



TOWARDS SUSTAINABLE MIGRATION

**COPING WITH
LARGE MIGRATION FLOWS IN
LOW AND MIDDLE INCOME
COUNTRIES**



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Towards Sustainable Migration

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**The Italian Centre
for International Development**
University of Rome 'Tor Vergata'
Via Columbia, 2
00133 Rome - Italy
www.icid.info

**Italian Agency
for Development Cooperation**
Via Salvatore Contarini 25
00135 Rome - Italy
www.aics.gov.it
infonet@aics.gov.it

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This report was prepared by the Italian Centre for International Development (ICID) by a team coordinated by Prof. Furio C. Rosati which includes: Maria Gabriella Breglia (ICID-ILO), Anita Guelfi (ICID-ISTAT), Gokce Uysal (Bahçeşehir University in Istanbul) and Remi Bazillier (Université Paris 1 Panthéon-Sorbonne)

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ICID
Via Columbia 2, 00133 Roma, Italia
Email: icid@icid.info

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ACRONYMS AND ABBREVIATIONS

AFAD	Disaster and Emergency Management Agency
ARRA	Administration for Refugee & Returnee Affairs
CGAP	Consultative Group to Assist the Poor
CRRF	Comprehensive Refugee Response Framework
DECSI	Debit Credit and Savings Institute
ECM	Emergency Case Management
IOM	International Organization for Migration
IRC	International Rescue Committee
JRP	Jordan Response Plan
LCRP	Lebanon Crises Response Plan
MoU	Memorandum of Understanding
RHB	Regional Health Bureau
REST	Relief Society of Tigray
RVAs	Risk and Vulnerability Assessments
SSAs	Bilateral and multilateral social security agreements
SuTP	Syrian under Temporary Protection
UNDESA	United Nations Department of Economic and Social Affairs
UNHCR	United Nations High Commissioner for Refugees
UNICEF	The United Nations' Children's Fund
USAID	The United States Agency for International Development
WFP	World Food Programme

INTRODUCTION

The recent past has seen large movements of migrants and refugees, and the number of international migrants has reached an all-time high. While migration can be a positive phenomenon, it is necessary to adopt strategies aiming at achieving a “sustainable” migration: migration that is beneficial to both receiving, transit and sending countries and that minimizes economic and social costs.

While many actions need to be taken in receiving countries, especially high-income countries, “sustainable” migration cannot be achieved without major interventions in low- and middle-income countries.

In a previous report “Towards sustainable migration: Interventions in countries of origin”, we analysed and discussed the strategies and interventions needed to be carried out in the countries of origin of the migrants, in order to support an orderly and sustainable migration process.

In this report, we focus on the challenges that low- and middle-income countries face in dealing with large flows of refugees and migrants and, especially, on the interventions that can support their efforts in providing refugees with access to social protection.

While a substantial part of the enormous growth in the number of refugees is due to the Syrian crisis, several other crises are and have been developing. As we will show in detail, the majority of refugees are currently hosted in low- and middle- income countries. Moreover, refugees and migrants stay in host countries for prolonged periods, as crises are protracted and migrants seldom return home soon after displacement. Hosting countries, therefore, face the challenge of addressing the needs of a large flow of refugees over a long period of time.

Social protection is a basic human right enshrined in major international instruments and recently reaffirmed in the New York Declaration (2016). It is essential for the survival and well-being of refugees and migrants and, given the length of the displacement, for their inclusion in the hosting society and economy. Moreover, providing access to social protection in the host and transit countries reduces the incentives for refugees to move further in order to improve their chances of meeting their immediate needs, and subsequently to achieve a decent living standard.

In accordance with international standards and conventions, social protection is defined to include access to basic services (such as shelter, education and health), but also more development-oriented interventions aimed at fostering refugees' self-reliance and their integration in the hosting economy (livelihood policies, active labour market policies and other similar interventions).

In particular, we review different approaches to the provision of social protection in response to large flows of refugees and migrants, with particular attention to the integration between emergency and development approaches and to the integration with hosting communities. The report also looks at the characteristics and challenges associated with the different interventions that are part of a social protection strategy, as defined above. The delivery approaches followed and their relative merits will also be discussed. This will be completed by a brief discussion of the financing channels available and of their relative potential. As we shall see, the largest part of the analytical work discussed in this report refers to the Syrian refugees. This is not due to a selective approach from our side, but reflects the actual availability of information and analyses.

In this report we also discuss in more detail the situation observed in a subset of low- and middle-income countries, which happen to host the majority of existing refugees, i.e. Ethiopia, Jordan, Lebanon, Sudan and Turkey. These countries, with the exception of Turkey – which has been included for the relevance of its experience in dealing with large refugees' flows –, represent priority areas for the Italian Agency for Development Cooperation (AICS) and, at the same time, do constitute a significant portion of those low- and middle-income economies which are mostly affected by the last wave of refugees' flows. Reference to experiences and approaches adopted in countries different from the ones considered here will nonetheless be discussed whenever relevant.

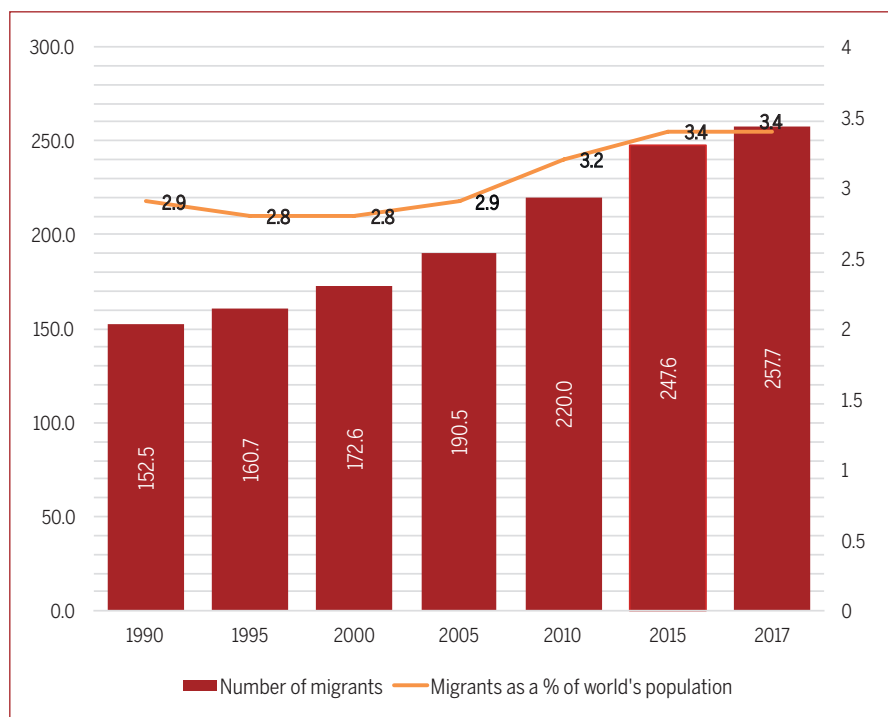
The report is structured as follows. The first chapter provides the general context, offering a brief overview of the evolution and main characteristics of recent flows of

migrants and refugees. The second chapter introduces and describes the existing legal frameworks globally developed to protect migrants and refugees; it then looks more specifically at the issue of social protection for migrants and refugees in low- and middle-income countries. The third chapter addresses humanitarian responses as components of a development strategy, and looks at integration as a dimension of a social protection strategy, together with other types of interventions. The fourth chapter represents the main body of the report, and looks at social protection interventions for coping with large migration flows. Individual sections examine specific interventions: shelter and housing; access to health services, food and water; education; cash transfers; livelihood; and employment.

1 SETTING THE SCENE

In 2017, the stock of international migrants worldwide¹ reached its all-time high: 257.7 million, with an increase of about 17 percent from 2010. The proportion of international migrants with respect to the world's population remained relatively stable at around 3 percent (Figure 1).

Figure 1 - Stock of international migrants, 1990–2017 (millions)



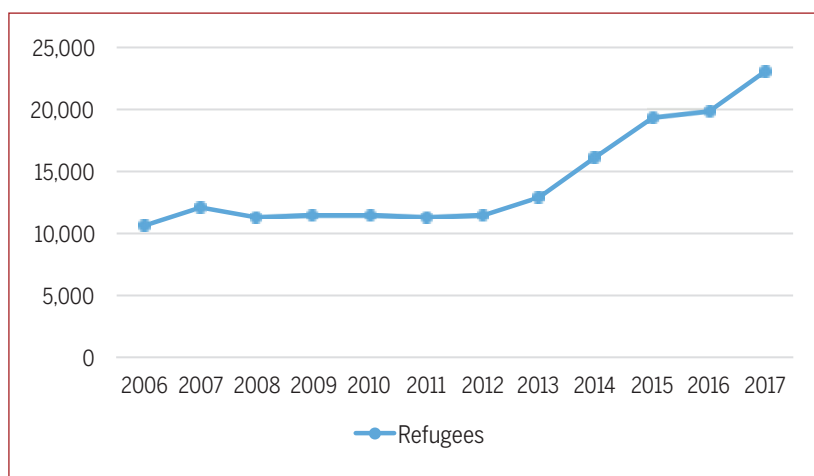
Source: UNDESA, International migrant stock: The 2017 revision (Accessed 15 February 2019).

- 1 An international migrant is defined as any person who is moving or has moved across an international border, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is. See: International Organization for Migration (IOM), <https://www.iom.int/key-migration-terms>

Recent years also saw the highest levels of forced displacement² globally recorded since World War II, with a dramatic increase in the number of refugees, asylum seekers and internally displaced people.

Largely due to continued conflict in the Syrian Arab Republic and conflicts in sub-Saharan Africa, the number of refugees almost doubled between 2012 and 2016 (Figure 2),³ reaching almost 26 million worldwide in 2017.⁴ In particular, between January and June 2017, the world refugee population increased by 1.3 million, or 7 percent.⁵

Figure 2 - Stock of refugees worldwide ('000)



Source: ICID calculation based on UNHCR Population Statistics.

Not surprisingly, countries close to the areas of crisis host the largest number of refugees. Countries in sub-Saharan and the Middle East and North Africa have been coping with the largest flows (Figure 3). More than 21 million internationally displaced people, over 90 percent of the overall refugees' stock, are hosted in low- and middle-income countries.

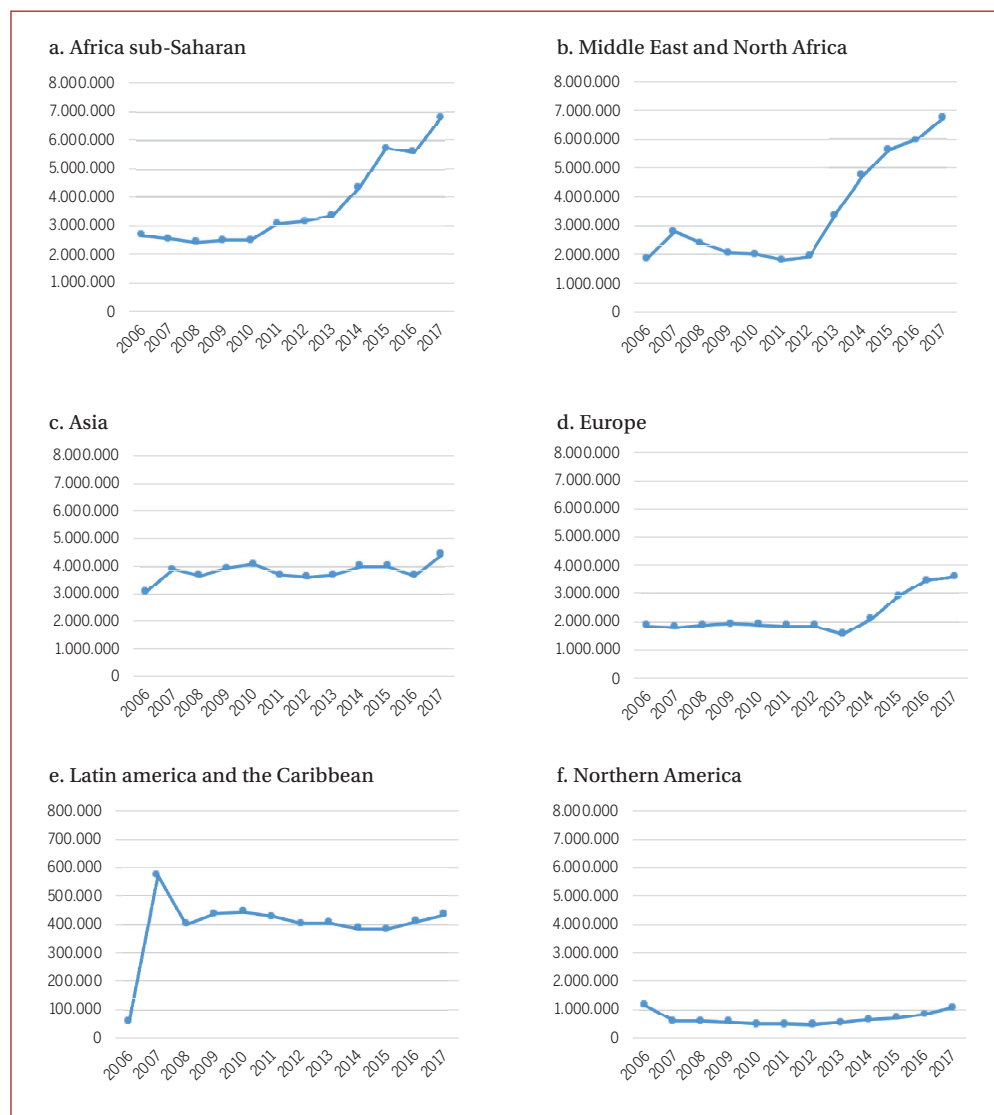
² The displacement of people refers to the forced movement of people from their locality or environment and occupational activities. It is a form of social change caused by a number of factors, the most common being armed conflict. Natural disasters, famine, development and economic changes may also be a cause of displacement. (<http://www.unesco.org/new/en/social-and-human-sciences/themes/international-migration/glossary/displaced-person-displacement/>)

³ United Nations, Department of Economic and Social Affairs, Population Division, 2017a.

⁴ These figures also include asylum seekers and people in a refugee-like situation under the UNHCR mandate but do not include 5.2 million Palestine refugees under the UNRWA mandate. Source: UNDESA, Workbook, Table 6 (Accessed 7 February 2019).

⁵ United Nations High Commissioner for Refugees, UNHCR, 2017.

Figure 3 - Refugees by regions of destination



Source: ICID calculation based on UNHCR population statistics data- Note: Asia includes Oceania

Table 1 reports the 15 countries hosting the largest number of refugees in 2010, 2015 and 2017. Recent years have seen an increase in the share (and in the number) of refugees hosted in low and middle-income countries. The increase has been particularly pronounced in countries close to Syria, such as Jordan (+65%) and Turkey (+13%). Leaving aside high-income countries, the stock of refugees also increased substantially in Sudan (+34%) and Uganda (+68%) and to a lesser extent, in Ethiopia (+7%).

Table 1 - Estimated refugee stock, 2010–2017 at mid-year: top 15 countries of destination

Destination Country	2017	Destination Country	2015	Destination Country	2010
Turkey	3,789,119	Turkey	2,753,760	Pakistan	1,902,716
Germany	1,399,554	Pakistan	1,567,604	Iran, Islamic Republic of	1,075,141
Pakistan	1,396,619	South Africa	1,217,708	Syrian Arab Republic	1,007,918
Uganda	1,395,115	Lebanon	1,082,993	Germany	646,260
Lebanon	1,014,165	Iran, Islamic Republic of	979,479	Jordan	453,074
Iran, Islamic Republic of	979,519	Ethiopia	738,217	Kenya	430,871
Bangladesh	932,319	Germany	736,740	Chad	348,049
United States of America	929,762	Jordan	689,053	China	301,108
Sudan	924,789	Kenya	593,881	United States of America	270,854
Ethiopia	891,990	United States of America	559,370	United Kingdom	253,030
Jordan	734,783	Uganda	512,966	France	249,263
D. R. Congo	537,861	D. R. Congo	384,078	South Africa	229,601
Kenya	488,368	Chad	372,438	Bangladesh	229,253
Chad	412,100	Cameroon	348,346	Venezuela	217,406
France	400,228	France	336,183	Canada	216,574

Source: ICID calculation based on UNHCR Population Statistics (accessed 7 February 2019).

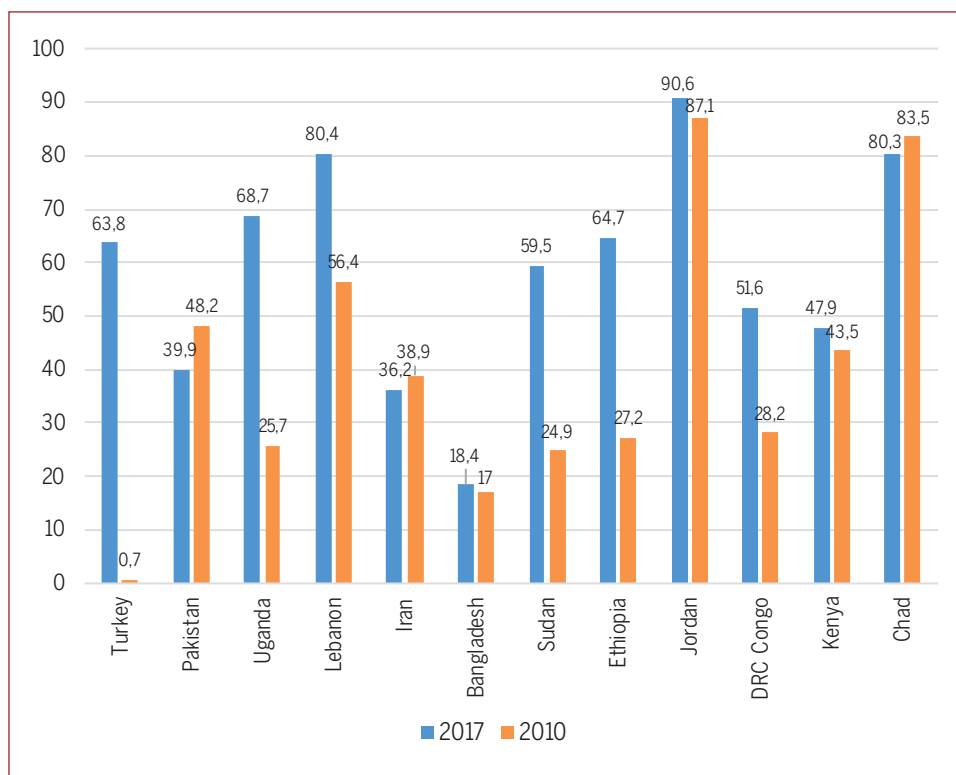
The recent large flows have been accumulating on top of existing stocks and, in 2017, refugees represented the majority of international migrants in most of these countries (Figure 4).

