Task Force 10
Migration

Policy brief

DEVELOPMENTAL SOCIAL PROTECTION FOR REFUGEES IN THE AFTERMATH OF COVID-19

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Maria Gabriella Breglia University of Rome Tor Vergata
Furio Camillo Rosati University of Rome Tor Vergata

T20 NATIONAL COORDINATOR AND CHAIR
ISPI

T20 CO-CHAIR
IAI

T20 SUMMIT CO-CHAIR
Università Bocconi MILANO

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ABSTRACT

The COVID pandemic has disproportionally affected refugees and has exacerbated their difficulties in accessing social protection. The vast majority of the world's refugees are hosted in low- and middle-income countries, where health systems are unable to fully cope with COVID-19 and refugees often live in overcrowded settlements with limited access to basic services and are at high risk of contracting the virus. Access to social protection for refugees during and following the COVID-19 pandemic should be addressed within a system-wide approach, and measures of support should be integrated with elements that guarantee self-reliance, like access to the labour market and to education.

CHALLENGE

The vast majority of the world's refugees are hosted in low- and middle-income countries, and therefore supporting host country governments is crucial to ensure that refugees have access to social protection (Breglia and Rosati, 2019).[1] Given the typically protracted nature of the refugee situation, it is essential to develop strategies that integrate emergency with development concerns. The difficulties of access to social protection are exacerbated by the COVID-19 pandemic and achieving durable solutions for forcibly displaced populations has become even more challenging.

The pandemic and the measures to contain it have profoundly affected international mobility. Resettlement countries are accepting reduced numbers of refugees and are struggling to integrate displaced populations. As a result, the number of refugees who have been able to find permanent residency declined significantly compared to the first half of 2020 (UNHCR, 2020a).

Moreover, the COVID pandemic has disproportionally affected refugees. Often living in overcrowded settlements with limited access to basic services, many are unable to comply with the necessary preventive measures and are at high risk of contracting the virus (UNHCR, 2020a). They have limited access to public health and social services, particularly when not formally registered by a host government; and they largely live in countries where health systems are unable to cope with severe COVID- 19 implications (UNHCR, 2020a). Refugees often have precarious and informal livelihoods and their living conditions have been severely impacted by the deterioration of host countries' economic situation. In Rwanda, for example, most of the 12,000 urban refugees in employment lost their jobs due to business closures and in Jordan, the proportion of refugees living in extreme poverty has jumped from 55 per cent to 77 per cent. In Morocco, among the 44 per cent of the refugee heads of household with jobs, the vast majority (87 per cent) have had to stop working during the lockdown (UNHCR, 2020). School attendance has also dropped and 1.8 million refugee children and youth in 57 countries were not attending school because of school closure aimed at limiting the spread of coronavirus (UNHCR, 2020a). This increases the risk of pursuing harmful coping mechanisms as well as the likelihood that refugee children will remain out of school.

The magnitude of the social protection response to COVID-19 is of historic proportions: between March and December 2020 at least $880 billion has been invested in social protection (Gentilini et al., 2020). Yet, such a massive response has not been sufficient, and the crisis has shed light on longstanding gaps in the social protection systems. However, the crisis has also put on display opportunities for ensuring or accelerating the inclusion of refugees and asylum seekers in government social protection programmes, as well as for creative solutions to extend aid delivery processes.

PROPOSAL

GENERAL PRINCIPLES

Access to social protection for refugees during and following the COVID-19 pandemic should be addressed within a system-wide approach, and measures of support should be integrated with elements that guarantee self-reliance, like access to the labour market and to education.

The inclusion of refugees in social protection systems has a solid legal basis in the 1951 Convention on the Status of Refugees and its 1967 Protocol and was reaffirmed in the 2016 New York Declaration for Refugees and Migrants as well as the Global Compact on Refugees adopted in 2018 by the United Nations General Assembly. In the shorter run, this implies the inclusion of refugees in social safety nets and emergency planning to address their specific protection needs; in the medium and longer run, it means their inclusion in national services and social protection policies.

