



INCLUSION OF REFUGEES IN GOVERNMENT SOCIAL PROTECTION SYSTEMS IN AFRICA

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© UNHCR/Mohamed Alalem. Distribution of an urban assistance package to a refugee in Tripoli, Libya.

EXECUTIVE SUMMARY

With 76% of refugees in situations of protracted displacement and with less than 1% realising a durable solution¹ inclusion in strategic government systems such as social protection represents a pragmatic way to bridge emergency assistance and durable solutions. This study examines the nature of inclusion of refugees in government social protection programmes and related COVID-19 responses in eight countries in Africa. This is done in order to better understand the enabling factors regulating refugee access and how these factors can be supported through policy and programming.

All countries covered by the study are party to the 1951 Refugee Convention. *De jure* access to social protection benefits is provided by refugee and asylum laws and government policy in **South Africa, Djibouti, Cameroon, Ghana and the Republic of Congo**. Refugees are included in social assistance programmes in Djibouti, Cameroon and the Republic of Congo through World Bank IDA 18 Refugee and Host Community Sub-Window (RSW) social safety net projects that use an area-based approach to scale up coverage for host and displaced populations. In Ghana, refugees can access a range of social assistance and social service benefits through government programmes backed by international funding, whilst refugees in South Africa can access a more developed social security system supported by domestic funding. Some refugees were able to access cash transfers as part of the government COVID-19 responses in these countries via existing social assistance programmes, bar Ghana, with the World Bank channelling funding via the IDA 18 RSW social protection projects. Additional support for productive activities, workers and businesses was also provided across South Africa, the Republic of Congo and Cameroon.

In all countries, the majority of the total refugee population does not yet receive the full range of benefits available to citizens. *De facto* access, where refugees actually receive social protection benefits set out in government law and policy, is hampered by a set of contextual factors. These include a lack of funds and local government capacity, access to documentation, inadequate consideration of protection risks in government programmes, and, a lack of awareness and respect of refugee rights by local authorities and host communities. Additional factors hampered access to COVID-19 responses including the closure of government offices and resulting disruptions in access to documentation, administrative processes and the implementation of programmes.

In contrast, **Kenya, Rwanda and Malawi** have not finalised national refugee laws permitting inclusion in government social protection programmes. Despite these legal limits, UNHCR in partnership with the ILO has set up and subsidised urban refugees in Kenya and Rwanda to access the national health insurance scheme, backed by livelihoods activities promoting refugee contribution. Further, Kenya refugees were included in the national COVID-19 socio-economic survey and some refugees in Malawi received agricultural inputs as part of the government's COVID-19 response.

Inclusion of refugees across the government systems examined in this study occurs as pathway², with progress regulated by ten enabling factors for inclusion. In many of the contexts in this study, refugee inclusion into all government social protection programmes on par with those accessed by citizens is not yet possible. Certain UNHCR Country Offices are supporting the transitioning from humanitarian assistance to government programmes as a series

of progressive steps. Progress along a pathway to inclusion begins with assistance delivered totally in parallel with government programmes representing traditional 'care and maintenance' programming. This assistance is aligned to government delivery approaches where there is some progress on the enabling factors for inclusion. With further progress on these factors, harmonised area-based programmes covering host and displaced populations becomes possible, which replicate many of the features of the government delivery approach. However, these programmes may not yet facilitate refugee enrolment to social registries or other forms of formal recognition by the government.

The following options, based on the ten enabling factors for inclusion identified in this study, can be chosen and adapted according to the specific context and type of forcibly displaced population targeted for inclusion:

1. **Work to narrow the gap between *de jure* and *de facto* access to government systems** by strengthening the application of international and government legal and policy instruments, backed by a solid business case to governments for inclusion.
2. **Scale up multilateral and development funding** for refugee-hosting areas that promotes an area-based approach that increases coverage for host and displaced populations.
3. **Scale up local and central government capacity** offering support that enables forcibly displaced persons to reach government programmes and for government agencies to reach forcibly displaced persons.
4. **Support the preparation and scale up of government social registries** to enrol forcibly displaced persons including reinforcing the collection and analysis of relevant socio-economic data.
5. **Ensure that forcibly displaced persons can meet eligibility criteria** for social registry and benefit targeting including reinforcing access to civil documentation and digital IDs.
6. **Accompany referrals and monitor the impact of inclusion on forcibly displaced persons**, ensuring people can exercise their rights and that protection and conflict risks are addressed.
7. **Advocate for, and support, the inclusion of forcibly displaced persons in government**

socio-economic COVID-19 impact surveys including the collection and/or provision of relevant socio-economic and protection data.

8. **Promote inclusion in COVID-19 recovery and economic stimulus packages** building on programmes that already include forcibly displaced persons.
9. **Support advocacy for inclusion and co-ordination with government social protection agencies** as a coherent approach by actors working across the humanitarian-development-peace nexus.
10. **Promote financial and economic inclusion programmes** that reinforce the self-reliance of forcibly displaced persons to demonstrate how these persons can exit out of non-contributory benefits to stable informal and formal labour opportunities.

The inclusion of forcibly displaced persons in government social protection systems can be supported by international actors by (1) periodically mapping existing government social protection systems, accompanying legislation and planned programmes; (2) analysing social protection programmes (existing and planned) and identifying the most appropriate benefits and services that could serve the national protection and solutions strategy, and; (3) defining the priority actions to support and planning the resourcing and partnerships for these. These actions can work to (a) help governments and development actors open windows of inclusion in existing government programmes for forcibly displaced persons, (b) progressively align humanitarian assistance to these programmes and set up referral processes that prepare and accompany inclusion, and, (c) help to ensure coherent action through a government-led transition action plan that helps to operationalise the national protection and solutions strategy.

UNHCR and other actors promoting inclusion will need to identify the context-specific status of the enabling factors for inclusion outlined in this report and focus their action to unlock the challenges preventing further progress on these factors. While this study has focused on refugee inclusion, many of these recommendations are relevant for supporting the inclusion of other groups of forcibly displaced persons including asylum seekers, internally displaced persons and stateless groups.



© UNHCR/Samuel Otieno. Validation of an ATM card in the Kalobeyei Settlement, Kenya.

1. INTRODUCTION

This study is undertaken to better understand the inclusion of refugees in government social protection programmes in eight countries in Africa (Ghana and Cameroon in West and Central Africa; the Republic of Congo, South Africa and Malawi in Southern Africa; and Djibouti, Kenya and Rwanda in East Africa, the Horn of Africa and the Great Lakes region). It maps and reviews the enabling factors for inclusion and formulates recommendations for action, drawn from the evidence base provided by UNHCR Country Offices, complemented by analysis of social protection focal points by the three Africa Regional Bureaus (RBs) and the Division of Resilience and Solutions (DRS).

International and regional human rights instruments, such as the 1948 Universal Declaration of Human Rights;³ the 1966 International Covenant on Economic, Social and Cultural Rights;⁴ the 1989 Convention on the Rights of the Child⁵ and the 1981 African Charter on Human and Peoples Rights⁶ establish the universal human right to social security

and, by extension, to social protection. Social protection is defined as a set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout the course of their lives, with an emphasis on vulnerable groups.⁷ Social protection systems include *social assistance* or *social safety nets* (non-contributory benefits), *social insurance* (contributory scheme) and *labour market intervention* programmes (a mix of non-contributory assistance and contributory benefits).