Displacement is seldom of short duration. UNHCR estimates that 13.4 million or two-thirds of the refugees were in a protracted refugee situation in 2017⁶ and Crawford et al. (2015) estimate that only 1 out of the 91 refugee crises identified between 1978 and 2014 was resolved in less than 4 years.

Figure 5, reproduced from the UNHCR Global Trends- Forced Displacement in 2016, presents information on the permanence of refugees in host countries. For each country

⁶ UNHCR defines a protracted refugee situation as one in which 25,000 or more refugees from the same nationality have been in exile for five consecutive years or more in a given asylum country.

Figure 4 - Refugees and asylum seekers as a percentage of the international migrant stock, top countries (excluding high-income countries), 2017



Source: UNDESA, International migrant stock: The 2017 revision (Accessed 7 February 2019).

of origin, the figure presents the stock of refugees by year permanence in countries of destination. As it is easy to see in the majority of the cases the presence of refugees tends to be protracted in time.

In this report we also discuss in more detail the situation observed in a subset of low- and middle-income countries, namely Ethiopia, Jordan, Lebanon, Sudan and Turkey, which look particularly affected by the last wave of refugees' flows and, with the exception of Turkey⁷, do belong to the list of priority areas of intervention for the Italian Agency for Development Cooperation (AICS)⁸. Reference to experiences and approaches adopted in countries different from the ones considered here will nonetheless be discussed whenever relevant.

⁷ Despite not belonging to the priority areas, Turkey was included for the relevance of its experience in dealing with large refugees' flows.

⁸ <https://www.aics.gov.it/home-eng/countries/openaid-map/>

Figure 5 - Protracted refugee situations, categorized by size – end 2016



Source: UNHCR Global Trends (2017) Reproduced from p. 23

In Lebanon and Turkey, more than 50 percent of international migrants are Syrian refugees. Lebanon also hosts a substantial share of Palestine refugees (26%). Jordan hosts mostly migrants from Palestine (63%) and Sudan mostly from South Sudan (70%). In Ethiopia, international migrants are mostly from Eritrea (18%), Somalia (38%) and South Sudan (34%).

Refugees and migrants typically account for a small share of the host country's population, except for Jordan and Lebanon where refugees represent about one-third and one-fourth of the population, respectively (Table 2). Lebanon and Turkey receive economic migrants too: Lebanon, for example, has received growing numbers of Asian, African and other Arab workers since 1990, with Syrian workers estimated at 400,000 before the onset of the war in March 2011.⁹

Table 2 - International migrants' and refugees' stock as a percentage of the total population

Country	2010		2015		2017	
	International migrants (including refugees) (%)	Refugees (%)	International migrants (including refugees) (%)	Refugees (%)	International migrants (including refugees) (%)	Refugees (%)
Ethiopia	0.6	0.2	1.2	0.7	1.2	0.7
Sudan	1.7	0.4	1.6	0.8	1.8	1.1
Jordan	37.9	33.0	34.0	30.0	33.3	32.0
Lebanon	18.9	10.7	33.7	27.2	31.9	25.8
Turkey	1.9	0.01	5.3	3.5	6.0	3.8

Source: ICID calculation based on UNHCR and UN Population Division Data.

Women and children contribute a significant share of international migrants (Table 3): children below the age of 19 represent almost half of international migrants in Ethiopia, Jordan and Lebanon; in Sudan and Turkey they account for 35 and 29 percent, respectively.

The refugee population is much younger than the migrant population: while a clear majority of the world's migrants are adults, children represent roughly half of all refugees.¹⁰ This is not surprising, as economic migrants are often self-selected among able-bodied adults. Moreover, the share of children has been on the rise over the last decade. UNICEF estimates that between 2005 and 2015, the global number of child refugees under

9 De Bel Air, 2017.

10 UNICEF, 2016.

Table 3 - Distribution of the international migrant stock by age group (% total migrants)

Country	0–4	5–14	15–19	0–19	20–59	60+	Female refugees (% total stock)
Ethiopia	12	25.8	9	46.8	48.3	4.9	47.4
Jordan	16	24.2	8.4	48.6	43.4	8.1	50.4
Lebanon	13.9	22	8.1	44	49.6	6.4	48.8
Sudan	9.2	16.6	9.1	34.9	54.1	11.2	48.8
Turkey	9.8	12.7	6.2	28.7	60.6	10.6	50.4

the protection of UNHCR more than doubled from 4 million to over 8 million, whereas the child population rose by only 21 percent over the same period.¹¹

These figures offer insights for the design of an appropriate social protection response. Children have specific needs in terms of schooling, training and health care (both physical and psychological), which are in turn critical for turning the migration challenge into an opportunity. Children whose education is denied fail to acquire the human capital necessary to find a decent work upon entering adulthood, with long-term development challenges. Refugee children, especially those moving on their own, are often living in unacceptable conditions and exposed to harms and risks of exploitation.¹²

These children are likely to remain in a refugee situation for many years. It is therefore important for the governance of migration to mainstream children's rights and take in to consideration labour market issues, such as expanding decent work opportunities for adolescents when they reach the legal working age.

¹¹ Ibid.

¹² Beise, et al., 2017.

2 PROTECTING MIGRANTS AND REFUGEES

2.1 A global commitment to protection

In response to the large movements of refugees and migrants, the 193 members of the United Nations adopted a set of commitments to enhance the protection of refugees and migrants. Known as the New York Declaration for Refugees and Migrants (2016),¹³ it paved the way to important agreements. On December 2018 an Inter-governmental Conference adopted a Global Compact for safe, orderly and regular migration and on the same month it was established a Global Compact for refugees, with the aim to strengthen the international response to large movements of refugees and protracted refugee situation¹⁴.

The Declaration represents a paradigm shift as it acknowledges a shared responsibility among countries in protecting refugees and migrants, independently of the countries that shelter them. Hosting refugees can be considered as an international public good, which justifies international cooperation and contributions.

The Declaration reaffirms the obligation to fully protect the human rights and fundamental freedoms of all refugees and migrants and commits the signatory governments to address “the special needs of all people in vulnerable situations who are travelling with large movements of refugees and migrants”. Commitments include providing humanitarian assistance to refugees to ensure essential support in key life-saving areas, such as health care, shelter, food, water and sanitation, and providing quality primary and secondary education in safe learning environments. Protecting women and children is recognized as particularly challenging and requiring an the development of specific responses.

¹³ Resolution adopted by the General Assembly on 19 September 2016.

¹⁴ Its four key objectives are to: 1) Ease the pressures 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.

A comprehensive refugee response framework is an integral and distinct part of an overall humanitarian response to refugees (Annex I to the Declaration) and aims at easing pressure on host countries, enhancing refugees' self-reliance and encouraging third countries to offer resettlement opportunities and complementary pathways for admission. Fostering self-reliance is encouraged by pledging to expand opportunities to access education, health care, livelihood opportunities and labour markets, without discriminating among refugees and offering the necessary support to the host communities. Similarly, investing in human capital and transferable skills is considered essential towards enabling long-term solutions.

As a follow-up, several countries have developed plans to implement a comprehensive response, including Ethiopia, Jordan, Lebanon, Sudan and Turkey.

Ethiopia launched in 2017 the 'Comprehensive Refugee Response Framework' (CRRF) that is expected to contribute to a more holistic and predictable response to refugee arrivals, including maintaining access to asylum, guaranteeing a safe and dignified reception, addressing ongoing protection needs, supporting host populations and local authorities, and facilitating a transition to local solutions.¹⁵

Jordan signed the Jordan Compact in February 2016 at the high-level London Conference. It aims at turning "the Syrian refugee crisis into a development opportunity" for Jordan by shifting the focus from short-term humanitarian aid to education, growth, investment and job creation, both for Jordanians and for Syrian refugees.¹⁶ Jordan is considered a pioneer in implementing a resilience-based approach (through its three-year rolling Jordan Response Plan, JRP) and has proved successful in transitioning from a situation where the aid architecture for delivering humanitarian and development assistance was fragmented to a nationally-led resilience framework that integrates humanitarian and development support.¹⁷

Launched in December 2014, the Lebanon Crises Response Plan (LCRP) focuses on humanitarian assistance to vulnerable communities including persons displaced from Syria, and vulnerable Lebanese and Palestine refugees. It also strongly seeks to expand investments, partnerships and delivery models for stabilization as a transition towards longer-term development strategies.¹⁸

Sudan's response to the South Sudan crisis is framed within the Regional Refugee Response Plan (RRP), which articulates the protection and humanitarian needs of South Sudanese refugees. The RRP "outlines the inter-agency response strategy and financial

15 CRRF Global Digital Portal. Available at <http://crrf.unhcr.org/en/country/eth> (accessed 7 May 2018).

16 Hashemite Kingdom of Jordan, Ministry of Planning and International Cooperation 2016. Hashemite Kingdom of Jordan, Ministry of Planning and International Cooperation, 2016.

17 Hashemite Kingdom of Jordan, Ministry of Planning and International Cooperation, 2017.

18 Government of Lebanon and the United Nations, 2018.

requirements of 92 partners responding across six countries of asylum” (Central African Republic, the Democratic Republic of the Congo, Ethiopia, Kenya, Sudan and Uganda). The response, which was scaled up in 2017, focuses on assistance for new arrivals, while addressing the needs of those refugees who arrived earlier. It prioritizes responses in three prongs of a two-year strategy (2019-2020): providing protection and basic services assistance for new arrivals; addressing ongoing and unmet protection and basic services needs among the existing refugee caseload and improving services provision to meet sectoral standards; contributing towards building self-reliance among refugees and host communities and sustainability of interventions ¹⁹

In Turkey, the Regional Refugee & Resilience Plan (3RP) outlines a collective strategy to support the Government of Turkey in 2018–2019. It involves more than 50 institutions, including various ministries, international organizations, NGOs. It aims at responding to the needs of the vulnerable population, by protecting vulnerable individuals and enhancing basic service delivery (health, education, social services) through national systems. It also aims at ensuring sustainable planning and resilience programming in the response by providing immediate assistance and expanding livelihood opportunities to Syrians under temporary protection and host community members. ²⁰

2.2 A legal framework for protecting migrants and refugees

The right to protection for migrants and refugees stems from international conventions,²¹ but States have considerable discretion in according these rights.

Social protection is a basic human right enshrined in major international instruments as the Universal Declaration of Human Rights (1948), the International Convention on Economic, Social and Cultural Rights (1966) and the Declaration of Philadelphia (1944).²² These instruments entitle migrants, as members of society, to the right to social protection.²³

¹⁹ UNHCR, 2018a.

²⁰ UNHCR, 2018c.

²¹ The refugee regime dates back to the treaty of Westphalia (1648) and since then has evolved reflecting changes in ideology, politics and global concerns. For an analysis of the evolution of the refugee regime, see Barnett, L., 2002.

²² The key instruments are the Universal Declaration of Human Rights, adopted by the United Nations General Assembly (1948); the International Covenant on Economic, Social and Cultural Rights, adopted by the United Nations General Assembly (1966); the Declaration of Philadelphia, Annex to the Constitution of the International Labour Organization (1944); and the International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families, adopted by the United Nations in 1990.

²³ McGillivray, W., 2010.

The Organization of African Unity²⁴ adopted the OAU Convention Governing the Specific Aspect of Refugee Problems in Africa (The OAU Refugee Convention) in 1969²⁵, with the primary concern of addressing the needs of the large number of Africans fleeing conflicts arising from the struggles against colonialism.

In addition to providing a detailed definition of migrant (Article 1), the Convention establishes fundamental principles, such as the right to asylum (Article 2); non-discrimination (Article 4); voluntary repatriation (Article 5) and it provides specific indications on travel documents and the basic instruments of co-operation between national and institutional authorities²⁶

The International Convention on the Protection for the Rights of all Migrant Workers and Their Families (1990) includes extensive provision for social protection, in particular: equal treatment with respect to nationals regarding social security (Art. 27) and access to educational institutions, social housing schemes and social and health services (Art. 43), as well as unemployment benefits (Art. 54). The Convention also establishes the right to urgent medical care for migrant workers and their families (Art. 28) and to basic education for migrant workers' children (Art. 30).

The international community has adopted several other conventions to guarantee equal rights to migrants with respect to citizens of the host country.²⁷ These Conventions and Recommendations establish four basic principles: i) Equal treatment and non-discrimination, including equal treatment in the field of social security between nationals and non-nationals; ii) Maintenance of acquired rights; iii) Maintenance of rights in the

24 On 9 July 2002 The Organization rebrands itself from "OAU" (Organization of African Unity) to "UA" (African Union)

25 OAU Refugee Convention was adopted on 10 September 1969 by the Assembly of Heads of State and Government. It entered into force on 20 June 1974.

26 It is worth to mention that refugees, returnees and Internally Displaced Persons in Africa were at the center of 32nd AU Summit Opening of the 37th Ordinary Session of the PRC (Permanent Representatives Committee)

27 These include: Social Security (Minimum Standards) Convention, 1952 (No. 102); Migration for Employment Convention (Revised), 1949 (No. 97); Equality of Treatment (Social Security) Convention, 1962 (No. 118); Employment Injury Benefits Convention, 1964 (No. 121); Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128); Medical Care and Sickness Benefits Convention, 1969 (No. 130); Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143); Maintenance of Social Security Rights Convention, 1982 (No. 157); Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168); Maternity Protection Convention, 2000 (No. 183); Domestic Workers Convention, 2011 (No. 189); Maintenance of Social Security Rights Recommendation, 1983 (No. 167); Migrant Workers Recommendation, 1975 (No. 151); Domestic Workers Recommendation, 2011 (No. 201); Social Protection Floors Recommendation, 2012 (No. 202) and the Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204). As discussed in: Van Panhuys et al., 2017.

course of acquisition; and iv) Payment of benefits to beneficiaries residing abroad.^{28,29}

Nonetheless, migrants face significant challenges in accessing social protection. Certain restrictions stem from principles governing the social security schemes and have their roots in inherent features of national legislations.³⁰

The principles of territoriality and nationality, jointly with a lack of coordination, can prevent migrant workers either from maintaining rights acquired in another State or from accessing social security in the hosting State.³¹

Bilateral and multilateral Social Security Agreements (SSAs) aim at tackling these restrictions by coordinating the social security schemes of two or more countries to ensure the portability of social security entitlement and Memoranda of Understanding (MoU) cover specific categories of workers. These instruments can play a significant role in addressing difficulties faced by migrant workers, but challenges exist to concluding bilateral or multilateral social security agreements. Moreover, these SSAs mostly cover migrant workers in formal employment, leaving migrants working in the informal economy or in irregular situations largely unprotected.³²

Refugees³³ are migrants who, under the international law, deserve specific protection by their host State. The 1951 Convention on the Status of Refugees and its 1967 Protocol are the foundations of the international refugee system and provide the legal foundation

28 ILO (n.d.). Social Protection for Migrant workers. Available at <http://www.ilo.org/global/topics/labour-migration/policy-areas/social-protection/lang--en/index.htm> (accessed 8 April 2018).

29 Reciprocity underlies all these conventions as well, meaning that each country which is a party to an agreement undertakes to apply the same mechanisms as every other party to make its social security benefits more accessible to migrant workers. Reciprocity also means that there is a reasonable degree of comparability in the obligations that each party assumes as a result of an agreement. A country, which refuses equal treatment to workers from another country, cannot expect that the other country will grant equal treatment to its own workers in return. This feature of reciprocity is almost unique to this subject of labour migration. Hirose, K., Nikač M., Tamagno E. (2011). Social Security for Migrant Workers. A rights-based approach, International Labour Organization, Decent Work Technical Support Team and Country Office for Central and Eastern Europe. Budapest: ILO.

30 Ibid.

31 Van Panhuys et al, 2017.

32 Of course, the vulnerabilities of the informal sector are not specific to migrants.

33 Article 1 of the 1951 Refugee Convention, as modified by the 1967 Protocol defines a refugee as a person who “owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country”. The definition of refugees was actually intended to exclude internally displaced persons, economic migrants, victims of natural disasters, and persons fleeing violent conflict but not subject to discrimination amounting to persecution. UNHCR, 2016.

for their protection.

Rights accrue to refugees incrementally, depending on their legal status in their host country and the duration of their stay. Some rights are always granted, including property rights (Article 13), the right to primary education (Article 22) and the limited right to move freely³⁴ (Article 31(2)). Other rights are granted when refugees are lawfully present in the host State, as for example, the right to self-employment (Article 18) and the right to move freely³⁵ (Article 26). Additional rights accrue when they are lawfully staying in a State party, including the right to paid employment³⁶ (Article 17). The right to work without any restriction accrues only after a period of three years' extended residence (Article 17(2)).

The 1951 Convention contains provisions directly related to social protection of refugees, as it recognizes the right for lawfully staying refugees to be accorded access to state rationing system (Art. 20), public housing (Art. 21), and public relief and assistance (Art. 23) under the same treatment granted to nationals. Moreover, refugees lawfully staying in the country are conferred the same treatment as nationals with respect to labour laws and regulations (Art. 24(a)), as well as social security (Art. 24 (b)).³⁷

However, it is important to recall that States own considerable discretion in according rights to refugees, also because of the unclear definitions of concepts such as 'present lawfully', 'staying lawfully' or 'residing lawfully'. In practice, States are free to grant either permanent or temporary residence and to either assign or decline the right to work and move freely.³⁸

Finally, providing migrants and refugees the same level of social protection which is granted to nationals in low- and middle-income countries often implies improving access to the host population as well. Social protection of refugees can therefore play a

³⁴ Subject to justifiable restrictions.

³⁵ Subject to regulations applicable to aliens in general.

³⁶ Under conditions no less favourable than for other aliens.

³⁷ Legal provisions in respect of employment injury, occupational diseases, maternity, sickness, disability, old age, death, unemployment, family responsibilities and any other contingency which according to national laws or regulation is covered by a social security scheme subject to the following limitation (i) There may be appropriate arrangements for the maintenance of acquired rights and rights in course of acquisition; (ii) National laws or regulations of the country of residence may prescribe special arrangements concerning benefits or portions of benefits which are payable wholly out of public funds, and concerning allowances paid to persons who do not fulfil the contribution conditions prescribed for the award of a normal pension. UN General Assembly, Convention Relating to the Status of Refugees, 28 July 1951, United Nations, Treaty Series, vol. 189. Available at <http://www.unhcr.org/3b66c2aa10>

³⁸ International Justice Resource Center (n.d.) Asylum & the Rights of Refugees. Available at: <http://www.ijrcenter.org/refugee-law/> (accessed 5 January 2018).

role also in addressing hosting communities' vulnerabilities, fostering their resilience and smoothing tensions with migrants' communities.

2.3 Legal protection for migrants and refugees

There is no single definition of social protection but all definitions relate to poverty alleviation and risk management for vulnerable people.³⁹

A first distinction has to be made between formal social security and social protection. According to the ILO Convention No. 102, formal social protection encompasses eight branches: medical care and benefits addressed to sickness, unemployment, old age, employment injury, family size, maternity, invalidity and widowhood.

