital associated with them.
- 5) **Adjust procedurally for global response.** UNHCR’s operational preparedness on the ground has not always been matched by procedural readiness in the form of globally applicable frameworks to expedite and facilitate swift emergency response. These include scope for centralized procurement where feasible and appropriate; establishing global frameworks for cash-based responses at an early stage; and retaining (and where feasible increasing) partnership adaptations made. Creating corporate-level frameworks, with scope for flexible adaptation as required, will benefit the organization’s future capability to respond.
6. **Continue to restore the values-based bond with staff.** For the first time, the heavily values-based social contract between staff and their institution – which many have served for decades – has, under

the magnification and pressures of COVID-19, come under strain. While corporate efforts have been made, staff's lingering frustrations indicate that continued restoration is needed; that sacrifices are not forgotten but still recognized and appreciated; that loyalty is not taken for granted but valued and respected; and that lived experience during the pandemic will continue to be gathered, listened to, and sincerely learned from. Delivered with commitment, and if permeated down through management at all levels of the organization, this recognition will help to restore the integrity of relationships. It will also support UNHCR's own continued organizational recovery from COVID-19.

1. Introduction

1. The COVID-19 pandemic posed an existential challenge to the international community. Closed borders, disrupted supply chains and restricted movement risked the lives of vulnerable people across the world. Governments struggled to uphold their international obligations to those seeking refuge on their territories, while the humanitarian community faced an uncharted operational terrain.
2. Upholding the special mandate and mission of the Office of the United Nations High Commissioner for Refugees (UNHCR), as the guardian of the 1951 Refugee Convention and the lead of the Global Compact on Refugees, posed immense strategic and operational challenges. UNHCR faced the triple dilemma of sustaining its own service delivery and continuing to advocate for the world's displaced, while suffering the effects of the pandemic on its own organization.
3. This synthesis report examines how UNHCR navigated the complex strains of the COVID-19 pandemic, from 2020 to early 2022. Based on independent evaluative and other evidence, the report assesses how UNHCR has adapted to meet its international obligations to serve its populations of concern. It aims to support ongoing learning and reflection, as the pandemic continues to evolve.

1.1 Synthesis features

4. This report comprises a synthesis of independent evaluative evidence of the UNHCR response to the COVID-19 pandemic, from February 2020 to March 2022. It asks three main questions:
 - What was the effect of COVID-19 on persons of concern (PoC) to UNHCR?
 - How did UNHCR adapt its institutional environment to respond to COVID-19?
 - How well has UNHCR responded to the needs of PoC during COVID-19?
5. This report primarily targets the interests, needs and concerns of PoC affected by the pandemic. Its direct intended users are UNHCR leadership, management and staff, as well as the wider humanitarian community, including UNHCR's partner governments, other United Nations agencies, cooperating partners and members of its Executive Committee.

1.2 Content and method

6. This report is not an evaluation. It is a synthesis of independent evidence, drawing on 27 component evaluationsⁱ and associated documents, triangulated with other sources, to assess UNHCR's response to the COVID-19 pandemic. It complements two other relevant evaluations:
 - a joint evaluation on the protection of refugee rights during COVID-19, under the auspices of the OECD DAC COVID-19 evaluation coalition;ⁱⁱ
 - an inter-agency evaluation of the Global Humanitarian Response Plan to COVID-19, in which UNHCR is a key partner and management group member.
7. The synthesis does not address the UNHCR role in the collective (global) humanitarian response to COVID-19, including in the Global Humanitarian Response Plan (GHRP). This is covered by the two evaluations above.
8. The synthesis draws on the following evidence sources:
 - 27 evaluations or evaluative sources, of which 12 were centralized and 15 decentralized (see Annex 1 for list of sources);
 - management results for 2020 (with those for 2021 not yet available);ⁱⁱⁱ
 - analysis of a sample of 23 Country Operational Plans, from both 2020 and 2021, structured by region, scale of UNHCR operation and type of operation (see Annex 1 for list of countries);

- wider literature on the international humanitarian response to COVID-19 and UNHCR’s role within this;
- internal management data and information generated within UNHCR, such as its Global Report for 2020;
- data from 47 interviews: 36 with staff from 15 country offices and 11 with headquarters staff to help deepen the analysis, and understand the experience of COVID-19 from the perspective of UNHCR staff who were living through it.

9. Two interim reports were issued during the synthesis process, in [October 2021](#) and [January 2022](#) respectively. These presented initial findings and implications from the evidence.

10. This report applied standard methods for transnational synthesis, including a structured analytical framework and systematic data extraction. In total, the evaluations and Country Operational Plans covered UNHCR operations in 44 countries. Figure 1 shows the locations from which evidence was gathered:

Figure 1: Locations of evidence-gathering



11. **Limitations.** The main limitation of the synthesis is its dependence on secondary (albeit independent) evaluative evidence rather than direct fieldwork. Accordingly, the synthesis does not claim to represent UNHCR’s full global response to COVID-19, but rather only those aspects and geographies captured by evaluations. Despite its non-comprehensive scope, this synthesis aims to present an accurate, and, it is hoped, useful narrative of UNHCR’s adaptations to meet the challenges of COVID-19 across the world.

2. The context

2.1 What were the effects of the pandemic on persons of concern to UNHCR?

12. The global pandemic posed acute challenges for vulnerable communities across the world. Key aspects reported in the 27 evaluations were the following:
13. **Reduced access to territory.** Since February 2020, 195 states have closed their borders fully or partially due to COVID-19. Of these countries, 64 made no exception for asylum-seekers.^{iv} As of December 2021, 48 border closures were total, preventing refugees from seeking asylum, contrary to Article 14 of the Universal Declaration of Human Rights.^v Pushbacks and expulsions have been witnessed across many countries, with incidents of refoulement reported in at least 38 countries.^{vi} In both 2020 and 2021, upwards of 1 million fewer arrivals of refugees and asylum-seekers were seen globally than would have normally been expected.^{vii} In the EU+ area, for example, asylum applications in 2020 dropped by one-third compared to 2019.^{viii}
14. Many forcibly displaced people resorted to irregular border crossings, incurring heightened protection risks.^{ix} The pandemic itself created a cause of flight, with people moving from crowded urban locations to rural settings in an attempt to avoid contagion,^x for example in Somalia and Yemen.^{xi} Closed borders restricted voluntary repatriation efforts; in southern Africa, for instance, third-country resettlement decreased from around 3,800 submissions in 2019 to 1,371 submissions in 2020.^{xii}
15. **Increased exclusion and marginalization.** Pre-existing barriers to protection and assistance for vulnerable people across the world were magnified by both the pandemic, and responses to it.^{xiii} Health-seeking behaviour – such as for routine vaccinations or prenatal care – reduced^{xiv} due to fears of contagion,^{xv} while the availability of services diminished.^{xvi} Psychosocial difficulties increased for those people who already were vulnerable, as a result of the social isolation from lockdowns and reduced access to mental health services.^{xvii} Displaced children suffered from reduced access to education, both affecting life chances and heightening risks of abuse, neglect and exploitation, and drop-out rates increased, especially for refugee children.^{xviii,xix}
16. **Deepening pre-existing vulnerabilities.** The pandemic saw intensification and magnification of previous vulnerabilities, and some new vulnerabilities opening up^{xx} – particularly where populations already live in highly vulnerable conditions. For example, 70 per cent of the South Sudanese refugee population live out of camps; their access to basic services and livelihood opportunities has further worsened due to pandemic conditions.^{xxi}

Box 1: The effects of COVID-19 on vulnerable people in Yemen

In Yemen, COVID-19 has been a significant cause of death and serious illness, although it is not possible to say at what scale. The official numbers vastly undercount the extent of the pandemic due to a lack of testing facilities and official reporting, people delaying seeking treatment because of stigma, difficulty accessing treatment centres, and the perceived risks of seeking care. Yet the effects have been dramatic: people in Yemen struggle with increased domestic prices and decreased remittances due to the pandemic, with the issues compounded by reduced external assistance as financing is directed elsewhere to meet the demands of COVID-19.^{xxii}

17. The effects of the pandemic on gender inequality have been widely documented, including deepened educational, socioeconomic and health disparities, and greater incidence of gender-based violence.^{xxiii} Internally displaced persons (IDPs) frequently found themselves increasingly lacking the required registration for circulation and access to services, as government services were suspended.^{xxiv} Persons with disabilities^{xxv} risked increased exclusion due to barriers to accessing technology and digital spaces.^{xxvi} Older populations suffered increased risk from the COVID-19 disease, and socioeconomic deprivation,

compounded by the disruption and/or closure of services such as medical support, rehabilitation services and access to assistive devices.^{xxvii, xxviii} The number of unaccompanied or separated refugee children has increased.^{xxix} Many PoC also live in areas where health systems were already struggling, where capacity for COVID-19 testing, isolation and treatment was limited, and where tracing and quarantining were difficult to perform.

Box 2: Refugees arriving in Brazil

Given the dire humanitarian needs in Venezuela exacerbated by COVID-19, persons in need of international protection, faced with closed borders, were left with no option but to resort to irregular routes to enter Brazil, becoming exposed to greater protection risks in the process. This resulted in an undocumented population living at the margins, largely in spontaneous occupations and without access to essential rights and services, at risk of deportation. Many individuals arrived in desperate conditions and in urgent need of humanitarian assistance, such as food, shelter and health care.^{xxx}

18. Anxiety regarding camp-based populations was acute in the initial stages of the pandemic, given early modelling that indicated the potential for extremely high illness and death rates. Concerns shifted to urban PoC populations, once the disease's pathology became clearer, and as vulnerability factors such as age became apparent and the socioeconomic effects of lockdowns emerged.^{xxxi}
19. **Intensified insecurity.** The pandemic exacerbated protection concerns, with conflict and violence escalating and movement restrictions often limiting people's ability to seek safety or return home.^{xxxii} Already precarious conditions in camps and among host communities were exacerbated by reduced access to shelter and heightened risks of violence and abuse.^{xxxiii} Sexual and gender-based violence (SGBV) and early marriages increased,^{xxxiv} while support services were disrupted.

Box 3: SGBV increasing on a global scale

In Afghanistan, 97 per cent of forcibly displaced women interviewed for an assessment reported an increase in intimate partner violence, as did 69 per cent in Jordan and an average of 73 per cent in 15 countries across Africa. Calls to gender-based violence hotlines rose by 70 per cent in Zimbabwe, 153 per cent in Colombia, and 239 per cent in eastern Ukraine.^{xxxv}

20. **Socioeconomic damage.** Evaluations and UNHCR's own data show that economic hardship and poverty rates dramatically increased among PoC, amid border closures, job losses, constrained livelihood opportunities and contracting informal economies.^{xxxvi} PoC in camps faced particularly acute challenges, with food insecurity increasing. In Bangladesh, Kenya, Lebanon and Nigeria, for example, job losses among PoC were significant, leading to reduced food consumption and increased poverty, alongside reported incidences of child labour.^{xxxvii} In Sudan, the pandemic contributed to a further decline in the economy and hyper-inflation, thus causing economic hardship for both PoC and host communities.^{xxxviii}
21. **Increased discrimination and xenophobia.** Evaluations describe how worsening socioeconomic conditions of host populations, exacerbated in many countries by media narratives, heightened xenophobia and discrimination against PoC.^{xxxix} In Colombia, for example, more than 30 per cent of the Venezuelan refugee population had experienced insults or the use of derogatory nicknames.^{xl} According to the Global Protection Cluster, in the Democratic Republic of the Congo, Chad, Nigeria, South Sudan and Zimbabwe people who were suspected carriers of the COVID-19 virus faced stigmatization, xenophobia and socioeconomic vulnerability. In South Africa, more than 700 shops owned by PoC were robbed, vandalized or set on fire during protests in July 2021.^{xli}

2.2 How did partner governments respond to the needs of persons of concern?

22. Within countries, responses to the pandemic were highly varied across governments, ranging from full extended lockdowns in some contexts, to limited restrictions in others.^{xiii} Evaluations signal four main consistent elements affecting PoC:

- (i) **Movement restrictions** sharply affected camp-based populations, and in some contexts prevented humanitarian workers from directly accessing PoC.^{xiii} Access to detention facilities was restricted, as in Angola.^{xiv} Some governments restricted all movement by humanitarian workers.^{xv}
- (ii) **Disrupted status determination**^{xvi} caused uncertainty in many countries, as government functions and offices closed. For example, many countries suspended birth certificate issuance and documentation such as identity cards, which effectively prevented PoC from accessing basic services, such as in the Central Sahel, Brazil and Angola,^{xvii} and left them risking arrest, as in Egypt.^{xviii}
- (iii) **Decreased national attention to migration issues** reduced the focus on, and attention to, refugee and IDP concerns, with governments directing their focus in the early stages of the pandemic largely towards their own populations.^{xix} Concerns regarding the exclusion of PoC from national COVID-19 management and recovery plans therefore became acute.¹ Communication difficulties in some countries compounded the challenge, for example in the Sahel.^{li}
- (iv) **Suspended resettlement and family reunification programmes**^{lii} arising from border closures,^{liii} for example in Burundi,^{liv} left some refugees who had prepared for departure in limbo, such as in Chad.^{lv} In Finland, time limits for facilitated criteria for family reunification had to be extended when they could not be met.^{lvi}

2.3 What were the effects on UNHCR?

23. UNHCR, like other humanitarian agencies across the world, faced complex dilemmas of maintaining operations amid sharply reduced operational and strategic space^{lvii} while addressing concurrent Level 2 and 3 emergencies in some countries.^{lviii} Evaluations show five main threats:

- (i) **Reduced population knowledge.** UNHCR services to the world's displaced people are premised on assessment of status and needs, which is also its main resource mobilization tool. Evaluations and Country Operational Plans show that the pandemic posed a major threat to data-gathering – with participatory assessments and consultative exercises with PoC often suspended due to access constraints.^{lix} Gaps in population knowledge therefore arose, for example in the Venezuela crisis response,^{lx} and in Cameroon.^{lxi} Consequently, vulnerable populations, such as older refugees and those with disabilities,^{lxii} could not always be identified.
- (ii) **Constrained operational delivery.** Access constraints, compounded by supply chain challenges,^{lxiii} threatened service delivery across the world, including the delivery of essential relief items. The suspension of community activities under government lockdowns risked the full range of UNHCR activities, whether for camp-based or urban caseloads.^{lxiv}
- (iii) **Human resourcing challenges.** At the time the pandemic struck, UNHCR had more than 17,300 people, including 13,000 staff and 4,300 affiliate personnel, working in 130 countries.¹ Staff movements were disrupted, and many personnel found themselves unable to leave their duty post when borders closed.^{lxv} In some challenging operating environments, conditions could be acute. Conversely, in some

¹ Executive Committee of the High Commissioner's Programme Standing Committee 79th meeting, Human resources, including staff welfare, and safety and security, 26 August 2020

locations, such as Yemen, UNHCR staff were unable to enter the country, reducing the operational footprint on the ground.^{lxvi}