While refugees are covered by these general human rights instruments, the more specific international treaties protecting them provide for their right to access social protection. The 1951 Convention relating to the Status of Refugees⁸ has specific provisions relating to refugees' access to social security⁹ and to public relief.¹⁰ Most recently, the New York Declaration in 2016¹¹ and the Global Compact on Refugees in 2018¹² called for the inclusion of refugees in social protection systems.



© UNHCR/Esther Ruth Mbabazi. South Sudanese refugee working in construction at the Bidibidi settlement in Uganda.

2. EXISTING GOVERNMENT SOCIAL PROTECTION SYSTEMS ACROSS THE STUDY COUNTRIES

Government social protection systems across the eight countries covered by the study are at different stages of development. They have often initially focused on urban populations and those better off (particularly for contributory benefits), and then extended benefits and coverage to less developed rural areas and the poor. Based on data on types of benefits, coverage and resources dedicated to social protection, the eight countries fall into three main groups along the pathway towards a comprehensive government social protection system.

- A. **Nascent systems** dominated by social assistance with modest expenditure and coverage, propped up by international investments (the Republic of Congo, Cameroon and Djibouti).
- B. **Systems in development** that are scaling up social assistance and other social protection programmes to the poor with a mix of government and international investments (Malawi, Rwanda, Ghana and Kenya).
- C. **Well-developed systems** with a range of social protection benefits around a single government system with significant government investments (South Africa).

The key components of the government social protection systems in the study countries are summarised below.

Ghana: The Ghana National Social Protection Policy (2015) overseen by the Ministry of Gender, Children and Social Protection provides for the scale-up of five flagship programmes, including:

- Cash transfers to children, pregnant women, the disabled and elderly through the Livelihood Empowerment Against Poverty programme.
- Full achievement and application of the National Health Insurance Scheme, which includes district-level mutual health insurance schemes as well as other health insurance providers.
- The Labour-Intensive Public Works programme as a key social employment strategy.
- The Basic Schools Capitation Grant to promote access to education, social assistance and employment.
- The Ghana School Feeding Programme to achieve educational participation, nutritional adequacy, employment creation and social cohesion.

This integrated package is meant to link with the social-protection-related initiatives led by other government ministries including the Ministry of Food and Agriculture,¹³ the Agricultural Sector Investment Programme¹⁴ and the Ministry of Health.¹⁵ The national health financing system covers around 12 million people.¹⁶

Cameroon: The National Social Protection Policy (2017) outlines four areas of support:

- Social transfers whose common thread is the strengthening of non-contributory systems. These aim to strengthen the human capital of vulnerable populations by improving their access to basic social services and improving the satisfaction of their basic needs. Their priority targets are orphans and vulnerable children, women in difficult circumstances, the elderly, chronically poor households, small farmers, victims of accidents and disasters, people with serious medical conditions, the internally displaced and refugees.
- Social security, with the objective to guarantee social and health coverage to all segments of the population, especially the most vulnerable.
- Social action services through the protection and promotion of groups with specific and cyclical vulnerabilities. They aim to improve the access of these groups to social action services through the fight against exclusion and the implementation of support and supervision initiatives.
- Promotion of the economic integration of vulnerable people. As a major lever for poverty reduction, inclusion and social justice, employment has, since 2010, been placed at the heart of public authorities' development strategy. This axis is about improving the access of vulnerable populations to economic activities.

The government is still planning to introduce a unified social registry that would include all the above programmes.

Republic of Congo: The National Policy for Social Action (2014) sets the frame of the national social protection system, comprising two pillars: the first, to harmonise historically fragmented cash and in-kind social assistance projects and income-generating support under a common social assistance programme; the second, to strengthen contingency planning and disaster risk management

systems to better prevent, prepare for and respond to major disasters. The first pillar is primarily rolled out through the Lisungi Safety Nets System Project launched in 2014, comprising cash transfers, public works and support to income-generating activities (IGAs), with links to education and health services. This is also strengthening the social registry and includes 60,000 households, with plans of extending the project to 100,000 households.

South Africa: The government social welfare policy is referred to in Chapter 2 of the South African Constitution, and is structured around three pillars: non-contributory (tax financed), contributory (social insurance) and private voluntary:

- Pillar 1: Non-contributory schemes include targeted cash transfers for the vulnerable such as an old age grant, war veterans grant, disability grant, care dependency grant, foster child grant, child support grant, grant in aid (payable to any person in receipt of an older age grant) and the social relief of distress grant. A growing list of social services includes free health care, basic education and subsidised housing for the poor. In addition, there is universal provision of some basic services (water, electricity and sanitation). There are now 14.4 million people receiving social grants in South Africa.
- Pillar 2: Mandatory social insurance covers specified contingencies for all income groups above a nationally defined threshold. Important programmes include the Unemployment Insurance Fund, the Expanded Public Works Programme and the Employment Injury Insurance System.
- Pillar 3: Voluntary private insurance includes top-up coverage for pensions, short-term benefits and health care.

Malawi: The Malawi National Social Support Programme II (2018-2023) is the national flagship programme, comprising:

- Pillar 1: Consumption support through timely, predictable and adequate cash and/or in-kind transfers to poor and vulnerable people throughout their life cycles.
- Pillar 2: Resilient livelihoods, which are promoted through tailored packages based on individual, household and community needs via poverty graduation pathways and inter-programme linkages and by facilitating access to and the utilisation of services beyond the Malawi National Social Support Programme II.

- Pillar 3: Shock-sensitive social protection that meets seasonal needs, prepares for and responds to unpredictable shocks in co-operation with the humanitarian sector and supports recovery and the return to regular programming.

Djibouti: The National Strategy for Social Protection (2017) is putting in place a poverty-targeted social assistance programme (National Family Solidarity Programme, PSNF) while providing subsidised access to health care and nutrition support, with access via the newly established social registry. Other key social assistance programmes include the Social and Solidarity Economy programme (economic inclusion and social cohesion activities), education support for disabled children (including IGA support for mothers), subsidised access for the poorest to the national health insurance scheme (PASS) and the Social Assistance Programme for Poor Older Persons (addressing basic needs of the elderly).

Kenya: The Kenya National Social Protection Policy of 2012, currently under review, established three pillars, including social assistance, social security and social health insurance, which are implemented as follows:

- Cash transfers through the National Social Safety Net Programme, also known as the Inua Jamii programme, include the Cash Transfer for Orphans and Vulnerable Children, the

Older Persons Cash Transfer, the Cash Transfer for Persons with Severe Disabilities and the Hunger Safety Net Programme.

- Social security protection to workers in the form of lump-sum payments upon retirement through the National Social Security Fund.
- Social health insurance implemented by the National Hospital Insurance Fund through subsidy programmes for orphans and vulnerable children, persons with severe disabilities and older persons.

On average, 25 per cent of the population in Kenya is covered by the national social protection system. There are 1.3 million social assistance beneficiaries with 7 per cent of working-age adults living in households receiving social assistance transfers and 77 per cent of older persons receiving a pension grant.

Rwanda: The government's National Social Protection Policy (2017) is being rolled out via its Social Protection Sector Strategic Plan (2019-2024). Non-contributory programmes include the poverty-reduction flagship Vision 2020 *Umurenge Programme* that includes social assistance benefits, the Genocide Survivors Support and Assistance Fund and the Rwanda Demobilization and Reintegration Commission. Contributory schemes include complementary livelihood support services and Community-Based Health Insurance (*Mutuelle de Santé*).



