

Social Protection For Refugees In The COVID-19 Pandemic Era: Insights From Turkey, Colombia And Uganda

Hamidou Taffa Abdoul-Azize

Faculty of Applied Sciences, Istanbul Gelisim University, Istanbul, Turkey, Cihangir, Şehit Jandarma Komando, J. Kom. Er Hakan Öner Street No: 1, 34310 Avcılar/İstanbul

Abstract

With the consideration of the COVID-19 pandemic, many countries enforced various restrictions including lockdown and closure of small enterprises to curb down the spreading of the pandemic. These measures impacted harshly many socioeconomic groups. Refugees as one of the most vulnerable groups experienced several challenges due to the COVID-19 pandemic. Accordingly, this study attempts to explore the social protection measures implemented to support the refugees during the COVID-19 crisis. Especially, the study aims to explore the implementation of social protection and draw learned lessons from three key countries; Turkey, Colombia and Uganda, which host a huge number of refugees over the globe. This review was carried out by searching from WoS, Google Scholar and some Websites of some international humanitarian organizations such as the World Food Program and United Nations High Commissioner for Refugees. The study showed that the humanitarians have played a significant role in enhancing the resilience of the refugees during the covid-19 pandemic in funding numerous social protection in refugees-hosting countries. Consequently, the study ended with some recommendations to international humanitarian, development partners and governments of the refugees-hosting for a better implementation of comprehensive protection policy and interventions that could effectively help to support the refugees for future unexpected crises.

Keywords: Social Protection, Refugee-hosting countries, COVID-19 pandemic, humanitarians, Turkey, Colombia, Uganda

Introduction

Worldwide the refugees become an important topic for policymakers and international institutions as they represent a big challenge for the global economies. Civil and political conflicts, social disorders, environmental factors and violation of human rights constitute the main cause of the massive arrival of people from bordering countries especially in developing countries (UNHCR, 2019; Bhattacharya, 2020). It is estimated that conflict, violence, and persecution in the homeland pushed about

79.5 million people to become refugees (UNHCR, 2021). The countries that provide the huge number of refugees over the globe are the Syrian Arab Republic (6700000), Islamic State of Afghanistan (2600000), Republic of South Sudan (2200000), Myanmar (1100000), the Democratic Republic of the Congo (800000), Somalia Republic (800000) and Sudan republic (800000) (UNHCR, 2021). Additionally, the countries that host the highest number of refugees over the globe include Turkey (3700000), Colombia (1700000), Uganda (1500000), Pakistan (1400000), Germany (1200000), Soudan (1000000), Bangladesh (900000), and Lebanon (900000) (UNHCR, 2021). Commonly, exiled people include broadly those who migrate involuntary or by forced because of war, violence, human rights violations, or natural hazard-related disasters. This includes internally displaced people (IDPs), those who have applied for asylum but who haven't been recognized as refugees yet (asylum-seekers), and refugees (Hagen-Zanker et Both, 2021).

With regards to international law, the refugee is defined as a person who is incapable or not willing to back to his/her country of origin for fear of being oppressed due to his/her race, religion, nationality, his/her appurtenance of a particular social or political groups (Binder, 2000; Zimmermann et al., 2011). The access to the status of refugees requires the delivery of noticeable evidence from the individuals that they face distress due to natural catastrophes, extreme poverty, climate change, domestic violence, or epidemics (Buheji et al., 2020). Also, the term refugee refers to an individual who left his/her own country due to race, religion, nationality, social or political concerns, which make these individuals feeling unsecured in their native state (Baloch et al., 2017).

It is estimated that about 60% of the refugees are informal workers in the host countries so that they were negatively impacted by the COVID-19 crisis (Hagen-Zanker and Both, 2021). Accordingly, the covid-19 pandemic represents not only a health crisis for the refugees but a protection crisis with negative socio-economic impacts (Dempster et al., 2020). About 69% of the refugees live in the camps and lack access to individual protective equipment. Hence, it is difficult for them to comply with enforced measures such as social distancing, facemasks, and gloves wearing and utilization of sanitization to slow down the spreading of the pandemic. (UNHCR, 2021). Moreover, the refugees face stigmatization, fears, and language barrier and live in crowded camps that often lack basic sanitation and proper hygiene in the host countries (Grewal and Koul, 2021; Eiset et al., 2020; Beech and Hubbard, 2020).

