Evaluation Brief

Covid-19 Response: Lessons from UNHCR's Evaluation Evidence

Rationale: Data and evidence are recognized as critical elements in the fight to combat the COVID-19 pandemic.

The outbreak has highlighted the need for better instruments and data for measuring infection rates, immunity, and evidence on what measures might be most effective to contain its spread and limit mortality, while also mitigate the potential economic devastation of containment policies. This is as equally if not more important for persons of concern (PoCs) – who frequently live in crowded conditions and with more limited access to services and resources.

This evaluation brief draws on evidence from over 15 evaluations carried out by UNHCR since 2018, structured around a number of the key challenges and elevated risks identified by the SMC and highlighted in global and regional COVID situation reports.

ISSUE 1: Increased risk that persons of concern are excluded from national public services during the COVID-19 response due to reduced physical mobility, financial barriers, and regressive national policies.

Health: The evidence [ii], [vi] suggests even where national policies are inclusive of persons of concern, significant barriers to exercising these rights exist. In the case of health services, these include high costs often covered by UNHCR operations, poor coverage or quality of existing national health services and limited availability of medicines.

The greater the inter-team/sectoral efforts, the more effective the coordination and ability to meet needs. This was found to be particularly true when integrating public health programming with livelihoods and cash assistance to address food security and cost barriers to health services.[ii]

i)   UNHCR may wish to put in place more flexible procurement arrangements e.g. procuring medicine locally and allowing partners to procure through their own systems up to a certain amount.

Social Safety Nets and Livelihood Support: UNHCR evaluations[i] have found that UNHCR cash assistance to meet basic needs can have a significant impact on reducing the adoption of negative coping strategies and improved food security in refugee populations in the immediate to short term, and can positively affect longer-term protection outcomes as part of a comprehensive response. Ensuring PoCs are able to actively contribute to local and national markets through cash and livelihoods support will help mitigate the significant risk that PoCs become more marginalized or stigmatized during the response.

COVID-19 response recommendations:

i) Scale-up cash assistance as a means to meet basic needs and mitigate protection risks in the immediate to short term.
ii) Link cash assistance to livelihood opportunities at the household-level as part of a comprehensive response.
iii) Explore non-contact options for cash distribution at scale, such as digital payment schemes. For more on this, click here.

ISSUE 2: High risk of transmission of COVID-19 due to inadequate water, sanitation, hygiene (WASH) facilities and access to information.

Globally, operations budgets for sanitation and hygiene have decreased to only 12% of the Operating Level budget. The implementation of water, sanitation and hygiene activities was found to be uneven across regions and between in and out of camp settings. While 100% of sites in Middle East and North Africa (MENA) met the standards for litres per person per day for persons of concern, only 58% of sites in Africa did so[ii].

i) This has implications on the likelihood of disease transmission and points to the need for greater prioritization by UNHCR of water, sanitation and hygiene in the short and longer-term as preventative methods.
ii) Partnerships with refugee communities provide opportunities for community participation, more effective dissemination of messages on how to prevent the spread of COVID-19, as well as where to seek services and support related to WASH, health, cash transfers, etc.

ISSUE 3: Panic, a rush on services and businesses, and potential violence may occur as a result of misinformation or lack of access to reliable information.

Evaluation findings[iii] outline a number of ways in which UNHCR is effective in transmitting messages and provide accurate and timely information to persons of concern, including:

i) The important role that outreach refugee volunteers play in feeding information back to UNHCR about community needs.
ii) "Call Centres" as a means for communication with refugees, receive complaints and obtain feedback (importance of trained operators). Good practices were identified, for example, in Lebanon, Egypt, Jordan, Iraq, Afghanistan and Turkey.
iii) Social media platforms and cell phones can be used as platforms for two-way communication with refugees and other

persons of concern. Existing Post Distribution Monitoring (PDM) systems for cash-based interventions (CBI) could provide a mechanism to support SMS outreach at household level for the COVID-19 response. In Lebanon, UNHCR made significant modifications to adapt services to reach the dispersed, urban-based population through the use of mobile services (WhatsApp, Facebook, etc). UNHCR Lebanon further has created an "information and communication tree" to cascade information through communities via known contacts in addition to widespread face-to-face interaction.