However, in several developing countries, formal policies of social assistance and insurance are absent or only partial,⁴⁰ due to underdeveloped credit and insurance markets and limited tax revenues linked to labour market characteristics. Moreover, service delivery is hampered by the distribution of the population, particularly when it is scattered in rural areas.⁴¹

Table 4, reproduced from the 2017 ILO World Social Protection Report, illustrates the previous point with respect to the subset of countries that are our focus. Social security coverage is limited (albeit to different degrees) in the countries considered, leaving a large part (if not the majority) of the population uncovered. This clearly indicates how guaranteeing social protection to refugees and migrants need to be framed within the overall country social protection strategy. As we shall see, the limited coverage of nationals, implies that social protection measures for refugees and migrants often need to be associated with the expansion of coverage for nationals as well, with obvious budgetary and delivery implications.

The (partial) lack of both market and public social security mechanisms is often compensated by informal social protection schemes provided by family members, NGOs, religious institutions or community organizations.

³⁹ Brunori et al., 2010.

⁴⁰ Social insurance combines a large number of similarly exposed individuals or households into a common fund, thus eliminating the risk of loss to individuals or households in isolation; social assistance consists of all forms of public action which are designed to transfer resources to groups deemed eligible due to deprivation. Definitions from Sabates-Wheeler et al, 2003.

⁴¹ Guhan, S., 1994.

To account for informal social protection schemes, some definitions focus on the common objective: “to reduce vulnerability and manage the risk of low-income individuals, households and communities with regard to basic consumption and social services”.⁴²

Table 4 - Social security in selected countries

Country	No. of policy areas covered by at least one programme		Existence of a statutory programme							
	No. of policy areas covered by at least one programme	No. of social security policy areas covered by a statutory programme	Child and Family	Maternity (cash)	Sickness (cash)	Unemployment	Employment injury	Disability/Invalidity	Survivors	Old age
Ethiopia*	4	Limited scope of legal coverage 1 to 4	None	▲	▲	▲	●	●	●	●
Jordan	6	Intermediate scope of legal coverage 5 to 6	None	●	▲	●	●	●	●	●
Lebanon	5	Intermediate scope of legal coverage 5 to 6	●	●	●	None	●	●	●	●
Sudan	4	Limited scope of legal coverage 1 to 4	None	▲	▲	▲	●	●	●	●
Turkey	7	Nearly comprehensive scope of legal coverage 7	None	●	●	●	●	●	●	●

● At least one programme anchored in national legislation, including employer-liability programmes based on mandatory risk pooling.
 ● Legislation not yet entered into force.
 ▲ Limited provision (e.g. employer-liability programmes involving direct benefit provision by the employer).

Notes:*Ethiopia. Sickness. Employer liability cash benefits are provided. A new health insurance system for public and private sector workers was approved by Parliament in 2010 (Social Health Insurance Proclamation 2010) and is in the process of being implemented.

Source: International Labour Organization, World Social Protection Report, 2017b.

⁴² Sabates-Wheeler et al., 2003.

Box 1 - Social protection: from promotion to transformation

Social protection policies can be distinguished as promotional, preventive, protective (or *safety net*)⁴³ and transformative. *Promotional measures* aim to improve endowments, real income and social consumption. They represent sectoral policies addressed at reducing poverty and social exclusion, i.e. improving primary education, reducing communicable diseases and facilitating access to land or sanitation.⁴⁴ *Preventive measures* relate to both state and non-state social insurance provisions seeking to directly avert deprivation. Examples of state provisions are pensions to elderly people, health insurance, maternity benefits and unemployment benefits. Non-state measures include savings and credit associations, such as ROSCAs,⁴⁵ funeral societies, and crop and income diversification. *Protective measures* include social assistance (safety nets) and social services directly targeted to economically poor people and groups in need of social care, aiming at guaranteeing immediate relief from deprivation. Examples include publicly financed disability benefits, social pensions to the elderly poor, free access to health care for low income people and single-parent allowances. Other examples are orphanages and reception centres for abandoned children, and feeding camps and provision of services for refugees and Internally Displaced Persons (IDPs).⁴⁶ Informal protective measures include cash transfers from religious organizations, community groups and relatives or remittances from migrants. *Transformative measures* aim at addressing social equity concerns and protecting people against discrimination or abuse,⁴⁷ and include collective action for workers' rights, the revision of legal frameworks to protect socially vulnerable groups (e.g. ethnic minorities, people with disabilities and victims of domestic violence) and sensitization campaigns to foster social equity.

43 Guhan: these categories are not mutually exclusive, but they help categorize policies for operational purposes. Indeed, they have been adopted by many scholars (among others see Sabates-Wheeler et al., 2010.)

44 Norton et al., 2002.

45 Rotating savings and credit associations (ROSCAs) are a traditional instrument of savings in sub-Saharan Africa. Groups save an amount regularly, then cumulative savings are rotated to members in turn.

46 Sabates-Wheeler et al., 2010.

47 *ibid.*

A risk-management approach allows framing social protection for migrants and refugees as a dynamic process involving a variety of interventions before and after the risk event.⁴⁸ Coping strategies are the first response when migrants arrive in destination or transit countries and aim at relieving the impact of the risk once occurred. They include humanitarian interventions in the short run. Prevention strategies aim at reducing the probability of an adverse risk, calling for additional interventions before an event might occur. They include medium and long-term strategies to create sustainable livelihoods of migrants. Mitigation strategies help individuals to reduce the impact of a future risk. They include long-term development interventions aiming at improving the capacities of migrants.⁴⁹

Lastly, it is worth recalling that migrants and refugees cannot be seen as homogenous group. They are heterogeneous in terms of skills, health and assets.⁵⁰ Therefore, a necessary condition for successful interventions lies in the identification of their vulnerabilities, their economic and social disadvantages as compared to other groups, their exposure to risk and of those subgroups who are most vulnerable.

⁴⁸ Heitzmann et al., 2002.
Holzmann et al., 2005.

⁴⁹ Social Risk Management has been operationalized by the World Bank through Risk and Vulnerability Assessments (RVAs). Heitzmann et al. developed a guide for their implementation. They propose a typology of risks divided between natural risks, health risks, life-cycle risks, social risks, economic risks, political risks and environmental risks. Migrants and host populations might face similar risks (e.g. natural or environmental risks) with different capacities to face them, calling for specific mitigation and coping strategies. Risk exposure is higher for some others (economic, social or health risks) calling for specific prevention, mitigation and coping interventions.

⁵⁰ See for example Verme et al., 2016. They distinguish three groups of Syrians with very different profiles: (1) forcibly displaced individuals who stayed within the borders of Syria as internally displaced persons, (2) individuals which have migrated in search of economic opportunities elsewhere (non-refugee migrants), (3) forcibly displaced individuals registered as refugees in other countries. The second group consists mainly of middle-class professionals and healthy Syrians, with good connections to migrate as non-refugees. The two other groups are much more vulnerable, with lower levels of education. Refugees and economic migrants are also found to have very heterogeneous economic profiles (see Cortes, K. E., 2004).

Box 2 - Assessing refugees' welfare and vulnerabilities

Migrants and refugees are typically vulnerable to diverse risks (economic, social and political): they have limited *tangible* assets (land, capital) due to migration and their levels of *intangible* assets (human capital, social and political assets) are very heterogeneous.

Assessing refugees' vulnerabilities is critical for coping with these risks. However, data is scant: these populations are rarely captured in household surveys, which are also not suitable for capturing specific features of the migrants' and refugees' population and more specific tools are needed.

However, efforts have been made to fill these knowledge gaps. Recently, the World Bank and UNHCR joined expertise and data to better understand the welfare of refugees and to address their needs. The joint analysis finds that Syrian refugees in Jordan and Lebanon are highly vulnerable to monetary poverty (55%) and to food shocks (35%); moreover, 88 percent are either poor today or are expected to be poor in the near future.⁵¹

An assessment recently conducted jointly by UNICEF, UNHCR and WFP in Lebanon among 4,966 UNHCR-registered Syrian refugee households found that 76 percent of the refugees' households were living below the poverty line (2017) and more than half have monthly expenditures below the Survival Minimum Expenditure Basket, i.e. they are not meeting their basic needs for survival. (Similar rates are found for Jordan and Turkey, where more than 80 percent and 93 percent of the refugees are living below the poverty lines).^{52, 53} Poverty also results in borrowing money to buy food, to cover health expenditures and to pay for rent.⁵⁴

Assessments of refugees' vulnerabilities have also been conducted, *inter alia*, by Jordan and Lebanon, with the aim of at guiding intervention's planning and design. A Comprehensive Vulnerability Assessment is an integral part of the Jordan Response Plan to the Syria Crises 2018–2020. Similarly, Lebanon has been conducting vulnerability assessments since 2013 by surveying registered Syrian refugee households to identify situational changes and trends.⁵⁵

51 Verme et al., 2016.

52 UN High Commissioner for Refugees, 2018.

53 World Food Programme, 2016.

54 UNICEF, UNHCR & WFP, 2018.

55 Ibid.

3 COPING^{WITH} LARGE MIGRATION FLOWS

3.1 Humanitarian responses as a part of a development strategy

The figures presented in Chapter 1 indicate that most displacement situations are protracted: they continue beyond the initial emergency phase, and refugees do not return to their country of origin in the short run. The current chapter will identify an approach for the design of a comprehensive social protection strategy, responding to the short-term and humanitarian challenges, while rooted in a medium and long-term perspective.

The humanitarian approach stems from the need to protect human rights with interventions aimed at coping with emergency situations. Shelter and basic health assistance are provided upon refugees' arrival, especially in the case of refugee crises, when refugees are extremely deprived and a prompt intervention can save lives. This approach also encompasses the provision of incentives to prevent harmful responses of migrants and refugees' to vulnerabilities, for example, engaging children in child labour and encouraging their early marriage.

The main limitation of this approach is its non-sustainability when the crisis persists. As migrants and refugees have limited self-reliance capacity and hosting countries often have weak financial capacities, this model is largely dependent on (international) external funding, which tends to decrease over time.

In the medium- and long-term, displacement has a series of economic, social and environmental implications beyond the humanitarian response, which calls for interventions aimed at fostering social cohesion and self-reliance. Particular concerns emerge for the provision of accommodation, education (beyond primary) and health services (beyond basic). Regulating the access to labour market is also a key ingredient of a medium- and long-term response to large migration flows.

Within this framework, interventions should aim at enhancing social cohesion between displaced and host communities and increasing refugees' self-reliance by building on their human, social and financial skills and capital. They should equip refugees with the skills and capabilities necessary to secure their livelihoods, resources and assets and have a better chance of returning to the country of origin or contributing to their host economies.

The humanitarian and the development approaches need not be considered alternative options; rather they can be complementary and part of a dynamic crisis response that is rooted in a medium- to long-term perspective, one that necessarily includes development.⁵⁶

3.2 Integration as a dimension of a social protection strategy

One important dimension in designing social protection interventions for migrants and refugees is the desired or required level of integration for migrant and refugees with the hosting countries and communities. The three durable solutions for refugees are repatriation, local integration or third-country resettlements. Policies aimed at increasing refugees' capacity to return home successfully are pillars of a successful preventive risk management strategy.⁵⁷ However, as discussed, most refugees face protracted situations; the likelihood of a rapid return to the home country is low in the short-run. The protracted nature of crises therefore calls for a certain level of integration, ranging from care and maintenance to partial and de facto integration.⁵⁸ Care and maintenance is relevant in the short-term; most interventions are humanitarian, focusing on basic needs such as basic health, education and food assistance. Partial integration is relevant in situations of protracted displacement before durable solutions. It involves, for example, income-generation programmes that reduce humanitarian needs. De facto integration relates to

⁵⁶ Verme et al. show that humanitarian aid can be the best poverty reduction measure, as market incentives are inadequate given the refugees' status. For example, labour income and, thus, returns to education can be extremely low due to language and other access barriers, forcing migrants into informal markets to gain livelihoods.

⁵⁷ Return policies and policies specifically aimed at migrants' capacity to return home successfully are beyond the scope of the current report and will not be discussed in the next sections. However, some of the policies discussed in Chapter 3 aim at increasing migrants' and refugees' skills and education, which in turn might facilitate their return. For a detailed discussion, see Italian Centre for International Development (ICID), 2017.

⁵⁸ Crawford et al., 2015.

protracted displacement without durable solutions. Both partial and de facto integration calls for development policies that complement humanitarian interventions.

These three categories are not alternatives to each other. On the contrary, they are part of a gradual approach to successful social protection interventions, ensuring that the needs of hosting communities are part of the response both in the short and in the long-run, within a broader vision of the development of countries facing large migration flows.

A good integration with the host community is key for social cohesion and a condition necessary for positive economic outcomes (See also Box 3).

Moving towards progressive integration, i.e., from humanitarian to development interventions, can be justified also from a pragmatic point of view. As the likely duration of displacement is increasing, the full cost of humanitarian regimes increases. Pressure is growing on aid agencies to reduce those costs by transferring them to the refugees' themselves in the form of more self-reliance and livelihood activities, which require more integration with the rest of the economy and interactions with the host population

From a risk-management perspective, integration represents a prevention strategy (reducing social and political risks in the medium and long run), calling for integrating social protection interventions for migrants and refugees in the broader social protection policies of host countries.

Experience shows that integration through the inclusion of local populations in programmes targeting refugees and migrants is becoming widespread and is likely to improve the effectiveness of interventions. Uganda is a good example of social protection interventions integrated in the national development plans, aiming at achieving sustainable livelihoods for refugees and host communities.

Box 3 - The impact of refugees on hosting communities a community perspective

The evidence on the impact of refugees on hosting communities is mixed, but there is a general consensus that the potential benefits might outweigh their costs and that aggregate developmental outcomes are positive for both refugees and their hosts, particularly at the micro-level.⁵⁹ OECD and ILO⁶⁰ recently estimated an average 7 percent contribution of immigrants to GDP in 10 countries,⁶¹ ranging from about 1 percent in Ghana to 19 percent in Côte d'Ivoire. The average fiscal contribution is small but positive in most countries, while in a few cases (Kyrgyzstan and Nepal), it is not sufficient to offset additional public expenditures. The impact on the labour market is negligible.

The benefits, however, might be unequally distributed, benefiting large land owners (due to cheap labour costs) with very few benefits for the poor.^{62, 63} Tensions might be exacerbated if the quality of local services for local communities is very low, or social protection very weak. In some contexts, humanitarian operators might offer services of better quality to refugees or migrants than the ones offered by local authorities for the local population. In such cases, tensions between host and local populations are unavoidable.

A recent report adopts a host community perspective to quantify the economic impact of hosting refugees in Turkana, Kenya. While the conclusions can be used to apply to other contexts and point to a net positive effect on the welfare of locals, there are winners and losers largely depending on the settlement. Aggregate effects when refugees are in camps are lower than when they are spread around the country, but they become larger locally, around the camp. Moreover, with encampment, locals also become indirectly dependent on aid, with the risk of entering a self-reinforcing vicious circle.⁶⁴

⁵⁹ Zetter, R., 2014.

⁶⁰ OECD/ILO, 2018.

⁶¹ Argentina, Côte d'Ivoire, Costa Rica, the Dominican Republic, Ghana, Kyrgyzstan, Nepal, Rwanda, South Africa and Thailand.

⁶² Chambers, R., 1986.

⁶³ Maystadt et al., 2014.

⁶⁴ Alix-Garcia et al., 2017.

BOX 4 - Self-reliance and development strategies in Uganda

One frequently quoted example of a good livelihood strategy is the Uganda policy, starting in 1998 with the self-reliance strategy introduced by the government and UNHCR, to address account the protracted permanence of refugees. The goal was to improve and increase self-sufficiency, as well as harmonize the use of social services by refugees and host populations. Provisions of local services were often better for refugees than for the local population.

In 2004, the previous self-reliance strategy evolved into The Development Assistance to Refugee-Hosting Area. Then, the government of Uganda established The Settlement Transformative Agenda, which regulate the access to land for refugees and hosting population. The World Bank lent US\$50 million for the implementation of this project in four refugees hosting districts (Arua, Adjumani, Isingiro and Kiryandongo). The same year, the Office of the Prime Minister and UNHCR conducted a mid-term review which revealed many positive results, including increased food production, greater access to well-functioning social services for refugees and host communities, the provision of skills training to refugees and host communities, and increased contact between the two communities on matters of common concern.

The strategy evolved after this review with development assistance to refugee-hosting areas, taking into account some limitations identified in the first phase (such as the decreasing quality of services when administered by local authorities, or shortages in resources for the health sector or income-generating activities). Policies provided stronger support to the decentralization process and to income-generating activities such as diversification in cash crops, livestock rearing, agro-processing and vocational training.

Refugees are explicitly mentioned in the Uganda Development Plan with the Settlement Transformative Agenda, based on six pillars: (1) land management, (2) sustainable livelihoods for refugees and host communities, (3) governance and the rule of law, (4) peaceful coexistence between refugees and host populations, (5) protection of the environment, and (6) community infrastructure.

International organizations – UNHCR, UN agencies in Uganda and the World Bank – supported these efforts through the Refugee and Host Community Empowerment (ReHoPE) strategy. The explicit goal is to develop a coordinated strategy “to transform and transition interventions in Uganda’s refugee-impacted districts from a humanitarian to a development approach”. Funding of US\$350 million over a five-year period was planned, financed by UN agencies, multilateral development banks, the government of Uganda and the private sector.

Source: UNHCR and the World Bank, 2016.

This is also the case in **Ethiopia**, where several programmes target both refugees and the host population. The Regional Development and Protection Programme (RDPP) proposes integrated solutions for refugees and host communities in four areas: (1) services (water, energy and education), (2) livelihood and job creation, (3) access to justice and legal aid, and (4) capacity-building of local stakeholders. The World Bank funds the US\$100 million Development Response to Displacement Impact Projects in the Horn of Africa with the objective of improving access to basic social services, expanding economic opportunities and enhancing environmental management for host communities impacted by refugees.

In **Jordan**, refugees are entitled to the same benefits as nationals: the Jordanian Government requires that programming supports vulnerable Jordanians as well as refugees and stipulates that either 30 percent or 50 percent of beneficiaries are Jordanian (depending on the type of support).⁶⁵ As a consequence, for example, around 30 percent of all humanitarian aid was transferred to Jordanian beneficiaries in order to support the host communities in 2012–2013.⁶⁶

The **Lebanon** Crisis Response Plan (LCRP) aims to respond to the needs of the refugees and of the most vulnerable within the host communities. Achievements under the LCRP include support to Lebanese roads, water and waste infrastructure; a wide range of initiatives helping local municipalities implement priority projects for their communities; extensive cash assistance that has brought life-saving support to the poorest groups while boosting the local economy; support to health centres and hospitals around the country; and substantial advances in helping the Government of Lebanon enrol larger numbers of children in schools every year. Within this framework, the Lebanon Host Communities Support Programme (LHSP) targets the poorest communities with a higher risk of tension and conflict on the basis of the number of Syrian refugees per capita. Through the Maps of Risks and Resources methodology (MRR), a participatory, conflict-sensitive methodology that engages and trains communities (municipalities, sector representatives and community stakeholders) on planning and responding in a crisis context, LHSP identifies interventions that alleviate the stress resulting from crises within municipalities.