© UNHCR. Cash assistance to refugees in Burkina Faso.



© UNHCR/Dhieu Lual. Kenya Commercial Bank staff open bank accounts for refugees at Kakuma camp.

3. INCLUSION OF REFUGEES IN GOVERNMENT SOCIAL PROTECTION SYSTEMS

All countries covered by the study implement the general human rights instruments referred to in the introduction and are party to the 1951 Refugee Convention and to the regional Organisation of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa.¹⁷ Countries including South Africa, Djibouti, Cameroon and Ghana have adopted national refugee laws permitting inclusion, with Djibouti recently amending its decree governing its social registry to include refugees. Djibouti, Cameroon and, at the local level, Ghana are however challenged by government capacity to ensure access to these rights due to poorly developed infrastructure for delivering both basic services and social services, and a lack of economic opportunities in refugee-hosting areas.

In contrast, some countries have made reservations to the 1951 Convention,

particularly in relation to socio-economic rights specified under “Gainful Employment” and “Welfare” (i.e. public education, public relief, labour legislation and social security). For example, Malawi made reservations in relation to the right to work and to freedom of movement and other socio-economic rights necessary for greater inclusion. In addition, some national legislation and policies either restrict inclusion in government systems or are still in the making. For example, the Republic of Congo, Kenya, Rwanda and Malawi have not adopted or are in the process of amending or finalising national refugee laws permitting inclusion. In Malawi, for example, the Refugee Act of 1989, under review, contains several restrictions. Although Kenya is reviewing a draft Refugee Bill it is not clear whether this will lead to greater inclusion of refugees in government systems in the future.

3.1 INCLUSION OF REFUGEES IN GOVERNMENT SOCIAL PROTECTION PROGRAMMES

The nature of inclusion of refugees in government social protection programmes is summarised in the following country sections.

Ghana: Refugees access specific forms of social protection benefits including:

- The Ghana Card to facilitate access to social services.
- Exemptions from the National Health Insurance Scheme.
- The Labour-Intensive Public Works Programme.
- Free basic education, free senior high school education, the Basic Schools Capitation Grant and the Ghana School Feeding Programme.

More detailed information about refugees' access to these programmes was not available at the time of the drafting of the report.

Cameroon: Some urban refugees have generally accessed services delivered in government social action centres, centres for women's empowerment and families and rehabilitation centres for persons with disabilities, counselling, psychosocial support and mediation. The World Bank Group's IDA18 Regional Sub-Window for Refugees and Host Communities (WBG IDA18 RSW) Social Safety Nets for Crisis Response Project (P164830, US\$60 million) is opening up access to refugees from the Central African Republic in the Adamawa, North and East regions to the Social Safety Nets project. This includes 8,000 households eligible for cash transfers, 2,500 households for shock-responsive cash (top-ups in case of emergencies), 8,500 refugees for public works and 8,000 refugees for IGA support.

All refugee participants will be enrolled in the national social registry. Refugees will also access the WBG IDA18 RSW Health System Performance Reinforcement Project – Additional Financing (P164954, US\$36 million), and two other projects supporting education and community development infrastructure. The WBG IDA18 RSW projects were stalled due to the lack of a formal launch by the government; however, beneficiary selection for social safety nets is underway. UNHCR Cameroon provided cash transfers and in-kind support to at least 48,535 refugees from the Central African

Republic via the Transitional Safety Net project (first semester, 2020), which is closely aligned with the Social Safety Nets project in terms of targeting criteria and cash transfer values.

Republic of Congo: Prior to the WBG IDA18 RSW Additional Financing (Lisungi Safety Nets System Project II – P166143, US\$22 million) to the government's existing Lisungi Social Safety Nets Project, launched in December 2019, refugees could not access government social protection systems. The RSW Additional Financing enabled the government to roll out the Lisungi Social Safety Nets Project in the remote rural department of Likouala, host to most of the refugees in the country, and the cities of Brazzaville and Pointe Noire. At least 4,000 refugee households will benefit from IGA grants and vocational training, and 2,000 refugee households will receive regular conditional cash grants while additional support is to be provided to scale up health posts and schools for all in the Likouala department. Eligible refugees and host communities will be included in the national social registry. Implementation was delayed due to the deployment of the COVID-19 national response, with the national social safety nets system leveraged to provide COVID-19 cash transfers in urban areas most affected by the lockdown, including refugees as beneficiaries.

South Africa: The Refugees Act grants rights to employment and access to social services to refugees; refugees have thus been able to access jobs and services. Recognised refugees also qualify for social grants as nationals. The South African Social Security Agency offers various social security grants including child support, disability, elderly, foster care, social relief of distress and care dependency grants. An estimated 9,000 refugees benefit from the social relief of distress grants.

Malawi: Although the government announced the rolling out of the Comprehensive Refugee Response Framework and has included refugees in the Malawi Growth and Development Strategy III (with access to health and primary education), refugees are not included in the government's National Social Support Programme II.

Djibouti: Refugees will be for the first time included to the PSNF through the WBG IDA18 RSW Integrated Cash Transfer and Human Capital Project (P166220, US\$15 million) and its



© UNHCR/Ariadne Kypriadi. Microfinance office offering loans to refugee and host community entrepreneurs in Ethiopia.

Additional Financing (P174556, US\$15 million). Around 1,000 urban refugee households are being biometrically enrolled into the government social registry to access COVID-19 vouchers supported by UNHCR. A further 500 refugee households will be eligible for the social registry. While refugees are excluded from the project's cash transfers and economic inclusion activities, they are eligible for community-level communication sessions on COVID-19 prevention and child nutrition, health, education, child stimulation and parenting, and gender-based violence (GBV).

Basic service infrastructure projects will also be set up in 60 refugee-hosting communities including those focused on water supply and sanitation, water resource management, schools, markets, rural roads and environmental resource management. A baseline data exercise, informing inclusion in the PSNF and PASS, has been pending since 2019, with further delays due to a long recess of the national assembly in Djibouti, and with the government prioritising its COVID-19 response. Refugees are also planned to be supported by three other WBG IDA18 RSW projects including the Improving Health Sector Performance Project (accessing the public health system and PASS - P168250, US\$6 million), Expanding Opportunities for Learning (P166059) and the Djibouti Integrated Slum Upgrading Project (urban infrastructure - P162901).

Kenya: The National Hospital Insurance Fund includes at least 8,032 refugee households in Nairobi, with UNHCR subsidising this access. Expansion to rural camps is planned under an agreement between the fund and UNHCR and is funded by the UK Department for International Development (DFID) (Kenya Integrated Refugee and Host Community Support Programme); however, COVID-19 has stalled this expansion. Refugee children have access to interventions aimed at their rescue and protection from abuse and exploitation, facilitated by the Department of Children Services in partnership with UNHCR and the United Nations Children's Fund, in the form of provision of case management, psychosocial support and safe shelter. Survivors of sexual and gender-based violence among refugees are not discriminated against when accessing assistance and services available to Kenyan nationals, but the extent of such assistance and services is very limited.

Rwanda: Up to 8,032 urban refugee households in Kigali are supported by the Community-Based Health Insurance, with UNHCR largely subsidising this access. This is a public scheme managed by the Rwanda Social Security Board and was accompanied by the issuance of identity cards by the Rwandan government. There is a plan to expand this initiative to refugee camps in the future. Although at least 20,000 refugees have been supported by the joint government-UNHCR

national economic inclusion strategy, this has yet to translate into a formal inclusion of the refugees in the government social protection system.