On the other hand, many countries have increasingly implemented social protection to reduce the impacts of global health concerns on their economy and the living conditions of the population (Hagen-Zanker and Both, 2021; Abdoul-Azize & El Gamil, 2021). Although several NGOs and international humanitarians support the refugees during the COVID-19 crisis, many refugees face several challenges in the host countries due to the imposed restrictions to curb down the spreading of

the virus. For instance, the World Food Program (WFP) reduced by 60% the food rations provided to refugees in Rwanda as a result of the adverse economic impacts of the COVID-19 pandemic. Such resource scarcity exposes the refugees to extreme hunger and starvation that impact severely the refugees who commonly rely on humanitarian assistance to satisfy their basic food requirements (Manirambona et al., 2021).

Previously, many studies addressed the question of refugees during the covid 19 crisis. Some scholars investigated the impacts of COVID-19 on the mental health of refugees and migrants (Solà-Sales et al., 2021; McGuire et al., 2021; Spiritus-Beerden et al., 2021), impacts of the COVID-19 pandemic on the refugees' nutritional status (Manirambona et al. 2021), the threat posed by the covid-19 in Africa (Manirambona et al., 2021a), the protection of refugees in the COVID-19 pandemic (Lancet, 2021) and the human rights of the migrants during this pandemic (Libal et al., 2021). Also, other authors focused on the situation of the refugees during the covid-19 pandemic in some specific host countries. Açıklan et al. (2021) investigated the effects of the COVID-19 pandemic on the integration of women refugees into Turkish society, Kurt et al. (2021) examined the psychological impact of the COVID-19 pandemic on Syrian refugees living in Turkey, Yücel (2021) explored Turkish news media representation of Syrian refugees during the COVID-19 pandemic whilst Babuç (2021) focused on the sociological analysis of the socioeconomic impacts of the lockdown on Syrian migrants in Turkey. Furthermore, Vera Espinoza et al. (2021) developed the typology of SP and the targeting beneficiaries of SPP in Latin America during the COVID-19 era, Logie et al. (2021) investigated the effectiveness of mobile healthcare in preventing the COVID-19 amongst young refugees and displaced people, Logie et al. (2021a) studied sexual violence and post-rape medical care on young refugees in humanitarian camps whilst Seruwagi et al. (2021) explored health worker preparedness in a covid-19 pandemic in refugees hosting areas in Uganda.

From the above literature, it is obvious that refugees become an interesting topic for many scholars. Most studies focused mainly on the challenges faced by the refugees during the COVID-19 pandemic, the human rights of migrants in the global health emergency, and the threats posed by the pandemic on the refugees. Accordingly, exploring the implementation of social protection programs for the refugees during the pandemic crisis is of much importance because it could help the policymakers and international humanitarians to reconsider the refugees in future unforeseen crises. However, the implementation of SPP to support the refugees during the covid-19 crisis has not been properly investigated. This study explores the implementation of SPP in Turkey, Colombia and Uganda, which host the greatest number of refugees over the globe. To do so, this study attempts to respond to the following questions:

1. What are key SPP implemented in the above-mentioned countries to support the refugees during the covid-19 crisis?
2. What are the main categories of refugees targeted by these SPP?
3. What are the sources of funding for these SPP?
4. What are the key learned lessons from these countries?

And then, the study ends up with recommendations for policymakers and international humanitarians to reconsider refugees for better SPP in the future.

Background

During the last decades, refugees become a key topic of particular attention for politics over the globe. Human rights violations, conflicts, and climate change pushed about 70.8 million individuals to be refugees amongst whom 82% are women, 25% are children and 84% of them seek refuge in low and middle-income countries (UNHCR, 2019; World Bank, 2019). The refugees experience several challenges such as limited access to healthcare and clean drinkable water, lack of hygiene and nutritious food in the shelter regions, language, and socio-cultural barriers in the host countries (Almeida et al., 2013; De Jong et al., 2017; Kassem, 2020). In addition, Sharara (2014) and Chotiner (2020) noted that the refugees face health problems such as poliomyelitis, leishmaniosis, hepatitis A or B, scabies, meningitis, typhoid, tuberculosis, cholera, dysentery and lack of sanitization equipment. Moreover, elder refugees face anxiety, depression and traumatic disorders in developing countries (Fawad et al., 2020; Raju and Ayeb-Karlsson, 2020).

