

Monthly Update of Forced Displacement Literature Review

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¹ The JDC Literature Review provides summaries of recently published research to encourage the exchange of ideas on topics related to forced displacement. The findings, interpretations and conclusions expressed in the literature included in this review are entirely those of their authors and do not necessarily represent the views of the Joint Data Center, UNHCR, the World Bank, the Executive Directors of the World Bank or the governments they represent. For convenience, the literature review contains links to websites operated by third parties. The Joint Data Center and its affiliate organizations do not represent or endorse these sites or the content, services and products they may offer, and do not guarantee the accuracy or reliability of any information, data, opinions, advice or statements provided on these sites.

² To read the compilation of monthly literature reviews, [click here](#).



COVID-19 Control in Low-income Settings and Displaced Populations: What Can Realistically Be Done?

Maysoon Dahab, Kevin van Zandvoort, Stefan Flasche, Abdihamid Warsame, Paul B. Spiegel, Ronald J Waldman, and Francesco Checchi

London School of Hygiene and Tropical Medicine, March 2020


<https://www.lshtm.ac.uk/newsevents/news/2020/covid-19-control-low-income-settings-and-displaced-populations-what-can>

This article is a preprint and has not yet been peer-reviewed.

The impact of COVID-19 on people living in low-income and crisis affected settings could be more severe than in high-income countries due to: (a) higher transmissibility due to larger household sizes, intense social mixing between the young and elderly, overcrowding, inadequate water and sanitation, and specific cultural and faith practices; (b) higher progression to severe disease due to highly prevalent co-morbidities; (c) higher case fatality due to lack of intensive care capacity; and (d) disrupted care for health problems other than COVID-19.

Key messages:

- **Containment strategies (border closures coupled with social distancing and quarantine measures) may, at best, buy some time to allow countries to better prepare.** However, inadequate testing and contact tracing may initially obfuscate the extent of locally driven transmission. Moreover, social distancing and travel restrictions, if sustained over a long period, could be very harmful for fragile, export-dependent economies and stretch livelihoods beyond people's coping ability.
- **Addressing higher transmissibility is more amenable to economically and socially feasible interventions, even in the most resource-constrained settings.** However, population-wide social distancing measures would require most non-essential workers to work from home or not at all, and this would need to be sustained over a long period (until a vaccine or treatments are available at scale). Where dispersive strategies are difficult to implement and/or cannot be sustained, it would be more impactful and efficient to focus resources on protecting the most vulnerable.
- **It may be more impactful and efficient to focus resources on protecting those most vulnerable to the risk of serious illness,** including people aged above 60 years and/or living with non-communicable diseases (TB, HIV, malnourished adults). The authors suggest three options for housing high-risk community members into transmission-shielded arrangements: (1) household-level shielding (each household demarcates a room or shelter for high-risk members); (2) street- or extended family-level shielding (neighboring households or members of an extended family within a defined geographic locale voluntarily 'house-swap' and group their high-risk members into



dedicated houses / shelters); and (3) neighborhood- or sector-level isolation (sections of the settlement are put aside for groups of high-risk people). Option 3 would be applicable in displaced persons' / refugee camps, where humanitarian actors can provide supportive services and smaller scale isolation is not possible. Stringent but realistic infection control measures should accompany any of the options, as should some social distancing within the 'green zone'. It is essential that strategies are acceptable and well communicated to communities.

The authors suggest that the proposed approach might offer a realistic solution for allocating scarce resources in settings where scaling up treatment significantly is unlikely to be an option. Other feasible, high-yield interventions should be undertaken simultaneously, e.g. staying home if sick, limiting public transport use, reducing super-spreading events at funerals or other mass gatherings, promoting hand-washing, soap distribution and/or at least maintaining treatment coverage for risk-factor co-morbidities.

COVID-19: Projecting the Impact in Rohingya Refugee Camps and Beyond

Shaun Truelove, Orit Abraham, Chiara Altare, Andrew S. Azman, Paul B. Spiegel

MedRxiv, March 20, 2020


<https://doi.org/10.1101/2020.03.27.20045500>

This article is a preprint and has not yet been peer-reviewed.

An epidemic of COVID-19 in refugee settings with high population densities, poor access to water and sanitation, poor baseline health status, limited ability to isolate infected individuals, and inadequate capacity to surge health infrastructure and workforce could produce potentially devastating consequences. This paper **examines the potential impact of the introduction of SARS-CoV-2 virus on the Rohingya refugees in the Kutupalong-Balukhali Expansion Site in Bangladesh**, accommodating 596,000 people. The authors use a stochastic disease transmission model to estimate the number of infections, hospitalizations, deaths, and health care needs that might be expected. The authors also estimate an age-adjusted proportion of infections that might be expected to develop into severe disease. Three transmission scenarios (low, moderate, high) are modeled.

Main results:

- **A large-scale outbreak is highly likely after a single introduction of the virus into the camp.** Following the introduction of the virus to the camp, an outbreak of at least 1,000 infections occur in 65 percent of simulations (low transmission scenario), 82



percent of simulations (moderate transmission scenario), and 93 percent of simulations (high transmission scenario).