Across the eight study countries, where *de jure* access to social protection benefits existed in government policy or legal instruments, the *de facto* access where refugees actually received social protection benefits was hampered by the following contextual factors:

- Lack of government financial resources to scale up social protection programmes to include refugees.
- Limited government capacity to process asylum claims in a reasonable time frame, leading to a chronic backlog of cases for registration and documentation (which is necessary for eligibility to government programmes).
- Lack of access to civil documentation to be eligible for government programmes in some of the countries.
- Weaknesses in international donor projects where detailed UNHCR protection advice may not have been sufficiently incorporated in the project's initial design, resulting in a set of protection risks and feasibility challenges that may compromise the impact of the project for refugees.
- The possibility that local authorities may deny access due to a lack of awareness of refugees' rights and central policy, for example, the extension of validity of expired documents is not recognised by all public and private employers.

- The possibility that local authorities may target refugees for bribes or that host communities may exploit refugees' use of land. Refugees who are engaged in economic activities are targeted leading to disincentives to take on productive social assistance activities.

3.2 INCLUSION OF REFUGEES IN GOVERNMENT COVID-19 SOCIAL PROTECTION RESPONSES

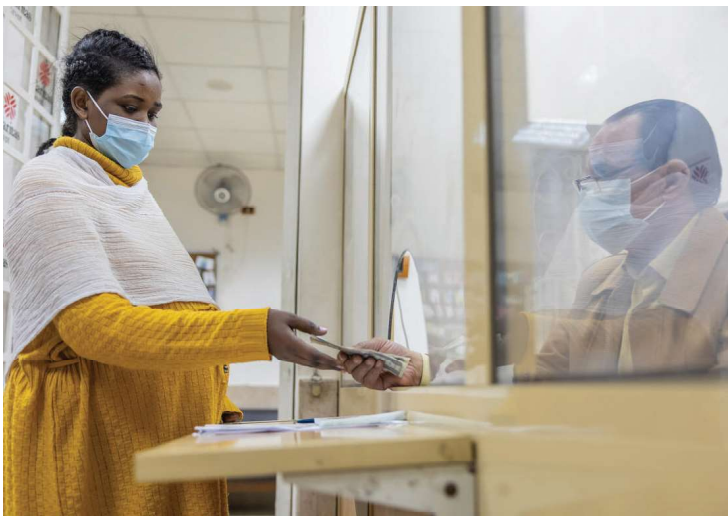
Some refugees and asylum seekers have been included in five different types of government social protection responses (summarised in the UNHCR study [Social Protection Responses to COVID-19 for Forcibly Displaced Persons](#)), which help to mitigate some of the socio-economic and protection impacts of COVID-19.

A. Flexible administrative and registration processes to access government support

South Africa introduced alternative administrative modalities and new procedures in support of the asylum process that enabled asylum seekers to access social protection benefits. This includes a directive from the Ministry of Home Affairs extending the validity of asylum seeker and refugee permits until 31 October 2020, online methods of applying for services, as well as a toll-free telephone line, and the strengthening of the existing Gender-Based Violence Command Centre. The centre was launched by the Department of Social Development in November 2013 and provides immediate care, support and counselling to victims of violence. Through advanced technology, staff can determine the location of the victim and the centre is also linked to other government departments and services. **Malawi** has also allowed remote registration using mobile phone applications where movement has been restricted.

B. Inclusion in government COVID-19 socio-economic impact assessments

In **Kenya**, UNHCR worked with the World Bank and the Kenyan National Bureau of Statistics to include four refugee sites in urban areas (Nairobi), camps (Kakuma and Dadaab) and a settlement (Kalobeyei), and one stateless population group (the Shona) alongside nationals in Kenya in work to measure the socio-economic impact



© UNHCR/Pedro Costa Gomes. Financial assistance for pregnant refugees in Cairo, Egypt.

of COVID-19. This joint effort is led by a data collection firm that interviews a list of families provided by UNHCR. Monthly datasets and a dashboard for key indicators were produced over six months from June to December 2020. The results have been used to inform support from international actors, and in the opening of negotiations with the Ministry of Labour and Social Protection to include refugees in the national Enhanced Single Registry. Similarly, urban refugees in **Djibouti** (from three specific neighbourhoods of Djibouti Ville) are included in the COVID-19 socio-economic impact survey led by the United Nations Development Programme, implemented by the Ministry of Social Affairs and Solidarity and the National Institute of Statistics. Urban refugees and refugees registered in the Ali Addeh refugee village will also be included in the WBG COVID-19 socio-economic impact survey. In **Malawi**, UNHCR and other UN agencies successfully advocated for the inclusion of refugees in the national COVID-19 socio-economic assessment, finalised in June 2020. This has led to the inclusion of refugees in the government's COVID-19 Socio-Economic Response and Recovery Programme.

C. Social assistance to meet basic needs and reduce protection risks

These measures include cash transfers, subsidies and in-kind distributions (food, vouchers, school feeding). UNHCR has also expanded and adapted its cash assistance in Cameroon, Djibouti, Kenya, Malawi, Rwanda and South Africa,¹⁸ focusing initially on urban caseloads.¹⁹

Cameroon: The WBG-funded Cameroon COVID-19 Preparedness and Response Project (P174108, US\$29 million) was set up to support 10,000 host, IDP (internally displaced person) and refugee families with a US\$250 package covering food, water and basic supplies (such as soap, personal hygiene products and other toiletries) to be implemented by the World Food Programme. It will focus on families that are quarantined and out-of-camp refugees. This will complement the cash transfers to COVID-19 affected families as part of the WBG IDA18 Social Safety Nets project. UNHCR is providing a one-off US\$130 payment to some refugee households.

Republic of Congo: Refugees are included in the WBG Lisungi Emergency COVID-19 Response

Project of the government (P174178, US\$50 million) that builds on the existing WBG-financed Lisungi Social Safety Nets Project, providing:

- A one-off emergency cash transfer of US\$82 to 200,000 eligible poor/near-poor households in urban areas.
- Recovery support combining a monthly conditional cash transfer of up to US\$66 per household for 12 months and support for small-scale IGAs up to US\$400 for a total of 20,000 households.

Identification of refugees who are eligible for the assistance has started. As of November, 3,161 refugee applications were received through the social registry with around 480 households already receiving support, and more refugee families anticipated to benefit. Some urban refugees have also benefitted from small-scale government food distributions.

South Africa: The government has set up a series of social assistance benefits largely through the South African Social Security Agency that includes asylum seekers and refugees. Examples include:

- Increased payments of social grants for vulnerable groups such as children (US\$30/month) and the disabled and the elderly (US\$15/month each) for up to six months.
- The Special COVID-19 Social Relief of Distress Grant providing benefits to unemployed people and those not receiving other social grants to meet basic needs (US\$21/month for six months from May until October).
- Food parcels provided through the Department of Social Development.
- Shelters for the homeless, offering free meals, were opened during the COVID-19 pandemic and benefited refugees.

However, the inability to comply with the eligibility criteria and requirements continue to restrict persons of concern from accessing social assistance grants. Many are also not aware of the support schemes and/or the application process as information may not be widely disseminated in platforms relevant to refugees and asylum seekers. As of mid-July 2020, only 3,336 refugees and 173,898 permanent residents had applied for the Social Relief of Distress Grant.²⁰ One key concern was the impact of the lockdown on GBV. A command

centre with a helpline was therefore set up by the government to attend to GBV cases.