ISSUE 4: Increased risk of intimate partner violence, sexual and gender-based violence (SGBV) and child abuse during the COVID-19 pandemic due to stress, confinement, and negative coping strategies to compensate for the loss of livelihood.

Evidence from evaluations[iv] points to the need to:

i)   Provide Intimate Partner Violence (IPV)/SGBV survivors and those at risk of IPV/SGBV with cash/livelihood support.
ii) Ensure adapted reporting/identification measures to the COVID-19 context (in lieu of 'traditional' monitoring that relies on face-to-face contact) i.e. using web/cell phone-based approaches.
iii) Where possible, provide safe spaces for survivors/those at risk of SGBV and IPV. (e.g. repurpose communal spaces to temporary spaces for women and children).

ISSUE 5: UNHCRs ability to work effectively with different parts of government. Evidence from evaluations [v] has pointed to UNHCR's challenge in a number of contexts in being unable to exert sufficient influence over line ministries in issues relating to policies and services provided to persons of concern.

Recommendations include:

i)   Maximizing UNHCR's strong relationships with local governments in refugee-hosting countries. Evidence indicates UNHCR experiences less restrictive and more collaborative working relationships at local government levels in support of the delivery of protection and direct assistance.
ii) Making efforts to work more closely with the UN in general and World Health Organization (WHO) in particular. Map and analyze our relationships with ministries of health in all priority countries to support planning and coordination at the national level.

ISSUE 6: In complex emergencies, multiple coordination structures may emerge – which may inhibit rather than enhance coordination effectiveness and efficiency. This is particularly relevant in the COVID-19 response, which involves and requires a whole-of-UN-system response.

Evaluations have found that:

i) Effective coordination and delivery do not always require UN-HCR to lead, but to play a strong convening and facilitating role between relevant UN agencies.

ii) When co-leadership structures are established, agencies should invest from the beginning in developing a memorandum of understanding or similar agreement to specify decision-making processes, accountability, and resource provision

iii) Making coordination work takes agile and flexible leadership on all sides – working closely with host governments and donors to include refugees in national plans and efforts as much as possible to avoid further parallel and disconnected response planning and delivery – as well as ensuring humanitarian actors are aware of, and open to, working with non-traditional actors to avoid duplication or gaps in assistance.

In situations of uncertainty, focusing on the data and evidence is critical. When data and evidence does become available, decision-making will have to be highly adaptive. As John Maynard Keynes' noted: "when the facts change, I change my mind"—rather than giving in to the temptation to be locked into grand plans that seem right at first. Building on this initial synthesis, the evaluation service will continue to bring together and collect evaluative evidence towards a strong UNHCR response to the covid-19 crisis.

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[i] From UNHCR evaluations of effects of CBI on protections outcomes in Greece and Rwanda (ongoing), UNHCR CBI evaluation synthesis in Jordan, and UNHCR Livelihoods evaluations in Malaysia, Mauritania, South Sudan, Senegal and Djibouti

[ii] OIOS evaluation 2018.

[iii] Evaluation of UNHCR's data and information management approaches 2019 and the Syria Regional Refugee Response Case study report.

[iv] Evaluation of UNHCR Prevention and Response to SGBV in the Refugee Population in Lebanon (2016-2018), Evaluation of UNHCR Prevention of, and Response to, SGBV in Brazil Focusing on the Population of Concern from Venezuela (2017-2018)

SGBV Response, Risk Mitigation and Prevention in Humanitarian Crisis: A Synthesis of Findings of Evaluations of UNHCR operations (2019), ES/2019/06

[v] From UNHCR Country Operation Evaluations in Morocco and Angola, and emerging findings from ongoing Country Operation Evaluations in Iraq and Afghanistan

[vi] Country Operation Evaluation, Morocco and Angola (2019)