Recently, the globe witnessed the spreading of the coronavirus, which was declared as a global public health concern by WHO (Wu et al. 2020). In this context, the refugees have been considered as a means of spreading the pandemic because they come from different countries and live in crowded camps with mutual accommodations facilities. Also, the refugees mostly lack proper sanitation and hygiene in the living areas, which increased the risk of infection and the spreading of the pandemic (Volkin, 2020; Buheji et al., 2020). Furthermore, the refugees face communication barriers, which limit the possibility that they might comply with the enforced several measures to slow down the spreading of the pandemic in their living countries (Kasozi et al., 2018; Leter and Gatkuoth, 2020; Malaba, 2020). The inaccessibility of the refugees to individual protective equipment and appropriate information related to the covid-19 pandemic rises the covid-19 cases amongst the refugees (Kassem, 2020). Accordingly, the refugees are more exposed to the COVID-19 pandemic because they cannot purchase themselves individual sanitization protective equipment as well as private health services (Lusambili et al., 2020).

On the other hand, the enforced measures such as lockdown and social distance by the countries to curb down the spreading of the virus stuck the continuous delivery of daily food and shelters items by humanitarians to support the refugees. This worsened the living conditions of the refugees and limited their access to psychosocial and reproductive services, and maternal healthcare (Castro & Lozet, 2020; Yancy, 2020; Root, 2020). The travel bans, the closure of businesses and borders, and enforced lockdown measures impacted severely the living conditions of the refugees who often work as hairdressers, artisans, tailors, streets food vendors in the host countries (Mbiyozo, 2020). Then, frustration, emotional and physical violence and abuse, especially for women and children make the refugees more vulnerable to the pandemic (United Nations, 2020a, 2020b, 2020c, 2020d; Volkin, 2020).

Refugees and social protection during the COVID-19 crisis

For long decades SPP has been used by the policymakers as key tools to fight against poverty, hunger and support deprived groups to meet their basic needs (Abdoul-Azize and El Gamil, 2021). Social protection refers to any "public interventions to assist individuals, households, and communities better manage risk and provide support to the critically poor" (Holzmann, R. and Jørgensen, 2000). Also, social protection is considered as any "entitlement to benefits that society provides to individuals and households through public and collective measures to protect them against low or declining the living standard arising out of several basic risks and needs" (Van Ginneken, 2003). They denote various "policies and actions which enhance the capacity of poor and vulnerable people to escape from poverty and enable them to better manage risks and shocks. Social protection measures include social insurance, social transfers, and minimum labor standards"(OECD, 2009). Furthermore, World Bank (2012) indicated that social protection and labor system include policies and programs that help individual and societies to overcome risk and therefore protect them against poverty and vulnerability by a means of tools capable to enhance resilience, equity, and opportunity. In fact, social protection has been considered a basic human right since the General Assembly of the Universal Declaration of Human Rights of the United Nations of 1948. The article No 25 of the United Nation states that "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances" (Füllsack, 2004). Recently, social protection becomes a key policy tool to achieve the Sustainable Development Goal (SDG 1) by 2030. However, the achievement of this goal remains a huge challenge because numerous vulnerable groups such as refugees face a decline in their sources of income as far as they last their displacement in the host countries (Christensen and Harild

2009; Lakhani 2013; Capps et al., 2015). In the context of global health emergencies, there is an increasing need to assist the poor and deprived groups to overcome the difficulties they experience. Kool and Nimeh (2021) noted that in many countries social protection programs are implemented only to support the citizens to overcome the adverse impacts of the covid-19 crisis so that non-citizen individual such as refugee is excluded from such programs. Puerto-Gomez and Christensen (2010), and UNHCR (2019) highlighted that some European countries executed numerous SPP to support the refugees, but still many LICs and MICs face challenges to implementing such programs.