Integrated approaches that include refugees in national protection systems will play an important role in mitigating the effects of COVID-19 and in supporting a swift recovery. In the short term, countries should seek to ensure that refugees have access to health care and income protection, working and living conditions suitable for complying with preventive measures, and relevant information on COVID-19. In the medium to long term, countries should focus on integrating refugees within existing institutional structures and delivery mechanisms in order to prevent fragmentation.

In several countries, governments are transforming their national protection systems to meet the socio-economic impacts of COVID-19, including those on refugees, such as for example Argentina, Brazil, Cameroon, Chile, Congo, Djibouti and South Africa (Hagen-Zanker and Both, 2021). Some countries, such as Panama, Venezuela and Trinidad and Tobago, whose social protection system did not do so prior to the pandemic, included refugees in their national COVID-19 response (Hagen-Zanker and Both, 2021).[2] While limited with respect to the social protection needs, these interventions are critical and will be reinforced by the economic stimulus packages over the medium term.

Within this framework, further efforts are required to include refugees in government social protection responses. In parallel, efforts should be directed towards re-imagining partnerships in the humanitarian space to overcome the funding constraints that might become particularly challenging in the long run.

In what follows, we briefly present the main elements of a social protection strategy for refugees and asylum seekers that should be developed in order to foster integration and resilience in the aftermath of the COVID-19 pandemic. While particularly relevant for low- and middle-income countries these considerations are important also for high-income countries.

SHELTER AND HOUSING

Physical distancing has been a central containment measure against COVID-19. For displaced populations, however, the ability to adhere to this practice is often unrealistic. Decongesting and reducing human density in settlement is therefore essential to allow for social distancing and for reducing transmission. While temporary shelters can be an immediate response, durable housing solutions are needed, particularly in protracted refugee situations. While this is relevant in all circumstances, it is particularly urgent in a pandemic situation. Although camps might be the most efficient solution in the very short run, this is not the case in situations where the refugees' stay in the host country is not temporary. Other solutions should be found.

When phasing out camps is not possible, they should be linked to the local economy: in this way it would be possible to foster their sustainability and to generate positive outcomes for the hosting community.

Environmental challenges should also be taken into account (see for example UNHCR, 2009). 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. Therefore, an assessment of the environmental impact of camps should be undertaken in determining camp location and size.

Support for housing outside the camps is also necessary, especially in the medium and long run and with a development perspective. This is particularly urgent during the current pandemic, as housing expenses might compromise the ability of refugees to afford health care.

Two main approaches, not mutually exclusive, should be considered: cash for rent or rental subsidies, and support for rehabilitation and renovation of existing buildings.

Interventions in the housing market are complex and can easily distort the market, therefore attention should be paid to the design of such schemes making sure that they do not generate unwanted effects on both refugees and local communities.

Cash for rent schemes are in principle less likely to produce distortionary effects and appear to be more sustainable. However, in order to improve their efficiency and targeting, such programmes should be included in the general framework of the income support measures offered to the refugees (and to the local communities), where appropriate.

To the extent that the presence of the refugees substantially changes the dynamics of the housing market, measures should be designed to consider the needs of the hosting community as well, in order to avoid equity issues and the emergence of tensions among communities, also due to cultural attitudes of the property owners.

ACCESS TO HEALTH SERVICES, FOOD AND WATER

Access to food is among the most urgent needs to be addressed. Moreover, this is a problem that might also persist in protracted situations, especially when there are limited opportunities for income-generating activities. Lack of or limited access to food can also have negative environmental consequences like over-exploitation of available natural resources.

Access to water (and soap) is vital: ensuring clean water and good hygiene practices by expanding access to WASH services is essential in the short run and will generate long-term benefits due to reduced health care costs for individuals and society.[3]

Beyond food and water, basic health care is an essential element of a social protection strategy. In many low- and middle-income countries, where health systems have often been overwhelmed and with limited capacity to manage persons with severe COVID-19 complications, access to health care still represents a challenge among local populations. In such contexts, refugees may experience severe access problems. Moreover, notwithstanding improvements in coverage, disparities and coverage gaps remain large for many critical services among and within countries.