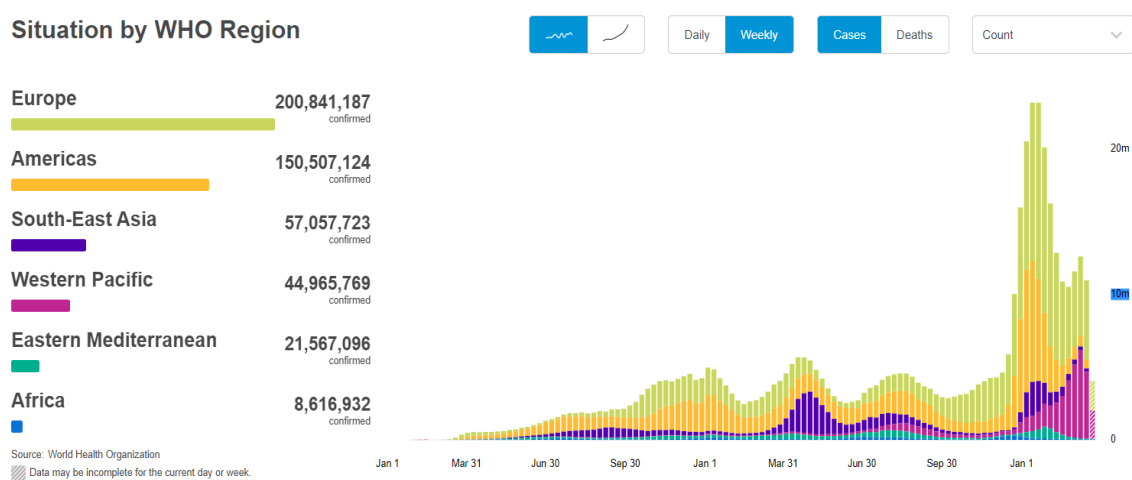
(iv) Shifting to remote working. The move to home-based working required a significant shift for a global organization working in diverse operating contexts. While staff at field level faced internet and electricity challenges, those at regional and HQ level suddenly faced new ways of working, not previously tested or trialed. At least nine evaluations, and staff interviewed from all 15 country offices, reported major challenges here, including “elastic” time, where working hours expanded into the night; management being unfamiliar with remote working methods; unsuitable working conditions at home; and mental health concerns (see section 4.1.iii). Onboarding and integrating new staff were particularly difficult to do remotely^{lxvii} and pre-existing internal and external communication issues were exacerbated, especially where internet access was limited.^{lxviii}

(v) Risks to staff mental health and well-being. UNHCR already works in some of the most challenging global geographies. Aside from the physical health risks, the pandemic – and national responses to it – placed a major toll on staff mental health and well-being.^{lxix} For those serving in acutely challenging operating contexts, such as conflict situations, already high stress levels were intensified by the effects of lockdown.^{lxx} Isolation and loneliness were common effects, intensified by fear of the unknown. New recruits had a sense of being disconnected from their country teams.^{lxxi} *“It was awful. We were really alone. I just didn’t think I could cope.”*^{lxxii}

3. How did UNHCR adapt its policy and strategic environment to address the COVID-19 pandemic?

24. **Organizational change under way.** When the pandemic hit in early 2020, UNHCR was already undergoing major institutional shifts. A large-scale decentralization (“regionalization”) exercise commenced in January 2019, locating UNHCR capacities, authorities and resources closer to the people it serves by moving UNHCR’s regional bureaux from Geneva to the field. This was still in its early stages at the start of 2020.^{lxxiii} Simultaneously, an institutional change process was under way which included projects reviewing core systems and processes (later the Business Transformation programme), with a view to reforming results-based management, people and human resource management, data and digitalization, and other business processes and systems.
25. UNHCR entered 2020, therefore, with large-scale institutional reforms under way – and, at the same time, needing to adapt its corporate frameworks to respond to an unprecedented global pandemic. In response, it began to issue institutional adaptations from March 2020 (though early operational guidance, including on supply chain and procurement, was provided from late February 2020).
26. **Emergency declaration.** UNHCR declared COVID-19 a Level 2 Emergency^{lxxiv} on 25 March 2020, two weeks after the World Health Organization (WHO) declared COVID-19 as a global pandemic (11 March 2020). The pandemic’s epicentre moved gradually across the world, gaining momentum first in East Asia, Europe and the Americas, and moving on to affect South-East Asia and later Africa (Figure 2).

Figure 2: COVID-19 cases by region, January 2020 – January 2022



Source: WHO Dashboard for COVID-19: <https://covid19.who.int/>

27. The Level 2 declaration – which was not a whole-of-UNHCR response but “stepped-up Regional Bureau support”^{lxxv} – delivered actions designed to speed up internal procedures and, by extension, delivery on the ground. It activated emergency procurement procedures, allowed for scale-up and adaptation in protection and assistance activities across all regions, simplified partner selection processes and offered procedural flexibility to country offices. Concurrently, Exceptional Measures in procurement and contract approval processes were put in place, to further help facilitate the speed of the response.
28. **Funding appeals.** Requests for financing swiftly followed the emergency declaration, with the first appeal issued on 31 March 2020. A successor followed in May 2020, integrated within the UN system-wide Global

Humanitarian Response Plan (GHRP), and 2021 saw a supplementary global appeal for \$455 million. Appeals were well-funded in 2020, although less so in 2021 (Table 1). This year (2022), COVID-19 concerns have been integrated into the UNHCR-wide annual appeal.^{lxxvi}

Table 1: UNHCR appeals and funding volumes for COVID-19

2020	Funding raised
31 March 2020: Initial requirements for COVID-19 updated from \$33 million to \$255 million to support preparedness and response ^{lxxvii}	\$227 million raised against initial \$255 million (89%)
11 May 2020: Requirements updated to encompass additional \$490 million, bringing revised requirements to \$745 million under the GHRP	As of December 2020, appeal funded at 64% (\$477 million)
2021	Funding raised
Total COVID-19 needs of \$924 million, of which \$469 million were mainstreamed into the global appeal for the year, and \$455 million were issued as a supplementary appeal	\$466 million as of December 2021 ^{lxxviii}
2022	Funding raised
COVID-19 needs integrated into total global appeal of \$8.94 billion	As of 31 March 2022, \$1,385,768,752 raised against initial appeal ^{lxxix}

29. **Private sector funding** raised \$52 million for the 2020 COVID-19 appeal, making it the best-funded appeal by the private sector in UNHCR’s history. Partners such as Microsoft and H&M also provided awareness-raising, and helped to amplify UNHCR’s messages through their extensive platforms.^{lxxx}
30. **Management structures.** Internally, the crisis response was led by the UNHCR Senior Executive Team, working through the Headquarters-based COVID-19 Crisis Management Team, which comprised the organization’s senior leadership and management, and met weekly. COVID-19 Core Group Meetings on Operations were also held on a frequent basis, led by the Assistant High Commissioner for Operations and including key HQ divisions and the seven regional bureaux. These meetings included updates from the regions, tracking the differential effects of the pandemic as it moved across the world.^{lxxxi} A core group on enabling functions was also constituted, to provide a comprehensive overview of crisis management structures and mechanisms.
31. **Institutional frameworks/business continuity.** Key COVID-19 specific adjustments in UNHCR’s institutional frameworks included the following:
 32. **Duty of care.** Inter Agency Standing Committee standards on duty of care issued relatively late in 2020.^{lxxxii} In the interim, UNHCR provided its own occupational health and safety protocols and guidance to staff.^{lxxxiii} For those in situ, the organization introduced health support measures, with a focus on supporting those with pre-existing conditions.^{lxxxiv} Psychosocial support capacity was scaled up through peer advisers and regional staff counsellors, although previously UNHCR did not have capacity organizationally for extensive mental health support.^{lxxxv} Weekly “conversations” with the Head of the Staff Health and Welfare Service were held from October to November 2020.^{lxxxvi} Guidelines reinforcing occupational health and safety obligations issued from March 2020, and an online health self-assessment tool was launched as part of the Back to Office mandate in 2021. Teleworking procedures and guidance, as well as webinars on the subject, were issued and updated throughout 2020 and 2021.^{lxxxvii}
 33. **Human resources.** At any given moment, thousands of UNHCR staff are in transit within countries and across borders. Movement restrictions effectively closed travel, hindering emergency as well as regular

deployments. Many staff were trapped outside their countries of work, unable to fulfil deployment as planned. Procedural adaptations issued relatively swiftly and were thereafter adapted and updated throughout the year, with at least 114 COVID-related guidance and other communications pieces issued throughout 2020 and 2021.^{lxxxviii} Adjustments under the Level 2 declaration supported emergency deployments, though these began only slowly, hampered by border closures, COVID-19 testing and quarantine requirements, difficulties in obtaining entry permits and reduced air transport.^{lxxxix} The pace increased later in 2020, however, and overall, 319 UNHCR personnel were deployed throughout the year on emergency support from existing rosters.^{xc}

34. **Supply chain.** The unprecedented demand for medical items and medicines, amid disrupted medical and manufacturing supply chains, resulted in global shortages and significant delivery delays. UNHCR developed early guidance – in advance of the Level 2 declaration – on the procurement and supply of key items, including a list of items required to support COVID-19 response in refugee settings and quantities required.^{xcj} Operations were asked to assess the status of regular medical orders, supply pipeline and existing stock levels, and flexibility on local procurement was introduced.^{xcii} Exceptional Measures in Procurement and Contract Approvals were introduced, and personal protective equipment (PPE) secured on a “no regrets” basis. However, the global context produced an unusual inversion of the standard geopolitical structures for humanitarian response, where multiple countries simultaneously competed for access to medical supplies.^{xciii}
35. **Risk management.** Recognizing the wide range of risks created by pandemic conditions, a COVID-19-specific risk register was introduced, which identified both risks faced by PoC and organization-wide risks to business continuity.^{xciv} Given increases in cash-based assistance (see para. 76), anti-fraud trainings were also enhanced, for example in Greece, Somalia and South Sudan. The accountability chain of cash assistance programmes was strengthened, as in Yemen.^{xcv}
36. **Partnership simplifications.** To support implementation on the ground, UNHCR introduced a series of partnership simplifications, including increasing the threshold for discretionary budgetary allocations; accepting electronic document and signature submission; alternative means of verifying attendance; flexibility on instalment release; remote verification methods; and minimizing audit and reporting requirements.^{xcvi} Weekly consultations with NGO partners also helped to harmonize approaches to the pandemic response.^{xcvii}
37. **Internal audit.** To reduce burdens on hard-pressed country offices, and amid travel constraints, the workplan of the Internal Audit function was adapted. Formal Audits were replaced by “Advisories” conducted in COVID-19-related areas such as Staff Health and Well-being, Supply Chain and others.^{xcviii} These provided guidance to management on topical areas, but implementation of any recommendations was not tracked by the Office of Internal Oversight (OIOS).
38. **Resource allocation.** The standard process for country office budget increases – where individual submissions, via regional bureaux, are reviewed and approved by UNHCR’s Resource Planning and Management Board – was eliminated for improved efficiency and speed, so that allocations could be made against costed requirements, which were gathered only twice.
39. **Operational guidance** began to be issued relatively early in the pandemic, with the first organization-wide statement on programmatic adaptation provided on 26 February 2020.^{xcix} Subsequently, more than 113 pieces of thematic guidance were issued from Headquarters units over 2020 and 2021,^c including on remote interviewing of asylum applicants, sustaining refugee status determination procedural standards, risk communication and community engagement, and the adaptation of cash, health and water and sanitation programming. A COVID-19 platform and dashboard provided a global resource on temporary measures and the impacts of the pandemic on protection.^{ci}

4. Evaluative findings

4.1 How relevant has UNHCR's COVID-19 response been to the needs of persons of concern?

RELEVANCE

Independent evidence finds that UNHCR's response to COVID-19 was mostly relevant to the needs of PoC. Relevance was achieved largely through: (i) sustaining knowledge-gathering even under pandemic conditions, though with reduced participatory assessments; (ii) keeping communication flows open with PoC; and (iii) a strongly articulated leadership-led directive for staff to "stay and deliver". UNHCR demonstrated a particular role in communication during the pandemic, providing a trusted channel of information to combat fear and misinformation among populations of concern.

However, some groups risked further marginalization during the response. Moreover, the "stay and deliver" imperative has strained the relationship between the institution and its staff, given the personal sacrifice required of some of its staff.

40. All 27 evaluations found that UNHCR, in the main, successfully targeted the majority of vulnerable groups affected by COVID-19.^{cii} In Thailand, for example, UNHCR provided additional cash-based support to vulnerable PoC in camps to cater for the additional costs related to COVID-19;^{ciii} while in Mexico, flexing the vulnerability criteria for cash grants allowed for targeting of vulnerable groups affected by the pandemic.^{civ}
41. In at least five countries, however, evaluations found that some groups were excluded by remote service delivery, risking their further marginalization. For example, in Kenya, hearing-impaired learners did not receive enough support to access COVID-19 adapted education responses,^{cv} while in Darfur, there was "insufficient proactive effort" to reach groups such as those with disabilities.^{cvi} Extremely vulnerable urban refugees also went unreached in Angola.^{cvi} More systemically, the needs of adolescent girls, including regarding child marriage, among refugees was recognized in the early stages of the pandemic, but not always matched by commensurate programming investments across UN actors, including UNHCR.^{cvi}
42. Relevance for the large majority was, however, achieved in three ways: (i) sustaining knowledge of population conditions where feasible; (ii) keeping communication flows with PoC open; and (iii) the strongly articulated corporate directive to staff to "stay and deliver".

