



# ONE YEAR ON: The state of refugee inclusion in the World Bank's response to COVID-19

## Executive Summary

After a year of the COVID-19 pandemic, it is clear that no one is safe until everyone is safe. As new virus strains spread across borders, COVID-19 responses must be designed to protect all people regardless of nationality or legal status. For refugees and displaced populations, the pre-existing challenges of being excluded from essential public services, social protection systems, economic opportunities and financial services have only magnified since the beginning of the pandemic. This is particularly pronounced for women and girls who face additional barriers to accessing services and who are overrepresented in sectors highly affected by COVID-19. The World Bank has already demonstrated a robust commitment to supporting refugees and refugee-hosting countries; its resources, credibility and expertise in advancing refugee inclusion should be applied to their pandemic response.

The most effective and sustainable solution to ensuring that no one is left behind in this pandemic is to include refugees in national responses and social protection systems, especially in fragile and conflict-affected settings. Our findings show that out of 13 refugee-hosting countries analyzed, two have World Bank-funded COVID-19 response plans that explicitly and fully integrate displaced populations. The other 11 countries have response plans that range from partial inclusion to seemingly total exclusion. To its credit, the World Bank has adapted a number of projects financed through the IDA19 Window for Host Communities and Refugees (WHR) and IDA18 Refugee Sub-Window (RSW) to ease additional strains on host communities and refugees. But the fact that 11 out of 13 countries do not comprehensively extend their COVID-19 responses to refugee and displaced populations at the national level risks vulnerable communities falling through the cracks. While the World Bank and host governments expect forcibly displaced populations' needs will be met by the humanitarian sector, UNHCR reported a [51% funding gap](#) in 2020 and has in turn needed to cancel or scale back its activities in some of the world's most fragile contexts.

The World Bank has a unique role and added value in supporting the inclusion of refugees in national pandemic responses, including through financing policy reforms that enable refugee inclusion in national systems and labor markets, and through projects that are adapted to the needs of refugees.

### 5 RECOMMENDATIONS FOR THE WORLD BANK

1. **Consistently apply its new Directive of inclusion of forcibly displaced populations across all COVID-19 response projects**
2. **Continue to leverage financing to support the development and implementation of policy reforms for greater refugee inclusion**
3. **Target women and girl refugees through programming and policies adapted to their specific needs, barriers and vulnerabilities**
4. **Standardize consultations with UN agencies and NGO frontline responders**
5. **Increase transparency of World Bank activities**

## Introduction

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After a year of the COVID-19 pandemic, it is clear that no one is safe until everyone is safe. As new virus strains spread across borders, COVID-19 responses must be designed to protect all people regardless of nationality or legal status. While the pandemic has generated immense health challenges, for refugees and other displaced populations in particular, the pandemic has exacerbated existing vulnerabilities in education, livelihoods, protection and food security.

Refugees often suffer a baseline disadvantage of being excluded from public social services, national social safety nets, formal economic opportunities and financial services. Since the beginning of the pandemic, these pre-existing challenges have been magnified as economic impacts have disproportionately affected displaced and vulnerable populations. Based on joint analysis from the International Rescue Committee (IRC), Refugees International, and the Center for Global Development, refugees are [60%](#) more likely than host populations to work in sectors highly impacted by the pandemic. A Norwegian Refugee Council [survey](#) also found that three out of four displaced people had lost their source of income since March 2020.

According to the World Bank, COVID-19 has created the “[worst crisis to education and learning in a century](#),” with vulnerable groups such as refugees and displaced populations at even higher risk. Pre-pandemic, only [61%](#) of refugee children had access to primary school education, compared to 91% globally. An estimated [50% of refugee girls](#) who were in secondary school may not return once schools reopen, and in cases where enrollment was low before COVID-19, this may rise to 100%. As half of refugees are children and youth, refugee-inclusive education is paramount to their future self-sufficiency.

Incidents of gender-based violence have also risen as an alarming effect of lockdowns, diminished services, and school closures. UNFPA estimated that there would be [15 million additional cases of gender-based violence](#) for every three months of lockdown and that an additional [13 million child marriages](#) would occur by 2030. For displaced women and girls in Sub-Saharan Africa, [73%](#) of women interviewed reported increased intimate partner violence, and [51%](#) reported increased sexual violence as a result of COVID-19 lockdowns.