The pandemic is exacerbating such disparities: in many refugee-hosting areas outside major city centres, low capacity and limited service availability make refugees more at risk of contracting the virus. As of today, measures implemented by governments, international agencies and nongovernmental organisations have avoided major outbreaks in large refugee communities (UNHCR, 2020a). However, in the longer run, investments in health systems will be necessary: essential elements are an integrated approach that promotes access to improved health care for both refugees and hosting communities, and the full integration of the refugees in the health care system of the hosting countries, avoiding the development of parallel systems.

While access to health care is essential, the pandemic has also shown the importance of enhanced disease surveillance systems. For example, building on the experience of the Ebola outbreak, countries in West and Central Africa participating in the REDISSE Program[4] were able to rapidly detect and improve their capacity to mobilise resources to respond to COVID-19.

EDUCATION

As stated by Filippo Grandi, "Providing education for refugee children is crucial to the peaceful and sustainable development of the countries that have welcomed them, as well as of their home countries when they are able to return".[5]

Both supply-side and demand-side barriers need to be addressed to foster refugees' access to education. Capacity shortages (school space, teachers), limited or no command of the local language by students and a lack of registration status are evident obstacles to school attendance that need to be addressed.

Even if the immediate needs of refugee children in terms of education are large, it is necessary to include long-term development planning in addition to humanitarian responses, investing greater resources in capacity-building targeting national education ministries and teachers. Funding should be prioritised towards the support of the formal education system, rather than short-term programmes. To the extent made possible by the location where refugees live, it would be necessary to include refugee children in the national school system. This requires addressing the need to fill the language gap, as well as more general socio-cultural differences.

While the upfront investment might be relatively large (compared to setting up some ad hoc interventions), it would generate substantially higher return in the medium to long run.

Beside the difficulties just mentioned, host country governments might be reluctant to include refugees in the national education system for fear of encouraging long-term stay and jeopardising the return of refugees to the country of origin. Therefore, it would be useful to set up awareness-raising and information campaigns, showing the positive economic and social effects of refugees' integration in the hosting country/community and how this would emancipate refugees from the need for government assistance.

Demand for education on the part of refugees might be low if it produces low return because refugees' access to jobs and economic opportunities is restricted regardless of their educational attainments. Investments in education should therefore go hand in hand with generating economic opportunities for refugees.

The rates of return on investments in schooling might also be low because of the low quality of education. School quality is a general concern especially in low-income countries, but it is exacerbated when large refugee flows require increasing the capacity of the education systems in a very short timeframe. Hiring and training teachers is also a challenge and teachers should be prepared for the new set of protocols and responsibilities required by returning to school during the pandemic. The quality of schooling infrastructure also has an impact on education quality, and adequate facilities are necessary to prevent and control COVID-19 in schools.

Particular attention should be devoted to addressing the lasting effects of the pandemic on education. A refugee child is twice as likely to be out of school as a non-refugee child and many of them might not return to class (UNHCR, 2020). Targeted interventions are required to support refugee children to re-enrol and catch up.

Back-to-school campaigns should also be considered, together with increased provision of mental health and psychological support that address stigma and discrimination (see for instance UNHCR, 2020b).

The pandemic has also forced education systems to move to a blended learning approach, which represents an opportunity to reform education systems through an increased use of digital tools. Bridging the digital divide to improve refugee children's access to remote learning tools will be critical in this regard.

CASH TRANSFERS

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. However, its effectiveness is questionable in the medium and long term. 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.

While cash-transfer programmes may be used to benefit refugees, 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.

Cash transfers remain nonetheless key for a household's survival in the absence of options to support livelihoods, as during economic lockdown or quarantine.

However, limitations to accessing bank accounts and electronic money can make the delivery of cash assistance challenging. Voucher-based systems and in-kind distribution can represent a valuable short-term alternative, especially in overcrowded areas in forced isolation or quarantine. This will in turn help support micro, small and medium-sized enterprises (MSMEs), which are at increased risk of going out of business in these circumstances, and will help assure owners' and employees' income. Moreover, some of these firms supply basic goods and services essential for both host and refugee communities.