4.1.i Staying informed on population conditions

43. **Role in ensuring relevance.** One of UNHCR's comparative advantages is its "closeness to the ground".^{cix} Its intimate knowledge of PoC's lives and conditions serves both to inform governments, partners and the international community, and to enable its programmes to be tailored to changing needs. As the pandemic unfolded, sustaining this flow of knowledge and information became especially important to sustaining public and political attention to their concerns.
44. **Assessment volumes reduced overall.** Globally, UNHCR's participatory assessments reduced in number in 2020, to 289 compared to 510 in 2019.^{cx} Out of 23 sample country offices, 11 reported having to suspend participatory needs assessments or other monitoring visits, often limiting activity instead to protection needs assessments, which could be conducted remotely.^{cx} Consultations with stakeholders – a core part of the UNHCR modus operandi, and a key way to ensure relevance – suffered, with government stakeholders unavailable in the first half of 2020 particularly.^{cxii}
45. **Adaptations to sustain knowledge flows.** Despite these constraints, evaluations and Country Operational Reports record major efforts by UNHCR to sustain knowledge flows and maintain the global

knowledge base on PoC. In fact, 14 out of 27 evaluations^{cxiii} and 16 out of 23 sample Country Operational Plans for 2020 (Table 2) recorded analytical or research studies conducted relating to COVID-19:

Table 2: Data and analysis exercises conducted in 23 sample countries

	2020	2021
Number of analyses/studies/research on COVID-19 undertaken as per 23 sample countries	16 Burkina Faso, Brazil, Burundi, Central African Republic, El Salvador, Iran, Israel, Mozambique, Nigeria, Pakistan, Peru, Rwanda, South Sudan, Syria, Thailand, Turkey	11 Burkina Faso, Brazil, Burundi, Central African Republic, Egypt, Nigeria, Pakistan, Peru, Rwanda, South Sudan, Syria

46. To meet COVID-19 conditions, data collection methods for needs assessment had to adapt. Adjustments included:
- i. adopting digital solutions, such as in Burkina Faso;
 - ii. gathering data through refugee facilitators, as in Angola;
 - iii. training PoC representatives in participatory methods, as in Kenya.^{cxiv}
47. Studies fell into two main types: (i) needs assessments, usually of specific groups and vulnerabilities during COVID-19;^{cxv} and (ii) reviews of how COVID-19-adapted interventions affected PoC (Box 4).^{cxvi}

Box 4: Studying the effects of COVID-19 effects on PoC

- In **Kenya**, UNHCR, the World Bank, the Kenyan National Bureau of Statistics and the University of California ran a high-frequency survey on the socioeconomic impacts of COVID-19, as well as two other surveys on the needs of specific groups such as persons with disabilities.^{cxvii}
- In **Thailand**, UNHCR conducted specific analysis of how PoC had experienced UNHCR’s cash-based response to COVID-19.^{cxviii}

48. Evaluations however also record significant resource constraints. For example, in South Sudan, Central African Republic and the Sahel, government partners looked to UNHCR to lead on data provision regarding PoC, but UNHCR’s Information Management units were understaffed and under-capacitated.^{cxix}

4.1.ii Keeping communication open with PoC (Accountability to Affected Populations)

49. **Role in ensuring relevance.** With UNHCR’s modus operandi so closely entwined with the lives of its PoC, and pandemic-related communication a form of substantive assistance in itself,^{cxx} keeping communication lines open was understood as critical from an early stage. This enabled UNHCR to: (i) maintain understanding of changing needs; (ii) hear new vulnerabilities emerging; (iii) combat misinformation and rumours including about COVID-19; and (iv) remain sighted on status determination and other concerns.^{cxxi}
50. **Major efforts to keep communications open.** Despite movement restrictions, all 18 evaluations reporting on the issue^{cxxii} note UNHCR’s efforts to sustain contact with PoC, which often constituted their only channel of communication on the pandemic.^{cxxiii} Recorded methods, also reflected in all 23 Country Operational Plans, included telephone helplines, online helpdesks, WhatsApp, SMS and email groups, and community and national radio. Box 5 offers examples.

Box 5: Maintaining lines of contact with PoC

- In **Chad**, UNHCR used community radio, printed information material and multimedia to maintain information flows to PoC, while refugee leaders were provided with mobile phones to support communication.^{cxxiv}
- In **Thailand**, top-up sim cards for mobile phones helped to tackle communication barriers in camps and urban settings, as well as investing in communications capacity-building through women's organizations.^{cxxv}
- In **Kenya**, WhatsApp trees and community radio were utilized, and UNHCR set up a dedicated email address as a communication channel with PoC.^{cxxvi}
- In **Mexico**, a strengthened helpdesk response via phone and Whatsapp, as well as a dedicated Facebook page, enabled PoC to access different programmes and services, and to register for asylum.^{cxxvii}
- In **Angola**, 11 helplines were installed for communication and complaints; their establishment proved helpful when Angola entered a full lockdown in late March 2020.^{cxxviii}
- In **Yemen**, UNHCR worked through community-based protection networks, telephone hotlines and other virtual means, generating lessons for other country offices.^{cxxix}

51. In some regions, communications efforts were supported by guidance and advice from UNHCR's regional bureaux. The Bureau for West and Central Africa, for example, set up a multilingual information website with audio and visual tools and a digital platform to guide remote community engagement on COVID-19.^{cxxx}
52. Evaluations and Country Operational Plans also record efforts by UNHCR to utilize its community-based presence to sustain communication. This included engaging with community and religious leaders, outreach volunteers and women's and youth groups, through channels including social media, going door-to-door, radio, cycling to isolated communities, or using megaphones and loudspeakers. Box 6 offers examples.

Box 6: Using community-based presence for communication

- In **Burkina Faso, Niger and Mali**, UNHCR worked through community representatives to maintain contact with PoC.^{cxxxi}
- In **Angola**, outreach activities such as home visits, sessions with refugee leaders, ad hoc discussions and other activities helped to ensure that the views and concerns of different communities were collected and discussed.^{cxxxii}
- In **Pakistan**, female outreach volunteers, community mobilizers and gender support groups enhanced outreach and communication on COVID-19 preventive measures, including addressing social stigma and psychosocial support.^{cxxxiii}

53. Evaluations report that these efforts played a major role in combating misinformation and rumours around COVID-19, with UNHCR, and often its partners, seen as trusted communicators.^{cxxxiv}
54. **Risks of remote communication.** The shift to remote methods was not without challenges, however. A lack of connectivity or phones for PoC and/or inexperience with technology, especially for some groups such as older people, was difficult to circumvent in the early stages particularly. At least eight evaluations reported that in some contexts, the remote approach placed PoC, especially those with specific needs, at greater risk. Delicate or sensitive issues such as trauma, mental health issues and SGBV were difficult to discuss remotely, and it was also harder to assess participants' well-being via video or telephone calls.^{cxxxv}

55. The same eight evaluations identified a higher potential for vulnerable groups to be excluded, given the unavailability of or limited access to technology, hesitancy regarding its use, and/or for some, an inability to access technology in cases of SGBV, for example. Of the 15 UNHCR offices where staff were interviewed, staff in 12 spoke of additional pressures on protection staff particularly, who sometimes struggled under the emotional strains of remote communication with PoC. Privacy concerns also arose, with PoC sometimes finding it difficult to share sensitive information remotely, rather than face to face.^{cxxxvi}

4.1.iii “Stay and deliver” and staff sacrifice

56. **Role in ensuring relevance.** UNHCR has a unique mission and mandate within the international architecture as the guardian of the 1951 Convention and lead actor within the Global Compact on Refugees. Its mission and mandate provide both the organization’s raison d’être and the heart of its institutional identity. They also shape its operating culture, which reflects an ethos of committed service delivery to those forced to flee.^{cxxxvii}

57. **“Stay and deliver” as an institutional commitment.** During the pandemic, this identity and ethos translated into a strongly articulated and early directive to staff – targeted both externally and internally – to “stay and deliver” for PoC. From March 2020, leadership directives, all-staff communications, town hall events and senior management instructions reinforced the message, communicated in turn by country and regional-level management.^{cxxxviii}

Box 7: Stay and deliver:

“I am asking a lot of you, I know. I know that this is very hard, especially for those in stressful and difficult duty stations, and those who are apart from families and loved ones. As the crisis continues, for as long as it continues, we will need to call on our inner resources, and ask for help from those around us. Many of us have lived for years in hardship and insecure duty stations; our resilience is part and parcel of who we are as an organization, and what we are appreciated for.” (Filippo Grandi Commissioner of the United Nations High Commissioner for Refugees)^{cxxxix}

58. Independent evidence shows that, in purely operational terms at least, this directive was realized in UNHCR’s response on the ground. In the 44 countries analysed for this study, all kept staff in place even while many other agencies left to work remotely. Staff described extensive efforts to ensure continued physical presence and to reach operational areas, such as 10-hour car journeys when airports and train networks were closed; challenging some Resident Coordinator-led remote working directives; and fighting hard for humanitarian access to camps and communities, where PoC waited in need.^{cxl}

59. **The humanitarian identity.** Interviews with staff reflected deeply felt respect for, and adherence to, the “stay and deliver” message, linked by most not only to the corporate ethos but to their own personal and professional identities as humanitarian workers. *“It’s who we are, it’s what we do.” “How could we leave them? They depend on us.”*^{cxli}

60. **Externally,** “stay and deliver” – perhaps aimed as such, given the highly politicized surrounding climate – generated valuable reputational capital. Evaluations report praise from partners who valued the continued and committed presence of UNHCR.^{cxlii} Appreciation was recognized by staff in their reflections: *“It bought us a lot of credit.” “They saw that we had stayed when others left, and they appreciated that, since they were also back at their desks.”* By contrast, some staff also spoke of their embarrassment when, for example, government representatives arrived for meetings at “empty” UN compounds, with only UNHCR and a few other humanitarian agencies remaining present.^{cxliii}

61. There were exceptions, however, often mediated by national conditions. For example, in Egypt, refugee status determination (RSD) activities were suspended in line with government closures. This raised

questions from partners and PoC, alongside perceptual challenges of UNHCR being “closed for business”, although other areas of operational delivery continued.^{cxliv}

62. **Internally**, however, the picture reflects more complex trade-offs. As per paragraphs 50 and 51, management launched a large-scale communication exercise, supported by Staff Health and Well-being sections within regional bureaux and regionally based human resources partners, with an emphasis on staff well-being and mental health.^{cxlv} Flexibilities were introduced around annual leave and, for those in hardship postings, Rest and Recuperation allowances.^{cxlvi} Regular town hall briefings by senior management sought to collect feedback on the staff experience, as well as disseminate information.^{cxlvii} Hotlines were put in place to support staff with health-related concerns.
63. Nonetheless, the “stay and deliver” imperative has placed strains on the relationship between UNHCR as an institution, and its component staff. Aside from the “double burdens” of navigating operational delivery amid pandemic conditions, fear and anxiety levels were high in the early stages given the unknown pathology of COVID-19. Corporate directives – both to “stay and deliver” and, later in 2020, to return “back to office”^{cxlviii} – could not always reflect the nuances of individual situations. Both evaluations and staff interviewed reflected a sense of being “torn” between professional commitment and personal circumstances; whether anguish at separation from young children for several months; anxiety at the inability to visit older or unwell family members; or deep regret at missing close family bereavements. *“I know the demands of the job, and I have been committed for over 20 years. Surely, under those circumstances, they could have let me go.”*^{cxlix}

Box 8: Staff experience

Staff survey, May 2020: What is the impact of being separated from your family for an unforeseeable/prolonged period of time? (n=1,663)

- Causing general stress – 642 (39%)
- Impacting my productivity/ability to focus – 373 (22%)
- Having difficulty sleeping – 318 (19%)
- Other – 136 (8%)
- No impact – 99 (6%)
- Considering resigning because this is not sustainable – 95 (6%)

“This is literally the hardest thing I have ever done. I understand that ‘stay and deliver’ is very important and our work has even more meaning now than ever. However, the cost to staff is very high.”^{cxl}

Staff survey, February 2022: At the moment, how well are you coping psychologically with COVID-19? (n=2,362)

- No impact – 280 (12%)
- Somewhat impacted – 390 (17%)
- Impacted – 837 (35%)
- Heavily impacted – 514 (22%)
- Overwhelming – 341 (14%)

Box 9: Evaluation findings on “stay and deliver”

Evaluation of UNHCR’s response to multiple emergencies in the Central Sahel region: “On top of an already difficult working environment, COVID-19 took a toll on staff mental health and well-being, with negative impacts felt disproportionately by local staff based in field offices. While UNHCR field staff were proud of their efforts, the “*stand and deliver*” [sic] mentality within UNHCR as it faced multiple crises created higher levels of pressure on staff coupled with a decrease in leave time and social isolation due to remote work. Multiple informants reported a lack of acknowledgement of these efforts from management.”

Evaluation of the UNHCR regional refugee response to the Venezuela situation: “Staff indicated that the pandemic generated a lot of stress and anxiety, citing rapid shifts/adaptations in workflow, the psychological demand of addressing the added vulnerabilities in the population of concern, fatigue from back-to-back and long virtual meetings, and a lack of healthy outlets under quarantine... Staff reported feeling that in general, UNHCR lacks clear, coherent and applicable mental health policies and has a culture where the mental health and well-being of staff are not explicitly acknowledged or consistently promoted.”

64. At the end of 2020, recognizing the sacrifices made, the High Commissioner issued a global “Thank you” message to staff, acknowledging the challenges faced and offering an additional day’s leave as a symbol of appreciation.^{cli} In 2022, management described the “learning journey” undertaken, with the experience of the pandemic resulting in a more comprehensive, workplace-wide approach to occupational health and safety, and a renewed focus on staff mental health and well-being.^{clii}
65. **Uneven regional support.** Finally, the support experienced at country level from the relatively newly established regional bureaux was variable. While some bureaux were considered effective in supporting country offices amid the demands of the pandemic, all relevant evaluations, and staff from all 15 country offices noted that more work is needed for regionalization to reach its full intended vision.^{cliii} At least eight country offices experienced little involvement from regional bureaux, while some sorely felt a lack of presence. “*We looked to them for guidance, but they weren’t there.*”

4.2 How effective was UNHCR’s response to the pandemic?

EFFECTIVENESS

Country-level performance monitoring was disrupted, particularly in the early stages of the pandemic. This impeded assessment of programme quality, beyond quantitative deliverables. However, UNHCR mostly pivoted to meet the demands of COVID-19, with its professional experience in, and culture of, emergency response enabling an agile response. Internal administrative systems and procedures were however not always sufficiently flexible.

Areas such as education, health and shelter met performance targets for 2020, and there was a considerable expansion in cash-based approaches. However, some complex and multifaceted areas such as refugee status determination (RSD) and resettlement experienced challenges which became particularly apparent as the pandemic unfolded. Work on durable solutions, including livelihoods approaches, came under threat in the early stages with many activities suspended.

SGBV experienced de-prioritization globally early in the pandemic, but later course correction saw services being delivered. UNHCR successfully sustained advocacy on behalf of PoC, maintaining attention to their needs, concerns and rights prominently at global and national levels, but with less consistency on economic inclusion.

66. **Performance monitoring challenges.** At global level, UNHCR led inter-agency processes to develop the multisectoral COVID-19 monitoring framework for the collective UN response.^{cliv} At country level, however, at least five evaluations and 18 of 23 Country Operational Plans found reduced capacity for performance monitoring, such as visits to partners and direct data collection exercises with PoC on the ground,

commonly caused by travel restrictions or staff shortages.^{clv} For example, in northern Europe, lockdowns prevented UNHCR from conducting strategic monitoring visits to borders, detention and reception centres.^{clvi} These constraints have impeded assessment of the quality of UNHCR's programmes delivered during the pandemic, beyond pure quantitative measures.

67. **Strong adaptative capacity but varied effectiveness.** All 27 evaluations found that UNHCR pivoted significantly to adapt operations on the ground, with some creative and imaginative solutions employed. Effectiveness however varied across activity areas. Strong performance in health care, education and shelter was accompanied by gaps in more complex and multifaceted areas such as RSD and resettlement. Internal administrative procedures and frameworks did not always support swift adaptation.