- In the first 30 days of the outbreak, infections are estimated to reach 119 (low transmission scenario), 168 (moderate transmission scenario), and 504 (high transmission scenario). After 12 months, infections reach 424,798 (low transmission scenario), 543,637 (moderate transmission scenario) and 591,349 (high transmission scenario).
- Given the relatively young age distribution in Kutupalong-Balukhali camps, the proportion of infections that lead to severe disease and hospitalization could be approximately half of that estimated for China (3.6 percent versus 6.6 percent). However, it is likely that other co-morbidities such as malnutrition, concomitant diseases, and poor overall health status could cause more severe outcomes among these groups.
- **In almost all simulations in all scenarios, hospitalization needs far exceed available capacities.** If existing hospital beds are used only for COVID-19 cases, the current 340-bed capacity will be exceeded within 2 to 4.5 months after the first introduction of the virus and depending on the transmission rate. With a surge capacity of 630 beds, the capacity would be overwhelmed 3-10 days later on average. In the absence of accurate recent estimate of the human resources currently available in the camps (doctors, nurses, midwives), it was not possible to estimate the number of health care workers that would be needed during a COVID-19 outbreak.
- In the low transmission scenario, there could be 1,647 deaths at 12 months, rising to 2,109 with the high scenario.

The authors recommend finalizing and sharing, as quickly as possible, detailed advanced planning of healthcare capacities, triage procedures, and isolation strategies. Additionally, novel and previously untried strategies for social distancing and quarantine need to be considered. The authors caution that **a major outbreak can easily disrupt an already precarious health system by diverting limited health resources from existing health services, including vaccination, obstetrical care, and emergency care, which may cause an increase in mortality due to diseases normally treated by the health system.**



The World's Largest Refugee Camp Prepares for Covid-19

Gaia Vince

BMJ (2020), Volume 368, Published March 26, 2020

<https://doi.org/10.1136/bmj.m1205>

Over 855 000 Rohingya refugees from Myanmar have fled to Cox's Bazar, the second poorest district in Bangladesh. This article **describes efforts to prepare for COVID-19 in refugee camps in Cox's Bazar, Bangladesh**. Establishing measures to protect refugees from COVID-19 is particularly challenging in this setting due to overcrowded conditions, poor access to water and sanitation, and the prevalence of malnutrition, diarrhea and respiratory illness.

Despite the challenging situation, UNHCR is helping to coordinate efforts to increase hand washing at the site through portable hand washing facilities, and is disseminating information through community leaders to communicate WHO guidance. These initiatives draw on the experience of aid workers in communicating health advice and dealing with disease outbreaks over the past two and a half years. Additionally, gatherings are being discouraged, learning and community centers have been closed, and isolation zones and units are being prepared. A key lesson learned from past disease outbreaks is the importance of coordinating efforts with local and national government, and of advocating for the inclusion of refugees in national plans.

Refugee and Migrant Health in the COVID-19 Response

Hans Henri P Kluge, Zsuzsanna Jakab, Jozef Bartovic, Veronika D'Anna, and Santino Severoni


The Lancet, Volume 395, Issue 10232 (2020), Pages 1237-1239

<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2930791-1/fulltext>

This article **identifies implications of the COVID-19 pandemic for refugees and migrants** due to: (a) suspension of resettlement travel for refugees; (b) restrictions on population movements leading to potential refoulement of asylum seekers; (c) local transmission in refugee hosting countries; and (d) suspension of search and rescue operations in the central Mediterranean.

In particular, the authors highlight:

- **Conditions in refugee camps, where it is difficult to implement basic public health measures**, such as social distancing, proper hand hygiene, and self-isolation. The authors recommend site-specific epidemiological risk assessments to determine the



extent of the risk of COVID-19 introduction and transmission, along with case management protocols and rapid deployment of outbreak response teams if needed.

- **The impact of the pandemic on refugees and migrants in host/transit countries.** Refugees and migrants can be affected by income loss, healthcare insecurity, and the implications of postponement of decisions on their legal status or reduction of employment, legal, and administrative services. Refugees and migrants are also over-represented among the homeless. There is limited culturally and linguistically accessible information about COVID-19. Country responses (e.g. lock downs) have affected volunteer community service provision.

The authors **call for an inclusive approach to refugee and migrant health**. In particular: (a) responses to COVID-19 should not prevent people from accessing safety, health-care services, and information; (b) preparedness plans should consider refugees and migrants, recognizing the particular vulnerabilities of this population group due to overcrowded living conditions, poor access to sanitation, and poor access to health care in humanitarian settings; and (c) refugees and migrants should be included in national public health systems, with no risk of financial or legal consequences for them.