International support to host countries can help avert these worsening outcomes for refugees. International institutions like the World Bank have a particularly important role to play in reducing the health and socioeconomic impacts of COVID-19 by ensuring national health responses and economic relief reach displaced populations. Ultimately, the most sustainable way to enable economic empowerment and increased self-reliance of refugees is to include them in national plans and policies for the labor market, social protection systems, and public service delivery, such as health and education systems. To achieve this, the World Bank should build on ongoing partnerships with and investment in host governments to include refugees in COVID-19 response plans and adapt programming to meet their unique needs.

## The World Bank’s COVID-19 response

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The overall [strategy](#) of the World Bank is to build a resilient and inclusive recovery. To this end, the World Bank has [committed financing](#) to respond to the challenges posed by the pandemic with a total of \$104 billion to developing countries by June 2021. This includes an initial \$1.9 billion through the COVID-19 Fast Track Facility, which has so far reached 100 developing

countries with health responses that cover disease surveillance, COVID-19 testing and treatment, health worker training, hygiene promotion, and constructing medical clinics. The Facility has also put an emphasis on social protection, especially through cash transfers, as well as poverty alleviation and policy-based financing. These social protection systems are a lifeline for the poor and most vulnerable. In early 2021, the World Bank, UNESCO and UNICEF [developed](#) a survey and a tool to monitor school re-openings.

Importantly, the World Bank has shown its commitment to COVID-19 relief for vulnerable populations by making an additional \$50 billion of International Development Association (IDA) resources available for health, economic and social shocks in low-income countries. It has offered \$1 billion of its \$2.2 billion IDA19 Window for Hosts and Refugees (WHR) as grants, whereas traditional terms offer a mix of grants and loans, and adapted a number of projects financed through the WHR and IDA18 Refugee Sub-Window (RSW) to ease additional strains on host communities and refugees. These windows are critical for the long-term COVID-19 response.

## **The case for refugee inclusion in World Bank-funded COVID-19 country response plans**

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The World Bank has demonstrated a robust commitment to supporting refugees and refugee-hosting countries through the Global Concessional Financing Facility (GCFF), the IDA18 RSW and the IDA19 WHR. With these financing tools, the World Bank recognized the policy and programmatic needs of protracted refugee crises as well as the strain low- and middle-income nations face as hosting countries. Furthermore, the World Bank has deepened its partnership with UNHCR to share data and better coordinate responses to refugee crises at the national level. By helping governments include refugees into national services, like health care and education, and expanding economic inclusion through jobs, social protection and financial services, the World Bank has been instrumental in investing in longer term solutions than what is traditionally provided in the humanitarian system—critical in protracted crises.

To bring the pandemic under control, COVID-19 relief country plans must include and meet the needs of displaced and conflict-affected people. However, because refugees have a unique relationship with the hosting state, as they are not citizens, they are at higher risk of being left out of national response plans – let alone vaccine inoculation plans. According to the World Health Organization (WHO), 61% of National Deployment and Vaccination Plans do not include refugees and asylum seekers. In addition, despite advancements regarding the COVAX Facility, low-income countries are not expected to achieve full vaccination [until 2024](#), and [middle-income countries](#) – which are not eligible for COVAX or wealthy enough to procure their own vaccines – will also face delays. Yet these are the countries home to the vast majority of displaced populations. This is where the World Bank has distinct value add and opportunity; the resources, credibility and expertise the World Bank has wielded to advance refugee inclusion prior to the pandemic should be applied to its COVID-19 response approach.

## **Successes and areas for improvement**

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The IRC conducted a review of publicly available World Bank COVID-19 relief country plans and projects, as well as other projects receiving additional funding for COVID-related activities, in 13 refugee-hosting countries to identify where refugee inclusion in World Bank-funded COVID-19 plans has been successful and where it requires improvement. The countries

reviewed are all eligible for IDA19 WHR or GCFE funding and are countries where the IRC works; they include: Bangladesh, Burkina Faso, Burundi, Cameroon, Chad, Colombia, Democratic Republic of the Congo, Ethiopia, Jordan, Lebanon, Niger, Pakistan and Uganda. The IRC reviewed projects specifically financed through the COVID-19 Fast Track Facility based on the principle that responding to COVID-19 means ensuring that all people are safe, including refugees and displaced populations. The analysis also looked at projects where financing has been redeployed or adapted to meet changing needs due to COVID-19.