The challenges of refugees in the host countries: cases of Turkey, Colombia and Uganda

Worldwide Turkey is the countries that hosts the biggest number of refugees over the globe (UNHCR, 2020). In this global health emergency, Turkey might face several challenges to support the refugees. It is estimated about 87% of the refugees living in Turkey lost jobs, 71% of them lacked access to healthcare and 81% of them face challenges to satisfy their basic living conditions such as hygiene items and food during the covid-19 crisis (Relief International, 2020). Also, ASAM (2020) discussed that most Syrian refugees living in Turkey experienced unhygienic conditions, lacked sufficient financial resources to pay their rent bills during the COVID-19 pandemic outbreak whilst most Afghan and Syrian students faced challenges to access to remote education due to a lack of internet, language barriers, absence of TV. Similarly, most Venezuelan refugees and migrants living in Colombia faced several challenges that include children refugees' access to school, lack of access to shelter, healthcare and sufficient safe drinkable water and personal hygiene equipment (Boenigk et al., 2021). Additionally, ILO (2021) added that most displaced people, migrants and refugees living in Colombia do not have access to food and often experience discrimination and xenophobia from the local communities.

On the other hand, Uganda is another country that hosts a huge number of refugees after Colombia (UNHCR, 2021). Accordingly, the refugees faced several challenges including the reduction of humanitarian donations, exclusion of refugees from government food distributions and food shortage during the global covid-19 pandemic (Pincock et al., 2020). Also, they have limited access to healthcare services and live in the provinces with poor accommodation and public facilities, which increase their vulnerability during the covid-19 pandemic (Agora, 2018; Komakech et al., 2019). Moreover, refugees are either homeless or live in crowded rented accommodation without access to any proper hygiene and sanitation facilities, which hindered them to comply with any covid-19 measures and therefore increases their vulnerability to the coronavirus (Mbiyozo, 2020). Most refugees living in urban areas are excluded from the food assistance launched by the Uganda authorities, which reduces their resilience towards the adverse impacts of the pandemic. Accordingly, urban refugees suffered from a

shortage of food, starvation and malnutrition that cause them anxiety, exclusion, and other psychosocial problems (United Nations, 2020a, 2020c, 2020d).

Method

Data sources and searches

This study was carried out based on a systematic review according to the Preferred Reporting Items for Systematic Review and Meta-analyses (PRISMA) guideline. The study data were collected by a means of inclusion and exclusion settled criteria. Accordingly, literature searching was conducted through relevant databases including Google Scholar, Web of Sciences, UNHCR database and Websites by using defined keywords such as COVID-19 pandemic, refugees AND global health crisis, COVID-19 pandemic management, COVID-19 pandemic AND global, COVID-19 crisis, Refugees AND Turkey, Refugees AND Colombia, refugees AND Uganda (Table 1). The database searching was initially identified and the literature screening and eligibility were conducted to retain relevant studies for the systematic review process. The titles and abstracts of relevant studies were screened and saved as full reports and the identified studies were further reviewed to broaden the search. These reference studies, blogs related to social protection programs executed in the COVID-19 crisis were manually examined and appropriate abstracts were retained. In this process, the author was supported by an external colleague who was acknowledged in the study.

Study selection

The study selection focused mainly on dressing the existing studies dedicated to the implementation of social protection for the refugees during the COVID-19 pandemic. Then, the search narrowed to the subject areas of social policy, social welfare and social sciences in Turkey, Colombia and Uganda. A total of 2010 studies were collected but only 78 relevant studies were retained for this study.

Table 1. Summarize of used inclusion and exclusion criteria

Inclusion criteria		Exclusion criteria
SPP implemented to assist the refugees during the COVID-19 pandemic	All SPP performed to support assist the refugees during the COVID-19 pandemic in Turkey, Colombia and Uganda	Not relevant to SPP performed to support the refugees during the COVID-19 pandemic in Turkey, Colombia and Uganda
SPP executed to assist the refugees during the COVID-19 pandemic	Relevant studies/blogs related to SPP executed to assist the refugees living in Turkey, Colombia and Uganda during the COVID-19 pandemic	Studies/blogs related to SPP executed to assist the refugees living in Turkey, Colombia and Uganda before the COVID-19 pandemic

SPP executed to assist various categories of refugees such as; elders, disabilities, widows, children, pregnant women informal workers during the COVID-19 crisis	Studies related to SPP executed to support various categories of refugees such as; elders, disabilities, widows, children, pregnant women informal workers in Turkey, Colombia and Uganda	Studies not related to SPP executed to support elders, disabilities, widows, children, pregnant women informal workers refugees in Turkey, Colombia and Uganda
Public, NGOs and humanitarian SPP performed to support the refugees during the COVID-19 pandemic	Relevant studies/blogs related to SPP executed to support the refugees living in Turkey Colombia and Uganda during the COVID-19 pandemic	Studies/blogs not related to SPP performed to support the refugees living in Turkey Colombia and Uganda during the COVID-19 pandemic