Malawi: The government's National COVID-19 Preparedness and Response Plan, supported by the COVID-19 Prioritisation Plan for the United Nations and International Non-Government Organisations, addresses refugees' access to child protection, psychosocial support and social assistance benefits. Coverage of refugees is dependent on fund raising, which has yet to allow the full implementation of these plans.

Djibouti: UNHCR has signed a partnership agreement with the Ministry of Social Affairs and Solidarity to provide food vouchers to 1,000 urban refugee and asylum seeker households and 200 host families. These are delivered at the *social guichet* premises managed by the Ministry of Social Affairs and Solidarity that facilitates biometric enrolment to the national social registry. This is linked to the additional COVID-19 component added to the restructured WBG IDA18 RSW Integrated Cash Transfer and Human Capital Project (P166220).

D. Labour market support to boost incomes

These measures include wage subsidies, additional training, labour regulation adjustments and new jobs, and loan restructuring. **South Africa** is offering 30 per cent financial support for informal businesses (*spaza*), including those owned by refugees. This has not been extended to asylum seekers on the grounds that their permits are valid for only three months, while the programme runs for 24 months. Most refugee businesses are informal and are unable to comply with the support scheme requirements, which include formal business registration, a tax certificate and Unemployment Insurance Fund registration.

In **Malawi**, a government donor is including some refugee and host community farmers in fertiliser and maize hybrid input distribution to ensure food production and livelihoods. In **Cameroon**, a tripartite framework was signed between the National Employment Fund, the International Labour Organization (ILO) and UNHCR for the inclusion of refugees in employment programmes in line with a pledge to partner with the government's National Employment Fund. In the **Republic of Congo**, the government is providing support for IGAs, including grants of US\$400 per person as part of the Lisungi Emergency

COVID-19 Response Project. UNHCR and other actors are supporting new refugee job opportunities during the COVID-19 pandemic,²¹ including refugee health and education workers in **Kenya**. UNHCR and partners are also assisting in the production of masks and soap in support of the national health response (e.g. in **South Africa**), including MADE 51 local social enterprises in **Kenya and Rwanda**. UNHCR also works with financial institutions to help refugees restructure their loans such as in **Kenya**.

E. Social insurance to add further protection against impacts

These measures include health insurance support, paid leave and unemployment, pensions, and disability benefits, and more flexible or reduced social security contributions. **South Africa** allows the inclusion of refugees in the Unemployment Insurance Fund for those who have lost employment, although the application process has been reported to be very slow. Health insurance remains open to refugees already enrolled in national schemes requiring contributions. UNHCR and ILO will continue to organise subsidised payments through international funding for refugee inclusion in health insurance schemes, particularly in urban contexts (**Kenya, Rwanda and Ghana**).

Where refugees and asylum seekers had *de jure* access to government COVID-19 responses in government policy or legal instruments, the following set of factors affected *de facto* access where refugees actually benefited from these responses:

- Closure of government offices and suspension of refugee status determination and documentation processes.
- Expiry of documents and permits or a lack of respect of new extension processes.
- Lack of awareness of existing programmes by refugees and/or how to access these.
- Longer-term recovery responses excluding asylum seekers given their reliance on short-term permits.
- Lack of centralised co-ordination of government and international COVID-19 responses.
- The stalled rollout of government programmes, including all WBG IDA18 RSW social protection projects that had already agreed to include refugees.



© UNHCR/Duniya Aslam Khan. Business support to Congolese refugee in Uganda.

4. FACTORS ENABLING THE INCLUSION OF REFUGEES IN GOVERNMENT SOCIAL PROTECTION SYSTEMS

There are three core enabling factors that underpin refugee inclusion across the eight study countries:

1. The protection policy environment and recognition of socio-economic rights (*de jure* inclusion) and consequently the ability to access benefits (*de facto* inclusion). The recognition of socio-economic rights is the gateway to government social protection systems, such as in Ghana and South Africa. Ensuring that these rights are respected at the local level is equally important. However, the lack of formalised recognition is not a complete barrier to inclusion in all contexts. For example, the lack of finalisation of national asylum and refugee laws in the Republic of Congo has not prevented the government from ensuring that a significant portion of refugees are included in the National Social Assistance Programme. Similarly, the Kenyan and Rwandan governments, which restrict refugee rights to a degree, are allowing refugees access to urban health insurance schemes. Although *de jure* rights may be recognised in a given country, this may not always result in *de facto* access to social protection benefits due to a range of factors specific to each country. This has been the case, for example, for the COVID-19 response of the South Africa government.

2. Inclusion in government systems is underwritten by international financing that promotes an area-based approach. Despite the lack of full legal recognition in the Republic of Congo, Kenya and Rwanda, international investments targeting refugee-hosting areas coupled with UNHCR support (e.g. for health insurance schemes in Kenya and Rwanda) facilitate inclusion of refugees and host communities in government social protection programmes. In particular, the WBG IDA18 RSW social protection investments are proving to be game changers across the countries where they are implemented. These help to fulfil the common elements of making an attractive business case to the government because they support the strengthening of the government social protection system whilst using an area-based approach benefiting host and displaced populations.

These investments are also leveraging the political influence of the WBG and other multilateral actors, while providing an anchor point for other development donors to piggyback their investments (e.g. EU Trust Funds; Dutch PROSPECTS funds; DFID/Foreign, Commonwealth & Development Office; Swedish International Development Cooperation Agency; German Federal Ministry for Economic

Cooperation and Development [BMZ], French Development Agency [AFD] and others).²²

3. Government capacity at central and local levels.

Even where the protection environment is enabling and international financing is available, inclusion in social protection programmes requires sufficient operational and staffing capacity at central and local levels of the responsible government agencies. This includes a familiarity with refugee documentation and directives. Such capacity is being sufficiently reinforced in the Republic of Congo and Djibouti, backed by international financing. In the case of the Republic of Congo, UNHCR has signed a local agreement with the Ministry of Social Affairs and Humanitarian Action to help start up some activities while local agency capacity is reinforced.

In South Africa, UNHCR supported the government in the development of a data management tool and provided technical advice on GBV issues that helped to keep the inclusion of refugees and asylum seekers on the government agenda. Reinforcing the technical and operational capacities of government social protection agencies, in turn, allows the government to better absorb internationally funding and to support the timely disbursement of international finance.

Three further factors that are important where government social protection systems are including refugees, which help to transform *de jure* access to rights into *de facto* access to social protection benefits:

4. Enrolment to the government social registry.

Social registries are normally the gateway for receiving any form of social protection benefit, functioning as information systems supporting outreach, intake, registration and determination of benefits, as demonstrated in South Africa. International donors supporting the reinforcement and scale-up of government social protection systems are systematically prioritising the development of social registries to help harmonise fragmented social protection programmes. For example, development and scale-up of the social registry is prioritised in the WBG IDA18 RSW projects in Djibouti, Cameroon and the Republic of Congo. Inclusion of refugees in Djibouti's social protection system has been initiated with the enrolment of refugees to the national social registry that makes them eligible to receive the government's COVID-19 benefits. In Kenya, preparations are underway to reinforce the national social registry to include refugees at a later stage. Some governments that



© UNHCR/Hélène Caux. Refugee beauty salon entrepreneur in Pretoria, South Africa.

are developing their social protection systems are also linking social registries to other social services such as education and health (e.g. the Republic of Congo, Cameroon and Djibouti).

