



Evidence and lessons on integrated services for refugees and host citizens in developing countries

Luke Kelly
University of Manchester
1 May 2020

Question

What is the evidence on refugee caseloads being absorbed into host government social service provision such as education, health and the right to work in developing countries? What lessons can be drawn from these examples?

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The K4D helpdesk service provides brief summaries of current research, evidence, and lessons learned. Helpdesk reports are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.

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1. Summary

This rapid literature review finds little evidence on the effectiveness of integrating service provision for refugees and host communities. Some recent work to provide integrated services to refugees and hosts originated in the 2018 Global Compact on Refugees. Hence, not enough time has passed to fully assess their effectiveness. There has been some analysis of the implementation of integrated services under the compacts, which seeks to measure the progress of funding commitments and the implementation of programmes. There is also some research on the perspectives of refugees and other stakeholders such as businesses in areas where services have been integrated, although most argues that it is too early to fully assess the impacts. There is also a small amount of evidence on schemes providing integrated services that pre-date the compacts.

This report considers evidence on programmes to provide refugees with access to services through host governments. It also makes reference to UN or NGO service provision to both refugee and host populations, as this is an important strand of recent refugee compacts. Various measures are used to measure the effectiveness of integration policies including poverty, aid dependence, food security, vulnerability, integration, labour force participation, livelihoods, levels of service use, impact on the host economy, social cohesion and cost effectiveness (Idris, 2020). Evidence on the progress of integrated services, the effects of schemes in place, and lessons on the best way to design, implement and measure such schemes, are included.

The integrated approach to service provision is intended to: provide better services for refugees in the acknowledgement that they are unlikely to be able to return to their home countries in the near future; allow refugees to make a living by giving them the right to work, or allowing them to access markets and opportunities outside the camps. Providing such opportunities for refugees also helps the host economy provide a more dependable source of funding for services by accessing multi-year development funds that help support host country services and infrastructure by utilising development funds. In addition, this approach can decrease resentment of refugees, who it is alleged receive better services than host communities in developing countries.

There are several varieties of service provision that are integrated in some way:

- Refugees are given access to the same services as citizens (e.g. healthcare), often supported by international donors;
- Refugees are given partial access to services/the labour market (e.g. work permits);
- New opportunities and services created for both refugees and hosts (e.g. Kalobeyei Integrated Social and Economic Development Programme in Kenya).

Given their recent and incomplete implementation, there is limited evidence from the compacts in the Middle East, East Africa or elsewhere. Some analysis has been made of the compacts' implementation by funders and national governments, from which lessons have been drawn. There is also some evidence on the effects of the compacts on the ground, including refugee perspectives, although most reports acknowledge that more time is needed to fully assess the changes. Evidence is taken from grey literature and academic sources. Some evidence discusses the inclusiveness of programmes and policies.

Lessons include:

- Better measurement of the compacts that focus on *outcomes* for refugees and host populations, rather than *outputs*, are needed;
- Schemes that seek to integrate refugees into host country services should involve more stakeholders among employers, refugees, trade unions, ministries, in order to make sure that they accurately reflect needs and constraints on the ground;
- More analysis of context-specific constraints, such as bureaucracy or harassment of women, should be undertaken to better adjust policies to local realities;
- Plans based on accurate evidence and data on factors such as local market conditions, refugee skills and resource availability in each context;
- Concrete measures to specifically address xenophobia (Norwegian Refugee Council, 2017); and
- Any plans regarding integration, self-reliance or other aspects of early and durable solutions, must be preceded by efforts to secure identity, upon which the ability to exercise any other rights is premised' (Gray Meral, 2019; Norwegian Refugee Council, 2017)

2. Introduction

The current incarnation of integration policies is marked by agreements backed by international donors and governance institutions, and providing development funding in order to strengthen both refugee provision and host communities and infrastructure (Center for Global Development & Committee, 2017; Idris, 2020).