Data extraction

This systematic review was carried out from only Turkey, Colombia and Uganda, the countries that host the greatest number of refugees over the globe. The performed SPP to support refugees COVID-in these countries during the 19 pandemic were selected by a means of well-defined inclusion and exclusion criteria (Table 1). The authors did not face any major divergences in this systematic review process and the PRISMA flow chart used in this study is shown in Figure 1.

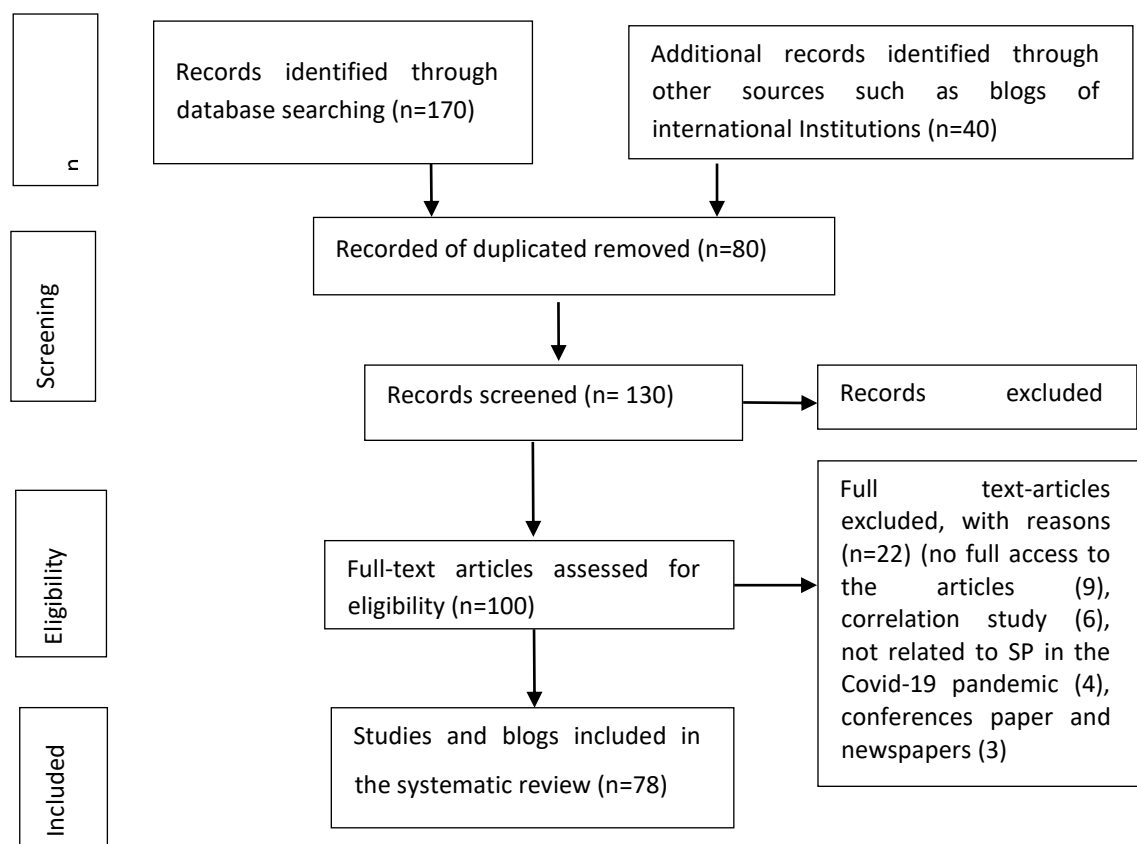


Figure 1. PRISMA flow chart of following steps for systematic review

Quality assessment and synthesis

The quality of the studies included in this systematic review was assessed by use Critical Appraisal Skills Programs (CASP) checklists developed by the National Collaborating Centre for Methods and Tools (2011). This quality of ranged from poor to good quality studies according to some defined criteria such as initial synthesis, relations within and between studies (Popay et al., 2006). (Table 3).