⁶⁵ Röth et al., 2017.

⁶⁶ Healy et al., 2013

4 SOCIAL PROTECTION INTERVENTIONS FOR COPING WITH LARGE MIGRATION FLOWS

4.1 Shelter and housing

Countries have two dominant models for receiving refugees: settling camps and self-settlement. Both models have advantages and drawbacks. Local settlements were the dominant models in the 1960s to 1980s when developing countries faced a growing number of inflows of refugees. Host governments provided refugees with land where they could establish new settlements. The camp was then organized by the host government or by the UNHCR.

Providing shelters within camps makes it easier to organize access to other basic services (food, health and education) compared to situations where refugees are spread out in cities or rural areas. The cost of providing shelters is also lower. The main drawback is that it makes the evolution from humanitarian to development interventions more difficult as the integration of refugees' living in camps is much more difficult. For example, the goal of increasing self-reliance relies only on the capacity to foster activities within the camp, as the right to work outside the camp is often limited. Moreover, even if the camp solution is presented as temporary, it becomes very complicated to dismantle these camps when crises are protracted.

Although the camp solution might be the most efficient in the very short-run, it is not the case in protracted situations. Other durable housing provisions should be found.⁶⁷ When phasing out camps is not possible, anchoring camps within the local economy can contribute to their sustainability and to positive outcomes for the hosting community.

Environmental challenges should also be taken in account. The provision of safe, clean drinking water; the physical location of refugee camps or settlements; and the provision of food assistance all have a direct bearing on the environment.⁶⁸ An increase

⁶⁷ Zetter, R., 1995.

⁶⁸ For a more in-depth discussion, see Zetter, R., 1995 and UN High Commissioner for Refugees (UNHCR), 2005.

in refugee camp populations is often associated with soil erosion, loss of habitat and wildlife, air pollution, water depletion and contamination and energy problems.⁶⁹ These environmental challenges may trigger the capacity of refugees' integration in the long run, as it might exacerbate tensions and conflicts with host communities.⁷⁰ On the contrary, resource management can be an element of integration and cohesion: evidence from Bongo (Ethiopia) shows that participatory and inclusive resource management regimes may enable communities to prevent conflicts.⁷¹

Support for housing outside the camps is also necessary, especially in the medium- and long-run and with a development perspective. Two main approaches have been adopted, albeit on a rather small scale, i.e. cash for rent or rental subsidies, and support to rehabilitation and renovation of existing buildings. However, these might affect and distort the housing market and expose refugees to abuse.

Cash for rent might be seen as more sustainable but has to be included in a broader self-reliance programme, or vulnerable households will not be able to afford the rental price after the (limited) period of cash subsidy. Another concern is the indirect effect on the housing market.

Key elements for interventions

Shelter is the most urgent and immediate need for refugees, though in some cases, it is the sector least supported by humanitarian actors. While camps might be the most efficient solutions in the short term, in protracted situations, other long-term sustainable solutions should be found, including durable housing provision. Housing strategies should gradually move towards out-of-camp solutions, which involve a high level of integration with the host communities. The basic recommendation is to consider solutions beforehand on how to better integrate migrants and refugees: to be proactive rather than responsive. Environmental concerns should be taken into consideration and be an integral part of the strategy.

⁶⁹ Martin et al., 2016.

⁷⁰ Martin, A., 2005.

⁷¹ Ibid.

Current practice in selected countries

Table 5 - Shelter and housing situation in selected countries

		Ethiopia	Jordan	Lebanon*	Turkey	Sudan
Distribution of refugees by accommodation type	Camps	86%	21%	-	9%	30%
	Private accommodation Out of Camp	14%	79%	100%	91%	70%
Interventions (non-camp)			Support to landlords who are building or renovating rental units in exchange for hosting Syrian families for 18 months.	No camp policy.	Single month rent payment for the most vulnerable Syrian refugees	
			Cash for shelter for vulnerable Jordanian and Syrian households (4 months).	Support and rehabilitation of informal settlement.		
				Rehabilitation of substandard shelter buildings conditional on rental reductions.		
				Cash for rent (2012–2015)		

*Excluding Palestine refugees

In **Ethiopia**, most refugees are living in camps, although in 2010, the government adopted the Out of Camp (OCP) scheme to manage the integration of refugees. The scheme appears to be, however, restricted as refugees should stay in camp for few months to be assessed by authorities in charge and must have immediate Ethiopian relatives living outside the camp to sponsor the refugees during their out-of-camp stay. Still, thousands of refugees have left the camp to live among host communities since 2010 and many Eritrean refugees have benefited from the scheme.⁷²

In camps, the quality of shelters and of shelter services appear to be very low.⁷³ Self-settled refugees in cities have better living conditions but do not rely on any housing or shelter programmes.

⁷² See Africa Monitors, 2017. The Out-of-Camp (OCP) Scheme in Ethiopia.

Available at <https://africamonitors.org/2017/05/12/the-out-of-camp-ocp-scheme-in-ethiopia-2/>

⁷³ See the UNHCR Ethiopia factsheet: <http://www.unhcr.org/ethiopia.html>

Lebanon does not allow permanent settlements, mainly due to political and security reasons. Consequently, material support for tents has a short life (one year or less) due to Lebanese government restrictions on providing materials that can be perceived as permanent.⁷⁴ In 2017, 73 percent of Syrian refugees households lived in residential buildings, while 10 percent lived in non-residential structures (worksites, garage, farms and shops) and 17 percent occupied improvised shelters in informal tented settlements.⁷⁵ Shelter conditions often do not meet minimum humanitarian standards, either because of overcrowding, dangerous structural conditions and/or repairs that are urgently needed (53% of surveyed households).

Shelter sector support takes two forms:⁷⁶ (1) support and rehabilitation of informal settlements (tent reinforcements), (2) rehabilitation of substandard shelter buildings. The goal of the intervention is to improve the shelter condition for beneficiaries while securing rental conditions for 12 months (rental reductions and rental freezes and very rarely free rent).

In **Jordan**, where 79 percent of registered Syrian refugees (approximately 516,000 people) live in host communities,⁷⁷ support has been provided through targeted cash-for-rent assistance for extremely vulnerable Syrian refugees and Jordanians (reaching 21,319 individuals), creation or completion of housing units (793 households), and the provision of information on the right to adequate housing (19,754 individuals).⁷⁸ However, a large share of refugees does not benefit of any support.

In the case of Jordan, some observers noticed discrimination against Jordanian populations in the shelter sector as a result of cash-for-rent programmes and an increase of rental prices at the start of the conflict (and a drop after).⁷⁹

In **Sudan**, the government has made land available for camps and is committed to finding durable solutions. In 2018, an estimated 30 percent lived in Sudan's 10 refugee camps in White Nile (8 camps) and East Darfur (2 camps). Camps reached capacity in 2017, with limited access granted by local authorities for camp site extensions to accommodate a growing number of new arrivals and over congestion being a serious

⁷⁴ US Department of State, 2017.

⁷⁵ UNICEF, UNHCR & WFP, 2018.

⁷⁶ Between 2012 and 2015, there was a cash-for-rent programme but it was discontinued because of the possible confusion with the multipurpose cash assistance provided by UNHCR.

⁷⁷ The remaining 21 percent are settled in camps and are living in semi-permanent structures.

⁷⁸ Support has been provided in camps as well. For detailed information on the support provided, see Hashemite Kingdom of Jordan, Ministry of Planning and International Cooperation, 2017..

⁷⁹ US Department of State, 2016.

concern. The remaining 70 percent live outside of camps in self-settlements in some of the more remote and underserved locations in the country.⁸⁰ Out-of-camp settlements, with large collective self-settlements, are adjacent to reception centres in South Kordofan, West Kordofan, East Darfur and South Darfur. They present a number of challenges, as they are in areas with extremely limited resources and infrastructure or insecure and geographically isolated.⁸¹

Sudan's encampment policy restricts freedom of movement and refugees are not allowed to leave camps without travel permits. This policy also results in refugees' bypassing the camps altogether as they try to reach the capital Khartoum and without applying for refugee status.⁸²

In **Turkey**, there are no housing services provided for Foreigners under Temporary Protection other than Temporary Accommodation Camps, ensuring access to shelter, food, health care, education and social activities.

There are 21 major camps in Turkey based in 10 provinces, nearby the southern and south-eastern borders. As of March 2018, almost all of the 234,000 people in these camps were from Syria.⁸³ But the Syrian population at the camps constitutes less than 10 percent of the Syrians under temporary protection. Camps are controlled and managed by the Disaster and Emergency Management Authority (AFAD) and the Turkish Red Crescent. Under the coordination and supervision of AFAD, various national and international organizations also provide humanitarian assistance, including accommodation, education, food, health care, psychological support and vocational training. Security of camps is managed by private security companies on subcontract.

Outside the camps, there are no housing support benefits provided to foreigners under temporary protection. Refugees are expected to find and pay for their own housing, making it one of the main challenges faced by Syrian refugees in Turkey. The main problems related to housing are high rents, the poor conditions of houses, housing shortages, discriminatory attitudes of the local population and troublesome relations with landlords.⁸⁴

Under its ECM (Emergency Case Management) activities, the International Organization of Migration provided a one-time one-month rent payment to the most

⁸⁰ <https://data2.unhcr.org/en/documents/download/66013>

⁸¹ UNHCR, 2018a.

⁸² Ibid.

⁸³ An additional 6,122 people were from Iraq: AFAD, 2018.

⁸⁴ Erdoğan, M., 2017.

vulnerable Syrian refugees (with extension to three months in extreme cases). According to the US Department of State (2016), “beneficiaries of ECM’s one-time rent assistance expressed a preference to have a longer period of rental coverage and the provision of clear information about the process of coverage”. Landlords tended to request that beneficiaries pay six months in advance after the use of the one-month rent assistance.

4.2 Access to health services, food and water

Migrants and refugees are particularly vulnerable in terms of health, especially in case of complex humanitarian emergencies. Mortality rates may be very high immediately after migration, especially for under-five children.⁸⁵ Along the migration route, refugees and migrants face various health risks, especially when trying to enter countries through unofficial border crossing. Unregulated routes are extremely dangerous because of the nature of the journey and the lack of access to health services, water, food and shelter along the way.⁸⁶ The IOM’s Missing Migrants Project⁸⁷ recorded 1,094 deaths and disappearances in Africa in 2017, many due to exposure, hunger or dehydration in the Sahara Desert.⁸⁸ Moreover, refugees are often concentrated in the poorest regions of the hosting country, which are already struggling to access basic services, with severe effects on existing health care services. Poor hygiene and lack of access to basic health services might exacerbate an already complex situation.

Many migrants, particularly those who are low-skilled or semi-skilled, work in some of the riskiest industries in their destination locations, including agriculture, construction and mining, which have high rates of fatality in African countries. In addition, migrants in those industries are highly exposed to injuries, infectious diseases, chemicals and environmental pollutants with their associated risks.⁸⁹

Malnutrition is a general problem for refugees, with severe health consequences and high economic costs in the long run.^{90,91} The main factors explaining persistent

⁸⁵ Tool et al., 1997.

⁸⁶ WHO, 2018.

⁸⁷ The Missing Migrants Project is a joint initiative of IOM’s Global Migration Data Analysis Centre (GMDAC) and Media and Communications Division (MCD).

⁸⁸ IOM’s Missing Migrants Project.

⁸⁹ WHO, 2018.

⁹⁰ In Ethiopia, the cost of child undernutrition is estimated to be 16.5 percent of annual GDP according to the COHA project. See <https://www.uneca.org/publications/cost-hunger-africa>.

⁹¹ UN High Commissioner for Refugees (UNHCR) and World Food Programme (WFP), 2012.

malnutrition are inaccurate refugee household records and infrequent revalidation, insufficiently frequent and poorly timed distributions of non-food items, inadequate monitoring of food distributions, and missed opportunities for synergy with development or livelihoods and social protection programmes among the host population.⁹²

Access to food is among the most urgent need to be addressed when facing large inflows of refugees and migrants. Moreover this is a problem that might also persist in protracted situations, especially when there are limited opportunities for income-generating activities.

Box 5 - The efficiency of food aid

There is debate on the efficiency of food aid. In most humanitarian crises, food distribution is the first priority to answer the immediate and urgent needs of the population in crisis. But this policy is questioned in the medium and long run as it might have adverse consequences on local production.⁹³ Basically, food aid is likely to provide net benefits to food buyers and hurt food sellers. The general effect of such policy depends on the share of farmers and the respective poverty level of farmers (net sellers) and non-farmers (net buyers). One alternative policy is to provide cash transfers for food. The relative advantages and drawbacks of these two policies will be discussed in Box 9.

Beyond food, basic health care is of course an essential element of a social protection strategy. Increasing the complexity of the needed interventions is the fact that access to health care still represents a challenge among local populations in many low- and middle- income countries. Notwithstanding improvements in coverage of key health services, disparities remain among and within countries and coverage gaps remain large for many critical services. Migrants may be less likely than other populations to access or fully benefit from their host country's healthcare system. Even in countries where the legislation explicitly confirms a range of rights, including access to free basic healthcare, regardless of legal status, these rights are not always recognized or are possible to respect.

Research has shown that challenges faced by migrants when trying to access healthcare services include language barriers, denial of access on the basis of lack of documentation, and negative healthcare provider attitudes.⁹⁴

⁹² UNHCR and WFP.

⁹³ Kirwan et al., 2007.

⁹⁴ WHO, 2018.

Box 6 - The drain of health professionals

The emigration of trained health professionals has reduced the workforce density in most sub-Saharan African countries below the threshold that is essential to achieving the health-related SDGs. For example, in 2016, 11,099 doctors and 16,548 nurses and midwives trained in sub-Saharan Africa were working in OECD countries.⁹⁵ In some countries in the African region, the needs-based shortage is actually forecasted to worsen by 45 percent between 2013 and 2030. South to South migration of healthcare workers has also increased; many high-skilled sub-Saharan female nurses and doctors have chosen to migrate to southern African countries.

In emergency situations, health personnel flee insecurity and conflict together with the general population leaving their country of origin with a shortage of trained healthcare workers.

At the same time, care workers, many of whom are migrant women, make a large contribution to global public health, but are exposed to many health risks themselves while experiencing few labour market and health protections. Although the African Union provides some general protection and has shown efforts to ensure the right to health for female care workers, there is significant room for improvement.⁹⁶

Key elements for interventions

The challenge to combine a humanitarian and a development approach in health interventions is twofold: going beyond basic health interventions and improving the general health system both for refugees and host populations. If humanitarian interventions focus on basic health interventions only, the development approach requires taking into account more complicated medical issues affecting migrants and refugees. The treatment of chronic diseases might be problematic when refugees and migrants are prevented from accessing the public health care system, if it exists and is functional. Important policy issues include the elimination of new HIV infections among children and keeping their mothers alive⁹⁷ and the identification of mental and psychological health issues. Many refugees suffer from psychological issues such as anxiety and depression as the consequence of the traumatic or violent experiences they have endured back home.

⁹⁵ Ibid.

⁹⁶ Ibid.

⁹⁷ Rutta et al., 2008.

The second challenge is to not create distinctions between refugees and migrants and the host population. As soon as the quality of services is increasing for refugees and migrants, it is also necessary to improve such services for the host population in countries whose health systems are of poor quality or very expensive. The gradual integration of health interventions in the general health care system as well as policies supporting the improvement of national health care system are therefore necessary.

Current practices in selected countries

Among the focus countries, the situation is very heterogeneous.

Ethiopia has made impressive progress in strengthening its healthcare systems in the last two decades:^{98, 99} Under-five mortality has dropped by 67 percent, contributing to an increase in average life expectancy at birth from 45 in 1990¹⁰⁰ to 63 in 2015.¹⁰¹ However, the population suffers from high rates of morbidity and mortality from potentially preventable diseases and more than half of the population has no access to healthcare facilities.¹⁰² Malaria is a major disease among the refugee population. Healthcare services are decentralized, with the Regional Health Bureau (RHB) administratively and financially responsible for healthcare delivery, and receiving substantial subsidy from the Federal Government.

Even though RHB collaborates with UNHCR and the Administration for Refugee and Returnee Affairs (ARRA) in some regions, primary health facilities in the refugee camps fall under ARRA's responsibilities and are fully funded by UNHCR. Few primary healthcare facilities are managed by NGO partners. In camps, both refugees and host community members can benefit from free healthcare facilities: in 2016 out of 868,746 consultations, 109,895 (12.6 percent) were provided to host community members. Those refugees living outside the camp have access to the national health care system at the same cost as Ethiopians, with costs subsidized by the Ethiopian Government and out-of-pocket payments.¹⁰³ For secondary health care, refugees are referred to health facilities

98 Wang H. and Ramana G.N.V., 2014.

99 World Bank, 2017.

100 UN High Commissioner for Refugees (UNHCR), 2017a.

101 WHO, 2018

102 Ibid.

103 UN High Commissioner for Refugees (UNHCR), 2017a.

Table 6 - Food aid and health services in selected countries

	Ethiopia	Jordan	Lebanon	Turkey	Sudan
Food	Monthly ratio (in camps)	WFP vouchers for Syrian refugees (restricted use in specific stores and to dry food items)	WFP vouchers	Unrestricted vouchers for food	Unconditional food assistance WFP Food Aid
Health services	In camps. General health care system extremely weak.	Subsidized rate to access health services, except for immunization programmes and treatment of communicable diseases provided free to pregnant women and children (security card needed) UNHCR cash for health (maternal health)	Privatized and decentralized health system Registration required (stopped in 2015). Public health centres and clinics supported by external donors	Foreigners under temporary protection: access to the Turkish general health insurance programme (free primary and emergency health services; registration required; a referral is needed to access secondary and tertiary health care) Foreigners under international protection: universal health insurance system covers their medical expenditures, if they have no financial means.	Emergency supplementary feeding

run by the RHB, which are sometime supported by NGOs. In supporting the national efforts, UNHCR donates medical equipment to regional hospitals, which enhance service availability and improve the quality of care provided to both nationals and refugees alike.

Over the last years, the collaboration has increased both at different ministerial levels and with ARRA, UNHCR and other humanitarian organizations, which are relying more on the technical support of the ministries.¹⁰⁴ However, it is worth recalling that the conditions of the health sector might affect access by non-nationals.

Malnutrition is a severe issue. Refugees are unable to meet their food and nutritional

¹⁰⁴ Ibid.

needs, even when relying on monthly rations. More generally, Ethiopia is a country that is relying much more than others on food aid and food distribution, not only for refugees but for the whole population. The main challenge, therefore, is how to develop sufficient food capacities at the national level to feed both the local population and refugees. In Ethiopia, food aid has important positive effects on poverty,¹⁰⁵ as net buyers of wheat are poorer than net sellers and there are more buyers of wheat in Ethiopia than sellers at all levels of income. Households at all levels of income benefit from food aid and the benefits go disproportionately to the poorest households. Nevertheless, the efficiency of food targeting might be improved as Claya et al. (1999)¹⁰⁶ showed that there is no significant association between household insecurity (vulnerability) and food aid receipts. It would be relevant to check if this is still the case and how the refugee population is specifically affected.