In 2016, the United Nations General Assembly (UNGA) adopted the New York Declaration for Refugees and Migrants and the United Nations High Commissioner for Refugees (UNHCR)'s Comprehensive Refugee Response Framework (CRRF) for protracted refugee situations. The CRRF had four objectives: 1. Ease pressure on host countries. 2. Enhance refugee self-reliance. 3. Expand access to third-country solutions. 4. Support conditions in countries of origin for return in safety and dignity.¹

In 2018, the Global Compact on Refugees was signed after consultation with states, international organisations, refugees, civil society, the private sector and experts. It has the same objectives as the CRRF and includes burden-sharing arrangements at the global level and in specific contexts, tools for funding and partnership, and data gathering tools and arrangements for four-yearly review at the Global Refugee Forum.²

International development organisations including the World Bank, the Islamic Development Bank Group, and partners helped refugee-hosting countries access concessional funding by creating the Global Concessional Financing Facility, and the World Bank offered up to USD 2 billion in grants and concessional loans through a financing window in the IDA-18 replenishment (Idris, 2020).

¹ <https://www.unhcr.org/uk/new-york-declaration-for-refugees-and-migrants.html>

² <https://www.unhcr.org/the-global-compact-on-refugees.html>

Another key impetus was the large numbers of refugees fleeing the Syrian war to neighbouring countries. The Regional Refugee and Resilience Plan (3RP) is a plan to co-ordinate country responses and humanitarian and development funding for refugee crises in Turkey, Lebanon, Jordan, Egypt and Iraq. It is led by the UNHCR and United Nations Development Programme (UNDP). It aligns with national plans, such as the Jordan Response Plan 2015 to the Syria Crisis and the Lebanon Crisis Response Plan. It aims to provide both humanitarian support for the crisis, and to deliver an integrated response to help host communities as well as refugees.

Prior to 2016, Jacobsen (2001) notes a widespread reluctance to allow refugees access to services or formal rights based on host countries' desire for refugees to return, security fears, and fears over resource scarcity. Nevertheless, there are some examples of integrated services, including Guinea in the early 1990s where the Ministry of Health allowed refugees access to existing health services, paid for by the UNHCR, a system which 'benefited Guineans and refugees alike' (Jacobsen, 2001, p. 17). In the 1970s, Tanzania also granted refugees the same access to services as host populations, based on its socialist policies (Jacobsen, 2001, p. 24). More recently, Uganda is seen as having taken a pioneering approach to refugee integration and development from the 2000s (Idris, 2020; World Bank, 2016).

Lessons from such approaches in previous decades include (Banki, 2004; Jacobsen, 2001):

- The role of cultural difference in helping or hindering integration with the host population.
- The role of the political stakes of allowing refugees to integrate in certain ways (e.g. government fears of permanent settlement or upsetting neighbours by appearing to recognise a certain group or refugees, or highlight their plight).
- Fears of security problems arising from refugee populations may lead governments to favour encampment and separation of refugee populations.
- The political orientation of states (e.g. Jacobsen (2001) cites Tanzania's socialist government in the 1970s as a reason for its willingness to allow refugees to access the same services as citizens).

3. Examples from the Middle East

Background

The ongoing war in Syria has led to millions of Syrian refugees moving to neighbouring countries, and prompted governments in the region and international donors to seek more development-oriented solutions including integrated service provision in the acknowledgement that Syrians are unlikely to return immediately and that they are putting a strain on services in the region (Guay, 2015; UNDP, 2018).

The 'Supporting Syria and the Region' conferences in Kuwait (2013-15), London (2016) and Brussels (2017-18), Brussels III (2019) included targets for job creation for refugees and host communities. The London conference led to national compacts with Jordan and Lebanon agreeing certain targets with the World Bank and EU. They included a target to make up to 1.1 million new jobs for refugees and host communities by 2018. Donors including the EU and the World Bank committed to USD 1.8 billion in grants and USD 905 million in concessionary loans to Jordan and Lebanon. The Jordanian government agreed to offer 200,000 work permits to Syrian refugees. The Lebanon compact included funding for roads, healthcare and schools, and targets including enrolment of all Syrian and Lebanese children aged 5-17.

A number of programmes support these aims. The Regional Development and Protection Programme (RDPP) is a European programme that combines humanitarian and development funds to support host communities dealing with Syrian refugees in Lebanon, Jordan and Iraq. The Regional Refugee and Resilience Plan (3RP) is led by the UNHCR and the UNDP and provides development, stabilisation and humanitarian support for refugee hosts in the region.