5. Ability of refugees and asylum seekers to meet the eligibility and targeting criteria, including documentation. The ability of refugees to meet the eligibility criteria for enrolment into social registries and to receive social protection benefits is critical for inclusion. This requires a well-functioning registration and refugee status determination system that delivers appropriate documentation, established a digital ID and facilitates access to information detailing the rights and the way to access social protection programmes. This often requires support from UNHCR to access social registry and social protection agencies (or facilitate the access of these agencies to remote rural areas).

There are also a set of data-driven and technical factors that UNHCR is supporting in the Republic of Congo, Djibouti, South Africa and Cameroon that help adapt standard government methodologies to better consider the specific vulnerabilities of refugees and asylum seekers. They include: (i) the adaptation of social registry enrolment questionnaires and proxy means test methodologies; (ii) the provision of a list of refugees that fast-track enrolment to social registries and allocation of social programme benefits; (iii) assistance to national statistics and social protection agencies to help collect or share socio-economic data for enrolment of refugees into social registries and allocation of benefits and (iv) sharing of biometric identification and registration technology.

6. Accompanying and monitoring the inclusion of refugees. These efforts help refugees and asylum seekers understand how social protection programme processes work and the commitments (or conditionalities) they need to meet. Local authorities who regulate access to programme benefits, services and activities also need to understand how to put in place government policy and legal instruments assuring refugee inclusion, and, to play their role in ensuring clear communication on this with host communities to help avoid resentment and discrimination. Accompaniment along social protection programme processes may include:

- Provision of information of processes and regular updates.

- Support communication and feedback mechanisms to ensure that persons of concern have equal and timely access to information on the preparation and rollout of the social registry and its benefits.
- Specific assistance to refugees and/or social protection programme staff to ensure that refugees access programme processes, including enrolment, registration for benefits and access to in-kind and cash transfers (in-hand or through electronic means), productive activities and social services.
- Training of project operators and authorities on protection and inclusion, and conversely, awareness raising among refugees and asylum seekers on financial and banking services.
- The ensuring of refugees' inclusion in grievance redress/complaints mechanisms through face-to-face or remote methodologies, filling gaps where necessary.
- A monitoring system tracking receipt of benefits and services and the impacts of these, linked to monitoring of the protection environment. For example, country offices in Ghana, Kenya and Rwanda are monitoring urban health insurance projects and tying this to protection monitoring.

For example, in the Republic of Congo the UNHCR Country Office formulated a Transition Action Plan that defined the sequencing of these types of actions accompanying inclusion across the timeframe of the WBG IDA 18 RSW Social Protection Project linked to the timing of Project processes and contextual milestones. This helped to define how UNHCR directly supported the government Project Implementation Unit to prepare and rollout the Project.

Table 1 summarises how these six enabling factors determine the scope of inclusion in the countries covered by the study. It shows how these are at different stages along the pathway to inclusion in government systems:

- A. Modest or no inclusion** (Malawi and Cameroon). Significant investments by donors in social assistance and shock-responsive mechanisms in Malawi have yet to translate into any benefits for refugees. Although a WBG IDA18 RSW social assistance project exists in Cameroon, there have been long delays in its implementation with very modest coverage planned (e.g. around 9 per cent coverage of refugees for cash transfers),

and with chronic government capacity unlikely to be resolved with the current levels of donor investments. However, the WBG IDA18 Social Safety Nets project in Cameroon will be used to channel additional COVID-19 financing for cash transfers and assistance with livelihoods.

B. Partial inclusion achieved or planned in the next 12 months (Kenya, Rwanda, Djibouti, the Republic of Congo and Ghana). Despite the lack of finalised laws and legislation, refugees are being enrolled in social registries and urban health insurance projects (albeit subsidised by UNHCR in Kenya and Rwanda). Donor investments are positioned to scale up these entry points. In Djibouti, the WBG IDA18 RSW Social Safety Nets project comes with three other RSW projects (health, education and urban development) and links with the EU Trust Fund (noting that coverage is still very modest, including the COVID-19 response with only 1,000 refugees to be enrolled in the social registry with a potential cut of benefits amid restructuring of the WBG

IDA18 RSW project). The WBG IDA18 RSW project in the Republic of Congo will cover a significant part of the refugee caseload (55 per cent social registry, 18 per cent cash transfers and 37 per cent IGA support) and offer additional health and education support; it is also being used to offer COVID-19 cash transfers.

C. Generous access to benefits (South Africa). Many of the enabling factors exist, backed by a partnership with UNHCR and the larger UN system, which actively accompanies refugees to benefits and services, aligns their assistance to fill in basic needs gaps and monitors access to benefits and services. Although COVID-19 responses are weighted to social assistance, other responses cover labour support and social insurance as part of a comprehensive package. This is often backed by flexible administrative and registration processes to avoid disruptions to the access of regular social protection benefits and COVID-19 responses. Importantly, in the case of South Africa, inclusion is backed by domestic financing.

Table 1: Summary of refugees' inclusion in social protection systems

	Access to rights	International investments outside UNHCR	Government capacity	Social registry	Eligibility criteria met	Inclusion in follow-up support	Inclusion in government programmes
Republic of Congo	Access in practice	World Bank Group (WBG)	<i>UNHCR to support</i>	<i>Good coverage</i>	<i>Capacity will be reinforced via the WBG IDA18 RSW project</i>		<i>Good coverage</i>
Cameroon	Legal access	Limited WBG coverage	Strong urban, weaker rural	<i>Modest coverage</i>	Local rural capacity challenges		<i>Modest coverage</i>
Djibouti	Legal access	WBG/ European Union Trust Funds	Strong urban, weaker rural	<i>Modest coverage</i>	<i>Capacity will be reinforced</i>		<i>Modest coverage</i>
Kenya	Partial access in practice	UK Department for International Development	Strong urban, weaker rural	No access	Urban health insurance only		<i>Modest coverage</i>
Rwanda	Partial access in practice	No specific	Strong urban, weaker rural	No access	Urban health insurance only		<i>Modest coverage</i>
Malawi	Active restrictions	No specific	Social protection actors support govt.	No access			No coverage
Ghana	Legal access	International + domestic	Some access barriers	<i>Modest coverage</i>	Urban health insurance and rural/camp settings		<i>Some coverage</i>
South Africa	Legal access	Domestic	Some access barriers	<i>Good coverage</i>	Further support	UNHCR support provided	<i>Some coverage</i>

Note: 'Inclusion in government systems' reflects the coverage of the total refugee caseload and/or access to a comprehensive set of benefits in the next 12 months. Any comments in *italics* refer to what is planned in the near future.



© UNHCR/Mohamed Alalem. Cash assistance to asylum seekers in Libya.

Two extra enabling factors favour inclusion in government COVID-19 social protection responses:

7. Inclusion in government socio-economic COVID-19 impact surveys. The collection and/or provision of UNHCR data to the government and its partners (including the World Bank Group) provides a concrete anchor point to pursue negotiations for inclusion. This is particularly the case where UNHCR can demonstrate significant COVID-19 impacts on refugees and that refugees meet the eligibility criteria for social protection responses. Couching this within an area-based response that includes host populations is part of this advocacy.