In **Jordan**, WFP provides food-restricted vouchers as well as cash to about 500,000 most food insecure Syrian refugees.¹⁰⁷ The level of assistance has been fluctuating over time, with a substantial cut in 2015; in 2017 JOD 20 (USD 28) are transferred to refugees in camps and extremely vulnerable off-camp refugees, while entitlements of JOD 10 (USD 14.1) are transferred to vulnerable off-camp refugees.¹⁰⁸ Based on the results of a pilot project, in three governorates WFP cards can be used to withdraw cash, redeem assistance at WFP-contracted shops or both. WFP was looking into expanding this choice modality to other governorates in 2018.¹⁰⁹

Free health care for Syrians was eliminated in November 2014. Since then, Syrian refugees owning a security card are required to pay a subsidized rate to access health services provided by the Ministry of Health (corresponding to 35 to 60 percent of what non-Jordanians are paying).¹¹⁰ These fees have been increased recently (to 80 percent of the foreigner rate), raising concerns for access to health for Syrian refugees.¹¹¹

Exceptions are made for all Expanded Programme on Immunization (EPI) vaccinations, which are provided free of charge to children and pregnant women, and for treatment for communicable diseases.¹¹² 36 percent of non-camp adult refugees were

105 Levinsohn et al., 2007.

106 Clay et al., 1999.

107 World Food Programme, 2017.

108 World Food Programme, 2016.

109 Ibid.

110 The subsidized rate is accessible for those Syrians owing a security card.

111 MSF, 2018.

112 Treatment for communicable diseases such as leishmaniasis, TB, and HIV are provided free of charge to Syrians: UNHCR, 2017.

unable to access needed medicines or other health services primarily due to their inability to pay fees.^{113,114} Non-Syrian refugees have no access to WFP vouchers and do not benefit from free health care either. Caritas and the International Medical Corps (IMC) support different aspects of the health sector. Caritas provides primary health care and support for chronic diseases and maternal healthcare to refugees and vulnerable Jordanians. IMC provides comprehensive mental health and psychosocial support to refugees and Jordanians. UNHCR supports a cash-for-health programme focused specifically on maternal health care. More generally, the health sector is heavily dependent on funding from central government and by extensive support from donors. The Ministry of Health states clearly that their ability to support refugees is entirely dependent on donor funding and their services will collapse in their absence.

In **Lebanon**, the health system is a public-private partnership with multiple source of funding and channels of delivery.¹¹⁵ The system is fragmented and uncoordinated, highly privatized and based on user fees. Around 68 percent of the primary health care centres are owned by NGOs while 80 percent of hospitals belong to the private sector.¹¹⁶ Each social group has different level of access to health care services, as shown in Table 7.

Almost half of the population is financially covered by the National Social Security Fund (NSSF) or private insurance; the non-adherents are entitled to the coverage of the Ministry of Public Health (MoPH) for secondary and tertiary care at both public and private institutions.¹¹⁷ Moreover, MoPH does not cover ambulatory care services, but provides in kind support to a national network of primary health care centres all over the country, providing consultation with medical specialists at reduced cost, as well as medicines for chronic illness and vaccines funded by the Ministry of Health.

Refugees' access to primary health care is largely provided by UNHCR's NGO partners, in addition to the state provision maintained by the Ministry of Social Affairs. UNHCR's registered refugees can access health care in the centres managed by NGOs for fee of US\$ 2-3 pre consultation; X-rays and other diagnostic tests are to be paid by

¹¹³ This has been reported as a possible cause for some refugees moving to the camps, thereby shifting the financial burden of supporting refugees' access to essential health services from the government to humanitarian stakeholders.

¹¹⁴ Jordan, 2017.

¹¹⁵ Ammar et al., 2016.

¹¹⁶ Ibid.

¹¹⁷ Ibid.

Table 7 - The Lebanese health system by population group

	Population groups					
	Non-poor		Vulnerable			
Functions of the health system	Socially insured	Privately insured	Vulnerable Lebanese	Palestine refugees	Palestine refugees	Syrian refugees
Stewardship	MoH	Private sector	MoH	UNRWA	UNRWA	UNHCR
Financing	National Social Security Fund (NSFF)	Insurance premiums	Taxes	International	International	International
Delivery	Public sector	Private sector	Public sector	Humanitarian sector	Public services, NGO and private sector	Public services, NGO and private sector

Source: Reproduced from Blanchet, Fouad & Pherali, (2016).

individuals, but for those deemed vulnerable, costs are supported by UNHCR.¹¹⁸ The contribution to healthcare fees, requested for each patient irrespective of their financial situation, jeopardizes health care access of poor refugees.¹¹⁹ Hospitalization of Syrian refugees is much lower than for Lebanese (6% against 12%)¹²⁰ and cost appears to be a serious constraint: a survey reveals that 11 percent of Syrian refugees have returned to Syria for medical care despite the ongoing risks of violent conflict.¹²¹ Awareness of service availability is also limited, with 55 percent of interviewed households knowing that refugees have access to subsidized services at government's public health centres.¹²²

The large inflows of Syrian refugees has generated a rapid and large increase in the demand for the health system,¹²³ which has also contributed to stall the efforts of the Lebanese government to expand insurance coverage, particularly for vulnerable Lebanese.¹²⁴ Access to and quality of health services are issues and the health sector requires supports. It is estimated that reinforcing primary health care would cost the

¹¹⁸ Blanchet et al., 2016.

¹¹⁹ John Hopkins University Bloomberg School of Public Health & Médecins du Monde, 2015

¹²⁰ MENA Economic Monitor, 2017.

¹²¹ UN High Commissioner for Refugees (UNHCR), 2014c.

¹²² UN High Commissioner for Refugees (UNHCR), 2017d.

¹²³ Ammar et al., 2016.

¹²⁴ World Bank, 2017.

Government an additional 6 percent of the current national health budget.¹²⁵ A solution for overcoming the fragmentation and integrating the refugees in the health system in Lebanon could be a “structured pluralism...where the state would have a lead role in terms of stewardship to define quality standards and policies, regulate the competition framework to ensure fairness and transparency and allocate resources according to population’s needs.”¹²⁶

All the Syrians under temporary protection have access to free health services in Turkey. The Ministry of Health is responsible and in control of these health services, working in coordination with the Disaster and Emergency Management Presidency of Turkey (AFAD). The basic requirement for Syrians to have free access to healthcare is to be registered under temporary protection status and to hold an id card stating their status. They are allowed to benefit from healthcare services in the provinces where they are registered.

Healthcare services to registered refugees in Turkey are provided in 4 main forms: 1) Emergency services provided at the borderline for wounded; 2) primary and preventive health services throughout Turkey 3) primary and preventive health services provided at the Temporary Accommodation Centers; 4) secondary and tertiary level health services at the private and university hospitals.

Under the Temporary Protection Regulation, patient contribution fees are not collected for primary and emergency health services, and for the respective treatment and medication (albeit there may be variation by provinces). Secondary and tertiary health care is provided, if the treatment falls within the Health Implementation Directive.

Concerning persons with special needs, the TPR Article 48, explains that health services, including psychosocial assistance and support, rehabilitation, and other assistance required by those who are identified as having special needs, will be prioritized and provided free of charge. The regulation highlights the importance of children, survivors of violence, and assistance and protection for those identified as victims of human trafficking.

The Ministry of Health has been opening migrant health clinics and migrant health units that meet the standards of family health clinics in areas where Syrians live. By October 2017, there were 86 migrant health clinics and 175 migrant health units in 17 provinces. The goal is to have migrant health clinics in 28 provinces.

¹²⁵ Ammar W., 2010.

¹²⁶ Blanchet et al., 2016.

Based on the Regulation on Work Permits of Foreigners under Temporary Protection that was issued on January 15th 2016, Syrian doctors and medical staff including midwives and nurses are allowed to work in Turkey. They have to meet certain criteria with respect to their competence and follow training courses for adapting to the health service system in Turkey.¹²⁷

As the Repatriation Agreement was signed between the EU and Turkey, the SIHHAT project was funded to improve the health status of the Syrians under Temporary Protection (SuTPs).¹²⁸ The SIHHAT project started in December 2016 and will last 36 months. With funds of 300 million Euros, the project will benefit refugees and host communities by building, furnishing and covering operating costs of 178 migrants health centres and 10 community mental centres, and employing health personnel including Syrian doctors and nurses.^{129,130}

According to a survey on Syrians under Temporary Protection in Istanbul, 25 percent of them claim to not have access to health services at all. Those who indicate that they have access complain about several problems, including difficulties in communicating with the medical staff due to language barriers, income not sufficient to pay for medical services, reluctance of medical staff at health facilities to provide care and distance from health facilities. Last but not the least, lack of awareness on the availability of health services constitutes a barrier especially among the newly arrived SuTPs.¹³¹ Still, it has also been reported that health care services to Syrians in Turkey is improving, and among all other services health care stands as the one that Syrians have the least complaints.¹³²

However, in spite of all the efforts to include Syrians into the health system in Turkey and of the progress achieved in the last few years, the provision of health care continues to

127 According to AFAD's figures, there are 156 doctors from Turkey, 109 doctors from Syria, 186 medical staff from Turkey, and 137 medical staff from Syria who are providing health services at the camps. Source: AFAD, 2018.

128 The citizens of the Syrian Arab Republic, as well as stateless persons and refugees from Syria, who came to Turkey due to events that have taken place in Syria after 28 April 2011 are covered under temporary protection even if they have filed an application for international protection. Individual applications for international protection are not processed during the implementation of temporary protection (Temporary Protection Regulation (TPR) enacted on 22 October 2014, Provisional Article 1). In other words, Turkey grants temporary protection status, and not refugee status to the Syrians who entered Turkey after 28 April 2011.

129 Delegation of the European Union to Turkey, Largest EU-funded health project in Turkey launched today - SIHHAT. Press Release (Accessed on July 6, 2018)

130 As of December 2017, refugees have benefited from about 764,000 primary health care consultations and 217,000 Syrian refugee infants were fully vaccinated.

131 Kaya et al., 2016.

132 Erdoğan et al., 2018.

present several problems. While some of these problems are specific to Syrians' situation, many of them are inherent to the healthcare system in Turkey.

Healthcare facilities remain incapacitated especially in the provinces where Syrians are heavily concentrated. In these areas, Migrant Health Centers lack sufficient numbers of staff and medical equipment. Additionally, the number of translators and psychologists working these centres is low.¹³³

Language appears to be a major barrier. The number of translators working at healthcare facilities is inadequate. Additionally, the use of untrained and unprofessional people violates the doctor-patient confidentiality. Furthermore, it has been reported that these problems are exacerbated due to the cultural differences.^{134,135}

Many Syrians, especially children and women, suffer from health problems such as anxiety, depression and post-traumatic stress disorders since they were exposed to war conditions and involuntary migration. Yet, even though psychologists and psychiatrists are assigned to camps by the state and NGOs, out of camp Syrians who constitute the overwhelming Syrian population in Turkey do not have access to such health services.¹³⁶

4.3 Education

Primary and secondary school-aged children (5–17 years) represent a significant share of international migrants, and particularly of refugees (as shown in Chapter 1). All children have the legal right to an education,¹³⁷ but children forced to flee their homes are likely to miss the opportunity to learn. UNHCR denounces that primary enrolment rates of refugee children stand at 61 percent, as compared to 91 percent of the world's average. The situation worsens when looking at secondary enrolment rates: less than 23 percent of refugee adolescents attend secondary school compared to the world average of 84 percent.¹³⁸ Particularly worrying is that, in the context of protracted crises, these children have lost years of school. Moreover, many of the children 'enrolled' are not in

133 Ergin, I., 2016.
Mardin, D., 2017.

134 Ergin, I., 2016.

135 Mardin, D., 2017.

136 Ergin, I., 2016.

137 For a detailed description of the international legal framework for the right to education, see UNESCO, 2017.

138 UN High Commissioner for Refugees (UNHCR), 2017e.

full-time education but in more limited informal programmes.¹³⁹

Education for refugee children is crucial to the peaceful and sustainable development of the countries that have welcomed them, as well as to their home countries when they are able to return.¹⁴⁰

Both supply-side and demand-side barriers seem to prevent refugees from accessing education. Capacity shortages (school space, teachers), limited or no command of the local language by students and a lack of registration status have been reported often as obstacles to school attendance.¹⁴¹

Key elements for interventions

The immediate needs of refugee children in terms of education are large. Nevertheless, it seems necessary to include long-term development planning in addition to humanitarian responses. This involves greater resources and the capacity-building of national education ministries and teachers. Funding should be prioritized towards the support of the formal education system, rather than short-term supportive programmes.

Culbertson (2015) suggests a strategy based on several options: (1) developing school infrastructure, (2) designing consistent, quality, formal alternatives, (3) addressing barriers to education, (4) creating additional shifts¹⁴² and (5) making more use of available spaces.

The goal is to go beyond the provision of primary education for refugee children to guaranteeing equal access to all levels of education. The gradual inclusion of refugees in public schools is a condition for the better integration of refugees. Moreover, if access to primary education is a fundamental basic right, access to secondary education can be transformative. According to UNESCO, doubling the percentage of youth with secondary education from 30 percent to 60 percent has the potential to reduce conflict by half.¹⁴³

139 Watkins et al., 2014.

140 Verme et al., 2016.

141 UN High Commissioner for Refugees (UNHCR), 2017e.

142 A “second shift” or “double shift” increases the number of students that can be taught in one day, without requiring extra space or a new building, by teaching students at different times of day. See UNHCR, 2014.

143 UNESCO, 2014.

Education returns might be low when job and economic opportunities are restricted, as shown, for example, in the specific context of Syrian refugees in Jordan and Lebanon.¹⁴⁴ Investments in education should therefore go hand in hand with a broader policy aimed at generating economic opportunities for migrants and refugees.

The rates of return to investments in schooling might also be low because of a low quality of education. School quality is a general concern especially in low-income countries, but it is exacerbated when large migration flows require increasing the supply of education in a very short timeframe. Specific programmes focus on this dimension of education quality (see for instance, the IRC healing classroom initiative in Ethiopia¹⁴⁵). Hiring and training teachers is also a challenge. The quality of schooling infrastructure also has an impact on education quality. If the double shift system is appropriate in the short-term as a way to welcome more children at school, might have adverse consequences on performances and longer-term solutions should be found.

Host countries governments might be reluctant to adopt a development strategy including refugees and migrants, fearing that it will make them stay in the country. In order to address this concern, one should consider that migration might have positive economic and social effects as soon as refugees are well integrated in the country and can boost income and economic opportunities by their own activities. Moreover, these development interventions that target refugees and migrants might increase the probability of a successful return. Investments in skills can be used by migrants to create new economic opportunities in their home countries, facilitating their integration back at home, and reducing the probability of future migration flows towards the host country.

Current practice in selected countries

In **Ethiopia**, refugee children have equitable access to formal schooling in elementary schools,¹⁴⁶ their gross enrolment rate in elementary school reached 72 percent in 2017.¹⁴⁷

Access to primary education is provided by 58 primary schools that have been established in refugees' camps, managed by the Administration for Refugee and Returnees Affairs

¹⁴⁴ Verme et al., 2016.

¹⁴⁵ Kirk et al., 2007.

¹⁴⁶ Despite formal reservations from the Ethiopian government concerning refugees' right to access basic education within the 1951 Refugee Convention: UN High Commissioner for Refugees, (UNHCR), 2018e.

¹⁴⁷ According to UNHCR, gross enrolment was 72 percent at the end of 2017 (ibid.); according to UNICEF, the gross enrollment rate was only 38.5 percent for early childhood education, 51.7 percent for primary and 7.6 percent for secondary: UNICEF & UNHCR, 2015.

Table 8 - Education

	Ethiopia	Jordan	Lebanon	Turkey	Sudan
Access to education	In camps. Equitable access to formal schooling (primary)	Free education (primary)	Free education in public schools (primary)	Free basic education in public schools	Safe Learning Spaces
Addressing capacity constraints		Second-shift system	Second-shift system RACE program	PICTES	
Addressing household vulnerabilities			Cash transfers "No Lost Generation"	EU-UNICEF Conditional cash transfer for education	

(ARRA). ARRA is continuing efforts to construct new schools and deploy qualified teachers. It has also supported a campaign called "No school-age child shall be out of school", which contributed to an increase new enrolments in 2017.¹⁴⁸ Notwithstanding these efforts, approximately 40 percent of school-age children are out of school.¹⁴⁹

UNHCR indicates that providing education for refugees is complex in Ethiopia. The environment is unstable due to an influx of refugees from 17 countries. Refugees are located in localities with weak government and strained social services. The majority of children arrive from countries where access to education has been limited and the quality inconsistent.¹⁵⁰

The quality of education in Ethiopia is also low; it was reported in 2014 that over 60 percent of all refugee schools in Ethiopia were not fulfilling standards for safe learning environments. Schools lack minimum basic facilities such as basic furniture, water and sanitation, ventilated classrooms, separate latrines for girls and boys and hand washing facilities. Meanwhile, overcrowding and inadequately trained teachers contribute to minimum learning gains in refugee schools.¹⁵¹

In **Jordan**, the government has committed to protect children's right to education and has provided free education services by accommodating them in existing classrooms and creating double-shifts to meet the demand for schooling. Still, parents are required

148 The Migrant Project, 2018.

149 UN High Commissioner for Refugees (UNHCR), 2018e.

150 UNICEF & UNHCR, 2015.

151 Ibid.

to bear some costs, such as for uniforms or books. The programme, Accelerated Access to Quality Formal Education, was launched in 2016, aiming at including Syrian children in Jordanian schools. Of the about 233,000 school-aged Syrian refugee children in Jordan, approximately 83 percent have access to education services (54 percent through formal public provision and an additional 29 percent through non-formal education).¹⁵² However, enrolment in formal education is not uniform across grade levels and rates are dramatically low in early childhood and secondary education.¹⁵³ Refugee children face substantial challenges, many of which are the same as those faced by the most vulnerable Jordanians: the quality of education, access to Early Childhood Education and to secondary education.

In **Lebanon** in 2013, the government decided to lead the educational response and launched Reaching All Children with Education (RACE), a three-year programme aimed at expanding the capacity of the existing school system, rather than creating a separate one. Double shifts were introduced for Syrian children and existing public school teachers could choose to teach in second shifts for a supplementary salary.¹⁵⁴ RACE aligns the national response to refugees with the government's Education Sector Development plan, therefore bringing together the humanitarian and development perspectives in a single framework.

However, two-thirds of Syrian refugees in Lebanon do not receive any education, and few refugee families can afford the price of private schools. Access to secondary and post-secondary education is almost non-existent. The enrolment rate for youth aged 15 to 17-years-old in Lebanon is 22 percent and the cost of schooling is cited as the main barrier to education.¹⁵⁵

During the 2016/2017 school year, the Ministry of Education and Higher Education with UNICEF and WFP developed and piloted a cash-transfer programme, called "No Lost Generation". Its design and impact are discussed in Section 4.4.