Results of the review indicate that the inclusion of refugees and displaced populations in World Bank-funded COVID-19 responses has been uneven. Of the 13 countries analyzed, just two – Chad and Cameroon – have World Bank-funded COVID-19 response plans that explicitly and comprehensively integrate refugees and displaced populations. Ten countries – Bangladesh, Burkina Faso, Colombia, Democratic Republic of Congo (DRC), Ethiopia, Jordan, Lebanon, Niger, Pakistan and Uganda – partially, or vaguely, include refugees in their COVID-19 response plans and projects. For instance, in some countries refugees are included in the health response, but not economic relief projects. In many of these 10 countries, the World Bank has topped-up and/or adapted for the pandemic response existing projects that already targeted refugees and nationals. Finally, one country, Burundi, appears to have no COVID-19 response plans or pandemic response projects funded by the World Bank that include refugees at this time.

Programming for refugee populations cannot be broad or unattuned to the circumstances of displacement, yet several project documents provide insufficient details as to how refugees would be included in the COVID-19 response. In Niger, for example, project documents simply state emergency response provisions will also include refugees without offering specifics; and in Uganda, refugees are included in ‘routine health service delivery’, as they are integrated into the national health system, but it is unclear whether they will also benefit from the national cash transfer scheme in response to the pandemic’s economic toll. In some circumstances where significant flexibility is needed (e.g. in DRC where the Ebola outbreak was compounded by COVID-19), a lack of details may be reasonable. However, one year into the response should be sufficient time to provide an update.

Policies and programs specific to refugee vulnerabilities is of even greater import when considering the intersection of gender and displacement. Men and women experience displacement differently, as women face additional barriers to economic empowerment, social services and physical safety. Of the 13 countries analyzed in this review, five scored below 60 on the World Bank’s [Women, Business and the Law 2021 \(WBL\) index](#) – well below the average scores of lower-middle- and low-income countries (70.8 and 66.1, respectively). As part of the World Bank-financed Jordan [Emergency Cash Transfer COVID-19 Response](#) project, poor female-headed households are targeted for cash assistance by the National Aid Fund and the national Takaful welfare programs. While these benefits extend to households with Jordanian women married to non-Jordanian men, they are not inclusive of non-Jordanian or refugee women. This exclusion is especially concerning given Jordan’s score on the WBL 2021 index is 46.9 – the lowest of all countries analyzed.

## Refugee policy reforms

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National policies that enable the integration of refugees into national systems and labor markets is paramount to a sustainable response to mass inflows of refugees. Today’s displacement crises last on average a decade or longer, meaning refugees need access to health care, education and

the job market to become self-sufficient and live a life of safety and dignity. COVID-19 has only illuminated the importance of this. If refugees do not have access to public health care, for instance, they may not be able to seek care if they become sick—risking infection of others. Or, if refugees lose their job due to COVID-19 lockdowns and do not have access to social safety nets, they may not be able to afford their rent, food or medicine for their families. These are not hypothetical situations – they are happening now. In Jordan, an [IRC survey](#) found 88% of 2,000 Jordanians and Syrian refugees saw their economic situation worsen after the lockdown and 91% are worried about their financial security.

The World Bank has demonstrated, through the GCFF, IDA18 RSW and IDA19 WHR, that funding coupled with technical assistance can play a helpful and important role in supporting host countries to develop and implement policies that integrate refugees into national societies and systems. For example, prior to the pandemic, World Bank financing helped Jordan provide refugees with increased access to the formal labor market, supported Pakistan to allow refugees to access bank accounts, and helped integrate refugees into the public health system in Chad. The World Bank’s ongoing development of the Refugee Policy Review Framework further solidifies its commitment to policy dialogue and to policy reforms to improve refugee inclusion in low-income host countries.

Amidst the pandemic there have also been notable policy shifts supported by the World Bank to improve refugee inclusion. In February 2021, GCFF funds appear to have played a role in supporting Colombia to provide temporary protected status for Venezuelan refugees for the next 10 years. This will allow 1.8 million Venezuelan refugees access to public health, public education and the formal labor market. They will have better access to services and systems that can help mitigate the impact of the pandemic. In other countries, like Jordan, the expiration of policies like waiving fees for Syrians to obtain a work permit have been [extended](#) and the government has issued flexible work permits in all sectors, where as previously it was limited.