Jordan

The importance of international support for countries experiencing strains on services is underscored by Jordan's example. The Jordanian government responded to a struggling healthcare system by reversing its relatively generous access costs for Syrian refugees in 2018, before backtracking after receiving support from international donors. From 2014, Syrians living outside of camps were treated like uninsured Jordanians and able to access healthcare at 20% of the rate for foreigners. Immunisation was free and routine for Syrians. However, Jordan's health system began to struggle to meet the increase demand, and a policy change in January 2018 saw Syrians having to pay 80% of the foreigner rate, which restricted Syrian access to healthcare. This policy change was rolled back on 28 March 2019 in response to renewed international community support. In 2018, the Jordan Health Fund for refugees (2018-2021) was established by the World Bank and USAID to support healthcare. At the Brussels III Conference, in March 2019, donors also pledged to fund the region (WHO Regional Office for Europe, 2019).

Nevertheless, **gaps in service provision remain.** Only 40% of refugees outside camps are currently covered and health centres are currently serving more people than they should (WHO Regional Office for Europe, 2019, p. 231). Rates of non-communicable diseases and TB have risen, and there are reports of Syrians using negative coping mechanisms such as child labour and domestic violence.

A review of the Jordan compact finds that the formulation of the compact did not include refugee perspectives and the indicators do not measure refugee perspectives (Barbelet, Hagen-Zanker, & Mansour-Ille, 2018). It notes that tweaks have been applied to the compact. For example, the livelihood working group has changed application process for work permits, and agricultural cooperatives have been set up so refugees can move between employers more easily (Barbelet et al., 2018).

The Jordan compact promised, amongst other things, 200,000 work permits for Syrians. Reports on the implementation of this promise include the following evidence and lessons:

- Financial barriers to schooling remain for many refugees (Barbelet et al., 2018).
- Work permits do not cover every type of work (Barbelet et al., 2018).
- Bureaucratic obstacles to obtaining work and starting businesses remain (Barbelet et al., 2018).
- The compact does not address the underlying reasons - need to earn income, harassment - why many Syrians do not attend school (Barbelet et al., 2018).
- Only 4% of work permits went to women, because of social and political factors. The permits were focused on male-dominated industries (Barbelet et al., 2018).
- The compact did little to address the reality of widespread informal work in Jordan (Barbelet et al., 2018; Lenner & Turner, 2018b).

- The views and needs of all relevant stakeholders, such as businesses and workers, should be taken into account to ensure the successful implementation of services or schemes by aligning goals and incentives (Huang et al., 2018; Lenner & Turner, 2018a).
- Schemes should also consider the realities on the ground when implementing schemes. For example, in Jordan, employers' reliance on cheap labour from South Asia meant that they were reluctant to employ Syrians with families who were less willing to work long hours (Lenner & Turner, 2018a).
- Better identification of barriers to economic inclusion is necessary. Work permits are not the only barrier to market entry, particularly in countries such as Jordan with high levels of regulation (Huang et al, 2018).
- Targets should focus on outcomes not outputs. For example, a focus on the number of work permits distributed does not always reflect the number of Syrians with jobs, or the precariousness of their livelihoods (Huang et al., 2018; Lenner & Turner, 2018a).
- Better communication with refugees so that they understand the services available to them (Barbelet et al., 2018).

An analysis of the compacts' commitments to helping Syrian refugees get more work from a human rights perspective shows that (Gray Meral, 2019):

- They do not remove all legal barriers to work, and the work permit scheme limits refugees to certain sectors.
- They do not address barriers to women working away from home, such as child-care provision or fear of harassment.
- They do not monitor labour conditions inside the special economic zones where refugees are encouraged to work.

It argues that more attention to international human rights law applicable to both donor and host states, and more 'accountability for socio-economic rights' is needed (Gray Meral, 2019).

Lebanon

The 2018 Lebanon Crisis Response Plan (LCRP) sets four main priorities (Kabbanji & Kabbanji, 2018):³

- Protection of vulnerable populations.
- Immediate assistance to vulnerable populations.
- Support service provision through national systems.
- Reinforcement of Lebanon's economic, social and environmental stability.