¹⁵² World Bank, 2017b.

¹⁵³ Ibid.

¹⁵⁴ Buckner et al., 2017.

¹⁵⁵ UNICEF, UNHCR & WFP, 2017.

Box 7 - Barriers to educational access

Culbertson & Constant (2015) identified several barriers to educational access for Syrian refugees in **Jordan, Lebanon and Turkey**.

School space shortages may be the main obstacles. Lebanon and Jordan have introduced a double-shift system to accommodate additional students but that is insufficient to fulfil the needs. In Turkey, Temporary Education Centres (TECs) do not have their own buildings and host their educational activities in office blocks, NGO buildings and public schools. This leads to highly variable schedules. For example, when TECs are hosted by public schools, classes must be held after the regular classes for Turkish pupils. This shortage of school space also means that recreational activities for pupils are weak (Aras & Yasun, 2017).

Language and curriculum are obstacles especially in Jordan and Turkey. UNICEF had to build schools for Syrian refugees with courses in Arabic and double-shift systems to increase the capacity. Informal Syrian schools have also opened. Syrian parents prefer TECs over public school for their children's education mainly because the education is in Arabic and Syrian teachers are available (Coskun et al. 2017). But this might be problematic as the quality of education appears to be lower and this might impede the long-term integration of Syrian children if they cannot develop a sufficient level of Turkish language. Language difficulties are particularly problematic for Syrian pupils enrolled at the first, fifth and ninth grade levels in public schools (Yükseker and Tekin, 2017; Tastan and Celik, 2017).

Transportation is expensive, often not available outside camps and perceived as unsafe.

Registration status and parental documentation is required for children to register in public schools in Jordan and Turkey. Administrative bureaucracy might be a serious obstacle to education, especially when the language barrier is an additional constraint (like in Turkey). Many Syrian children have difficulties in placement examinations (Celik and Erdogan, 2017). When they manage to pass them, there still may be a mismatch between the schooling level of children and the grade in which they are registered (Celik and Erdogan, 2017). Local authorities might also be reluctant to provide services (Tastan and Celik, 2017).

Education expenses are important even when there are no school fees.

Additional challenges were identified for Turkey:

Poor economic conditions and child labour: Child labour is a cause and a consequence of weak educational systems. When households are poor, many children work to support the family income. Single parenting is common among Syrians who have lost or left behind family members in the civil war, which makes children more vulnerable to child labour. (Uyan-Semerici and Erdogan, 2018; Tastan and Celik, 2017).

Lack of awareness: Many Syrian families are not aware that their children have the right to be enrolled at school (Aras and Yasun, 2017), despite several communication campaigns run by the Ministry of Education and UNICEF. Furthermore, refugees are mobile and do not necessarily register in the region in which they are living currently. It has been observed that many Syrian children that are out of school in Istanbul have arrived recently in the city, coming from provinces of the Southern part of Turkey (Coskun et al. 2017).

Lack of psychological support: Many children refugees suffer from various psychological troubles, due to the trauma of conflicts and migration. Post-traumatic stress disorder, depression and anxiety have an impact on the capacity of children to attend school. It might also increase the reluctance of parents to send children to school.

Sudan supports the enrolment and inclusion of refugee children within the national education system, integrated with host community children. In 2017, the Ministry of Education and partners facilitated examinations and supported intensive language training and accelerated learning programmes. In parallel, school access was expanded by building new schools and rehabilitating existing structures; investment supported teaching, learning and recreational material; and in-kind and cash support was provided to vulnerable refugee children. Social workers were deployed to refugee schools to provide psychological support and strengthen child protection mechanisms; community mobilization and capacity-building activities for parent-to-teacher associations were also carried out. A comprehensive strategy for refugee education is currently being developed as part of the education response plan.¹⁵⁶ The UNHCR response to the education challenge is part of its regional response to the South Sudan crisis.

However, only 60 percent of school-aged refugee children in Sudan are enrolled in primary education and 3 percent in secondary education, with wide disparities across locations. The percentage of out-of-school refugee children varies: from over 50 percent of refugee children in South Kordofan to over 95 percent in out-of-camp locations in East Darfur and West Kordofan.¹⁵⁷

UNICEF and its partners provide Safe Learning Spaces to about 80,000 refugees' children¹⁵⁸.

In **Turkey**, all children have the right to basic education, consisting of 12 years divided into 3 levels of 4 years each. All children under temporary protection¹⁵⁹ have the right to

¹⁵⁶ UN High Commissioner for Refugees (UNHCR), 2018a.

¹⁵⁷ Ibid.

¹⁵⁸ https://www.unicef.org/appeals/files/UNICEF_Sudan_Humanitarian_Situation_Report_Dec_2018.pdf

¹⁵⁹ In order to benefit from education facilities, Syrian children should be officially registered as Syrian under

be registered in public school; however, it is not compulsory and the decision is left to the parents.¹⁶⁰

Children can attend public schools, Temporary Education Centers (TECs) or Syrian private schools. The TECs are primary and secondary education centres, created for the education of Syrian children both inside and outside camps.¹⁶¹ In 2017, there were 432 TECs.¹⁶² TECs are financed through various sources including UNICEF, NGOs, local municipalities, the Ministry of Education and individual donations. Financial support to public schools is provided by school-parents association, NGOs and international organizations.¹⁶³

The multiple choice of institutions is complex and chaotic.¹⁶⁴ Responding to this challenge, the Turkish government announced a three-year education plan to get all Syrian refugee children into state schools, by centralizing and standardizing all activities. Almost 300,000 children attending TECs will be gradually transferred to official schools and an additional 360,000 children who are out of school will start to move into classrooms. Basic education will become compulsory for all Syrian children.¹⁶⁵

Different internationally funded programmes support refugees' education. The project Promoting Integration of Syrian children to Turkish Education System (PICTES) is a two-year EU-funded project. As of 31 October 2017, 5,486 Turkish language teachers were employed under PICTES and 312,151 children participated in Turkish language courses. Catch-up trainings were provided for 10,085 out-of-school Syrian children and back-up trainings to another 43,388 students; 32,351 students have used school transportation facilities. Additionally, the programme provides course books, as well as capacity-building training for staff of the Ministry of Education (EU Commission 2018).¹⁶⁶

In 2017, the EU and UNICEF jointly launched in Turkey a Conditional Cash Transfer for Education, which is further discussed in Section 4.4.

temporary protection (SuTPs) and hold an ID card issued by the Directory of Police. When enrolled into the education system, they are sent to a nearby public school, Celik & Erdogan, 2017.

160 Uyan-Semerici et al., 2018.

161 Human Rights Watch, 2015.

162 Coşkun et al., 2017.

163 Ibid.

164 Yüksekseker et al., 2017.

165 The Reliefword, 2017.

166 European Commission, 2018b.

4.4 Cash transfer

Cash transfers are a powerful tool to fight poverty in the short and long run. In most humanitarian crises, food distribution responds to the immediate and urgent needs of the affected population. But its effectiveness is questionable in the medium and long-term (see Box 5). When essential goods are available and local markets are functional and able to meet an increase in demand, cash transfer programmes allow households to fulfil basic needs and avoid negative coping strategies, such as withdrawing children from school and putting them to work. Cash-transfer programmes for refugees¹⁶⁷ have been implemented in various contexts.

Box 8 - Cash transfer or food aid?

There is an open debate concerning the relative advantages and drawbacks of food distribution and cash transfers for food (Sabates-Wheeler & Devereux, 2010). Food aid has been criticized for being expensive to ship, store and distribute and being inflexible and paternalistic (Barrett and Maxwell, 2005). Food distribution can also have adverse consequences on local production (Kirwan and McMillan, 2007). Basically, food aid is likely to benefit net food buyers and hurts net food sellers. The general effect of such a policy depends on the share of farmers and the respective poverty level of farmers (net sellers) and non-farmers (net buyers).

Cash transfer programmes for food can be an alternative. However, such programmes will be efficient only if market mechanisms are functioning and supplies are not constrained

at the local level. If this is not the case, such policies might lead to increases in food prices, which will induce welfare loss for individuals that do not benefit from the programme. So, before any such programme is instituted, it is necessary to evaluate any effects on prices and the current and future capacities for food supply. If the risk is low, a cash-for-food programme might be more efficient than direct food distribution, and cash transfers have large positive effects on households, including multiplier effects. Nevertheless, the choice between the two instruments is not necessarily binary. Several countries have implemented 'cash plus food' packages. This system is particularly relevant when there is high variability of food prices. The evidence in a context of high food prices shows that the combined model performs better than cash transfers alone in terms of income and food security.¹⁶⁸

¹⁶⁷ Although we did not find cash-transfer programmes targeting (economic) migrants specifically, such programmes might be a relevant policy tool for this group in case of large migration flows. Considering the case of Libya, Mercy Corps argue that "Cash Transfer Programs (CTPs) could represent an appropriate initial humanitarian approach to mitigate those aspects of vulnerability related to financial exclusion, and to allow migrants to contribute financially to host communities": Mercy Corps, 2017.

¹⁶⁸ Sabates-Wheeler et al., 2010.

Almost all humanitarian assistance is provided in kind (94% in 2016),¹⁶⁹ but the combination of functioning markets and the need to allow households more flexibility in consumption has led to an increase in the use of cash transfers to respond to emergencies. This has happened against the background of a growing use of cash transfers programs in a large number of countries, as part of their national social protection systems. Unconditional cash transfers are in place in 40 countries and conditional cash transfers in 64. The implementation of such programmes has been made easier by advances by technology, in particular by the use of mobile phones or credit cards to substitute for cash.

Extensive evidence exists on the positive impact of cash transfers on households' poverty and consumption, education, health and nutrition, investments and agricultural productive assets in humanitarian settings.¹⁷⁰ Moreover, cash transfers do not appear to have a negative effect on labour market participation of adult (in both extensive and intensive terms).¹⁷¹

Key elements for interventions

While cash-transfer programmes may be used to benefit refugees and migrants, they face challenges. The short-term nature of many of the programmes and the limited amounts of funding interfere with the achievement of significant and persistent long-term effects. Funding to UN agencies is often cut because of the uncertainty of humanitarian funding, which is an additional risk. For example, the UNHCR cash-transfer programme in Jordan has had a drastically reduced positive impact on poverty reduction because of having to target a smaller population.¹⁷² Reduced coverage to cope with budget constraints is a major limitation to the efficiency of such programmes. Finally, existing cash-transfer programmes are directed to refugees only, whereas an extension to economic migrants might also be useful.

Better integration of these special programmes in a broader development approach will reinforce their efficiency both in the long run and in the short run, by reducing households' uncertainty. Cash transfers are a useful tool to bridge the gap between humanitarian assistance and social protection.¹⁷³ In order to be more effective, they

169 World Bank, 2016.

170 Bastagli et al., 2016.

171 Rosati et al., forthcoming.

172 Verme et al., 2016

173 Hagen-Zanker et al., 2017.

should be predictable and regular, becoming an effective tool to increase access to essential social services, such as education and health. They can also be used to invest in durable or productive goods, if the cash transfer is sufficiently large. Cash transfer programmes for refugees should therefore be gradually transformed and incorporated into a broader cash transfer programme that also includes host populations.

Current practice in selected countries

Table 9 - Cash transfer programmes in focus countries

	Ethiopia	Jordan	Lebanon	Turkey	Sudan
UCT		INGO cash transfer programmes UNHCR cash transfer	Winter Cash Assistance to Syrian Refugees	Emergency Social Safety Net (ESSN) UNHCR cash transfer	Monthly/ Bimonthly vouchers
Food vouchers		WFP	WFP	WFP	
Cash for health		UNHCR cash for health programme focused on maternal health care			
Cash for shelters		Conditional cash for shelter targeting vulnerable households (Jordanian and refugees) (4 months)	No (since 2015)	One-time one-month rent payment to the most vulnerable Syrian refugees	
Cash for education		UNICEF child grant	No Lost Generation	Conditional Cash Transfer for Education (UNICEF, EU)	

Ethiopia is one of the poorest countries in Africa, with 33.5 percent of its population living in extreme poverty.¹⁷⁴ For over 30 years, responses to food insecurity were dominated by food aid, until the introduction of the Productive Safety Net Programme (PSNP) in 2005 with the explicit goal to tackle food insecurity and break country's dependence on food aid. The PSNP, the second largest social protection programme in sub-Saharan

¹⁷⁴ World Bank, 2018.

Africa, delivers cash and/or food transfers to vulnerable Ethiopians for six months every year, either through public works (85%) or for free as direct support.¹⁷⁵ An evaluation of the programme¹⁷⁶ finds little impact on beneficiaries, due in part to the transfer levels being far below the programme's target. Participants with access to both the PSNP and to packages of agricultural support are more likely to be food secure, borrow for productive purposes, use improved agricultural technologies, and operate their own non-farm business activities. The PSNP does not include any specific provision for refugees and/or migrants.

In **Jordan, Lebanon and Turkey**, WFP support was provided almost entirely in the form of vouchers for the purchase of food in the local market, with positive spillover effects.¹⁷⁷ About 1,300 new jobs were created in Lebanon; the multiplier effect was estimated to be 1.23 and 1.51 in the food products sector in Jordan and Lebanon respectively.

In **Jordan**, various international humanitarian actors have implemented cash assistance programmes since 2012. Programmes are very similar to each other and are designed to help refugees meet their basic needs, especially housing costs. Support lasts three months on average. Disbursement amounts range from JOD 50 to 200. Oxfam argued that their own programme, which targeted 1,200 Syrian refugee households in Balqa governorate and in informal settlements near Amman, "has had a significant impact on beneficiary families, though this impact is limited, as the cash was only distributed for a three-month period".¹⁷⁸

UNHCR implements a cash transfer covering about a quarter of the Syrian refugee population, for at least one year, a higher duration than cash assistance provided by NGOs. Applicants need to have a valid urban UNHCR registration. Eligibility is assessed annually on the basis of the Vulnerability Assessment Framework, based on the demographic situation of the household.

The transfer was found to have a sizeable impact on poverty reduction.¹⁷⁹ The UNHCR cash transfer is mainly used to pay the rent, utility bills, food and child-related expenditures. It might also have a positive effect on the decision to keep children in school by reducing the burden of school expenditures. The amount of the transfer is too limited to have an effect on health due to the high cost of specialized treatments (especially for

175 See Institute of Development Studies, Productive Safety Net Programme, Ethiopia.

176 Gilligan et al., 2009.

177 Crawford et al., 2015.

178 Oxfam, 2014.

179 Hagen-Zanker et al., 2017.

chronic diseases), but it might have an indirect positive effect on health by increasing psychosocial wellbeing or by reducing stress.¹⁸⁰

A simulated model of the effect of the UNHCR cash assistance programme and the WFP food programmes points to their relevance for poverty reduction efforts.¹⁸¹ If both programmes were universal, the possible achievement in terms of poverty reduction would be very significant (a reduction from 69.2% to 39.3% for cash assistance and from 69.2% to 32.2% for food vouchers). The combination of the two (with universal coverage) could bring down poverty to 6.9 percent. However, the UNHCR cash assistance programme was targeted rather than universal, using the vulnerability assessment framework. While targeting may reduce the cost of the programme, the effect on poverty is much smaller with a reduction from 69.2 percent to 61 percent only.

The UNHCR has implemented a similar programme in Lebanon, even though the coverage is limited: 11 percent of Syrian refugees, randomly selected from partners' lists.

A winter cash assistance programme also provided US\$575 via automatic teller machine (ATM) cards to 87,700 registered Syrian refugees living above the altitude of 500 meters during the winter of 2013. An IRC evaluation¹⁸² found that the value of cash assistance was too low to meet the goal to keep recipients warm constantly throughout the winter, with half of beneficiaries reporting that heating supplies were not enough. Households were so poor that the cash assistance was used for food and water despite receiving food vouchers from WFP. The programme had a significant impact on the Lebanese economy with a significant multiplier effect of 2.13. Cash assistance also increased access to school, reduced child labour and decreased local tensions.

The cash-transfer programme, called "No Lost Generation", was piloted during the 2016/17 school year by the Ministry of Education and Higher Education (MEHE) with UNICEF and WFP. The programme provided monthly cash transfers to households for each child enrolled in an afternoon shift at primary school. An evaluation of the programme found positive impact on some schooling outcomes. Households' expenditure on education increased (by 20 percent with respect to the control group). However, enrolment in afternoon shifts at schools did not increase; this was ascribed to capacity constraints in the schools.¹⁸³

¹⁸⁰ Ibid.

¹⁸¹ Verme et al., 2016.

¹⁸² International Rescue Committee, 2014.

¹⁸³ De Hoop et al., 2018.

In Turkey, three billion euro provided by the European Union support the Emergency Social Safety Net (ESSN), a social assistance scheme targeting to the most vulnerable refugees. The World Food Programme (WFP), which is the main implementing partner, works in collaboration with the Turkish Red Crescent and Turkish government institutions. Funds from the ESSN are delivered through a debit card.¹⁸⁴

ESSN covers foreigners under international protection and under temporary protection.^{185,186} Eligible households are single women, single parents who are the sole adult in the household, elderly persons who are the sole adult in the household, households with three or more children, households with one or more disabled members, and households with a dependency ratio of 1.5 or more, under the condition that there are no members who own a home, a car or a firm.¹⁸⁷ The programme had reached over 1.1 million beneficiaries by January 2018.

Building on the ESSN, the EU, with UNICEF, also funds the Conditional Cash Transfer for Education (CCTE) project in Turkey. The EU commitment of 84 million euro funds bimonthly cash transfers to vulnerable families whose children attend school regularly. The project aims to support up to 230,000 children.¹⁸⁸

The EU also approved a second round of aid of three billion euros on 14 March 2018 in accordance with the Migrant Repatriation Agreement to help Turkey host Syrians.

In Sudan, cash transfers are mainly provided by international organizations; the government has made no commitment to provide assistance to refugees. WFP and UNHCR are the main actors. WFP delivers a monthly or bimonthly voucher to those living in camps. In 2012, the programme assisted 726,500 beneficiaries.¹⁸⁹

184 See: <http://kizilaykart-suy.org/TR/basvuru0.html> (accessed 19 March 2018).

185 Foreigners in Turkey are grouped under two main categories according to the *Law on Foreigners and International Protection* (No: 6458). (1) International protection, which includes but is not limited to foreigners under temporary protection. It is *the status granted for refugee, conditional refugee, and subsidiary protection*. The category of “under temporary protection” was created following the entry of Syrians in Turkey en masse. The legal status of the foreigners under temporary protection is defined in and regulated by the Temporary Protection Regulation (TPR) enacted on 22 October 2014. “*Protection status is granted to foreigners who were forced to leave their countries and are unable to return to the countries they left and arrived at or crossed our borders in masses to seek urgent and temporary protection and whose international protection requests cannot be taken under individual assessment.*” (*Temporary Protection Regulation- TPR, Article 3*)(2) Foreigners who hold residence permits.