4.2.i Pivoting operational delivery to meet population needs

68. Globally, around 85 per cent of operations made adaptations in 2020 to provide services and assistance to PoC remotely.^{clvii} At least 22 of the evaluations analysed here, and all 23 sample Country Operational Plans for 2020 and 2021, record significant operational adaptations on the ground, to meet local conditions and national government requirements.^{clviii} Table 3 provides examples:

Table 3: Examples of operational adaptation

Area	Adaptation	Country examples
Education	Supporting distance learning	Angola, Thailand, Chad, Kenya, Burkina Faso and Mali
	Ensuring a COVID-secure learning environment e.g. by providing masks in schools and training teachers on COVID-19 mitigation	Angola, Pakistan, Syria
	Advocating for refugee/internally displaced children into national education plans	Thailand, Kenya, Uganda
Health	Advocating for inclusion in national COVID-19 vaccination plans	All countries of operation, for example Sudan, South Sudan and Burkina Faso
	Conducting awareness-raising and combating misinformation on COVID-19	Somalia, Burkina Faso, Angola, Democratic Republic of the Congo
	Training health workers	South Sudan, Burundi, Syria
	Constructing or rehabilitating isolation and treatment facilities/quarantine facilities	Sudan, Angola, Nigeria, Bangladesh, South Sudan
	Supplying PPE, medicines, oxygen and rapid testing kits	Global
	Adapting health projects e.g through changes to health centres' waiting areas, triage at health facility entrances, physical distancing, hand hygiene points	Cameroon, Chad, Niger, Jordan, Burkina Faso, Angola, Democratic Republic of the Congo
	Virtual COVID-19-related capacity-building workshops for government	Cameroon, Chad, Democratic Republic of the Congo, Mali, Pakistan, Mexico, Yemen and the Latin America sub-region
Food security	Adapting food distributions e.g. by extending distribution days	Angola, South Sudan
Water and sanitation	Improving water network systems to meet increased demand under COVID-19 due to hygiene measures	Chad, Mali
Shelter	Adapting or extending shelter	Bangladesh, Angola
	Supplying items for basic needs such as plastic sheeting, tents, kitchen sets, sleeping mats etc.	Burkina Faso, Mali, Chad, Pakistan, Yemen

Basic needs	Adapting cash support to contactless payment systems	Ecuador, Greece, Somalia, South Sudan, Yemen
	Providing additional cash support	Egypt, Yemen, Lebanon, Zambia, South Africa, Angola, Democratic Republic of the Congo, Malawi, Mauritania, Mozambique, Cameroon and Zambia
Communication	Providing risk communication	Europe Regional Bureau, Yemen, South Sudan
	Producing media stories at local and global levels about the COVID-19 response	Angola, Brazil, Yemen
Security from violence and exploitation	Expanding child protection helplines and other protection mechanisms	Angola, Burkina Faso, Brazil, Peru
Status determination	Moving to remote interviews by phone or WhatsApp	Peru, Brazil, Pakistan

69. In the Central Sahel, for example, the evaluation of UNHCR's response to multiple emergencies in the context reports that both internal and external informants acknowledged and applauded the organization's ability to pivot and utilize the space created by the pandemic, to implement new work modalities and delivery.^{clix}

4.2.ii Performance against intended goals

70. **Global results.** Mindful of COVID-19 as a single (albeit significant) factor in influencing achievement, results for 2020 find adaptations in most areas bearing fruit, with seven of UNHCR's 13 results areas for that year nearly meeting, meeting or exceeding targets (Table 4):

- emergency and core relief items, cash assistance, shelter and health provision met or exceeded targets in 2020;
- registration, asylum applications, water, sanitation and hygiene (WASH), and education provision nearly met targets for that year (though evaluations report a more nuanced picture on registration, see below);
- four areas, namely statelessness, child protection, food security and nutrition, energy and environmental protection met more than 50 per cent of their targets;
- resettlement fell well below target (less than 50 per cent).

Table 4: Management results 2020

More than 50% below target	More than half-met target (50% or above)	Nearly met target (90% or above)	Met or exceeded target (100% or above)
<ul style="list-style-type: none"> • Resettlement 	<ul style="list-style-type: none"> • Statelessness • Child protection • Food security and nutrition • Energy and environmental protection 	<ul style="list-style-type: none"> • Registration, asylum applications • WASH • Education*² 	<ul style="list-style-type: none"> • Emergency and core relief items • Cash assistance • Shelter • Health

Source: UNHCR Global Report 2020

71. Evidence from 27 evaluations and 23 Country Operational Plans 2020/2021 mostly supports, but also nuances, this global picture, as follows:

² Except PoC receiving tertiary education, which achieved 33 per cent against target.

72. **Education.** The achievement of more than 90 per cent of education targets achieved in 2020 is reflected in both Country Operational Plans and independent evaluations. Of 23 sample Country Operational Plans:
- 15 describe meeting or nearly meeting education targets in 2020;^{clx}
 - 20 met or exceeded targets in 2021.^{clxi}
73. At least 15 evaluations record successful health and education provision to meet the needs of PoC during the pandemic.^{clxii} Areas of success included: advocacy and service provision to include refugee and displaced children in formal education provision; providing distance learning through different modalities including radio; and providing equipment to allow teaching within communities and camps. Box 10 provides examples:

Box 10: Providing education

- In **Thailand and Kenya**, UNHCR successfully integrated refugee children into formal education.^{clxiii} UNHCR also supported the roll-out of distance learning modules through daily five-hour broadcasts of radio lessons in Kenya, using community radio stations which reached refugee camps.
- In **Thailand**, UNHCR procured and distributed solar power radios and provided cell phone data bands for refugee teachers so that education could continue.^{clxv}
- In **Chad**, UNHCR provided support courses for refugee students, with modules developed for televised learning by the Ministry of Education produced in paper form for distribution in refugee camps that lack televisions.^{clxvi}
- In the **Central Sahel**, UNHCR directly and through partners provided emergency education to displaced children and youth affected by the pandemic.^{clxvii}

74. **Health.** Globally, UNHCR provided nearly 10 million PoC with essential health care in 2020.^{clxviii} Activities included constructing or rehabilitating isolation and treatment facilities for local hospitals; building governments' and partners' capacity for surveillance; conducting contact tracing and case management; and supplying PPE, medicines, oxygen and rapid testing kits. In total, \$186.1 million of COVID-19 supplies, PPE and services were provided in 2020.^{clxix}
75. Country Operational Plans and evaluations mostly reflect these global achievements, though noting widespread supply chain constraints (see para. 124). All 23 plans report health targets met or exceeded in both 2020 and 2021. At least 12 evaluations covering 16 countries report similarly,^{clxx} noting that UNHCR provided equipment, refugee housing units or beds in shelters for asylum-seekers^{clxxi} and conducted hygiene campaigns, for example in Zambia and the Sudan.^{clxxii} The COVID-19 response also had the side-benefit of helping to strengthen the infrastructure of some national health systems, including making it more inclusive of PoC. Box 11 provides examples:

Box 11: Supporting health care

- In **Mexico and Kenya**, UNHCR provided shelters with resources and equipment to manage hygiene and sanitation and reduce COVID-19 transmission, as well as supporting some related medical costs.^{clxxiii}
- In the **Sahel**, UNHCR worked to strengthen national health care systems and to help enhance public health and livelihood measures. It helped to rehabilitate structures to enable the isolation and treatment of COVID-19 patients in **Niger**.^{clxxiv}
- In **Burkina Faso**, UNHCR supported the national health system by paying salaries of medical staff and providing training, and by installing water stations in affected communities.^{clxxv}
- In **Chad**, UNHCR opened a confinement centre, and provided non-food items to people in quarantine after crossing the border.^{clxxvi}

76. Perhaps UNHCR's key achievement in health care, however, has been the inclusion of PoC in COVID-19 health response and vaccination plans. Its pre-pandemic strategy of pushing for the inclusion of PoC in national systems and structures gained momentum in the urgency of the pandemic, and opportunities to generate leverage with governments around inclusion were successfully maximized (see section 4.2.iv on advocacy). The strategy bore fruit, with 162 countries including refugees in their national COVID-19 vaccine plans by the end of 2021.^{clxxvii} For urban-based PoC, 92 per cent had access to primary health care on the same basis as nationals by the end of 2020, surpassing the 80 per cent target a year ahead of schedule.
77. However, the Joint Evaluation on the Global Refugee Response during COVID-19 cautions that this does not equate as yet to high rates of vaccination of refugees.^{clxxviii} Although 3.25 million refugees and other forcibly displaced people in 66 countries had been vaccinated by the end of 2021,^{clxxix} there remains much progress to be made in reducing vaccine inequality.
78. **Shelter.** In 2020, UNHCR provided almost 150,000 emergency shelters (58 per cent more than in 2019), as well as 268 isolation and quarantine areas.^{clxxx} Some 2.2 million people were reached with COVID-19-specific shelter activities in 12 out of the 16 UNHCR-led clusters.^{clxxxi} Of 23 sample Country Operational Plans for 2020 and 2021, 20 included shelter initiatives^{clxxxii} reflecting a scaling-up in both years. At times, approaches were innovative: for example, in Bangladesh UNHCR piloted the addition of mezzanines to shelters to provide families with more space without using more land.^{clxxxiii}
79. Evaluations praised adaptations to pandemic conditions; for example, in the Venezuela response, cash grants supported PoC who risked eviction during COVID-19.^{clxxxiv} However, procurement procedures were repeatedly noted as a challenge,^{clxxxv} impeding timely delivery. Staff interviewed also spoke of drastically increased construction costs and movement challenges for supplies, as in the Central African Republic.^{clxxxvi}
80. **Cash-based responses.** UNHCR's cash-based distributions increased to \$695 million in 2020 and \$670 million in 2021, up from \$650 million in 2019.^{clxxxvii} This scale-up is reflected in 12 out of 27 evaluations^{clxxxviii} and 13 out of 23 Country Operational Plans,^{clxxxix} which report increased cash-based initiatives in either or both 2020 and 2021. Scale-ups reflected either (i) expansion, to new groups of PoC affected by the pandemic, e.g. in urban areas; or (ii) extension, to top up existing contributions or to provide additional support to government COVID-19-related social protection or safety nets.
81. Evaluations report that cash initiatives enabled PoC in many countries to meet their immediate needs. In Chad, for example, a three-month social safety net was offered to urban refugees while food assistance for four to five months was provided in camps.^{cx} In Afghanistan, the Democratic Republic of the Congo, Iraq and the Venezuela response, cash provision helped avert the risk of evictions.^{cxci} However, evaluations also record some delays in adaptation, due to a lack of global frameworks for financial service provider partnerships.^{cxcii}
82. At least seven evaluations report that eligibility criteria for assistance were adapted to make it easier for certain groups of PoC to obtain cash grants during the pandemic.^{cxci} For example, in Mexico, eligibility criteria were adjusted and the period for provision was extended. Older PoC were also specifically targeted with a Contingency Protection Top-Up.^{cxci}

Box 12: Scaling up cash-based responses in Brazil

In **Brazil**, the pandemic exacerbated vulnerabilities caused by inadequate food/nutrition, housing, health care, education and employment. The number of PoC who lost their income and were at risk of eviction increased, and UNHCR sought to scale up its cash assistance programme in parallel with the government.

UNHCR reached almost 8,000 vulnerable PoC in 2020 with its cash assistance. More than 12,000 multipurpose grants were also distributed to PoC with multiple vulnerabilities to cover their basic needs, for a period of up to three months.

83. **Water, sanitation and hygiene (WASH).** The provision of WASH measures took on a particular significance during COVID-19, as part of reducing disease transmission. Corporately, UNHCR reported the installation of “thousands” of handwashing facilities as part of the global response.^{cxcv} Country Operational Plans reflect this increase; 17 that reported on WASH initiatives noted that UNHCR had either met or exceeded targets.^{cx cvi} Activities were wide-ranging and included water quality management; installation of water supplies; provision of soap and hygiene kits; provision of water supplies in schools and shelters; support for the preparation of national hygiene guidelines, and many others.
84. Independent evidence validates these results. The 17 evaluations reporting on WASH provision^{cx cvii} all similarly report a scaling-up, in large part to provide additional facilities in refugee camps, (as for example in Thailand), but also to support urban populations who lacked access to potable water or hygiene facilities, (as for example in Burkina Faso, Niger and Mali).^{cx cviii} Similarly, to shelter, however, evaluations also reported procurement challenges in several countries.^{cx cix}
85. **Status determination and asylum applications.** Globally, UNHCR reported that it had met more than 90 per cent of its intended targets for status determination and asylum applications in 2020. These areas were however more complex to pursue during the early stages of the pandemic, often requiring cooperation with government departments or other functions which, in some contexts, were effectively closed for business.
86. Country Operational Plans for 2020 and 2021, and also independent evaluations, nuance this picture. Of 23 Country Operational Plans analysed, the 13 that address asylum applications/status determination in 2020 and 2021 report delays or suspensions in activity.^{cc} At least 13 evaluations find similarly.^{cci} In Kenya, for example, UNHCR began a remote interviewing pilot for status determination but only in September 2020 after several months of suspension.
87. Evaluations report that, in at least eight countries, UNHCR moved to remote methods for status determination, though this was not without its complexities (see para. 23).^{ccii} Once national authorities re-started their own processes, evaluations found UNHCR resuming its central role. In Colombia and Mexico, for example, UNHCR collaborated closely with the national body responsible for the processing of asylum claims, to enable registrations to continue as early as possible in the pandemic.^{cciii}
88. **Resettlement.** Closed borders negatively affected voluntary repatriation and resettlement activities, and in 2020, UNHCR achieved less than 50 per cent against planned targets in 2020. Country Operational Plans reflected this, with 16 out of the 17 countries reviewed reporting the suspension of activities in 2020.^{cciv} By 2021, however, with activities in many countries resuming, only four reported continued suspensions.^{ccv} In Brazil, localized resettlement within the country continued throughout the pandemic, and was supported by UNHCR, which had managed to continue contact with government counterparts.^{ccvi}

4.2.iii Economic integration and livelihoods

89. **Reduction or suspension.** Evaluations and Country Operational Plans consistently report reduced economic integration activities in the early phase of the pandemic contrary to Global Compact

commitments.^{ccvii} In fact, 11 out of 14 relevant Country Operational Plans recounted long delays, suspensions or cessation of activities due to reprioritization of resources.^{ccviii}

90. Evaluations reflect these findings, with the 12 that report on livelihoods activities^{ccix} all finding activities suspended in favour of lifesaving interventions. Example suspensions include:

- initiatives for vocational training and the environment^{ccx} in Niger and Bangladesh;^{ccxi}
- community integration in Mexico;^{ccxii}
- socioeconomic integration programmes in Thailand;^{ccxiii}
- all livelihoods activities in Niger (even those where refugees and host communities worked together to produce kits to fight COVID-19);^{ccxiv}
- all capacity development and livelihoods approaches in Zambia and the Venezuela response.^{ccxv}

91. At least three evaluations^{ccxvi} point out that the prioritization of the health aspects of the response, and particularly the focus on camp-based populations in the early stages, reduced attention on the coming socioeconomic impact on PoC, especially those based in urban areas. The joint evaluation on the Protection of Refugee Rights during COVID-19 observes that the prioritization of short-term emergency assistance over durable solutions, including economic inclusion, posed a threat to Global Compact realization.^{ccxvii}