Table 2. Critical Appraisal Skills Program (CASP) checklist for quality assessment of and qualitative studies

No	Question
1.	Was there a clear statement of the aims of the research?
2.	Is a qualitative methodology appropriate?
3.	Was the research design appropriate to address the aims of the research?
4.	Was the recruitment strategy appropriate to the aims of the research?
5.	Was the data collected in a way that addressed the research issue?
6.	Has the relationship between researcher participants been adequately considered?
7.	Have ethical issues been taken into consideration
8.	Was the data analysis sufficiently rigorous?
9.	Is there a clear statement of findings?
10.	How valuable is the research

Results

The author draws Table 3 to point out the implementation of SPP to support the refugees during the covid-19 pandemic in the three countries that host the greatest number of refugees over the globe Turkey, Colombia, and Uganda. Accordingly, the number of the refugees, the type of executed SPP, the targeting categories of refugees, and the source of funding of executed SPP are shown.

Table 3. Implementation of SPP for the refugees during the COVID-19 crisis in Turkey, Colombia, and Uganda

Number of refugees	Type of SPP	Target groups	Sources of SPP funding
TURKEY			
3.7 million	In-kind assistance (shopping Kızılay kart)	Vulnerable refugees	Kızılay(NGOs) and local NGOs
	Emergency cash assistance (500 TRY per household)	Poor refugees	Kızılay, International Federation of the Red Cross and Red Crescent societies
	In-kind assistance (food package and loaves)	Widow refugees	Kızılay, International Federation of the Red Cross and Red Crescent societies
	Cash assistance (155 TRY per month)	Refugees households	Kızılay, International Federation of the Red Cross and Red Crescent societies
	Emergency cash assistance (one time 1000 TRY)	Vulnerable refugees	UNHCR
	hygiene kits and individual protective equipment	Refugees households	UNHCR, municipalities, governorate
	Food package, water, blankets and hygiene kits	Refugees households	UNHCR, municipalities, governorate
	Initiatives to support refugees in producing soaps bars and masks	Refugees communities	UNHCR, municipalities, governorate
	Education assistance (internet package, vocational course, entrepreneurship	Student refugees	UNHCR

	training, Turkish online course and scholarships)		
	E-voucher (1000 TRY “\$14.3)	Refugees living in the camps	WFP
	Hygiene kits	Refugees living in the camp	World Food Program
	Emergency cash transfer	Vulnerable refugees	Government and UNHCR
	Healthcare	Syrian Refugees with disabilities, chronic conditions and pregnancy	Turkish Red Crescent (TRC) and International Federation of Red Cross and Red Crescent (IFRC)
COLOMBIA			
1.7 million	School feeding	Student refugees	World Food Program
	Social insurance	Refugees who possess a work permit	World Food Program
	Cash transfer	Venezuelan refugees household (\$42 per household per month)	Colombian government
	School feeding	Student refugees	N/A
	SISBEN	Venezuelan refugees	WFP
UGANDA			
1.5 million	Emergency cash transfer	Women and children, affected by the covid-19 pandemic	World Food Program and UNICEF
	Health assistance	Refugees and host communities	USAID and MRA funds
	Food assistance	Refugees living in settlement and Covid-19 patients quarantined in centers	ICRC, UNICEF and NGOs
	Food assistance	Refugees households	World Food program
	Healthcare, VI/AID treatment	Refugees affected by VIH/AIDS	UNHCR
	Emergency healthcare in private hospitals and shuttles services	Refugees with chronic sickness	African Humanitarian Actions (AHA) and UNHCR
	Sensitization of the refugees about the awareness of the covid-19 pandemic	Refugees living in the areas of the country highly affected areas by the covid-19	African Humanitarian Actions (AHA)
	Relief rations (food assistance: one meal a day)	South Sudanese refugees, and Uganda refugees living in settlements	Reliefweb
	In-kind assistance (food, water, and healthcare)	Refugees	ÇARE Derneği

	Food assistance	Urban refugees affected by enforced lockdown measures	UNHCR and UNICEF
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Source: Author adopted from Gentilini (2020), Alcelik (2020), UNHCR (2021) Budak (2020), and Turkey International federation of the Red Crescent (2020)

Discussion

Table 3 showed that numerous SPP has been executed in Turkey, Colombia and Uganda to assist the refugees during the covid-19 pandemic. Turkey has executed the greatest number of SPP to support the refugees. Most refugees living in Turkey are Syrians who are beneficiaries of the Temporary Protection Regulation (TPR) introduced by the country. Previously, Üstübcü and Karadağ (2020) mentioned that Syrian refugees who arrived in Turkey after April 2011 benefit from temporary protection beyond international protection. In this context, they benefit from diverse protection measures such as healthcare and shelter.