186 Foreigners in camps are not eligible to apply.

187 See: <http://kizilaykart-suy.org/EN/degerlendirme.html> (accessed 20 March 2018)

188 European Commission, 2018a.

189 Turkawi, Abdulgadir, 2015.

4.5 Livelihood interventions

Livelihood interventions aim at improving the life of migrants and refugees by generating income opportunities focusing and promoting self-reliance. Livelihood “comprises the capabilities, assets and activities required for a means of living; a livelihood is sustainable which can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation; and which contributes net benefits to other livelihoods at the local and global levels and in the short and long term”.¹⁹⁰

Other definitions focus on activities that directly support household income generation through “wage employment or self-employment through skills and vocational training, microfinance, business development and legal services, job placement, apprenticeships, mentoring, and so forth.”¹⁹¹

On this basis, basic livelihood interventions considered here include vocational and life skills training, the provision of agricultural inputs, microcredit, entrepreneurship promotion, and employment opportunities. These interventions are often complemented with education, health, shelter and cash assistance interventions, which are more relevant than in-kind transfers, given the programmes’ objective of self-reliance.

Livelihood strategies may be sorted into “supply side” interventions that seek to maximize the human, financial and physical capital of refugees, and “demand side” interventions that aim to improve the economic context in which refugees live.¹⁹²

Supply-side strategies

Supply-side livelihood interventions consist of skills-based interventions that seek to improve refugees’ access to wage employment or self-employment. The largest share is technical and vocational education and training (TVET).¹⁹³ Other training programmes involve training in language, business skills (e.g. accounting, business planning, marketing and risk management), and “soft skills” (e.g. negotiating for a job, obtaining fair wages and combating discrimination).

¹⁹⁰ Chambers et al., 1992.

¹⁹¹ Feinstein International Center, 2012.

¹⁹² Jacobsen et al., 2016.

¹⁹³ UN High Commissioner for Refugees, 2014b.

The main challenge of such strategies is the identification of market demand and effective opportunities after graduating from the programmes.¹⁹⁴ Many of the training programmes are often unsuited to the local economy, creating products or services primarily aimed at the NGO or expatriate community. The particular failures are: “failure to consider the market viability of either the skill being taught or the product being produced; failure to meet the competing needs of participants as well as the educational, social and psychosocial barriers they are facing. In addition, the ad hoc and short term nature of humanitarian funding generally means that only a small number of beneficiaries can be targeted and it is difficult to forge links with private sector labour markets or financial service providers.”¹⁹⁵

It is worth recalling that programmes are often implemented in insecure environments, resulting in high uncertainty about the returns of the programme. Replacing monetary transfers with TVET would be therefore a risky strategy. Rather, TVET can be built on and should complement other existing programmes with more secure outcomes for the household.¹⁹⁶ As a result, successful vocational training programmes are rare.¹⁹⁷

In Ethiopia, several vocational training programmes are run in refugee camps but systematic evaluations of such programmes could not be found. There is some anecdotal evidence that such programmes focus too much on a limited number of activities (mainly carpentry and plumbing) that are traditionally male-oriented, so the programmes have very little impact on women.¹⁹⁸

A second type of supply-side intervention aims at increasing refugees’ access to information and communications technologies (ICT). It is hoped that easy access to ICT (through, for example, facilitated access to computers and mobile phones) might help refugees participating in local markets by enabling them to obtain information on demand, supply and prices. The UNHCR Community Technology Access Programme (CTA) creates computer labs and technology centres where refugees and local communities can get internet access. But the effects and impact of such programmes appear to be limited and no evaluations of them could be found.

Another intervention is microfinance aimed to support refugees to start new businesses or invest in new activities. Aid agencies provide mechanisms including

194 Sesnan, B., Wood, G., Anselme, M.L. & Avery, A., 2004.

195 Crawford et al., 2015.

196 Ibid.

197 International Federation of Red Cross and Red Crescent Societies, 2012.

198 US Department of State, 2015.

the provision of grants, credit (microcredit), savings facilities and insurance (micro-insurance). Grants can be given in the form of cash, capital, equipment and raw materials provided for free. Grants are more relevant for vulnerable households, while loans should be given only to those who have sufficient skills and experience.¹⁹⁹

However, there are many challenges to successfully implementing this strategy. For example, the potential beneficiaries of these programmes are not always the most vulnerable, as those who need relief may not be the same people who have access to banking or who can manage microfinance. Moreover, in a humanitarian context, the coexistence of grants programmes and microcredit programmes might be confusing for refugees and have negative consequences on the beneficiaries' willingness to reimburse microcredits. After all, why should some financial support be reimbursed and not others?

Nevertheless, microfinance programmes might be useful when included in a gradual strategy of self-reliance. A progressive switch from grants to loans might be a useful change towards more development-oriented interventions. However, it is essential to find the optimal timing for this process. Minimum stability is needed and consumption should be stable. If basic needs are not satisfied, capital will be diverted from productive activities to consumption.

Other enabling conditions for successful microfinance programmes are the existence of a minimum cash economy, a demand for financial services, and sufficient economic activities.²⁰⁰ Commitment from local authorities to the development of credit culture, including contract enforceability and non-interference in market-based initiatives are also key ingredients.²⁰¹ Another condition, solidarity and trust among groups,²⁰² might be problematic during refugee crises.

Another challenge is that successful microfinance programmes require a "commitment to sustainability" which means long-term relationships between micro-finance institutions and borrowers. But in humanitarian assistance initiatives, these relationships may be lacking. When it is not clear that a microfinance programme is here for a long period, it has negative effects on credibility and thus collection of repayments.

The experiences of microcredit programmes for refugees are highly variable: from success in Guinea and Sierra Leone²⁰³ and mixed results in an Angolan refugee camp in

199 De Vriese, M., 2006.

200 Ibid.

201 Flowers, J., 2003.

202 Bartsch, D., 2004.

203 Nourse, T. H., 2003.

Zambia²⁰⁴ to the failure of a microcredit programme in a refugee camp in Kenya.²⁰⁵

In the context of our focus countries, there is little evidence that such programmes would be successful. In Ethiopia, mixed results were found on the impact of a microcredit programme on wellbeing and socioeconomic indicators of targeted rural households.²⁰⁶

In Jordan and Lebanon, a survey was conducted to evaluate the potential microcredit demand from refugees, distinguishing refugee households as stable, developing or vulnerable.²⁰⁷ Only the stable households – making up 14 percent of refugees in Lebanon and 16 percent in Jordan – had the capacity to borrow. In Jordan, UNRWA gave US\$14.2 million of microcredit loans to Palestine refugees in 2015.²⁰⁸

Demand-side strategies

Demand-side strategies aim “to improve the link between refugees, employers and markets for labour, goods and services by either directly creating jobs or connecting refugees to employers.”²⁰⁹ Such programmes aim at overcoming the (informal) obstacles refugees encounter in host communities or because of restrictive government policies.

A first demand-side strategy is to support individual agriculture initiatives. The rationale is that cash transfers and food aid are not sustainable in the long run and income-generating programmes, including farm development in rural areas, are needed. In countries affected by the Syrian crisis, these took the form of the FAO and WFP initiative, “Resilient livelihoods for agriculture and food and nutrition security.”²¹⁰ Building on a feasibility study with stakeholders for farm development at the local level, this strategy aims for three main objectives: Expansion of homestead, or family farming, systems for farm families with no or limited access to land, Enhanced community-based farming, post-harvest management and natural resource management for farm families with access to land, and Increase employment opportunities through enhanced supply and value chains.

One often-quoted success story in promoting refugee livelihoods is the Uganda

204 Travis, J., 2004.

205 Phillips, J., 2004.

206 Tarrozi et al., 2015.

207 Vitas, Sanad Technical Assistance Facility, Making Cents International, Al Majmoua & OeEB, 2017.

208 Jacobsen et al., 2016.

209 Jacobsen, K. & Fratzek, S.

210 Food and Agriculture Organization of the United Nations, 2015.

Self Reliance Strategy (SRS), developed by the government of Uganda and UNHCR. The government provided refugees with agricultural land with the objective of making them self-sufficient. As a result, refugees gradually became productive members within host communities and contributed to the local development of host districts. The program has also contributed to a change in attitudes of host communities towards refugees.²¹¹

Obviously, the feasibility of rural livelihood strategies relies on the availability of and access to land and natural resources.²¹² When the availability of land is constrained, refugees might engage in agriculture by getting access to lands they have no right to use. This might be a source of tensions with local communities. Another risk is that they engage in non-sustainable farming practices to get high returns in a short period. One example is Guinea where refugees contributed to the destruction of a large number of palm trees due to the indiscriminate extraction of palm oil. Research in Sudan showed that refugees contributed to environmental degradation where they live, with a direct link with the level of rights they are granted: better rights meant less degradation.²¹³

Rural livelihood strategies need to take into account such risks, and encourage refugees to engage in sustainable farming practices. The UNHCR Handbook for Promoting Sound Agricultural Practices presents different options and approaches to build these strategies.²¹⁴

Another strategy is to directly employ refugee workers. Humanitarian agencies propose short-term public work projects and job creation schemes associated with relief efforts, often in camps.²¹⁵ Refugees might be employed in construction, camp management and maintenance, and the provision of essential services such as food distribution, health, education and protection. However, such schemes are short-term and reach only a few beneficiaries chosen on the basis of needs and vulnerability. Such programmes should be integrated within a broader development strategy aiming at improving access of migrants and refugees more broadly to the labour market (see Section 4.6).

The "Transitional Solutions Initiative" and the "Graduation Approach" are examples of strategies involving both refugees and host population. The Transitional Solutions Initiative aimed at promoting the self-reliance of both the displaced and the local

211 De Vriese, M., 2006.

212 Ibid.

213 Kibreab, G., 1996.

214 The most successful strategies include the provision of assets, agricultural inputs and training. Such strategies should also take into account the potential development of non-agricultural activities in rural areas.

215 Jacobsen et al., 2016.

communities. Developed by UNDP and UNHCR in collaboration with the World Bank, it was piloted in Colombia and Sudan. In Sudan, 32,000 households benefited from the programme between 2012 and 2014.²¹⁶ Besides improved basic services, education and health care, the programme included vocational training, livelihood activities and microfinance. Findings from a range of assessments indicate that the programme contributed positively to improve basic services and livelihoods and promoted self-reliance across the targeted communities. However, it was suspended due to the government's concern that the programme intended to integrate refugees in target areas.

The “graduation approach” focuses on the optimal sequence of different interventions to create pathways for the poorest to graduate out of extreme poverty (Figure 6).

First, the most vulnerable households are identified and a market analysis is conducted to identify viable livelihood; then, families are supported with time-bound cash assistance as the livelihood grows. In order to support participants' resilience and their participation in livelihood activity, the sequence of interventions continues with facilitating access to savings, skills training and support to self-employment (by providing seed capital or asset transfer). Mentoring to contribute to building confidence and reinforcing skills is critical at any stage.

The approach was pioneered by BRAC in Bangladesh in 2002 and then piloted in several countries by the Consultative Group to Assist the Poor (CGAP), hosted by the World Bank. Its evaluation in six countries shows positive results in alleviating poverty, both one and three years after the programme. It also finds that in most countries, the (discounted) extra earnings exceeded the programme cost.²¹⁷

In Ethiopia, the programme included consumption support, individual saving accounts, and the provision of sheep, goats, beekeeping, vegetable cultivation, and access to water, health and education programmes.^{218,219}

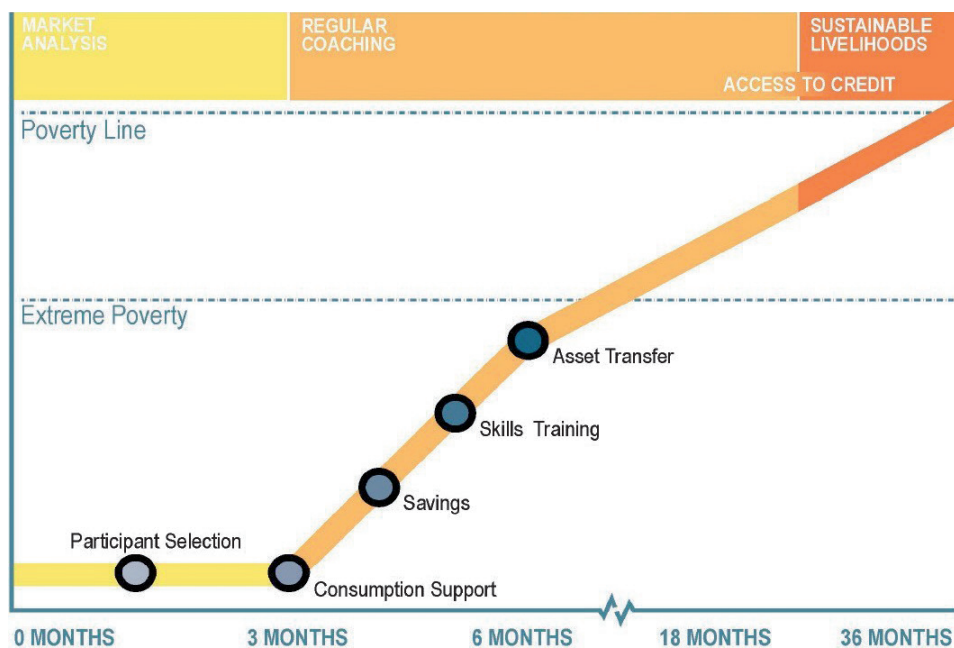
216 Phase I of the programme targeted 162,879 direct and indirect beneficiaries in three refugee camps (Girba, Kilo 26 and Um Gargour) and in surrounding host communities in Kassala and Gedaref states.

217 Ethiopia, Ghana, Honduras, India, Pakistan and Peru.

218 A graduation pilot was implemented in Ethiopia in 2010 by the Relief Society of Tigray (REST), supported by Dedebit Credit and Savings Institute (DECSI), USAID, the Italian Development Cooperation, and the European Commission.

219 See Innovations for Poverty Action (n.d.) Graduating the Ultra Poor in Ethiopia. Available at: www.poverty-action.org/study/graduating-ultra-poor-ethiopia (accessed 4 Nov 2018).

Figure 6 - The graduation approach



Source : Reproduced From UNCHR, 2014d

The evaluation found that one year after the end of the programme, the monthly consumption among participating households was 18.2 times higher than in the control group, with food and durable goods spending also higher. An asset analysis revealed larger values for both productive and household assets a year after the programme ended. Hours worked in self-employment were higher and graduation households experienced a twofold increase in livestock revenue as compared to a comparison group. Finally, a cost-benefit analysis calculated the cost at US\$4,157 (2014 PPP) per household and the benefits of consumption and assets growth amount at US\$ 10,805 (2014 PPP).²²⁰ A mid-term evaluation²²¹ of the graduation approach in Egypt (2013–2014) for urban refugees in Cairo and Alexandria²²² shows significant effect on income per capita (with a reported increase by about 18 percent and 27 percent respectively), lifting targeted households

²²⁰ Ibid.

²²¹ Beit Al Karma Consulting Egypt, 2016.

²²² It proposes two tracks: the wage-employment track providing vocational training and the self-employment track providing business training.

out of ultra-poverty.²²³ Nevertheless, the majority of the participants were still vulnerable, using their income for non-durable items such as food and rent.

UNHCR has supported the graduation approach in 6 countries and as of today, over 15 countries have integrated the graduation approach into their social protection and poverty alleviation policies and programmes.

Key elements for interventions

In conclusion, several of the livelihood programs discussed belong to so called Active Labour Market Policies (ALMP) and the evidence available that they have some positive effects, but not very large.²²⁴ As discussed, there is very little evidence about their efficacy in the context of refugees, but it should be kept in mind that their effectiveness as stand-alone interventions is somehow questionable.

To improve their effectiveness, also in the long run, livelihood programs should be seen as an instrument to promote a more integrated approach that relies also on other social protection interventions. The “graduation” approach seems a promising way to sequentially integrate different elements and further analysis of its impact could help policy design.

4.6 An enabling environment: access to employment

Freedom of movement and freedom to work are necessary prerequisites for establishing a development approach for refugees. The right to work, for example, is the first strategic element of the UNHCR global strategy for livelihoods²²⁵ and labour mobility is indicated as a fourth durable solution.

As we have seen in Section 2.2, refugees’ right to work is granted by the 1951 Convention under Articles 17 to 19. However, national provisions regulating the right to work are mediated by political economy and security considerations, often resulting in

²²³ This concept comes from Michael Lipton of the University of Sussex who in 1986 defined the ultra-poor as those “who eat below 80% of their energy requirements despite spending at least 80% of income on food.” See <https://www.theguardian.com/global-development-professionals-network/2015/jan/12/ultra-poor-pioneering-work-results-bangladesh>

²²⁴ Card et al., 2010.

²²⁵ UN High Commissioner for Refugees (UNHCR), 2014b.

limiting refugees’ access to the labour market.²²⁶ This is a serious challenge for policies aiming at graduating refugees out of poverty. Moreover, even if the right to work is granted, access to the formal labour market is very limited,²²⁷ for example, by restrictions related to particular sectors (see section below).

Other obstacles to enter the labour market are due to uncertainty about the rules governing the rights to work for refugees and about their skills and qualifications.²²⁸

Current practice in selected countries

Table 10 - Access to labour market in focus countries

	Ethiopia	Jordan	Lebanon	Turkey	Sudan
Right to work for refugees	Limited (Work permits)	Limited (Work permits)	Very restricted	Limited (Work permits, available after 6 months; no more than 10 percent Syrian refugees in Turkish firms)	Limited (Work permits)

In **Ethiopia**, the right to work is restricted. Work permits are needed for both migrants and refugees to get formal jobs. Work permits can be obtained if there are no qualified nationals available. In practice though, work permits are not granted to refugees.²²⁹

As seen in section 4.5, different interventions are in place for supporting economic opportunities. In addition to them, the “Comprehensive Refugee Response Framework” and the “Program for results” focus on creating employment opportunities and foster industrial growth.

The Comprehensive Refugee Response Framework (CRRF) aims at increasing economic opportunities and foster job creation for refugees and is supported by the European Union with a budget of 20 million euro. EU action focuses on stimulating economic development and better job opportunities at the “medium level,” targeting

226 Zetter et al., 2016

227 Ibid.

228 In developed countries only. OECD & UN High Commissioner for Refugees, (UNHCR), 2016.

229 Zetter at al., 2016.

small and medium-sized enterprises (SMEs) in the immediate local host communities around camps and in the broader urban areas of Jigiya. It aims at increasing labour demand through better inclusion in the value chain and a technical assistance unit providing support and advices to SMEs; it also aims at improving labour supply with vocational trainings. The Job Compact, supported by the EU, EIB, World Bank and DFID, supports industrial transformation through the development of industrial parks. Out of the 100,000 expected jobs, 30,000 will be reserved for refugees.

The Government of Ethiopia, through the “Program for Results”, aims to provide economic opportunities for refugees and nationals through formal entrepreneurship and employment in new industrial parks. In parallel, the Multi-Donor Trust Fund, created by the World Bank and supported by the European Investment Bank and DfID, combines both loans and grants to facilitate industrial growth.