4.2.iv Sexual and gender-based violence (SGBV)

92. **Global de-prioritization.** Despite rising rates of SGBV during the pandemic, this area was de-prioritized by the global humanitarian community during the early phase of the pandemic, although subsequent global advocacy sought to restore the emphasis required.^{ccxviii} In October 2020, mid-pandemic, UNHCR released its first comprehensive Policy on the Prevention of, Risk Mitigation, and Response to Gender-based Violence, as well as a global risk mitigation toolkit.^{ccxix}

93. **Persevering with service provision.** UNHCR's contribution to global efforts on SGBV during COVID-19 will be assessed elsewhere.^{ccxx} However, evaluative evidence finds UNHCR's own SGBV activities during the pandemic largely sustained, with operations maintaining or expanding services in more than three-quarters of the 63 GHRP countries.^{ccxxi} Activities included creating and expanding communication channels for victims; conducting targeted campaigns to disseminate information on remote SGBV services; and providing support services such as psychosocial support through partners (Box 13):

Box 13: Action on SGBV

- In **Kenya** messages for GBV prevention and response were customized and disseminated through bulk SMS, WhatsApp groups, and drive-through announcements to reach the community.^{ccxxii} Telephone counselling (sometimes in small groups) was also offered for survivors.
- In **Mexico**, UNHCR adapted referral pathways for the provision of remote support services to survivors of SGBV.^{ccxxiii}
- In **Zambia**, UNHCR trained hygiene promoters and community health workers on safe disclosure and referrals for gender-based violence during COVID-19, as well as psychological first aid.^{ccxxiv}
- In **Iran**, 110 survivors received psychosocial counselling from UNHCR through a protection partner in Tehran.^{ccxxv}
- In **Chad**, SGBV committees, comprising both men and women, were established in camps and settlement sites; women were included in camp security guard contingents; and a specialized NGO conducted sensitization and awareness-raising, provided follow-up case referrals, and assisted with access to justice. Psychosocial support was provided for survivors of SGBV, who were also targeted for income-generating activities.^{ccxxvi}

94. Service provision during the first few months of the pandemic was heavily dependent on the availability of national partners and local authorities – which varied across countries. In Mozambique, for example, a lack of GBV partners in hard-to-reach areas constrained provision, and a focus on delivery in IDP sites diverted attention from urban services, despite considerable needs.^{ccxxvii} Funding constraints were also significant.^{ccxxviii} The Age, Gender and Diversity Policy Evaluation reported that the focus on strengthening SGBV within UNHCR had come at the cost of diluting the understanding of, and work on, wider gender equality concerns.^{ccxxix}

4.2.v Advocacy

95. **Greater need for advocacy.** UNHCR’s mandate locates it as the main global voice for forcibly displaced populations – and as such, a powerful advocate for their rights. The “internal” focus of governments during the early stages of the pandemic, and the decreased global and national attention to the rights of refugees (see para. 23), intensified the need for strong global and national advocacy on their protection.

96. **Extensive global advocacy.** At a global level, UNHCR sought to maintain a strong international focus on the rights of PoC, through a wide-ranging series of High Commissioner and other senior leadership statements, opinions and dialogue on issues such as open borders, statelessness, PoC inclusion and vaccination.^{ccxxx} From March 2020 through to March 2022, this advocacy was extensive – including to UNHCR donor countries.^{ccxxxi} The theme of the 2020 High Commissioner’s Dialogue was “Protection and Resilience during Pandemics”.^{ccxxxii}

97. **Mostly successful country-level COVID-19 advocacy on protection.** At country level, evaluations report continued and, in many cases, successful, advocacy by UNHCR in three main areas:

(i) Social inclusion. Evaluations report largely successful UNHCR advocacy for the inclusion of refugees and migrants in national and local public health response plans,^{ccxxxiii} resulting in the global gains reported in section 4.2.ii. Independent evaluations mostly reflect these achievements, with at least six finding successful inclusion of PoC in COVID-19 response plans, whether for health care, vaccination or education, linking this to UNHCR advocacy with national authorities.^{ccxxxiv}

Box 14: Advocacy for social inclusion of PoC

- In the **Sahel**, UNHCR was found to have intensified its advocacy, along with partners, to include PoC in social welfare programmes and public health response plans to COVID-19.^{ccxxxv}
- In **Peru**, following an information campaign by UNHCR to include PoC in the national vaccination registry, more than 29,000 asylum-seekers updated their data online.^{ccxxxvi}
- In **Bangladesh**, UNHCR engagement in public health infrastructure facilitated access both for host communities and refugees during the pandemic.^{ccxxxvii}

The evaluation of the Venezuela regional response finds UNHCR had done more in 2020 than in previous years in terms of advocacy to support social inclusion.^{ccxxxviii}

(ii) Retaining status. Similarly, the Joint Evaluation for Refugee Rights signals that, in at least 11 countries in 2020 and 2021, UNHCR advocacy with governments resulted in the successful validity extension of expired registration and documentation, so that refugees and asylum-seekers could remain at liberty and continue accessing basic services.^{ccxxxix} The evaluation of the Venezuela regional response points out that this provided a degree of security and no small relief to PoC at a time of great vulnerability.^{ccxli} In Norway, information on status registration was made available in 24 languages via the government website.^{ccxlii}

(iii) **Access to territory.** Despite challenges and, in some contexts rising xenophobia, at least six evaluations^{ccxlii} report successful UNHCR advocacy on access to territory during the pandemic; for example by working on regularization and documentation via online registration for asylum systems, as in Morocco and Venezuela.^{ccxliii} In Mexico, UNHCR advocacy provided visibility for the issue of asylum and international protection on the public agenda.^{ccxliv}

Box 15: Advocacy in the Venezuela regional response

“In the Venezuela response, UNHCR’s high-level advocacy around access to territory, asylum, regularization and documentation solutions, as well as inclusion of refugees and migrants in national social protection systems and development plans, has been able to catalyse protection options with various governments. For example, Brazil’s implementation of a prima facie group recognition of Venezuelan asylum is a result of these efforts, which has the potential to cause a ripple effect across the region.”

Evaluation of UNHCR’s regional refugee response to the Venezuela situation

98. **Variable advocacy on economic inclusion.** In 2019 UNHCR issued its 2019–2023 Global Strategy Concept Note on Economic Inclusion.^{ccxlv} In 2020, it reported that PoC were included in UN COVID-19 Socioeconomic Response Plans (SERPs) in 47 out of 52 UNHCR operations in countries hosting more than 10,000 refugees.^{ccxlvii}
99. Evaluations report a more mixed operational picture on this point, however. The evaluation of UNHCR’s Age, Gender and Diversity Policy pointed to the need for stronger evidence-based advocacy to support the economic inclusion of older persons and women affected inter alia by the pandemic.^{ccxlviii} The evaluation of the Venezuela regional refugee response found that advocacy efforts for economic inclusion were scattered and unsystematic.^{ccxlviii} The evaluation of the Level 3 response in the Democratic Republic of the Congo found that UNHCR had not systematically planned or executed its IDP-specific advocacy activities, including for economic inclusion, leading to uneven and mixed results.^{ccxlix}
100. Country Operational Plans in at least five countries^{cccl} and staff interviewed in nine country offices, highlighted that financial and human resource limitations constrained scope for advocacy during COVID-19, as well as the unavailability of some government stakeholders and other partners. Staff noted that advocacy requires “soft” skills and engagement which are far more difficult to conduct remotely, or without direct contact with interlocutors.

4.3 How coherent was UNHCR’s response to COVID-19?

COHERENCE

Evaluations document increased drive and impetus for system-wide coordination during the pandemic, largely driven by external factors. UNHCR’s strategic coordination within the UN system for the pandemic response will be evaluated elsewhere, but at country level, evaluations find intensified operational coordination, with expanded partnerships serving the pandemic response in many countries.

Evaluations also report increased drive and focus on NGO cooperation as the central plank in operational delivery. Although funding to local NGOs did not increase, partnerships for service delivery and information provision expanded, as did engagement with NGOs as strategic and technical partners in coordination structures. UNHCR also mostly successfully navigated often delicate relationships with governments during the pandemic, building on prior foundations of long-standing relationships and mutual respect to achieve its goals.

101. **A global environment for coordination but practical constraints.** At the global level, ongoing UN reforms and structures for the COVID-19 response, as well as pre-existing global mechanisms such as the

New York Declaration and Global Compact,^{ccli} supported a coordinated response among actors.^{cclii} Overall, evaluations report that UNHCR responded positively to this collective drive, navigating often sensitive political and operational terrain on the basis of mutual respect.

102. **Expanded and positive UN coordination.** The ongoing systemic drive for UN reform,^{ccliii} the force of pre-existing global instruments described above, as well as COVID-19-specific instruments such as the GHRP^{ccliv} shaped the landscape for UN coordination during the pandemic. These instruments provided a clear platform for pandemic-related cooperation; collective concerns about the effects of COVID-19 on refugees, for example, provided a clear rationale for issue-based coordination between WHO, UNHCR and other international actors.^{cclv}

103. At country level, however, evaluations and Country Operational Reports find both expanded cooperation (in terms of partnership volumes) and largely positive coordination (in terms of quality).

(i) **Expanded cooperation:** 11 of the 23 Country Operational Reports state expanded cooperation with UN and other multilateral agencies during 2020 and 2021, despite pandemic conditions and many agencies working remotely.^{cclvi} Evaluations reflect these findings, with new or expanded partnerships noted over 2020 and 2021 in 12 evaluations.^{cclvii} Examples include the following:

- In Mozambique in 2020, UNHCR formed a new joint programme on protection with UN Habitat, UNHCR, the Food and Agriculture Organization (FAO), the World Food Programme (WFP) and local government, and started bilateral discussions with the International Labour Organization (ILO), the United Nations Development Programme (UNDP) and the African Development Bank.^{cclviii}
- In South Sudan, UNHCR began discussions with FAO in 2020 on a data-sharing agreement to receive data from the Food Security and Nutrition Monitoring System to support evidence-based advocacy.^{cclix}
- In Zimbabwe, in 2020, UNHCR worked with other UN agencies to support the national multisectoral task team overseeing the implementation of priority activities for the COVID-19 response.^{cclx}

(ii) **Quality coordination:** All 27 evaluations report largely good quality coordination with sister UN agencies,^{cclxi} though with roles varied according to the pandemic needs in the context:

- Convening and coordinating. In some locations, UNHCR assumed a coordination role on behalf of the humanitarian community. For example, in Angola, from March 2020, UNHCR coordinated the humanitarian community's implementation of COVID-19 activities, including status briefings by WHO, collective advocacy on inclusion of PoC in the national health response and vaccination campaign.^{cclxii}
- Leadership. In other areas, and subject to mandate/nature of the population (refugee, IDP or mixed population flow),^{cclxiii} UNHCR adopted an explicit leadership role. For example, in Sudan, UNHCR co-led the IDP COVID-19 Camp Task Force with the International Organization for Migration (IOM).^{cclxiv}

104. Evaluations however report two main challenges:

- A persistent lack of clarity in some countries/regions regarding respective roles and responsibilities for IDP/mixed population flow situations. For example, in the Democratic Republic of the Congo and the Sahel, evaluations found that unclear roles and responsibilities impeded the response, which included COVID-19 dimensions.^{cclxv}
- Despite shared global commitments, many sister UN agencies scaled down or removed their in-country presence during the pandemic. For UNHCR, while this did not completely prevent coordination, it did reduce the frequency and intensity of engagement.^{cclxvi} "They just weren't there for us to coordinate with." "We could only reach them remotely, and they didn't know the conditions on the ground."

105. **NGOs and local actors.** UNHCR has close relationships with its NGO partners, both national and international, though has been previously critiqued for an insufficiently strategic approach to its partnerships.^{cclxvii} The drive to empower local actors particularly is reflected within Global Compact indicators, which seek inter alia to quantify the transfer of resources to national organizations including NGOs, community groups and others.^{cclxviii}
106. UNHCR did not increase the proportion of its funding flowing to local actors during the pandemic.^{cclxix} Nonetheless, globally at least, local actors were increasingly, if unevenly, involved in the COVID-19 response, including by UNHCR.^{cclxx}
107. Of 17 evaluations reporting on UNHCR's cooperation with NGOs, all found expanded or enhanced cooperation at country level.^{cclxxi} Partnerships took three main forms:
- Service delivery, helping to reduce gaps in assistance through greater sectoral and geographical coverage, and reducing duplication, particularly where PoC were inaccessible to UNHCR staff directly, as in Chad.^{cclxxii}
 - Information providers, engaging with UNHCR to communicate around COVID-19, particularly in local mediums/languages, for example in Brazil and Yemen.^{cclxxiii}
 - Strategic and technical partners in issue-based or coordination groups related to COVID-19. For example, in Mexico, UNHCR supported NGO partners who formed an "ecosystem" to respond to the needs of protection and humanitarian assistance.^{cclxxiv} In Thailand, UNHCR co-led with International Rescue Committee the coordination structure set up for the pandemic response to serve displaced persons across the country.^{cclxxv}
108. The annual UNHCR NGO Innovation Award for 2020 was also dedicated to refugee-led organizations and their response to COVID-19.^{cclxxvi}
109. Increased procedural flexibility for NGOs during COVID-19 was appreciated by partners,^{cclxxvii} including budgetary flexibility up to 30 per cent, reduced reporting requirements, and the option to submit documentation electronically. However, the 2021 NGO Consultation survey^{cclxxviii} found that changes in reporting requirements were not implemented systematically and, in fact, increased during 2020 and 2021. Overall, however, the new flexibilities were felt to have supported the pandemic response, and NGOs requested their continuation into future years.
110. **Governments.** UNHCR's role as advocate for, and protector of, forcibly displaced populations can place it in a delicate position, given the need for engagement with authorities to conduct protection activities. The pandemic, and particularly the closure of borders and the tendency to prioritize domestic needs, tested these boundaries.
111. In many host countries, government responses to COVID-19, including towards PoC, outweighed international interventions by a significant margin.^{cclxxix} Moreover, engaging with governments was particularly challenging in early 2020, when many government departments were themselves experiencing lockdowns. Nonetheless, all 27 evaluations report that UNHCR sustained its pivotal role as protector of, and advocate for, PoC vis-à-vis national authorities.
112. Elements appreciated by government partners, as recorded in evaluations, were:
- data and information provision on the conditions and needs of PoC, as for example in Niger, Mali and Burkina Faso;^{cclxxx}
 - stepping up to provide basic services to support the national COVID-19 response when national authorities were unable to deliver these, as in Yemen, the Democratic Republic of the Congo and Chad;^{cclxxxi}

- providing health information and communication directly to PoC on COVID-19 and vaccination, as in Yemen and the Democratic Republic of the Congo;^{cclxxxii}
- supporting national social protection schemes for PoC as part of the COVID-19 response, where available, as in Kenya and the Venezuela response.^{cclxxxiii}

113. Evaluations found that government partners valued UNHCR’s operational flexibility and willingness to adapt during the pandemic, though procedural and bureaucratic limitations, alongside procurement delays in some contexts, risked reputational damage.^{cclxxxiv} Evaluations also particularly noted appreciation for the continued UNHCR presence under the “stay and deliver” directive,^{cclxxxv} observing a contrast to some other UN agencies – a factor validated by staff interviews.^{cclxxxvi}

114. Finally, UNHCR’s advocacy for open borders, in line with the Convention and GCR commitments, was targeted globally but also at national authorities, including its own major donors.^{cclxxxvii} No evaluations, however, signal tensions here, with several highlighting the “mutual respect” between national authorities and the agency.^{cclxxxviii}

4.4 How efficient was UNHCR’s response?

EFFICIENCY

Limited evaluative evidence is available on efficiency. However, available data finds that UNHCR capitalized well on increased opportunity to diversify fundraising sources, and maximized flexibility in budgetary prioritization where feasible. Country offices appreciated additional resources to support COVID-19-related activities.