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. In order to be more effective, they 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. Cash transfer programmes for refugees should therefore be gradually transformed and incorporated into broader cash transfer programmes that also include host populations.

The current situation requires also extending COVID-19 income support programmes to refugees, who are particularly vulnerable to the consequences of the economic downturn. In fact, most of the refugees who work do so in the informal sector, where social protection instruments are scarce, if available at all. Extending COVID-19 support measures to refugees will help the workers of the informal sector to cope with the impact of the pandemic. Several governments are extending COVID-19 cash and in-kind transfer packages to forcibly displaced persons who are already enrolled in government social assistance programmes (see footnote 2).

LIVELIHOOD INTERVENTIONS

In order to support the generation of income opportunities and to promote self- reliance, so-called livelihood interventions can play a useful role. Livelihood interventions should address both the supply and the demand side needs of the refugees.

Supply-side livelihood interventions consist of skills-based interventions that seek to improve refugees' access to wage employment or self-employment. They typically consist of technical and vocational education and training (TVET) (UNHCR, 2014).

Other training programmes involve training in language, business skills (e.g., accounting, business planning, marketing and risk management), and "soft skills". These kinds of interventions are particularly important for refugees to acquire the basic skills and information that are needed to better integrate in the labour market. They assume additional relevance

in light of the COVID-19 pandemic, as it has to a certain extent changed the landscape of work, and forms of retraining are especially needed. Particular attention should be given to training towards "green jobs" as many recovery plans developed by governments include investments in the sustainability area. Moreover, many educational institutions, including those specialised in Business Development Services and adult education, have increased their remote learning opportunities. Some of these opportunities are free of charge and could be considered an important opportunity for refugees.

The main challenge of such strategies is, as is well known, the identification of market demand and effective opportunities after graduating from the programmes. However, the current situation sees to some extent a predictable pattern for the labour demand as it is also driven by government interventions.

Still, attention should be given to avoiding programmes unsuited to the local economy. As far as possible, these programmes should be included in the overall government labour market strategy and should not be developed as ad hoc programmes for refugees to avoid the risk of irrelevance, as mentioned above. Integration in the overall government strategy will also help avoid fragmentation: the limited scale and very short duration of these programmes has often been observed.

Demand-side strategies aim to improve employability by either directly creating jobs or connecting refugees to employers.[6] Such programmes aim at overcoming several obstacles refugees encounter in integrating in host communities also because of restrictive government policies. In particular, inclusion in job matching programmes, where available, would be relevant, as well as support to self-employment in both agricultural and non-agricultural activities. Schemes aimed at providing direct employment, especially through public works, are also particularly relevant in the current crisis, especially if integrated in the overall employment strategy of the country.

ECONOMIC INCLUSION IN A GREEN RECOVERY

Both the refugee challenge and the pandemic are inextricably linked to global environmental issues: climate change triggers displacement and worsens living conditions of those displaced, and the recovery plans that governments are developing have the potential to create a recovery that is both green and inclusive.

"Green" recovery plans should be accompanied by measures aimed at integrating refugees in the local labour market, as freedom to work is a key ingredient of a medium- and long-term response to large refugee flows. The right to work and labour mobility are elements of the UNHCR global strategy for livelihoods. 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 limiting refugees' access to the labour market. Moreover, even if the right to work is granted, access to the formal labour market is often limited, for example, by restrictions related to particular sectors. In the context of the pandemic, when host states are confronting a recession and an increased demand for services, integrating refugees in the local labour market can contribute to the recovery, in turn reducing the burden on public services.

Moreover, skilled refugees, especially health care professionals, can support the response to the pandemic: their inclusion in the labour market can contribute to addressing the scaling-up of the public health response.

A complementary but critical element of the economic inclusion of refugees in a green recovery is the recognition of foreign professional qualifications. Such actions will significantly enhance the resilience of economies and societies in the face of accelerating environmental challenges while laying the foundations for sustainable well-being.