However, changes to laws or regulations alone cannot create refugee inclusion. Even where governments have put more inclusive policies in place, refugees continue to face barriers in practice. For example, in [Uganda](#), refugees have access to mobile money accounts, but different banks have different requirements for accessing a bank account.

## Coordination with humanitarian actors

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It is critical that the World Bank coordinate and collaborate with UN agencies, especially UNHCR, and with NGOs at the frontlines of the COVID-19 response. Actors at the frontlines have the best sense of what people’s needs are and whether they are getting the type and amount of support they need to weather the impacts of the pandemic. Although the World Bank has deepened its coordination with UN agencies over the last several years, it is unclear the extent to which the World Bank is coordinating with humanitarian actors on programming and outreach to displaced populations to ensure these populations are covered in COVID-19 responses.

In some cases, such as in [Cameroon](#), the World Bank clearly coordinates closely with UN agencies, by recognizing their comparative advantages in technical areas as well as their established in-country systems of procurement: for example, partnering with the WHO and UNICEF in order to procure medical supplies and equipment. The COVID-19 response in Cameroon is also fully aligned with the [Country Partnership Framework \(CPF\)](#), which establishes relationships with UNICEF and UNFPA to support sustainable finance mechanisms to scale up the health sector. The Cameroon COVID-19 plan’s alignment with the CPF further solidifies

refugee inclusion in programming as the Framework plans for extensive local engagement with community-level institutions and key stakeholders such as refugees, IDPs, women and youth. In addition, Cameroon's project documents include an annex which details the financial and in-kind contributions of other donor organization and project implementers, indicating that the World Bank country team is closely tracking areas of investment to avoid duplication and gaps.

The World Bank also has strong coordination with UNHCR and other UN agencies in Lebanon and Jordan. While the World Bank and UN agencies work in parallel, where the World Bank provides social programming for the national population and the UN is responsible for delivering cash transfers to refugees, there is close coordination and collaboration between the two. Documents show that the World Bank, UN agencies, and other agencies support ministries of health and other government agencies to ensure there are no gaps in service provision. However, this parallel system is not sustainable in protracted contexts, like Jordan and Lebanon. The World Bank and governments cannot rely on the humanitarian sector or UN agencies to provide sustained protection and services to populations; UNHCR and UNICEF consistently suffer from short-term funding and significant funding shortfalls. Indeed, UNHCR reported a [51% funding gap](#) in 2020 and in turn had to cancel or scale back activities.

## Case studies

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The inclusion of refugees into World Bank-funded national COVID-19 responses has so far been uneven. The following case studies offer a deeper dive into three countries – Chad, Jordan and Pakistan – where there have been varied levels of refugee inclusion.

### CHAD: Highly inclusive of refugees in the national response

*Chad is home to more than [450,000 refugees](#), including refugees from Sudan, Central African Republic and Nigeria. The country is ranked last in the World Bank's Human Capital Index, meaning poor education and poor health are highlight prevalent. [COVID-19 has further destabilized the lives of refugees](#) and host communities by cutting off income sources and increasing their vulnerability to violence. The IRC's country team has seen an increase in violence against women and girls since the beginning of the pandemic. Education of refugees and nationals has been severely affected; even before the pandemic [children between ages 4 and 18 on average spent no more than five years in school](#).*

COVID-19 programming in Chad illustrates what the World Bank can help provide for host communities and refugee and displaced populations. The World Bank's [COVID-19 Strategic Preparedness and Response Project](#) supports Chad's National Action Plan and is inclusive of refugees throughout its components. The project's overall aim is to strengthen national capacity to respond to COVID-19. Staff trainings and the distribution of equipment and supplies are focused on seven provinces identified as high-risk, including activities targeting refugee camps close to points of entry and areas with high inflows of new refugees. The project includes food aid distribution as well as basic supplies to households in quarantine or isolation. IRC's field staff in Chad have corroborated the World Bank's inclusive strategy, reporting that in all camps the Ministry of Health's regional and district teams conduct surveillance and contact tracing. Moreover, the integration of refugees into the national health system enabled the inclusion of refugees into the COVID-19 response, especially in camps.