Operationally, however, some bureaucratic frameworks limited flexibility to support the COVID-19 response. As a result, and combined with pandemic-related external conditions, some PoC experienced delays in/suspension of service delivery.

115. Only eight evaluations report on efficiency.^{cclxxxix} The main areas addressed are: (i) sources of fundraising, (ii) budgetary prioritization, (iii) efficiencies gained through partnerships, and (iv) timeliness.

116. **Sources of fundraising.** At least 12 evaluations report that COVID-19 opened up the funding landscape, with UNHCR successfully building on prior efforts to attract investment from multilateral development banks.^{ccxc} The 66 per cent funding level for UNHCR’s \$745 million COVID-19 appeal, as per Table 1,^{ccxci} included significant private sector contributions.^{ccxcii}

117. At least five evaluations and six Country Operational Plans^{ccxciii} report an increase in donor flexibility, providing UNHCR with both increased scope to adapt to COVID-19-related needs, and capacity to cascade flexibility to operating partners on the ground. However, the fact that the flexibility was applied within already earmarked funds, rather than available at source as fully flexible funding, limited UNHCR’s ability to shift resources across programmatic priorities and population groups.^{ccxciv}

118. Additional funding opportunities also brought complexities, however. In Mali, the simultaneous declaration of a Level 2 emergency and the COVID-19 pandemic in February 2020 generated increased funding but also confusion about the sources of financial flows.^{ccxcv} Collective approaches such as a joint UN appeal for COVID-19-related funding in Zambia were also not always successful, with donors preferring to work bilaterally.^{ccxcvi}

119. Travel restrictions also reduced opportunities for fundraising. In Angola, for example, donor field missions, an essential part of the operation’s resource mobilization strategy, were suspended; which reduced

fundraising opportunities in 2020. For UNHCR, this implied an increased emphasis on information-sharing, an additional burden for staff.^{ccxcvii}

120. **Budgetary prioritization.** UNHCR used flexible resources at its disposal – including unearmarked funds and its Operational Reserve – to support reprioritization where feasible.^{ccxcviii} Of 23 Country Operational Plans, at least 17 report budgetary reprioritization,^{ccxcix} confirmed by the 15 country offices interviewed. Additional COVID-19-related resources allocated to regional bureaux – without the usual submission requirements – were appreciated, since they enabled activity adaptation such as the purchase of protective equipment for staff and partners.

121. However, both evaluations and staff noted some procedural delays in gaining approvals for reprioritization, of time periods ranging from one to three months.^{ccc} Moreover, reprioritization meant a focus on the emergency response at the cost of livelihoods and economic integration programmes as part of durable solutions (see section 4.2.iii).

122. **Efficiencies gained through partnerships.** At least four evaluations provide some examples of UNHCR incurring efficiency gains by leveraging partnerships during the pandemic.^{ccci} For example, in Ecuador, UNHCR was able to procure mobile handwashing facilities according to technical specifications developed by UNICEF and adapt COVID-19 messaging and communication materials produced with UNICEF funding.^{ccci}

123. **Delays in timely delivery.** Implementation delays were widespread,^{cccii} with 22 evaluations and all 23 Country Operational Plans noting these during 2020 and 2021.^{ccciv} In Chad, for example, many assistance activities were put on hold or stopped all together in March 2020, when field activities “*practically came to a halt*”.^{cccv} In the Democratic Republic of the Congo, many activities were put on hold, including livelihood activities, a literacy programme for women, and protection programmes such as SGBV sensitization activities and birth registration campaigns, which require community mobilization.^{cccvi}

124. Delays were largely attributed to:

- i. **external factors** – national restrictions including movement constraints, lockdowns etc.;
- ii. **internal factors:**
 - a. Staffing gaps, with some staff unable to take up posts in a given context due to travel restrictions;
 - b. UNHCR’s administrative procedures, which, despite efforts to streamline them, caused delays, such as in the Central Sahel regional response, to the point where PoC had frequently moved on before services could be delivered to them;^{cccvii}
 - c. widespread supply chain challenges, which hindered timely implementation, reported across UNHCR globally.^{ccciii}

125. **Further opportunities for procedural adjustment.** Evaluations raise questions about the scope for procedural adjustment in UNHCR’s internal systems, asking whether, for example, the “Rolling Response” model, as proposed for the Democratic Republic of the Congo, would have expedited the COVID-19 response.^{cccix} Staff also noted some areas where corporate changes could help to expedite timeliness in a subsequent global emergency. For example, beyond the wider strategic issue of PoC inclusion in national social protection mechanisms, the provision of global frameworks for working with financial service providers would speed up cash-based responses in emergencies.^{cccix} Similarly, streamlining some procurement procedures to allow scope for a more centralized model where feasible and appropriate was raised as potentially improving efficiency.^{cccxi}

5. Enabling and constraining factors

126. **Enabling factors.** Evaluations highlight six main internal factors which helped to **enable** UNHCR's response to COVID-19:

- vii. **The driving force** of the institutional raison d'être and its basis in the Convention – which provided the impetus to “stay and deliver”.
- viii. **The corporate Level 2 emergency declaration**, which prioritized the response and enabled greater flexibility in funding and staffing arrangements. It also facilitated organizational speed, increased the visibility of the crisis, and allowed staff to better articulate and advocate the needs of UNHCR with different stakeholders.
- ix. **UNHCR's human capital**, with personal and professional identities as humanitarians; an ethos of commitment to PoC; and a sense of institutional dedication providing the main “engine” for the response.
- x. **The emergency instinct and operational agility** which enabled swift adaptation when the pandemic struck, including pivoting to remote communication and delivery.
- xi. **Relationships** at country level, with mutual respect between UNHCR and its partners, and the organization seen as a “trusted partner” in the pandemic response.
- xii. **Communication capacity**, with UNHCR's “closeness to the ground” enabling it to be perceived as a trusted source of information for PoC.

127. **Constraining factors.** Evaluations highlight five main internal factors which **constrained** UNHCR's response to the pandemic:

- vi. **Procedural challenges**, for example, regarding procurement and financial service provider provision under global pandemic conditions.
- vii. **The reversion to emergency response** and consequent de-prioritization of other issues such as statelessness, economic inclusion and livelihoods.
- viii. **A short-term mindset**, also reflected elsewhere,^{cccxi} which hindered a medium-term approach to strategizing and planning, even as the COVID-19 pandemic evolved from a short-term event to a “here to stay” phenomenon.^{cccxiii}
- ix. **Uneven regional support**, with some country offices lacking support from newly established regional bureaux, at a time when it was sorely needed.
- x. **Inconsistent internal communication**, with UNHCR's vertical (national–field) and horizontal (field–field) communication and information exchange not always flowing smoothly between offices and units. This resulted in information gaps at times (though this improved as the pandemic progressed, and as the organization became more familiar with digital communication and remote coordination).

6. Roles and practices adopted by the pandemic response

128. **Roles adopted.** Evaluations and Country Operational Plans highlight some of the key roles played by UNHCR during the pandemic response (Table 5).

Table 5: Roles adopted

Role	Example countries
Knowledge generator on the effects of the pandemic on PoC	Colombia, Niger, Burkina Faso, Sudan, Kenya
Catalyst for PoC attention and inclusion within COVID-19 responses, via advocacy and capacity-building	Mali, Niger, Burkina Faso, Bangladesh
Protector of last resort for PoC lacking other recourse during COVID-19	Burkina Faso, Chad, Ethiopia, the Democratic Republic of the Congo, Sudan, Zambia
Facilitator for PoC to take charge of their own response	Pakistan, Cameroon, Kenya, Chad
Convenor of cross-sectoral dialogue to address pandemic-related needs	Angola, Brazil, Pakistan, Mozambique, Lebanon, Rwanda
Channel for philanthropy and corporate social responsibility	Private sector donations and partnerships globally reached a new high (Table 1)

129. These roles do not differ from UNHCR's modus operandi pre-pandemic, but they are illustrative of the adaptive capacity and flexibility adopted during the pandemic response.

130. **New or expanded practices adopted.** While the COVID-19 pandemic has presented significant challenges for UNHCR, evaluations also highlight some changed organizational practices, mostly born of necessity under pandemic conditions, but which could well translate into positive longer-term changes. These are:

- (i) **Promoting PoC as key agents in their own COVID-19 response.** While the Global Compact emphasizes self-reliance and active participation in host countries, UNHCR management reporting also stresses the active role of PoC in delivering solutions within their own situations.^{cccxiv} At least six evaluations^{cccxv} capture one step further, namely that, under the conditions of COVID-19, many UNHCR operations – deliberately or otherwise – adapted delivery to centralize PoC not as passive recipients but as key agents in their own response. Box 16 provides examples:

Box 16: PoC as agents of their own response

- In **Kenya**, refugees were tasked by UNHCR to develop, translate and share messages on COVID-19 prevention and hygiene, lead on communication for vulnerable groups and manage protection activities and needs.^{cccxvi}
- In **Chad**, refugee teachers were requested to take on the role of conducting COVID-19 sensitization activities.^{cccxvii}
- In **Cameroon, Chad and Niger** community workers were guided to lead on the implementation of safety protocols in place for maternal and child health support.^{cccxviii}
- In **Pakistan**, female outreach volunteers, community mobilizers and gender support groups were tasked to take responsibility for outreach and communication on COVID-19 preventive measures, including addressing social stigma and psychosocial support.^{cccxix}
- In **Ethiopia**, UNHCR supported local organizations of persons with disabilities to lead communication with communities about COVID-19 prevention and response.

- (ii) **Applying new communication modalities.** At least six evaluations report that new methods of communication and engagement with PoC, and internally within UNHCR, such as between field offices, could be sustained in future. This would allow new audiences to be reached and greater collaboration and mutual learning between UNHCR teams.^{cccxx}
- (iii) **Replicating new delivery modalities.** At least five evaluations report that the constraints posed by the pandemic produced an “indirect positive” in forcing UNHCR to innovate and experiment with new models of work and delivery,^{cccxxi} such as teaching through solar radios. These too could be continued operationally, now that the relevant experience, infrastructure and partnerships are in place.
- (iv) **Adopting integrated programming.** At least four evaluations report that UNHCR shifted to a more integrated programming model, to encompass all population groups in an operational context, including host communities.^{cccxxii} In Afghanistan, for example, UNHCR applied an area-based approach embracing all affected communities including refugee returnees and IDPs.^{cccxxiii} These models reflect the real needs of PoC on the ground, and have scope for expansion elsewhere.
- (v) **Strengthening risk management systems.** The expansion of cash assistance has led to increasing contactless and mobile money payments. Accordingly, evaluations report that UNHCR strengthened the accountability of its cash assistance programme, for example in Zambia and Yemen.^{cccxxiv} These practices can usefully be scaled up across operations.

7. Conclusions

131. Evidence from these 27 evaluations finds that UNHCR has maintained and sustained its commitment to PoC during uncertain and demanding conditions. Driven by the founding force of the Convention and the subsequent Global Refugee Compact, whose commitments permeate UNHCR's organizational ethos, operating practices and culture, UNHCR "stayed to deliver" to PoC – though at considerable cost to its staff.
132. Based on the evidence analysed here, UNHCR appears to have deployed its assets and comparative advantages well during the conditions of COVID-19. Its legal and technical capacities, its convening power, its advocacy abilities and its specialist expertise in refugee situations, statelessness and asylum have been highlighted in evaluations from across the world.
133. **Responding to needs.** UNHCR assistance to its PoC was mostly appropriately designed for needs during the pandemic. It supported communities and PoC under demanding and uncertain conditions, and amid intricate and politically sensitive country conditions. UNHCR capitalized on its technical and advocacy capacities and tailored interventions swiftly as contexts changed. The organization's continued and committed presence bought it credibility with governments and external actors, a stance that has enhanced its reputational capital across the world as conditions slowly normalize.
134. Amid the pandemic's demands, however, some areas of work have suffered. Under the pressures of remote delivery, not all the needs of vulnerable groups were met. RSD and asylum registrations saw significant operational challenges on the ground, while resettlement met major barriers. These areas are complex and multifaceted; much depends on partnership and the ability to navigate often complex political terrain. Nonetheless, it is these services on which PoC and the realization of UNHCR's mandate depend; they are a priority for the future.
135. **Advocacy.** As the pandemic has evolved, UNHCR's advocacy to support its PoC has maintained momentum and, in some contexts, gathered pace. The organization's adopting of multiple roles – as global knowledge generator, protector, catalyst, convenor of multisectoral dialogue and channel for philanthropy – have kept it at the forefront of the international humanitarian response, and sustained momentum of the global agenda to protect those forced to flee. UNHCR's generation of data and knowledge on the conditions of PoC have both ensured a globally relevant response, and kept knowledge flowing on the challenges facing the international community for PoC protection.
136. **Localization.** At the same time, and due more to circumstance than explicit strategic choice, PoC's agency to engage in, and at times direct, their own response has come to the fore. These changes are more than fortuitous; for many humanitarian actors, they are a fundamental conceptual shift. They form a critical part of the post-COVID-19 landscape of the future, and one on which UNHCR is well-positioned to lead.
137. **The costs of "staying to deliver".** However, these achievements incurred some high internal costs. The laudable and sincerely felt commitment to "stay and deliver" to those in need – so integral to the organizational DNA, and so important to partners and PoC on the ground – required complex trade-offs with UNHCR's responsibilities to staff. Evidence gathered here finds corporate good intentions, of sustained commitment to PoC and avoiding a corporate divide between HQ- and field-based staff, unsupported, in the early stages of the pandemic, by: i) comprehensive institutional frameworks, such as to ensure staff mental health; and ii) explicit recognition of, and adaptive capacity for, specific individual circumstances.
138. Much has been learned, and a more empathetic, and arguably human, approach, is now emerging. But bearing the "double burdens" of the pandemic response, amid an initial sense of being "less important" to

their organization than the people they serve, has weighed heavily on staff; and frustrations continue to linger.