Evidence on the effect of integration policies is mixed. A 2018 analysis of Lebanon's implementation of the development-displacement nexus (including integrated services) is pessimistic. It argues that economic weaknesses, political divisions and the weakness of the central state are all impediments to the implementation of integrated services to refugees. The government remains keen to make sure the Syrian refugees return, and refugees from the Syrian war remain a politicised issue playing into Lebanon's sectarian divides (Kabbanji & Kabbanji, 2018).

³ The LCRP is part of the Regional Refugee and Resilience Plan (3RP)

Data from the Lebanese ministry of education shows that international aid, following from the 3RPs and compact, **have helped the government to increase its education infrastructure, and that enrolment rates of both Lebanese and Syrian children have increased** (Kabbanji & Kabbanji, 2018, p. 18). Similarly, the data suggests that Lebanon has been able to expand healthcare provision, although the government asserts that services are stretched. However, **the right to work for Syrian refugees has been more challenging**. While macro economic indicators suggest a positive effect, the influx of Syrian refugees has led to competition, and worsening conditions, for the poorest Lebanese (Kabbanji & Kabbanji, 2018, p. 16). Job creation for Syrians is therefore contentious.

There are a number of barriers to Syrian healthcare workers working in Lebanon. These include: Syrian healthcare workers cannot formally practise in Lebanon, and this regulatory environment, a lack of willingness by local stakeholders to help formally integrate them, tensions brought about by Syrians' willingness to accept lower wages, and an unwillingness to work without permits (Ismail et al., 2018).

A study of the resilience of Lebanon's health system when the country's population increased by 30% due to Syrian immigrants between 2011 and 2013 found that the integration of refugee health within the national health system was one factor that enabled the health system to stay resilient. The approach reduced costs and enabled the burden of refugee healthcare to be spread across Lebanon (Ammar et al., 2016)

Turkey

Turkey has attempted to integrate Syrian children into Turkish schools. Although more Syrian children are now in Turkish schools than refugee schools, 500,000 children remain out of school. **The biggest barriers to Syrians attending school are language and cost barriers** (Memişoğlu, 2018, p. 26).

Turkey's Ministry of Health is in charge of providing healthcare to refugees. Those with temporary protection, i.e. most Syrian migrants, 'can benefit from the health services free of charge as defined in the Health Practice Communique, which determines the scope of health services provided to Turkish citizens' (WHO Regional Office for Europe, 2019, p. 198). One of the key barriers to Syrian refugees accessing healthcare is language. Social tensions from strains on healthcare are also reported in some areas (3RP, 2019, pp. 7–8; Memişoğlu, 2018).

The government has worked to allow Syrian healthcare professionals to work in Turkey. This is intended both to ease the strain on Turkish services, and to overcome language barriers for refugees seeking treatment (Memişoğlu, 2018). There are a number of Syrian health centres, staffed by a Syrian workforce, following schemes to allow healthcare professionals from Syria to convert their credentials to Turkey's. However, '[a]ll refugees and migrants in Turkey can apply to all health institutions and organizations if they need emergency health services and can benefit from primary health-care services free of charge' (WHO Regional Office for Europe, 2019, p. 203). **A WHO report cites Turkey's provision of healthcare to Syrians as a success,** although does not cite much detailed evidence (WHO Regional Office for Europe, 2019).

4. African examples

Uganda

Uganda has allowed refugees to access the same services and right to work as Ugandan citizens for decades (Idris, 2020; World Bank, 2016). The willingness of Uganda to implement integrated services is shaped by local factors: the willingness to integrate refugees in certain regions based on ethnic affinities, the fear of 'land grabs' by incomers in an agricultural country, and the view that refugees can be used as a lever for development (O'callaghan, Manji, Holloway, & Lowe, 2019b, p. 5).