Finally, it is important to mention a new law on refugees adopted by Ethiopia on January 2019. It is one of the most progressive law concerning refugees: it allows, among the other things, refugees to obtain work permits, to get driving licence and to have access to the primary education

In **Jordan**, the Jordan Compact (2016) calls for a new paradigm, promoting economic development and opportunities to the benefit of refugees and host populations. This development strategy is based on improving access of refugees to the labour market and more economic opportunities for both refugees and local populations. The goal is to create 200,000 jobs for Syrian refugees. In practice, it has increased the number of work permits for Syrian refugees (from 3,800 at the beginning of 2016 to more than 40,000 in 2017) and removed restrictions preventing small economic activities within camps and trading activities with people outside camps. It also allows a specific percentage of Syrian refugees in municipal works. Parallel to this, a new trade agreement between the EU and Jordan allows a relaxation of the rules of origin and promotes investments in special economic zones. Jordan companies are required to hire Syrian refugees, who should represent 15 percent of the total workforce to benefit from the new trade facilities.

A first assessment²³⁰ of this new policy indicates that, even though the increase in work permits is an important achievement, only 30 percent of Syrian with work permits had a written contract and the majority of them did not have social security. Many obstacles remain: it is difficult for employers to comply with labour quotas and to obtain business licences and Syrians need to obtain a Ministry of Interior card. The IRC (2017)²³¹

230 International Labour Organization, 2017a.

231 International Rescue Committee, 2017.

also notes that work permits are tied to one single employer and are valid only for one year. They recommend delinking work permits with one job or employer and expanding the number of jobs and sectors open to refugees.

In **Lebanon**, strict legal restrictions limit the hiring of Palestinian refugees. The law requires reciprocity for most professions and sectors; this by definition is not possible for refugees without states. The 2010 reform has revoked the need of a reciprocity agreement for Palestine refugees but it appears that the reform has not been implemented.²³² For refugees of other nationalities, it is very difficult to obtain a work permit, as it has to be shown that no Lebanese has equivalent skills. Syrian refugees then have two options: they can renew their residency permits based on UNHCR certificates, in which case they do not have right to work, or they can be sponsored by a Lebanese individual or employer (“pledge of responsibility”). In that case, they can work as a migrant worker but lose their status as a refugee.

In **Sudan**, refugees are allowed to work but their employment is subject to restrictions with respect to sectors.²³³ They need to obtain a work permit from the Department of Labour, which may be denied if their skills and qualifications are considered widely available and there are no job opportunities.²³⁴

In **Turkey**, according to the Ministry of Labour and Social Security (MoLSS), the number of working permits issued to foreigners is 73,560 out of which 13,290 are Syrian citizens (2016).²³⁵ Some occupations and jobs are not accessible to foreigners.²³⁶ Pre-authorization is needed for workers in education and health sectors. Several other limitations exist.²³⁷ Employment of *Foreigners under Temporary Protection* is regulated by a directive of January 2016. Syrians can only apply to a work permit in the province they are registered in and have to wait six months after registering.²³⁸ Applications are

232 Zetter et al., 2016.

233 Refugees cannot work in sensitive sectors of the economy and in employment related to security and national defence.

234 Zetter et al., 2016.

235 Ministry of Labour, Social Services and Family (n.d.). Work permits of foreigners - Labour Statistics

236 According to the MoLSS, the following professions and positions are exclusively available to Turkish citizens: dentistry, nursing, pharmacy, private hospital directors, attorney, public notary, security staff in private or public institutions, fish and seafood exporters within the Turkish territorial waters, diving, captaincy, çarkçılık, katiplik, tayfalık, customs brokerage, and tourist guides. See <http://www.calismaizni.gov.tr/yabancilar/yabancilara-yasak-meslekler/>. Last updated on 29 November 2016 by MoLSS (accessed on 18 April 2017).

237 According to the work permit regulations of the MoLSS, foreigners can receive working permits for household services only if they work as elder, patient or childcare providers. Foreigners who want to work as engineers, architects or urban planners should demonstrate equivalent degrees received from the Council of Higher Education in Turkey.

238 When moving to another province, they need to apply to the Provincial Directorate of Migration

carried out by employers and they have to pay the annual work permit fee of TRY 600 for each applicant.²³⁹ A formal job offer is then needed to apply and work permits have to be renewed yearly.²⁴⁰ The total number of Syrian employees cannot exceed 10 percent of the total number of Turkish employees²⁴¹ even for firms created by Syrians.

Regulations are different for *Foreigners under international protection*, who have the right to work as an entrepreneur or to be employed. Their identity cards can be used as work permits. This right can be restricted for a given period but these restrictions do not apply to refugees who have been residing in Turkey for three years, married with Turkish citizens or who have children with Turkish nationality.

High-skilled workers and “high-grade investors” may ask for the *Turkuaz Kart*,²⁴² a temporary permit for three years (the “transition period”). If it is not cancelled during this period and if the cardholder applies for an extension, it becomes permanent. Individuals can apply without getting a formal job offer.

4.7 Mode of delivery

Both states and international organizations play a crucial role in delivering social protection to refugees, either independently or in coordination.

International agencies and NGOs are the main providers of humanitarian support worldwide and their interventions are fundamental to guarantee survival, immediate relief and safety for refugees.

Humanitarian actors are able to operate independently and their effectiveness is greater in less developed countries, where the need of support is larger. As discussed, the main limitation of the humanitarian approach lies in its non-sustainability when the crisis persists.

Management for a residence permit. After a waiting period of six months, they can apply for a work permit that will allow them to work in their new province of residence. International Youth Foundation (IYF), 2018.

239 Workers in seasonal agriculture and animal breeding are exempt but the Ministry of Labour has the right to introduce employment quotas and provincial restrictions in agriculture.

240 International Youth Foundation (IYF).

241 Nevertheless, firms can ask for an exemption to İŞKUR, claiming that a Turkish employee holding the same qualifications could not have been found. İŞKUR should confirm or deny this claim within four weeks.

242 Since a directive issued on 14 March 2017.

First of all, international humanitarian agencies are limited, by statute, to short-term objectives. Therefore, it is difficult to implement long-term interventions or interventions with a development orientation. Secondly, budget constraints limit the ability of agencies and their interventions to support all refugees and their needs (see for example WB 2015b for cases in Jordan and Lebanon of limited access to cash transfers). Thirdly, humanitarian personnel are not qualified to implement developmental projects (WB 2017 a). Finally, interventions rely on donors' contributions, so changes in donors' willingness can impede field projects.

Therefore, especially in protracted crises, cooperation between humanitarian organizations and hosting states becomes necessary. While humanitarian actors focus on short-term interventions, states are better equipped to address long-term challenges. National and local governments can contribute to shape a long-term solution to the crises from the beginning, for example, by limiting refugee camps and providing municipal accommodation. Similarly, eligibility conditions for work permits and regulations on access to health services and education can all be designed to foster the self-reliance of migrants and refugees.

The direct management by government of refugee protection in low- and middle-income countries is an approach that has been adopted only recently: the most prominent example is offered by the Government of Turkey strategy to cope with the Syrian refugee crisis.²⁴³

This approach may reduce operational inefficiencies and costs related to changing providers, by avoiding the shift from humanitarian agencies to governments. It is, however, not exempt from drawbacks. Firstly, basic assistance's coverage can be inferior to that provided by international humanitarian organizations, which are specialized in providing support in crisis situations. Secondly, the first adequate response may be slow, since bureaucratic procedures can be very rigid. Finally, standards of assistance may be not aligned with international guidelines.

An integrated system represents an alternative approach, where national and local governments design interventions for refugees and hosting communities, in coordination and with support from international organizations and NGOs. ReHoPE, in Uganda, is a successful example of this approach (Box 5). Among the focus countries, in Ethiopia, progress is underway to include refugees within the national social welfare and

²⁴³ The European Union (EU) response to refugee inflows is within a different framework, since EU is a supranational institution, and there are legal and political obligations among member states and between member states and European institutions.

education systems. At the centre is the idea “to ensure more cost effective investments in national systems that will also benefit host communities through the expansion of quality services.”²⁴⁴

Collaboration between Ministries, ARRA, UNHCR other UN agencies and NGO partners has increased, with partners relying more on the technical support of line ministries to deliver basic services to refugees in key sectors, such as education, health, child protection, and water and sanitation (see also section 2.1 on the Comprehensive Refugee Response framework in Ethiopia). Financial support by the World Bank, through IDA-18 development financing to address the consequence of forced displacement, is an important element of the sustainability of this strategy in the medium-term.²⁴⁵

4.8 Financing social protection for refugees

Social protection interventions can be financed through various channels. Humanitarian aid provides short-term relief involving immediate survival assistance to the victims of crisis and conflicts, whereas addressing poverty is the overarching objective of development assistance.²⁴⁶

The global humanitarian response reached its record high in 2016, with expenditures amounting to US\$27.3 billion, just less than 1.7 times the US\$16.1 billion expenditure of 2012. Almost one-quarter of the expenditures (US\$6.9 billion) were financed by the private sector.²⁴⁷ However, these figures should be interpreted with care due to the nature of such crises and the large number of actors and funding channels involved. For example, specific expenditure by national hosting governments is significant but hard to evaluate, due to the difficulty of disaggregating expenditure for refugees and migrants from that for the host population.²⁴⁸

Although both show an upward trend from 2007, humanitarian assistance is growing at a faster rate than Official Development Assistance (ODA). Official humanitarian assistance as a proportion of ODA rose to 11.7 percent in 2016, compared with an average of 9.2 percent between 2006 and 2016. Between 2015 and 2016, international

244 UN High Commissioner for Refugees (UNHCR), 2017a.

245 Ibid.

246 UN High Commissioner for Refugees (UNHCR), 2004.

247 Global Humanitarian Assistance Report 2017

248 World Bank, 2017a.

humanitarian assistance increased by 197 percent (US\$911 million) in Turkey and by 41 percent (US\$251million) in Ethiopia; in Lebanon and Jordan, international humanitarian assistance decreased by 23 percent (US\$224 million) and 20 percent (US\$160 million) respectively.²⁴⁹

In the 20 largest recipients,²⁵⁰ humanitarian assistance represented 29 percent of ODA in 2016.

Growing levels of international humanitarian assistance have not been matched by increases in non-humanitarian development assistance. As crisis prolongs, countries tend to receive humanitarian assistance for longer periods. In 2016, 86 percent of humanitarian assistance went to medium to long-term recipients; 17 out of the 20 largest recipients of official humanitarian aid were either medium- or long-term recipients.²⁵¹

Notwithstanding the size of the international response, the funding shortage was US\$10.3 billion (41 percent of the requirements) in 2017, the largest to date.²⁵² One example of the insufficient commitment of international donors is the UN Syria Regional Response Plan (RPP). It is the primary resource mobilization vehicle, bringing together all actors under a single framework. By the middle of 2014, 41 percent of the US\$398 million requested for education in the Syrian RRP had been provided (UN, 2014) and only 43 percent of UNICEF's education programmes were funded (ODI 2014).²⁵³ 46.2 percent of the requirements for the 2017 regional refugee and resilience plan (3RP) are unmet (US\$2.38 billion out of US\$5.58 billion).

In addition to the shortage of funding, two main critical gaps have been identified in the international response to displacement: (1) the lack of early planning; (2) inadequate resources to support the transition from humanitarian to development interventions that promote durable solutions for the displaced.

In response to these gaps, the portfolio of funding instruments is expanding.

Table 11 illustrates financial mechanisms to tackle the refugee situations. These mechanisms should be part of context-specific financing strategies, complementing- but

249 Global Humanitarian Assistance Report 2018

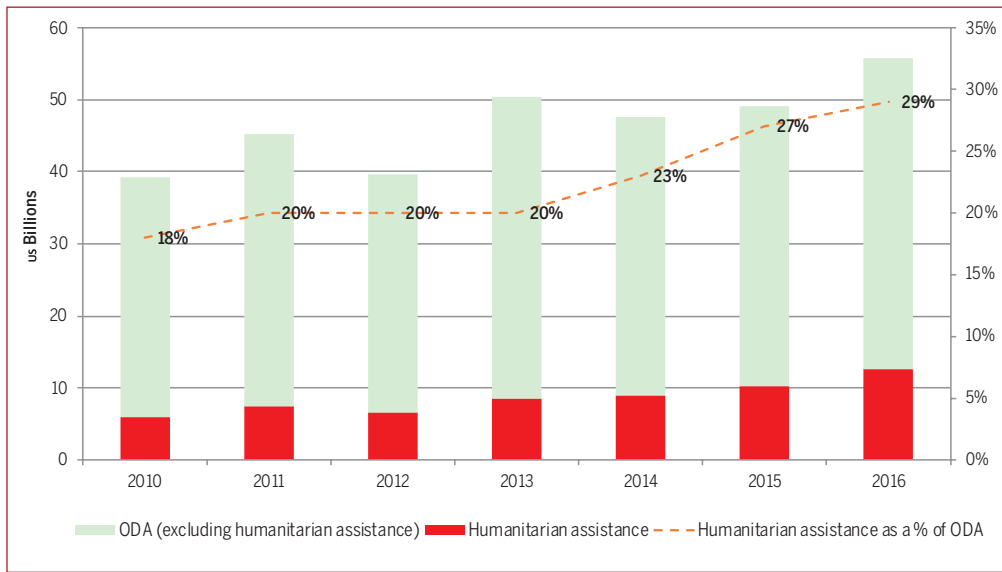
250 The top 10 recipients are Ethiopia, Greece, Iraq, Jordan, Lebanon, Palestine, South Sudan, Syria, Turkey and Yemen.

251 Development initiatives, 2017.

252 Ibid.

253 Watkins et al., 2014.

Figure 7 - Humanitarian assistance as a proportion of ODA to the 20 largest recipients of international humanitarian assistance, 2010–2016



Source: Development initiatives, 2017

not substituting – grant-based humanitarian assistance.²⁵⁴

The majority of refugees are hosted in low- and middle-income countries, where they often remain for a prolonged period of time. Providing them with access to social protection is extremely important to ensure their welfare, a productive integration in the hosting society and reduce incentives to further migration.

254 Development initiatives, 2017.

Table 11 - Financial mechanisms for refugee crises

Type of mechanism	Example	Source of financing	Refugee-specific	Stage of crisis	Volume	Recipients
Concessional loans	Refugee sub-window (IDA)	MDBs (IDA)	Yes	Ex-post	\$\$\$	Governments
Emergency lending (loans)	IMF rapid financing instrument	IFIs	No	Ex-post	\$\$\$\$	Governments
Contingency fund (loans)	IDA crisis Response window	MDBs (IDA)	No	Ex-post	\$\$\$	Governments
Mixed grant/loan	Global concessional financing facility/World Bank/UN	Bilateral donors, MDBs	Yes	Ex-post	\$\$	Governments
Grants/technical assistance	African Development Bank fragile state facilities	MDBs (AfDB)		Ex-ante & ex-post	\$\$	Governments
Budget support	EU state-building contracts	Bilateral (EU donors)		Ex-post	\$\$\$\$	Governments
Regional trust fund	EU Syria trust fund	Bilateral (EU donors)	Yes	Ex-post	\$\$\$	UN agencies, NGOs, regional organization
Guarantees on bonds	US guarantee on Jordanian sovereign bonds	Bilateral donor (USAID)	Yes	Ex-ante & ex-post	\$\$\$\$	Government
Impact bond	Humanitarian impact bond (ICRC, Government of Belgium)	Investors (private) and outcome funders (bilateral donors, government, foundations)		Ex-post		ICRC and local partners

Source: Development initiatives (2017)

5 CONCLUSIONS

Low- and middle-income countries need support in providing social protection to large flows of refugees. In this report, we have outlined the main challenges these countries are facing and the main elements a strategy should contain in order to develop effective support policies.

Given the typically prolonged duration of a crisis, it is essential to develop strategies that integrate emergency with development concerns. While at the beginning of the crisis, most of the efforts should be concentrated in ensuring immediate protection and the satisfaction of refugees' basic needs, as time passes interventions should become more structural and oriented to promote the self-reliance of refugees and their integration in the economy and society of the host country. Some evidence, albeit found only in a few case studies, clearly indicates that the progressive integration of refugees can benefit both the refugees themselves and the hosting communities.

With this perspective, designing policies that favour integration with hosting communities is essential. Two considerations are of particular relevance in designing such strategies: making sure that support to refugees does not harm the local population (e.g. through environmental damage or price increases) and ensuring equality of treatment. Especially in low-income countries, the quality and quantity of social protection offered to refugees might exceed what is available to local residents. This implies that in many cases providing social protection to refugees entails extending coverage to nationals as well. The implications in terms of policy design and financial needs are substantial and should be taken into account when designing support measures for the countries concerned.

While this strategic approach is necessary, it is made additionally complex by the fact that at the beginning of a refugee crisis, emergency needs might be overwhelming and the duration of the crisis is not known. Yet, at the same time, based on past experience, supporting the needs of hosting countries and designing a strategy that integrates humanitarian, development and host communities' concerns is essential for the effectiveness of the interventions.

The mode of delivery of services can also substantially affect the outcome of policies. The most used delivery approach is based on direct delivery from UN agencies, other international organizations and NGOs. Recently, especially in the case of Turkey, national governments have been more directly involved in service delivery. While there is too little evidence to draw definite conclusions, it is clear that at least some integration between aid agencies and national governments in service delivery is likely to increase the effectiveness of the interventions and favour the transition towards development-oriented sustainable policies.

In this report, we have presented in detail the set of possible interventions for the different components of a social protection strategy and we have discussed the challenges they pose, making use of the (scarce) evidence available.

It is worth stressing, as a final point, that notwithstanding the recent increasing attention to the refugee crises in low- and middle-income countries, systematic evidence is scarce and policy analysis is lacking and mainly focused on the Syrian crisis. It is necessary to increase our knowledge about the relative efficacy of the different approaches and instruments that can be used to provide social protection to refugees, in order to be able to scale up the most promising approach and guide the development of strategies.

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Towards Sustainable Migration COPING WITH LARGE MIGRATION FLOWS IN LOW AND MIDDLE INCOME COUNTRIES

The recent past has seen large movements of migrants and refugees, and the number of international migrants has reached an all-time high. The majority of refugees are currently hosted in low and middle income countries.

Moreover, refugees and migrants stay in host countries for prolonged periods, as crises are protracted and migrants seldom return home soon after displacement. Hosting countries, therefore, face the challenge of addressing the needs of a large flow of refugees over a long period of time. In this report, we focus on the challenges that low and middle income countries face in dealing with large flows of refugees and migrants and, especially, on the interventions that can support their efforts in providing refugees with access to social protection.

In particular, we review different approaches to the provision of social protection in response to large flows of refugees and migrants, with particular attention to the integration between emergency and development approaches and to the integration with hosting communities. The report also looks at the characteristics and challenges associated with the different interventions that are part of a social protection strategy, as defined above. The delivery approaches followed and their relative merits will also be discussed. This will be completed by a brief discussion of the financing channels available and of their relative potential.