The World Bank is also providing additional funding through its [Refugees and Host Communities Support Project](#), which strengthens Chad's nascent social protection system to provide cash

transfers to both host communities and refugees. The additional funding will not only support the construction of health and education infrastructure, but will also support the implementation of the recently approved Asylum Law to ensure that refugees have equal access to social protection and services. Furthermore, the project supports refugee rights to health, education, and economic opportunities in recognition that despite progress on legislation and programs supporting refugees, there are still protection-related concerns in practice.

The World Bank displayed a high level of coordination with the UN to ensure the success of both its COVID-19 national response and the additional financing project. To strengthen implementation, the World Bank relied on the WHO's in-country expertise regarding disease management, information systems, and health systems. For technical and operational assistance, especially due to their established procurement systems, UNICEF and UNOPS were contracted to implement projects and arrange logistics to acquire medical supplies. Project documents indicate the World Bank's awareness of the unique realities of refugees living in refugee camps and that partnerships with organizations with experience addressing these vulnerabilities would be explored. However, it is unclear the extent to which the World Bank coordinated with local civil society or NGOs.

### **JORDAN: Included in health responses, left out of social safety nets**

*COVID-19 has dramatically impacted refugees in Jordan. Between March and November 2020, IRC received a [tenfold increase](#) in the number of calls to its hotline specifically for financial assistance from refugees in Jordan. Over [one-third](#) of Syrian refugees permanently lost their jobs due to the lockdown and 95% of Syrian refugee households reported a loss in household income. In addition, [52% of adults in 2020](#) reported limiting their food intake to allow their children to eat, as compared to 3% in 2019.*

Refugees are a target population in the World Bank's [Jordan COVID-19 Emergency Response](#) plan. The National Preparedness and Response Plan ensures COVID-19 public health measures and services target Jordanians and non-Jordanians, including registered refugees. Jordan's COVID-19 vaccine strategy is also inclusive of refugee populations, and a refugee vaccination center has been established in the Al Zaatari area. Indeed, IRC staff have reported that all Jordanian and non-Jordanians are eligible to register for the vaccine and are treated with equal priority upon registration, despite vaccine shortages.

The [Third Municipal Services & Social Resilience Additional Financing](#) project also targets both refugees and the host community by offsetting the adverse impacts of COVID-19 on municipal service delivery. The project has adapted its components based on the increased operating costs of containing the spread of the virus and to extend the project for an additional year to stimulate job creation.

The World Bank also appears to have adapted programming from the [Jordan Emergency Health Project](#) to respond to the COVID-19 crisis, as indicated by its inclusion in the World Bank's projects list of COVID-19 operations. The project pre-dates the pandemic and aims to increase the capacity of primary and secondary health services to meet increased demand due to the influx of Syrian refugees. While this project targets both the host community and registered refugees, it is unclear how it has been adapted for COVID-19 response as publicly available project documents have not been updated.

Despite these positive steps, reports from IRC field staff in Jordan indicate that refugees have been significantly affected by the pandemic's economic impacts, especially as they are not included in social protection mechanisms and social safety nets. World Bank project documents

also predicted that the refugee population would be disproportionately impacted as 9 out of 10 non-Jordanians are informal workers. But the [Jordan Emergency Cash Transfer COVID-19 Response Project](#), which provides temporary cash support to poor and vulnerable households in Jordan, is not inclusive of refugees. The exclusion of refugees from this project is especially alarming as IRC field staff have reported that access to work has decreased over the past year and many refugees have reported labor exploitation such as longer work hours, lower pay and delayed payment.

Although there is significant coordination with UN agencies, Jordan suffers from parallel approaches that could ultimately result in gaps in coverage – especially given UN agencies face funding gaps and suffer from short-term donor funding that will inevitably hinder a sustained response. Project documents also do not indicate that the World Bank has consulted or will consult humanitarian NGOs to better plan for and understand the unique vulnerabilities of refugee populations in Jordan. The COVID-19 response [stakeholder engagement plan](#) for Jordan mentions civil society organizations will be provided information about the projects and will be a feedback channel with vulnerable communities; however, the IRC, which has engaged with the World Bank in the country previously, has not been included in any outreach.