Evidence on the implementation of the CRRF is mixed. There is some positive evidence of improved services and less tension between hosts and refugees in refugee settlements (World Bank, 2016). However, not all of Uganda's integration policies have been implemented (ReDSS, 2018). A 2019 report suggests that the government lacks a costed plan for jobs and livelihoods, that it does not offer support for those who leave the refugee settlement areas and move to urban areas, that the settlements are not planned well in terms of being near to markets or settlements, that donors lack confidence in district-level authority and capacity and fear corruption (O'Callaghan et al., 2019b). The report sees little progress, with a 'continued emphasis on humanitarian assistance for refugees as well as a slight shift towards resilience and development financing'. Overall, Uganda's refugee integration programmes are underfunded. Education has been the most successful facet of the schemes, with 600,000 host and refugee children being schooled. The report argues that **the settlement model, whereby refugees are given a plot of land, is not seen to be working**, as most still need rations to survive (O'callaghan, Manji, Holloway, & Lowe, 2019, p. 9).

A recent review of evidence on integration policies in Uganda shows that refugees have higher levels of poverty, and legal, cultural and other barriers to getting jobs persist. However, there is evidence of positive effects on the economy overall. There is mixed evidence on social cohesion - while there are some reports of tension arising from strains on services or resources (e.g. in the north west), integration of services may have improved relations in some refugee settlements (Idris, 2020, pp. 23-24).

There is some data on the use of health services in Uganda, although it makes few causal claims about the role of the provision of integrated services.

- Data on the utilisation of health services in the West Nile Districts of Uganda shows rises in the use of outpatient services in Arua, Adjumani, Moyo, Yumbe by refugees and host communities and a slight fall in Koboko, although makes no causal claims. Access to health is guided by the Uganda National Integrated Response Plan for Refugees and Host Communities and the Global Strategy for Public Health 2014–2018 (Komakech, Atuyambe, & Orach, 2019).
- A household survey of both refugee and host households (1,520 respondents) in Northern Uganda in May-June 2019 was used to assess coverage of key healthcare interventions. Refugee and host communities had similar levels of service use in most

areas.⁴ The exceptions were water, sanitation and hygiene where refugees had significantly better access, likely because of programmes in refugee settlements that had not yet benefited host communities; and refugees had much less access to food and dietary diversity, indicating a reliance on food distribution and a lack of access to markets. However, more monitoring and evaluation of services is required as well as qualitative data on refugee health-seeking behaviour (Vollmer, Petras, Daverton, & Valadez, 2019).

Ethiopia

In the early 1990s, the UNHCR used a 'cross-mandate' approach for Somali refugees and hosts in northern Ethiopia that had similarities to CRRF approaches. Working with the UNDP and NGOs, it sought to provide food out of camps and give aid based on need rather than legal status. The implementers were positive about the work, and reported 'better equity of assistance', but **no data was used to measure this** (Tuepker & Chi, 2009, p. 169).

In 2016 at the Refugees Leaders Summit, Ethiopia pledged to:⁵

- Expand its “out of camp” policy;
- Provide work permits to refugees;
- Increase enrolment of refugee children in school;
- Make irrigable land available to refugees;
- Allow local integration of refugees who have lived in Ethiopia for more than 20 years;
- Work with international partners to build industrial parks and generate jobs for refugees and hosts;
- Expand and enhance basic and essential social services for refugees; and
- Provide refugees with other benefits including birth certificates, bank accounts, and the option of obtaining a driver’s license.

A National Comprehensive Refugee Response Strategy (NCRRS) was developed in 2018 and revised in 2019. The government aims to house refugees in 'village-style development-oriented settlements', although it has not provided many details on how this will be implemented (Nigusie & Carver, 2019)..

There has been relatively little progress so far. A 2019 review noted that while the government had signed up to broad commitments, it had given less detail 'on how this vision is to be achieved and over what timelines'. It also pointed to the lack of an overall accountability framework to align the many different donor approaches, concerns about economic weaknesses and ethnic tensions making the promises hard to implement, and fears that donor funding may be reduced (Huang, Charles, Post, & Gough, 2018; Nigusie & Carver, 2019). The review cites

⁴ e.g. high coverage of skilled delivery, exclusive breastfeeding for 6 months, four or more antenatal visits, and immunisation; and low coverage of post-natal care, late commencement of antenatal care, weak interventions to prevent diarrheal disease in young children, and insufficient malaria prevention.