8. Country-wide responses to COVID-19 promoting inclusion. In some countries, the COVID-19 pandemic has offered opportunities for advocacy on inclusive social protection systems following on from nation-wide health responses that included refugees (“we are in this together”). This is particularly the case with Country Offices that were already actively engaged with local and central levels of government, the World Bank Group and other development donors working to reinforce government social protection programmes. Some Country Offices have advocated for refugee inclusion in the additional international financing channelled through social protection systems and in upcoming economic stimulus packages that reinforced social protection programmes in hosting areas.

Two further enabling factors are important for working towards inclusion over the medium term:

9. Advocacy and co-ordination of Country Offices with government social protection agencies are critical. Some Country Offices are investing

significant advocacy efforts on policy, strategy, funding and technical issues with governments and donors where refugee and asylum seekers are not eligible for government social protection programmes. For example, Kenya has supported government social protection policy formulation, legal framework and co-ordination processes and collaboration with local government agencies at Kakuma and with the emerging pension scheme rolling out in urban areas. Many Country Offices are also regularly participating in government and/or UN-led social protection sectors/working groups to advocate for the extension of social protection programmes to refugee-hosting areas including scaled-up coverage of host populations.

10. Advancing refugees’ self-reliance is also a powerful advocacy tool for inclusion in social protection systems as an entry point to short- and long-term labour and employment programmes in national social protection policies. This also provides the government with positive business case elements (refugees will contribute to national systems, defining an exit strategy out of non-contributory social assistance benefits). For example, increasing the capacity of refugees to pay into national health insurance schemes via livelihoods and IGAs is carried out in urban health insurance projects in Kenya, Rwanda and Ghana. Further, Rwanda has invested significant efforts to define a joint UNHCR-government economic inclusion strategy for refugees backed by the government and international donors that is used to advocate for the inclusion of refugees in social and economic services (WBG IDA18 RSW Socio-Economic Inclusion of Refugees and Host Communities in Rwanda Project, MINEMA-WFP Misizi Marshland Project funded by IKEA and Denmark, inclusion of refugees in the National Housing and Population Census in 2022).



© UNHCR/Samuel Otieno. Bank ATM card used to receive Cash Assistance from UNHCR in Kenya.

5. CONCLUSION AND RECOMMENDATIONS

UNCHR Country Offices have engaged in the inclusion of refugees in government social protection programmes given that 76% of refugees live in protracted situations of displacement that is beyond the capacity of the international humanitarian system to predicably meet basic needs. With less than 1% of refugees realising a durable solution, inclusion in government programmes represents a pragmatic bridge between emergency assistance and durable solutions. This at once can promote medium-term benefits to assistance whilst preparing the way for a durable solution in the future.

Inclusion in social protection systems is strategic in contexts of protracted displacement as they potentially link to multiple sectors of assistance, normally house government family and protection services (or social welfare services), are the gateway to access social services such as the public health and education systems via social registries, and, support financial and economic inclusion. As the experience with COVID-19 has shown, shock-responsive or adaptive social protection mechanisms can also be used to manage widespread shocks.

However, this study has shown that government social protection systems are at different stages of development with varying types and levels

of benefits and services potentially available for refugees. Some host-country systems are nascent with modest capacity supported by international donors. Other systems are in development and expanding benefits, whilst well-developed systems have fully fledged and domestically-financed social security services. Inclusion of refugees across the government systems examined in this study occurs as pathway, with progress regulated by ten enabling factors for inclusion outlined in section 4. In many of the contexts in this study, inclusion into all government social protection programmes on par with those accessed by citizens is not yet possible, with progress along a pathway to inclusion as follows²³:

- **Humanitarian assistance delivered totally in parallel with government programmes**, where little or none of the enabling factors are present: representing traditional 'care and maintenance' programming.
- **Assistance aligned to government programmes** where there is some progress on enabling factors: alignment prepares for further progress on transitioning and incorporates delivery approaches of the government system that are coordinated with the government (e.g. the mode of cash transfer delivery, the type of livelihoods or productive activity promoted, and so on.), and;

- **Harmonised area-based programmes covering host and displaced populations** that do not yet facilitate refugee enrolment to social registries or other forms of formal recognition by the government, where there is further progress on enabling factors: these programmes may use the same targeting, delivery mechanisms, monitoring systems in the same location serving both host and refugee and populations under a common programme that works to strengthen the government social protection system.
- **Inclusion in government systems**, with refugees enrolled in the social registry and varying degrees of access to government programmes and international funding supporting inclusion. UNHCR continues to provide complementary assistance where needs are not fully covered by the government.

The following recommendations support the operationalisation of the national protection and solutions strategies and the inclusion agenda called for in the Global Compact on Refugees. UNHCR and other international actor country teams can opt to better consider the inclusion of forcibly displaced persons in government social protection systems by:

- A. Periodically mapping existing government social protection systems, accompanying legislation and planned programmes.** This means monitoring changes in policy and laws defining access to socio-economic rights, documenting what benefits and services they deliver, to whom (including coverage), which government and international agencies support them and how they are financed. Government authorities, UN agencies, the World Bank Group and other regional multilaterals, and some non-governmental organisations are key depositories of such information.
- B. Analysing social protection programmes (existing and planned) and identify the most appropriate benefits and services that could serve the national protection and solutions strategy.** This means understanding which of these programmes are most suitable for the context and overall objectives, which social protection benefits are more readily accessible, whether they favour specific populations of concern (for example, rural versus urban populations, specifically targeted groups such as women, children, the elderly, people with disabilities, youth,

working-age people). Importantly this also means examining the eligibility criteria for social registries and targeting criteria for different types of benefits (e.g. poverty or food security situation, categorical groups, documentation, conditionality attached to receiving benefits, contributory benefits).

- C. Defining the priority actions to support and plan the resourcing and partnerships required for action.** This planning can include the following options that reinforce the enabling factors identified in the study, carefully adapted to each operational context. Over time, this will mean:

- **Helping governments and development actors open windows of inclusion** in existing government social protection and COVID-19 response programmes for forcibly displaced persons.
- **Progressively aligning humanitarian assistance to these programmes** and setting up referral processes that prepare and accompany forcibly displaced persons to government social protection programmes.
- **Ensuring coherent action by actors across the humanitarian-development-peace nexus** from the central to local level through a government-led transition action plan,²⁴ which helps to operationalise the national protection and solutions strategy.

The following options for country teams to reinforce the inclusion of forcibly displaced persons in government programmes can be chosen and adapted according to their specific country context:

- 1. Work to narrow the gap between *de jure* and *de facto* access to government systems** by strengthening the application of international and government legal and policy instruments, backed by a solid business case to governments for inclusion.
- 2. Scale up multilateral and development funding** for refugee-hosting areas that promotes an area-based approach that increases coverage for host and displaced populations.
- 3. Scale up local and central government capacity** offering support that enables forcibly displaced persons to reach government programmes and for government agencies to reach forcibly displaced persons. This includes reinforcing mechanisms of co-ordination between all relevant government, international and local actors; training authorities on protection and

refugee issues; supporting awareness campaigns and grievance and redress mechanisms; conducting monitoring and evaluation exercises and offering logistical support as government agencies scale up their operational capacity.