In addition, these programs encompassed cash transfer and in-kind assistance, which ranged from food and water packages, hygiene items and facemasks, blankets, scholarship and internet package, and healthcare. The targeting categories of refugees were those living in the camps, widow refugees, poor and vulnerable households, students and refugees with disabilities, chronic sickness, and pregnant women. In this view, UNHCR (2020a) highlighted that the Turkish Directorate General of Migration Management provided Syrian refugees healthcare, educational assistance and food vouchers during the covid-crisis. Additionally, these programs are funded by local NGOs (Kızılay), public authorities (municipalities and governorates), and some international humanitarians such as UNHCR, WFP, international federation of the Red Crescent Societies.

On the other hand, the implemented SPP in Colombia to support the refugees included school feeding, cash transfer, and social insurance. These programs are targeted to support the students, refugees with work permits, Venezuelan refugees and are financed by WFP and the Colombian government. This result is aligned with Aguirre et al. (2021) who noted that local NGOs in collaboration with other partners supported Venezuelan refugees through the distribution of food, hygiene kits and facemask during the covid-19 pandemic.

Likewise, most SPP executed in Uganda to support the refugees during the covid-19 crisis consisted mainly of in-kind assistance such as healthcare, food assistance. They aimed at supporting refugees living in; urban areas, camps, the areas of the country highly affected by the covid-19 pandemic, women and children refugees, refugees with chronic sickness and affected by VIH/AIDS. Also, these programs are mostly funded by humanitarians such as UNHCR, ICR, UNICEF; AHA, WFP, Reliefweb, and Çara Derneği.

It is important to mention that humanitarians have played important role in funding SPP to support the refugees in Turkey, Colombia and Uganda during the covid-19 pandemic. Previously, Dora and Kumar (2020) clarified that humanitarians and other partners such as local governments provide most of the essential assistance including supplies of food, shelter, and medical facilities during natural and human-made crises.

Learned lessons from the implementation of social protection to refugees in Turkey, Colombia and Uganda during the COVID-19 crisis.

The study revealed that numerous social protection programs have been executed in Turkey, Colombia, and Uganda to support refugees to overcome the adverse impact of the crisis. From the previous findings and discussion, the author derived some learned lessons:

- The Covid-19 pandemic showed that international humanitarians have played an important role in enhancing the resilience of the refugees.
- The humanitarians remained the main financial sources in funding social protection measures to support refugees in host countries
- The pandemic has increased the awareness of humanitarians to strengthen their crisis responding mechanism for future crises
- There is a lack of comprehensive strategies between public government and humanitarian to support the refugees during the covid-19 crisis.
- The implemented social protection programs to assist refugees consisted mainly of more temporary assistance than financially viable SPP such as social insurance.
- Only a few financially viable SPP such as social insurance programs were executed in Colombia for the refugees during the covid-19 crisis.

Conclusion and recommendations

This study explores the implementation of SPP in Turkey, Colombia and Uganda, which host the greatest number of refugees over the globe. It showed that several international humanitarians and, the government of host countries implemented numerous SPP to support various categories of refugees during the covid-19 pandemic.

According to the results of the study;

- The international humanitarians and development partners should advocate for the inclusion of the refugees in the refugee-hosting country social protection schemes.
- The international humanitarians and the governments of the refugees-hosting country should collaborate for more comprehensive social protection policy and interventions for future crises.
- The data of the refugees should be integrated with the host countries' social protection schemes for more timely emergency responses in managing future crises.
- Humanitarians and governments should launch wide socio-economic surveys to draw the tangible impacts of the covid-19 crisis on refugees to be able to design financial projections and appropriate

social protection that effectively will meet the refugees' needs for future unexpected crises. Hence, integrating the efforts of government and international humanitarians could contribute significantly to responding to future crises.

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