139. **Investing in systems.** The 27 evaluations also illuminate the ethos, culture and driving force of a Convention-based organization. The fundamentals of the Convention, supported by the practice and commitment to serve PoC to the best of organizational ability, drove deeply and sincerely felt corporate choices. But at times, the functional building blocks were missing. The relatively new decentralization process offered support in some cases, but this was neither consistently available nor sufficiently mature to provide the necessary support. Key global frameworks to support global adaptation, such as those to facilitate a swift transition to cash under emergency conditions, were not yet developed or in place.
140. **Looking forwards.** Meanwhile, the continuing effects of the pandemic – and particularly the socioeconomic costs – are placing a significant strain on UNHCR’s current and future planning. As inequalities continue to deepen, and the marginalization of those whose livelihoods and lives depend on economic inclusion expands, the rationale for a stronger focus on economic inclusion for PoC continues to grow.
141. Overall, the findings of these 27 evaluations suggest that UNHCR has mostly risen to meet the demands of the pandemic. The spirit of commitment, and of “staying to deliver”, even amid immense uncertainty, has been laudable in principle, even if imperfectly executed. The evaluations also, however, offer some learning for the future, as the pandemic continues to evolve.

8. Opportunities for the future

142. Evaluations reveal six main opportunities which UNHCR may consider taking forward, as the pandemic continues to evolve:

- 6) **Emphasize economic inclusion.** Evaluations reveal risks of deepening tensions or rivalry between host populations and PoC as the socioeconomic effects of the pandemic continue to bite, with marginalization rising and risks of disenfranchisement.^{cccxv} This implies an even stronger and more systematic focus on economic advocacy, and a stronger programmatic emphasis on, and financing for, socioeconomic inclusion as part of durable solutions.
 - 7) **Complete the conceptual and operational shift of PoC as agents of their own response.** UNHCR is ahead of many actors in recognizing the agency of affected populations in their own responses, along the continuum from participation to architects and even leaders. Evaluations analysed here find progress, but more achievements still to come. UNHCR could take a stronger and more explicit corporate stance here, as part of both global advocacy and operational programming, in support of the localization agenda, supported by its NGO partners.
 - 8) **Capitalize on UNHCR's role as a trusted communicator.** With distrust of public health measures and COVID-19 misinformation at high levels among many PoC, the role of UNHCR as a trusted and reliable interlocutor cannot be overstated. UNHCR can play a valuable role in combating misinformation and communicating critical health messages where other interlocutors may lack either access or credibility. Communication is a substantive area of expertise, and should be invested in and prioritized accordingly.
 - 9) **Remain sighted on status issues.** Issues such as resettlement and reintegration, alongside RSD, can be complex to deliver under pandemic conditions. But the price of their suspension is exceptionally high, particularly given UNHCR's perceived role as protector of and advocate for PoC and amid an increasing number of protracted crises. To avoid reputational or perceptual risk, UNHCR would be well advised to prioritize these elements in any future crisis response, given the high reputational capital associated with them.
 - 10) **Adjust procedurally for global response.** UNHCR's operational preparedness on the ground has not always been matched by procedural readiness in the form of globally applicable frameworks to expedite and facilitate swift emergency response, such as scope for centralized procurement where feasible and appropriate; establishing global frameworks for cash-based responses at an early stage; and retaining (and where feasible increasing) partnership adaptations made. Creating corporate-level frameworks, with scope for flexible adaptation as required, will benefit the organization's future capability to respond.
 - 11) **Continue to restore the values-based bond with staff.** For the first time, the heavily values-based social contract between staff and their institution – which many have served for decades – has, under the magnification and pressures of COVID-19, come under strain. While corporate efforts have been made, staff's lingering frustrations indicate that continued restoration is needed; that sacrifices are not forgotten but still recognized and appreciated; that loyalty is not taken for granted but valued and respected; and that lived experience during the pandemic will continue to be gathered, listened to, and sincerely learned from.
143. Delivered with commitment, and if permeated down through management at all levels of the organization, this ongoing recognition will help to restore the integrity of relationships. In doing so, it will also support UNHCR's own continued organizational recovery from COVID-19.

Annex 1: References

Evaluative sources

The following evaluations and related documentation were analysed for this brief:

1. [Evaluation of UNHCR-led Initiatives to End Statelessness](#)
2. [Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation](#)
3. [Independent Evaluation of the UNHCR Innovation Fund](#)
4. Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation (final report forthcoming)
5. Evaluation of UNHCR's Country Operation in Egypt (final report forthcoming)
6. Evaluation of UNHCR's Country Operation in Zambia (final report forthcoming)
7. Evaluation of the Action Access pilot
8. Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – diciembre 2020
9. UNHCR Evaluation of UNHCR's Age, Gender and Diversity (AGD) Policy: Mexico
10. Evaluation of Morocco Country Portfolio 2016–2019 (2020) and Management Response: Progress update 11 May 2021
11. Evaluation of Level 3 Emergency Response to Cyclone Idai
12. Portfolio Evaluation of UNHCR's Age, Gender and Diversity Policy. Greece Country Report
13. UNHCR Evaluation Management Response: Progress update 1 May 2021 Angola Country Portfolio Evaluation
14. Evaluation of the UNHCR/UNICEF blueprint for joint action for refugee children / Round One Report (2021)
15. ACNUR Evaluación de la Estrategia de País – México 2017–2020
16. Evaluation of UNHCR's Child Protection Programming (2017–2019)
17. Joint Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report
18. Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report
19. Longitudinal evaluation of UNHCR's Age, Gender and Diversity policy; Baseline Report, October 2021
20. Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali
21. UNHCR's response to the Level 3 IPD emergency in the Democratic Republic of Congo
22. Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: Draft February 2022
23. Evaluation of the project "Saving Maternal and Newborn lives in Refugee Situations" in Cameroon, Chad and Niger
24. Multi-Country Strategic Evaluation of UNHCR's Operations in Northern Europe
25. Inter-Agency Humanitarian Evaluation of the Yemen Crisis
26. UNHCR Sudan Country Strategy Evaluation
27. UNHCR Thailand, Age Gender and Diversity Evaluation May 2021

Annex 2: List of Country Operational Plans analysed (2020 and 2021)

1. Angola
2. Burkina Faso
3. Brazil
4. Burundi
5. Central African Republic
6. Egypt
7. El Salvador
8. Germany
9. Iran
10. Israel
11. Italy
12. Lebanon
13. Mozambique
14. Nigeria
15. Northern Macedonia
16. Pakistan
17. Peru
18. Rwanda
19. South Sudan
20. Syria

21. Thailand
22. Turkey
23. Syria

Endnotes

- ⁱ Includes component case studies and in three cases, updates against management responses to evaluations. For brevity, the term ‘evaluations’ is used throughout this document.
- ⁱⁱ <https://www.covid19-evaluation-coalition.org/>
- ⁱⁱⁱ As of March 31st 2022
- ^{iv} UNHCR Global Appeal 2022
- ^v Joint Evaluation of Refugee Rights, Draft April 2022
- ^{vi} UNHCR, *Covid 19 Protection Issues Global Monitoring* (December, 2021).
- ^{vii} <https://www.unhcr.org/refugee-statistics/download/?url=3HMho5> accessed 28.03.2021
- ^{viii} Multi-Country Strategic Evaluation of UNHCR’s Operations in Northern Europe
- ^{ix} Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – Diciembre 2020:
- ^x Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); Evaluation of UNHCR’s Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali. See also WHO (2021) Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices; Evaluation of UNHCR’s Age, Gender and Diversity Policy: Chad country report; Evaluation of the project “Saving Maternal and Newborn lives in Refugee Situations” in Cameroon, Chad and Niger
- ^{xi} UNHCR Global Report 2020
- ^{xii} UNHCR Global Report 2020
- ^{xiii} Evaluation of UNHCR’s Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); Evaluation of UNHCR’s Age, Gender and Diversity Policy: Chad country report; Inter-Agency Humanitarian Evaluation of the Yemen Crisis; UNHCR Sudan Country Strategy Evaluation; UNHCR (2021) Global Report 2020
- ^{xiv} Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); Evaluation of UNHCR’s Age, Gender and Diversity Policy: Chad country report; UNHCR (2021) Global Report 2020
- ^{xv} Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); Evaluation of UNHCR’s Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali. See also WHO (2021) Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices; Evaluation of UNHCR’s Age, Gender and Diversity Policy: Chad country report
- ^{xvi} Evaluation of UNHCR’s Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR’s Age, Gender and Diversity Policy: Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); UNHCR (2021) Global Report 2020
- ^{xvii} For example, in Uganda, a World Bank/UNHCR survey found increased levels of depression and suicide among refugees since the advent of the pandemic <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/473751621359136592/monitoring-social-and-economic-impacts-of-covid-19-on-refugees-in-uganda-results-from-the-high-frequency-phone-third-round>; Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); Evaluation of UNHCR’s Age, Gender and Diversity Policy: Chad country report. See also UNHCR (2020) Global Report.
- ^{xviii} Evaluation of UNHCR’s Age, Gender and Diversity Policy: Kenya country report, Evaluation of UNHCR’s Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR’s Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of the UNHCR/UNICEF blueprint for joint action for refugee children / Round One Report (2021)
- ^{xix} Evaluation of UNHCR’s Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of the UNHCR/UNICEF blueprint for joint action for refugee children / Round One Report (2021); UNHCR (2021) Global Report 2020
- ^{xx} Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); Evaluation of UNHCR’s Age, Gender and Diversity Policy: Chad country report; Longitudinal evaluation of UNHCR’s Age, Gender and Diversity policy; Baseline Report, October 2021; Evaluation of UNHCR’s Age, Gender And Diversity (AGD) Policy: Mexico Country Report
- ^{xxi} UNHCR Sudan Country Strategy Evaluation
- ^{xxii} Inter-Agency Humanitarian Evaluation of the Yemen Crisis
- ^{xxiii} <https://interactive.unwomen.org/multimedia/explainer/covid19/en/index.html>
- ^{xxiv} Evaluation of UNHCR’s Age, Gender and Diversity Policy: Chad country report; UNHCR Global Report 2020; Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); UNHCR, *Covid 19 Protection Issues Global Monitoring* (December, 2021); Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; , Informe Final
- ^{xxv} An estimated 12 million persons with disabilities were forcibly displaced worldwide in 2020. Source: Longitudinal evaluation of UNHCR’s Age, Gender and Diversity Policy, Baseline Report, October 2021
- ^{xxvi} Longitudinal evaluation of UNHCR’s Age, Gender and Diversity policy: Baseline Report, October 2021
- ^{xxvii} Longitudinal evaluation of UNHCR’s Age, Gender and Diversity policy: Baseline Report, October 2021
- ^{xxviii} Evaluation of UNHCR’s Age, Gender And Diversity (AGD) Policy: Mexico Country Report

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- xxix Evaluation of UNHCR's Child Protection Programming (2017-2019); Longitudinal evaluation of UNHCR's Age, Gender and Diversity policy: Baseline Report, October 2021
- xxx Brazil (2020) Country Operational Plan
- xxxi Interviews with 44 UNHCR staff at HQ and Country Office levels.
- xxxii UNHCR Global Report 2020
- xxxiii Joint Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali. Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report
- xxxiv Evaluation of UNHCR's Country Operation in Egypt, Evaluation of UNHCR's Country Operation in Zambia, Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report, Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report, Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali UNHCR (2021) Global Report 2020
- xxxv UNHCR Global Report 2020
- xxxvi Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; , Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – diciembre 2020; Joint Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report; the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); Talking points on impact of COVID-19 on living conditions of persons of concern and hosts and UNHCR's response (September 2021)
- xxxvii UNHCR Global Report 2020
- xxxviii UNHCR Sudan Country Strategy Evaluation
- xxxix Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – diciembre 2020.; Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022)
- xl Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – diciembre 2020
- xli Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022);
- lii Therick, A., Kira, B., Angrist, N., Hale, T., Phillips, T., & Webster, S. 2020. Variation in Government Responses to COVID19. Blavatnik School Working Paper 032
- liiii UNHCR Thailand, AGD Evaluation May 202; Evaluation of the Access Action pilot; UNHCR Evaluation Management Response: Progress update May 2021 Angola Country Portfolio Evaluation; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation, Longitudinal evaluation of UNHCR's Age, Gender and Diversity policy; Baseline Report, October 2021; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Longitudinal evaluation of UNHCR's Age, Gender and Diversity policy; Baseline Report, October 2021
- xliv Angola Country Operational Plan 2020.
- xlv Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 (Draft April 2022)
- xlvi Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation, Evaluation of UNHCR's Country Operation in Egypt, Evaluation of UNHCR's Country Operation in Zambia, UNHCR Evaluation Management Response: Progress update 11 May 2021 Morocco Country Portfolio Evaluation, Evaluation of UNHCR led Initiatives to End Statelessness; Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; ACNUR Evaluación de la Estrategia de País – México 2017 – 2020; Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report
- xlvii Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Country Operational Plans 2020 Brazil and Angola
- xlviii Evaluation of UNHCR's Country Operation in Egypt.
- xliv Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic (Draft April 2022); Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Inter-Agency Humanitarian Evaluation of the Yemen Crisis; Evaluation of the UNHCR/UNICEF blueprint for joint action for refugee children / Round One Report (2021); Joint Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report; ACNUR Evaluación de la Estrategia de País – México 2017 – 2020; Evaluation of UNHCR's Country Operation in Egypt; Multi-Country Strategic Evaluation of UNHCR's Operations in Northern Europe; UNHCR Sudan Country Strategy Evaluation; Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation. Analysis of 23 Country Operational Plans from 2020 and 2021 respectively.
- ¹ See for example <https://www.theguardian.com/global-development/2020/sep/23/aid-agencies-warn-of-covid-19-crisis-in-refugee-camps-as-winter-approaches> accessed 03-02-22
- li Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender and Diversity Policy; Chad Country Report
- lii Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022); ACNUR Evaluación de la Estrategia de País – México 2017 – 2020; UNHCR (2021) Global Report 2020
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- liv Country Operational Plan Burundi 2021
- lv Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report
- lvi Multi-Country Strategic Evaluation of UNHCR's Operations in Northern Europe
- lvii See e.g. WFP (2022) Evaluation of WFP response to COVID-19