⁵ <https://data2.unhcr.org/en/documents/download/62655>;
<https://data2.unhcr.org/en/documents/download/65916>

uncertainty over how a new refugee law will be implemented (e.g. how far will refugees' right to work extend), and whether the jobs created in industrial parks will match refugees' skills, as key potential barriers.

The EU, the World Bank, DFID, and the Dutch and German governments all have projects being implemented or about to be implemented, although none has yet progressed far enough to be evaluated (Nigusie & Carver, 2019, pp. 15–17). Besides the CRRF commitments, a 2011 partnership between the Ikea Foundation and the UNHCR aimed to use an integrated approach to supporting Somali refugees and hosts by creating a 400,000-person community in Dolo Ado. It includes irrigation of new land for refugees and hosts, teacher training, and co-operatives for renewable energy (Nigusie & Carver, 2019, p. 6).

Kenya

Kalobeyei

The Kalobeyei settlement provides integrated services and opportunities for both refugees and Kenyan citizens. It began in 2015, and the first refugees settled in 2016. It is guided by the Kalobeyei Integrated Social and Economic Development Programme (KISED), led by the Government of Kenya (GoK), the Turkana County Government, UNHCR, and partners. KISED provides cash-based interventions for housing and nutrition, training to encourage business formation, and agricultural projects, as well as health, education, water and sanitation, and other services (Betts, Omata, & Rodgers, 2019). Bamba Chakula ('Get Your Food') run by the World Food Programme (WFP) and Cash for Shelter run by the UNHCR are two key cash-based programmes. KISED is expected to cost US\$500 million in the first five-year period (2018–2022). It has won the support of a range of donors, and is seen as a promising model (O'callaghan, Manji, Holloway, & Lowe, 2019a)

The area was previously wet season pasture for Turkana pastoralists. 70% of all employment opportunities in the settlement should be given to the host community.

Evidence and lessons

Current research suggests that it is too early to assess Kalobeyei. However, field research has identified a number of problems (Rodgers, 2020, p. 96):

- There was little consultation with the host population (Turkana) and many, but not all, express dissatisfaction.
- Contrary to planners' intentions, many Turkana do not want to leave their homes to move into the settlement (Rodgers, 2020, p. 96). Moreover, those living outside cannot access the water supplied to the settlement.
- The economic opportunities generated by the scheme benefit those with formal education and commercial experience more.

A three-year study of South Sudanese, Ethiopian and Burundian refugees, using the nearby Kakuma camp as a comparison, analysed the scheme within the framework of 'self-reliance', and considering dietary diversity, food consumption, calorie intake, and food security, and interaction with host community found the following (Betts et al., 2019):

- There are limits on the work that refugees are allowed to undertake, (much work needs a class-M permit) and where they can live.

- Many Turkana had expected their own services and are disappointed at having to access services through the settlement.
- There is some anecdotal evidence that refugee and Kenyan children play together. Business transactions between refugees and hosts also seem to be responsible for improved perceptions between groups. However, the potential for inter-group tension remains.
- Kalobeyei markets are not integrated, and incomes are still largely based on aid. There are limited public goods.

Betts et al. (2019) recommend finding ways of preserving or increasing economic opportunities for the Turkana hosts.

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Acknowledgements

We thank the following experts who voluntarily provided suggestions for relevant literature or other advice to the author to support the preparation of this report. The content of the report does not necessarily reflect the opinions of any of the experts consulted.

- Cory Rodgers, Refugee Study Centre, Oxford
- Ummekulsoom Lalani, Johns Hopkins University

Key websites

- Global Compact on Refugees, <https://www.unhcr.org/new-york-declaration-for-refugees-and-migrants.html#compactonrefugees>
- Integrating Refugees into National Health Systems: Enhancing Equity and Strengthening Sustainable Health Services for All, <http://hopkinshumanitarianhealth.org/research/projects/integrating-refugees-into-national-health-systems-enhancing-equity/>
- Refugee Studies Centre, Oxford University, <https://www.rsc.ox.ac.uk/>

Suggested citation

Kelly, L. (2020). *Evidence and lessons on integrated services for refugees and host citizens in developing countries*. K4D Helpdesk Report 804. Brighton, UK: Institute of Development Studies.

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