4. **Support the preparation of government social registries to enrol forcibly displaced persons**, including helping government agencies collect relevant survey data, adapting enrolment methodologies according to refugee situations, supporting the logistics for enrolment and putting in place procedures to share data related to forcibly displaced persons with the government (ensuring relevant consent, protection and privacy measures).
5. **Ensure that forcibly displaced persons can meet eligibility criteria** for social registries and processes that determine the allocation of benefits. This includes scaling up government capacity to provide civil documentation and digital IDs and assisting government agencies in targeting exercises.
6. **Accompany referrals and monitor the inclusion of forcibly displaced persons**, ensuring that these persons understand how social protection programmes work while mitigating protection risks, as well as resentment and discrimination by communities and/or local authorities. This is ideally supported by a monitoring system that tracks the reception of benefits and services, their impact and protection risks.
7. **Advocate for, and support, the inclusion of forcibly displaced persons in government socio-economic COVID-19 impact surveys** including the collection and/or provision of data.
8. **Promote inclusion in COVID-19 recovery and economic stimulus packages** building on programmes that already include forcibly displaced persons. This includes providing evidence of how coverage can be extended to refugee-hosting areas to benefit all populations.
9. **Support advocacy for inclusion and co-ordination with government social protection agencies** as a coherent approach by actors working across the humanitarian-development-peace nexus.
10. **Promote financial and economic inclusion programmes** that reinforce the self-reliance of forcibly displaced persons to demonstrate how these persons can exit out of non-contributory benefits to stable informal and formal labour opportunities.

The following actions for supporting the inclusion of refugees in COVID-19 recovery programmes can also be considered by country teams, further unpacking recommendations 8 and 9, above²⁵:

- **Scale up protection and COVID-19 impact monitoring and the inclusion of refugees in national COVID-19 socio-economic impact assessments.** This provides the evidence base to inform the response of government and international actors. These socio-economic data sets can be used to provide or update data baselines for the longer-term inclusion of refugees in government social protection programmes.
- **Build on the good practice of including refugees to government COVID-19 health responses** promoting national coverage, and ongoing government COVID-19 responses via social assistance and worker support programmes. These successes and the pooling of international funding can support the inclusion of all living in refugee-hosting areas to government socio-economic COVID-19 responses.
- **Channel COVID-19 social assistance support to refugees via existing government programmes** that were already set up to include refugees before the onset of COVID-19, saving time and further contributing to build the long-term capacity of the programme. Where possible, scale up access to civil documentation and digital identification, enrol refugees to government social registries and promote financial inclusion as part of receiving COVID-19 social protection benefits.
- **Scale up the assistance of international organisations to fill the gaps in government responses** in refugee-hosting areas, fast-tracking support in areas with lower local government capacity, and ensuring this is aligned to government programmes wherever possible.

UNHCR and other actors promoting inclusion will need to identify the context-specific status of the enabling factors for inclusion outlined in this report and focus their action to unlock the challenges preventing further progress on these factors. While this study has focused on refugee inclusion, many of these recommendations are relevant for supporting the inclusion of other groups of forcibly displaced persons including asylum seekers, internally displaced persons and stateless groups.

ENDNOTES

¹ UNHCR (2020) [Global Trends – Forced Displacement in 2020](#). Geneva.

² A refugee inclusion pathway model is outlined in an internal report, UNHCR (2017) [Harnessing social protection for forcibly displaced people – A conceptual review](#), replicated in the [EU SPaN \(2019\) Operational note 10: Forced Displacement](#) (p. 13). Modalities for the alignment of cash assistance with government social safety nets are outlined in [UNHCR \(2019\) Aligning Humanitarian Cash Assistance with National Social Safety Nets in Refugee Settings: Key Considerations and Learning](#). Geneva.

³ A/RES/3/217 A.

⁴ United Nations, Treaty Series, vol. 993, No. 14531.

⁵ United Nations, Treaty Series, vol. 1577, No. 27531.

⁶ CAB/LEG/67/3 rev. 5, 21 I.L.M. 58 (1982).

⁷ [Social Protection Inter-Agency Cooperation Board](#).

⁸ United Nations, Treaty Series, vol. 606, No. 8791; particularly Chapter III on Gainful Employment articles and Chapter IV on Welfare articles, in particular Public Education, Public Relief, Labour Legislation and Social Security (including Public Health).

⁹ See article 24 of the Convention.

¹⁰ “Article 23. Public relief: “The Contracting States shall accord to refugees lawfully staying in their territory the same treatment with respect to public relief and assistance as is accorded to their nationals.”

¹¹ In particular, paragraph 83 of the New York Declaration commits the development of national strategies within the framework of national social protection systems.

¹² Paragraph 81 in particular.

¹³ This includes the provision of fertiliser and seed subsidies; improving land rights and tenure security; promoting agricultural extension services with improved technologies; improving access to agricultural inputs linked to the Livelihood Empowerment Against Poverty programme; developing and disseminating gender-sensitive appropriate technologies along the agricultural value chain; distributing free planting materials to farmers, mainly roots and tubers, under the West Africa Agricultural Productivity Program; providing credit under the Rice Sector Support Project and Northern Rural Growth Programme and implementing the Rural and Agricultural Finance Programme.

¹⁴ Provision of matching grants to agricultural enterprises; credit-in-kind programme for small ruminants; inclusion of youth in agriculture programmes and free extension of service delivery.

¹⁵ In addition to waivers for services covered under the National Health Insurance Scheme and the Social Security and National Insurance Trust, other relevant initiatives include: free health care for pregnant women; de-worming in collaboration with the community-based Neglected Tropical Diseases Control Programme; tuberculosis and malaria awareness, prevention and support; care and support for cured lepers and mental-health-related initiatives (under the Mental Health Legislation).

¹⁶ Ghana's National Health Insurance Scheme: <http://www.nhis.gov.gh/about.aspx>.

¹⁷ 1001 U.N.T.S. 45.

¹⁸ Figures from the UNHCR Cash-based Interventions' Post-Distribution Monitoring Surveys, January-June 2020.

¹⁹ UNHCR has summarised COVID-19 cash transfer projects in its [first](#) and [second](#) papers on emerging field practices.

²⁰ Parliamentary Monitoring Group, “Question NW940 to the Minister of Social Development”, 20 July 2020, <https://pmg.org.za/committee-question/14091/>.

²¹ UNHCR, “COVID-19 Emerging Practices on Livelihoods and Economic Inclusion”, 2020, <https://www.unhcr.org/5ecfacab4>.

²² For example, the WBG IDA18 RSW, WBG IDA18 grants and the WBG IDA19 Window for Host Communities and Refugees is looking to expand the inclusion of refugees in social protection systems in other African countries not covered by the study (i.e., Burkina Faso, Burundi, Chad, the Democratic Republic of Congo, Ethiopia, Mauritania, Niger and Sudan).

²³ A refugee inclusion pathway model is outlined in an internal report, UNHCR (2017) [Harnessing social protection for forcibly displaced people – A conceptual review](#), replicated in the [EU SPaN \(2019\) Operational note 10: Forced Displacement](#) (p. 13). Modalities for the alignment of cash assistance with government social safety nets is outlined in [UNHCR \(2019\) Aligning Humanitarian Cash Assistance with National Social Safety Nets in Refugee Settings: Key Considerations and Learning](#). Geneva.

²⁴ UNHCR Country Offices have trialled Transition Action Plans in Mauritania and the Republic of Congo.

²⁵ See the accompanying UNHCR paper on [Social Protection Responses to COVID-19 Responses For Forcibly Displaced Persons](#) and complementary lessons learnt by UNHCR cash assistance and livelihoods programmes during COVID-19 in the [UNHCR Thematic Updates page](#)



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Socio-Economic Inclusion Service (SEIS)
Division of Resilience and Solutions (DRS)

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