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- lviii Such as Central African Republic, Syria, Burkina Faso, those in the Sahel region and those affected by the Venezuela regional crisis -
- lix See for example Burkina Faso and Angola, Country Operational Plans 2020 and 2021; also Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation, Longitudinal evaluation of UNHCR's Age, Gender and Diversity policy; Baseline Report, October 2021; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation;
- lx Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation, Longitudinal evaluation of UNHCR's Age, Gender and Diversity policy; Baseline Report, October 2021; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali;
- lxi Longitudinal evaluation of UNHCR's Age, Gender and Diversity policy: Baseline Report, October 2021
- lxii Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022)
- lxiii See for example OIOS Advisory on the arrangements for use of vendors and logistics partners for critical supply chain activities in UNHCR during the COVID-19 emergency (July 2020) which found Supply chain delays due to transport cessation or reduction, import clearance challenges, and manufacturing delays.
- lxiv See for example Country Operational Plans for Angola, Burkina Faso, Central African Republic, 2020 and 2021.
- lxv Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender and Diversity Policy; Chad Country Report; UNHCR's response to the L3 IDP emergency in the Democratic Republic of Congo
- lxvi Inter-Agency Humanitarian Evaluation of the Yemen Crisis
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- lxviii Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Chad Country Report; Evaluation of UNHCR's response to Multiple Emergencies in the Sahel region; Evaluation of UNHCR's Regional Refugee Response to the Venezuela Situation
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- lxx Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation
- lxxi Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali
- lxxii UNHCR staff interview
- lxxiii Restructuring aimed to "simplify systems and processes, decrease bureaucracy, improve the effectiveness, efficiency and adaptability of the response, delineate accountabilities and responsibilities, facilitate recruitment processes and HR management, diversify sources of funding, and strengthen partnerships with development actors". Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali
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- lxxv Policy on Emergency Preparedness and Response – UNHCR Emergency Handbook
- lxxvi UNHCR (2021) Global Appeal 2022.
- lxxvii UNHCR preparedness and Response Plan (Revised) March – December 2020
- lxxviii UNHCR financial reporting: Global COVID-19 Response 20 December 2021
- lxxix <https://reporting.unhcr.org/contributions?q=1> accessed 31st March 2022.
- lxxx UNHCR (2021) Global Report 2020
- lxxxi Analysis of CMT Core Group Operations Meetings minutes June 2020 – February 2021.
- lxxxii IASC (2020) Minimum standards on duty of care in the context of Covid-19 (November 2020)
- lxxxiii At least 21 pieces of guidance issued over 2020 relating to staff health and wellbeing during COVID-19 and at least 23 videos on issues such as teleworking; vaccination guidance and other areas (data supplied by DHR). See also: Executive Committee of the High Commissioner's Programme Standing Committee 82nd meeting 25 August 2021, Human Resources including Staff Welfare; Deputy High Commissioner Communications: Your wellbeing during COVID-19 (20 May 2020); Vaccines and Your Health and Wellbeing during COVID-19 (12 July 2021); Your questions answered: Demystifying COVID-19 vaccines with Dr. Ling Kituyi (30 Apr 2021);
- lxxxiv COVID-19 – Use of Sick Leave and Workplace recommendations for colleagues with underlying medical conditions 11 Mar 2020. See also: Executive Committee of the High Commissioner's Programme Standing Committee 79th meeting, Human resources, including staff welfare, and safety and security, 26th August 2020
- lxxxv See: Taking care of YOU – the UNHCR wellbeing platform 16 Nov 2020; Catching up with Covid: Managing your psychosocial wellbeing 03 Mar 2021; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation;
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- ccxxxii UNHCR chief calls on US to end COVID-19 asylum restrictions at the Mexico border <https://news.un.org/en/story/2021/05/1092352> accessed 24.03.2022
- ccxxxiii <https://www.unhcr.org/uk/high-commissioners-dialogue-on-protection-challenges-2020.html>
- ccxxxiv Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation, Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation, Evaluation of UNHCR led Initiatives to End Statelessness; UNHCR Evaluation Management Response: Progress update 11 May 2021: Morocco Country Portfolio Evaluation.
- ccxxxv Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation; Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: Draft April 2022; ACNUR Evaluación de la Estrategia de País – México 2017 – 2020; Longitudinal evaluation of UNHCR's Age, Gender and Diversity policy; Baseline Report, October 2021;
- ccxxxvi Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali
- ccxxxvii Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; COVID-19 Update for the Americas May 2021
- ccxxxviii Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation
- ccxxxviii Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation
- ccxxxix Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: Draft April 2022; countries are Ghana, the Russian Federation, Portugal, Luxembourg, the Plurinational State of Bolivia, Colombia, Costa Rica and Panama (extended documentary expiry dates), Colombia, Ecuador and Peru (extended the regularization process for Venezuelans)
- ccxl Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation;
- ccxli Multi-Country Strategic Evaluation of UNHCR's Operations in Northern Europe
- ccxlii Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; UNHCR Evaluation Management Response: Progress update 11 May 2021 Morocco Country Portfolio Evaluation; ACNUR Evaluación de la Estrategia de País – México 2017 – 2020; Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: Draft April 2022; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation
- ccxliii Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; UNHCR Evaluation Management Response: Progress update 11 May 2021 Morocco Country Portfolio Evaluation.
- ccxliv ACNUR Evaluación de la Estrategia de País – México 2017 - 2020
- ccxlv UNHCR| Refugee Livelihoods and Economic Inclusion 2019-2023 Global Strategy Concept Note (2019)
- ccxlvi UNHCR (2021) Global Report 2020
- ccxlvii Longitudinal evaluation of UNHCR's Age, Gender and Diversity policy; Baseline Report, October 2021
- ccxlviii Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation,
- ccxlix Evaluation of UNHCR's response to the 2019/20 level 3 IDP emergency in the Democratic Republic of Congo
- cccl Country Operational Plan, South Sudan, 2020
- cccli <https://www.unhcr.org/new-york-declaration-for-refugees-and-migrants.html>
- ccclii <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>; <https://reform.un.org/>
- cccliii <https://reform.un.org/>
- cccliv <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>
- ccclv Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: (Draft April 2022)
- ccclvi Mozambique, South Sudan, Zimbabwe, Burkina Faso, Central African Republic, Lebanon, Nigeria, Pakistan, Rwanda, Syria, Turkey
- ccclvii Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico Country Report; Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report; Evaluation of the project "Saving Maternal and Newborn lives in Refugee Situations" in Cameroon, Chad and Niger; Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – diciembre 2020; ACNUR Evaluación de la Estrategia de País – México 2017 – 2020; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo; Inter-Agency Humanitarian Evaluation, Yemen; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; UNHCR Sudan Country Strategy Evaluation; Mexico Country Report, the Access Action pilot;

- cclviii Country operational Plan Mozambique 2020
- cclix Country Operational Plan South Sudan 2020
- cclx Country Operational Plan Zimbabwe 2020
- cclxi Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic (Draft April 2022); Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation; Evaluation of UNHCR's Country Operation in Egypt; Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico Country Report; UNHCR Thailand, AGD Evaluation May 2021; Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report; Evaluation of the project "Saving Maternal and Newborn lives in Refugee Situations" in Cameroon, Chad and Niger; Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – diciembre 2020; ACNUR Evaluación de la Estrategia de País – México 2017 – 2020; Evaluation of UNHCR led Initiatives to End Statelessness; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo; Inter-Agency Humanitarian Evaluation, Yemen; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; [UNHCR Sudan Country Strategy Evaluation](#); Evaluation of UNHCR's Country Operation in Egypt; UNHCR Thailand, AGD Evaluation May 2021; Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR's Country Operation in Zambia; Mexico Country Report, the Access Action pilot;
- cclxii UNHCR (2021) Global Report 2020 2020
- cclxiii In a refugee situation, UNHCR has a mandated role to lead coordination of all sectors. In an IDP situation, UNHCR leads or co-leads three clusters: shelter, protection, and Camp Coordination and Camp Management (CCCM). In a mixed-flow situation like the Sahel, involving refugees, IDPs and other affected groups, UNHCR's leadership and coordination arrangements are shared with OCHA.
- cclxiv UNHCR Sudan Country Strategy Evaluation
- cclxv Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo
- cclxvi Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation, Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation, Evaluation of UNHCR's Country Operation in Egypt
- cclxvii MOPAN (2019) UNHCR assessment 2017-2018
- cclxviii <https://globalcompactrefugees.org/article/global-compact-refugees-indicator-report>
- cclxix Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: Draft April 2022
- cclxx Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic: Draft April 2022
- cclxxi Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic (Draft April 2022); Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation; Evaluation of UNHCR's Country Operation in Egypt; Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico Country Report; UNHCR Thailand, AGD Evaluation May 2021; Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report; Evaluation of the project "Saving Maternal and Newborn lives in Refugee Situations" in Cameroon, Chad and Niger; Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – diciembre 2020; ACNUR Evaluación de la Estrategia de País – México 2017 – 2020; Evaluation of UNHCR led Initiatives to End Statelessness; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo; Inter-Agency Humanitarian Evaluation, Yemen; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; [UNHCR Sudan Country Strategy Evaluation](#); Evaluation of UNHCR's Country Operation in Egypt; UNHCR Thailand, AGD Evaluation May 2021; Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR's Country Operation in Zambia; Mexico Country Report, the Access Action pilot;
- cclxxii Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report
- cclxxiii Inter Agency Humanitarian Evaluation of the Yemen Level 3 response
- cclxxiv ACNUR Evaluación de la Estrategia de País – México 2017 - 2020
- cclxxv Country Operational Plan Thailand 2020
- cclxxvi <https://www.unhcr.org/en-us/news/stories/2021/3/605cbddd4/awards-honour-refugee-led-response-covid-19-pandemic.html>
- cclxxvii UNHCR-NGO Partnership Survey 2020 Report, Inter-Action
- cclxxviii Ibid.
- cclxxix Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic (Draft April 2022);
- cclxxx Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of the UNHCR/UNICEF blueprint for joint action for refugee children / Round One Report (2021); Evaluation of UNHCR's Age, Gender and Diversity Policy; Chad Country Report; Evaluation of UNHCR's Country Operation in Zambia; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation;
- cclxxxi Inter-Agency Humanitarian Evaluation of the Yemen crisis; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo ;
- cclxxxii Inter-Agency Humanitarian Evaluation of the Yemen crisis; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo ;
- cclxxxiii Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation;

- clxxxiv Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo
- clxxxv Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico Country Report; Evaluation of UNHCR's Age, Gender and Diversity Policy; Chad Country Report; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo; Evaluation of UNHCR's Country Operation in Zambia
- clxxxvi Interviews with staff in 15 Country Offices
- clxxxvii UNHCR chief calls on US to end COVID-19 asylum restrictions at the Mexico border <https://news.un.org/en/story/2021/05/1092352> accessed 24.03.2022
- clxxxviii Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico Country Report; UNHCR Thailand, AGD Evaluation May 2021; Evaluation of the UNHCR/UNICEF blueprint for joint action for refugee children / Round One Report (2021); Evaluation of UNHCR's Age, Gender and Diversity Policy; Chad Country Report; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation
- clxxxix Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico Country Report; UNHCR Thailand, AGD Evaluation May 2021; Evaluation of the UNHCR/UNICEF blueprint for joint action for refugee children / Round One Report (2021); Evaluation of UNHCR's Age, Gender and Diversity Policy; Chad Country Report; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo
- ccxc Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation
- ccxci UNHCR (2021) Global Report 2020
- ccxcii UNHCR (2021) Global Report 2020
- ccxciii Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo; Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico Country Report; Country Operational Plans 2020 and 2021: Angola, CAR, El Salvador, Lebanon, Nigeria, Pakistan, Rwanda
- ccxciv Evaluation of UNHCR's response to the Venezuela Refugee Crisis
- ccxcv Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali
- ccxcvi Evaluation of UNHCR's Country Operation in Zambia
- ccxcvii Country Operational Plan Angola (2021) supported by staff interviews
- ccxcviii UNHCR (2021) Global Report 2020 2020
- ccxcix Country Operational Plans 2020 and 2021: Angola, Burundi, Burkina Faso, CAR, Egypt, El Salvador, Iran, Israel, Lebanon, Mozambique, Nigeria, Northern Macedonia, Pakistan, Peru, South Sudan, Syria, Thailand, Rwanda, Turkey, Zimbabwe
- ccc Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation; Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico Country Report; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; UNHCR Sudan Country Strategy Evaluation; UNHCR (2021) Global Report 2020
- ccci Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender and Diversity Policy; Chad Country Report Evaluation of the UNHCR/UNICEF blueprint for joint action for refugee children / Round One Report (2021);
- cccii Evaluation of the UNHCR/UNICEF blueprint for joint action for refugee children / Round One Report (2021)
- ccciii Evaluation of the Access Action pilot project; UNHCR Evaluation Management Response: Progress update 11 May 2021 Morocco Country Portfolio Evaluation; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo; Evaluation of UNHCR's Age, Gender and Diversity Policy; Chad Country Report; ACNUR Evaluación de la Estrategia de País – México 2017 – 2020; Evaluation of the project "Saving Maternal and Newborn lives in Refugee Situations" in Cameroon, Chad and Niger; UNHCR (2020) Global Report 2020
- ccciv Joint Evaluation of the Protection of the Rights of Refugees During the COVID-19 Pandemic (Draft April 2022); Multi-Year Evaluation of UNHCR's Engagement in Humanitarian-Development Cooperation; Evaluation of UNHCR's Country Operation in Egypt; Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico Country Report; UNHCR Thailand, AGD Evaluation May 2021; Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report; Evaluation of the project "Saving Maternal and Newborn lives in Refugee Situations" in Cameroon, Chad and Niger; Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – diciembre 2020; ACNUR Evaluación de la Estrategia de País – México 2017 – 2020; Evaluation of UNHCR led Initiatives to End Statelessness; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo; Inter-Agency Humanitarian Evaluation, Yemen; Evaluation of the UNHCR Regional Refugee Response to the Venezuela Situation; UNHCR Sudan Country Strategy Evaluation; Evaluation of UNHCR's Country Operation in Egypt; UNHCR

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- cccv Evaluation of UNHCR's Age, Gender and Diversity Policy; Chad Country Report
- cccvii UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo
- cccviii Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali;
- cccvi Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; OIOS (June 2021) Advisory on the Arrangements for use of Vendors and Logistics Partners for Critical Supply Chain Activities in UNHCR During the COVID-19 Emergency (June 2021), which reported that, of a sample 65 Purchase Orders made in the period 1st March to 31st July 2020, 34 (to a value of US\$ 3.2 million) had delays of up to five months; while five had no deliveries at all as of October 2020.
- cccix UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo
- cccxi Interviews with UNHCR staff in eight Country Offices.
- cccxi Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; UNHCR's response to the Level 3 IPD emergency in the Democratic Republic of Congo; Country Portfolio Evaluation Sudan;
- cccxi MOPAN (2019) Assessment of UNHCR 2017-2018
- cccxi Through medium term thinking is apparent within UNHCR's internal documentation: see for example Seven Immediate Actions UNHCR Should Take To Prepare for Longer-term Impacts of COVID-19, May 2020
- cccxi UNHCR (2021) Global Report 2020:
- cccxi Evaluation of UNHCR's Country Operation in Egypt; Evaluation of UNHCR's Age, Gender and Diversity Policy: Chad country report; Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender And Diversity (AGD) Policy: Mexico country report; UNHCR's response to the L3 IPD emergency in the Democratic Republic of Congo
- cccxi Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report
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- cccxi Evaluation of the project "Saving Maternal and Newborn lives in Refugee Situations" in Cameroon, Chad and Niger
- cccxi UNHCR (2021) Global Report 2020 2020
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- cccxi Evaluation of UNHCR's Response to Multiple Emergencies in the Central Sahel Region: Burkina Faso, Niger, Mali; Evaluation of UNHCR's Age, Gender and Diversity Policy: Kenya country report
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- cccxi Zambia Country Portfolio Evaluation; UNHCR (2021) Global Report 2020 2020
- cccxi Informe Final, Campaña Somos Panas Colombia. Diciembre 2017 – diciembre 2020; ACNUR Evaluación de la Estrategia de País – México 2017 - 2020