### **PAKISTAN: Excluded from national response plan, other support limited**

*Pakistan hosts approximately [2.5 million Afghan refugees, of which 1.5 million are registered](#). Refugee populations in Pakistan have largely shifted to living in semi-urban and slum areas of metropolitan Karachi, Lahore, Islamabad and Peshawar. In the cramped context of a slum, physical distancing and adequate sanitation are nearly impossible. Afghan refugees and in Pakistan are increasingly leaving crowded camps to return to Afghanistan due to worsening vulnerabilities and a lack of basic education, health facilities and economic opportunities—despite high risk of persecution upon their return..*

In Pakistan, refugees and IDPs have legal access to public health and education services and therefore can benefit from the World Bank-funded [Pandemic Response Effectiveness](#) project. The project does target vulnerable and at-risk groups; however, it is unclear how programs will be adapted to the unique needs of refugees and IDPs. The results framework does not disaggregate data by status (e.g. citizen, refugee), which will make it difficult to determine progress for these populations specifically.

Of the 11 other World Bank projects in Pakistan with components responding to COVID-19 at the time of writing, three target refugees and IDPs in [Khyber Pakhtunkhwa \(KP\)](#) and [Balochistan](#). These projects specifically hone in on districts with the highest presence of registered refugees, and the activities are promising as they invest in child wellbeing and scaling-up capacity in education and health facilities, among other areas.

However, refugees do not benefit from national social protection mechanisms and safety nets in Pakistan, such as the Benazir Income Support Program, which would provide them with monthly cash transfers. Although the Government of Pakistan's emergency COVID-19 cash assistance program has the capacity to include refugees, the program has only provided [one time assistance](#) with funding from UNHCR to reach 70,000 refugee families, approximately one-fifth of the total registered refugee population.

IRC staff in Pakistan report that the majority of Afghan refugees prefer to stay in Pakistan and want opportunities to settle. While pledges have been made to grant [citizenship](#) to the children of Afghan refugees, in practice there have been obstacles to access. Policy reforms are needed.



## RECOMMENDATIONS

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The COVID-19 virus and its variants have shown no regard for nationality, and neither can the response. National responses to the pandemic therefore should include all populations living within a country's borders, regardless of origin or legal status. Insufficient inclusion of refugees in COVID-19 response plans and activities risks the continuation of the pandemic.

The World Bank has a unique role and added value in supporting the inclusion of refugees in national pandemic responses, including through financing policy reforms that enable refugee inclusion in national systems and labor markets and through projects that are adapted to the needs of refugees. With the IDA19 Mid-Term Review and an early IDA20 replenishment on the horizon, there will be near-term opportunities for the World Bank and its stakeholders to take stock of progress and adjust processes and policies to achieve greater impact for all beneficiaries of World Bank funding, including refugees and other displaced populations.

**Towards a more impactful and sustainable pandemic response, the World Bank should take the following steps to standardize and improve refugee inclusion in COVID-19 response:**

- 1. Consistently apply the new World Bank [Directive](#) to include forcibly displaced populations to all COVID-19 response projects**, including in health, social safety nets, and education measures funded by the Fast Track Facility.
- 2. Continue to leverage financing to support the development and implementation of policy reforms for greater refugee inclusion**, including freedom of movement, access to formal economic opportunities, access to health care, and access to national social protection programs. Leverage the Refugee Policy Review Framework to identify policies ripe for reform.
- 3. Target women and girl refugees through programming and policies adapted to their specific needs and vulnerabilities**, including to help overcome the barriers they face in accessing education, economic opportunities and services to prevent and respond to gender-based violence, in line with the World Bank's ongoing work on gender and displacement.
- 4. Standardize consultations with UN agencies and NGO frontline responders** to ensure all projects sufficiently target refugee and internally displaced populations and adapt to their unique needs.
- 5. Increase transparency of World Bank activities** by: detailing refugee inclusion strategies in project documents; providing more rapid updates on projects that have been adapted and where budgets have been reallocated for the COVID-19 response; and organize all projects funded through the IDA18 RSW and IDA19 WHR in one portal.

*Written by Lauren Post, Director of Humanitarian Aid Policy, and Lauren Hsieh, Policy and Advocacy Intern*