FLEXIBILITY OF ADMINISTRATIVE PROCESSES AS THE GATEWAY TO GOVERNMENT SUPPORT

The ability to register and process an asylum claim and to meet national administrative criteria is critical for people's access to government social protection programmes. Building on countries' experience in tackling COVID-19, asylum review systems should include, for example, the possibility to accept written or online asylum applications, to automatically extend the validity of the documentation, or to use remote means for conducting interviews. While not suitable in all circumstances, these adjustments might provide practical solutions for situations where national health guidelines prohibit any direct contact.

RE-IMAGINING PARTNERSHIPS

The inclusion of refugees in national social protection systems might imply re- imagining partnerships: more engagement will be needed with the public sector and other organisations that have the ability to integrate persons of concern into social safety nets while reducing the dependence on NGOs. Multilateral agencies should concentrate on supporting major safety nets as part of national social protection systems, with attention to the inclusion in the system of forcibly displaced people and vulnerable host country citizens alike.

NOTES

[1] There is no single definition of social protection, but all definitions relate to poverty alleviation and risk management for vulnerable people (Brunori et al., 2010). In the current brief, we use a wide definition of social protection, as proposed by Devereux and Sabate- Wheeler (2004), that includes protective, preventive, promotive and transformative measures. In this report we focus on protective, preventive and promotive measures. 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. Preventive measures relate to both state and non-state social insurance provisions seeking to directly avert deprivation. 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. Transformative measures aim at addressing social equity concerns and protecting people against discrimination or abuse, 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 sensitisation campaigns to foster social equity.

[2] In Colombia, Venezuelans displaced abroad are included in the Ingreso Solidario programme implemented in response to COVID-19; in Panama, refugees are eligible for the Plan Solidario programme implemented in response to the pandemic to cover vulnerable families; in Trinidad and Tobago, refugees are eligible for the Asistencia COVID-19 programme implemented in response to the crisis to cover independent workers and vulnerable individuals (Hagen-Zanker and Both, 2021).

[3] According to the WHO, every dollar invested in water and sanitation generates a $4.3 return. Source: https://news.un.org/en/story/2014/11/484032-every-dollar-invested-water-sanitation-brings-four-fold-return-costs-un.

[4] Regional Disease Surveillance Systems Enhancement (REDISSE) Program. Launched in 2016 by the World Bank, in the aftermath of the 2014-2016 Ebola outbreak in West Africa, the Program is an interdependent series of projects. Currently, "16 countries in West and Central Africa participate in the program, which works on three fronts: addressing weakness in human and animal health systems for disease surveillance and response, building capacity for effective cross-sectoral and cross-border collaboration, and providing an immediate and effective response to emergencies". Source: Epidemic Preparedness and Response (worldbank.org), https://www.worldbank.org/en/results/2020/10/12/epidemic-preparedness-and-response).

[5] https://news.un.org/en/story/2017/09/564732-over-35-million-refugee-children-missing-out-education-un-report-finds.

[6] Examples of demand-side strategies are the FAO and WFP initiative "Resilient Livelihoods for Agriculture and Food and Nutrition Security" and Uganda's Self Reliance Strategy.

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ABOUT THE AUTHORS

Maria Gabriella Breglia University of Rome Tor Vergata

Breglia is a research fellow at the Italian Centre for International Development (ICID – University of Rome Tor Vergata) and a researcher at the International Labour Organization. She received a BA in Political Sciences from the University of Turin and a Master in International Economics and Development Cooperation from the Centre for Economic and International Studies (CEIS) of the University of Rome Tor Vergata. Noteworthy publications include, among others, *Coping with large migration flows in low-income and middle-income countries* (ICID, 2019) and *Towards sustainable migration: Interventions in country of origin* (ICID, 2019). Her research interest include child labour, forced labour and migration.

Furio Camillo Rosati University of Rome Tor Vergata

Rosati is a Professor of Public Finance at the University of Tor Vergata, Rome in the Faculty of Economics. He received a B.A. in Economics from the University of Rome, Faculty of Law (1976), a Master of Science in Economics (1979) and a Philosophy Doctor in Economics, both from the London School of Economics and Political Science (1984). He is the Director of CEIS (Center for Intrnational Economic Studies) and of ICID (Italian Center for International Development). His research interests include public economics,migration, labour economics, household economics and development economics, and he has published in leading international journals.