Responding to the COVID-19 Pandemic in Complex Humanitarian Crises

Danielle N. Poole, Daniel J. Escudero, Lawrence O. Gostin, David Leblang & Elizabeth A. Talbot


International Journal for Equity in Health, Volume 19, Article 41 (2020)

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01162-y>

Populations affected by humanitarian crises are expected to be particularly susceptible to COVID-19 due to displacement, crowded housing, malnutrition, inadequate water, sanitation, and hygiene (WASH) tools, and stigmatization. These settings lack the infrastructure, support, and health systems to mount a comprehensive response. Poor governance, public distrust, and political violence may further undermine interventions in these settings. Standard public health measures—to identify infectious cases, administer supportive care and novel treatments for the seriously ill, and trace contacts—are particularly difficult to perform in humanitarian settings.

Given these increased vulnerabilities, **humanitarian crises should be viewed as a priority for national and international bodies that seek to combat the unfolding pandemic.**

Resources must be identified to protect healthcare workers, develop and deploy rapid testing, improve surveillance, and enact quarantine and isolation of contacts and cases. To



mitigate the impact of COVID-19 on crises-affected populations, governments and agencies will implement familiar, global evidence-based approaches for combatting respiratory viruses—hand hygiene, safe cough practice, and social distancing. The authors argue that these guidelines alone may not suffice in humanitarian settings, and that **interventions tailored to the needs of crisis-affected populations, delivered with transparent information, in the context of inclusive governance practices, are urgently needed in the global response to the COVID-19 pandemic.**


The Globalization of Refugee Flows

Xavier Devictor, Quy-Toan Do, and Andrei Levchenko
World Bank Policy Research Working Paper Series, WPS 9206 (2020)
<http://documents.worldbank.org/curated/en/184471586279885821/The-Globalization-of-Refugee-Flows>

This paper **analyzes the spatial distribution of refugees over the period 1987-2017, in order to ascertain whether the burden of hosting refugees falls disproportionately on neighboring countries in the developing world.** The empirical analysis is based on data on refugee stocks (including asylum seekers) by source and destination country compiled by UNHCR. The authors construct four measures of refugee spatial distribution: (1) average distance refugees have traveled between their country of origin and their country of destination (controlling for source country fixed effects); (2) the probability countries of origin and destination are contiguous; (3) the Herndahl index of refugee shares by source country; and (4) the share of refugees seeking protection in high-income OECD countries.

Key findings:

- **The average distance traveled by refugees has increased substantially over time.** Between 2012 and 2017, the average distance traveled is about 40 percent larger than it was between 1987 and 1991.
- **The share of refugees fleeing to an adjacent country has fallen.** The share of refugees in a contiguous country falls by 16 percentage points after controlling for source country fixed effects.
- **Refugees for a given source country are now more dispersed across host countries.** The Herndahl index of refugee shares decreased substantially over time.
- **High-income OECD countries host an increasing share of the refugee population.** In 1990, less than 5 percent of refugees lived in high-income OECD countries. This share grew to nearly 25 percent by the mid-2000s, before falling to 15 percent.



These results **highlight a more globalized and far-reaching refugee network and imply a more equal distribution of the responsibility of refugee hosting.** While countries neighboring a conflict do host a majority of refugees, nevertheless the share of refugees, who move to further-away destinations, including OECD countries, has been growing over time. The authors conclude that the **responsibility to provide asylum to those fleeing conflict and violence is increasingly being shared across countries.** The authors note, however, that current responsibility sharing remains deeply uneven.


Violence and the Perception of Risk Associated with Hosting Refugees

Alex Braithwaite, Tiffany S. Chu, Justin Curtis, Faten Ghosn
Public Choice, Issue 178 (2019), Pages, 473-492
<https://doi.org/10.1007/s11127-018-0599-0>

This paper **examines whether individuals' experiences of political violence affect their perceptions regarding the risk associated with hosting refugees.** The authors focus on recent exposure to violence within Lebanon, which hosts more than one million Syrian refugees. The analysis is based on a nationally representative survey of 2,400 Lebanese residents, administered between June and August 2017. The authors compare attitudes of individuals interviewed before and after two key violent events: a June 30 suicide attacks by Syrian militants on the Lebanese military in Arsal town, close to the Syrian border; and a July 21 offensive Lebanese Hezbollah to remove militants from refugee camps in and around Arsal, in coordination with the regular armed forces of Lebanon. The authors match respondents on the basis of social, economic and demographic characteristics, as well as proximity to the site of violent events.

Main results:

- **Following the June 30 attack by Syrian militants, Lebanese citizens are substantially more likely to consider both Syrian refugees and militants to be a security threat for their family, community, and country.** Respondents interviewed up to 15 days after the attack are more likely to believe that refugees and Syrian rebels are a security problem. The effect diminishes both substantively and statistically as the time window for treatment is extended to 30 days and then to the widest time window (to end of August 2017).
- **After the July 21 Hezbollah-led offensive, respondents are substantially less likely to consider refugees and militants to be security risks than those who responded to the survey prior to that event.** The results show no meaningful differences between individuals surveyed 15 days before and after July 21. Using a 30-day time window,



respondents interviewed after July 21 report feelings that refugees and Syrian rebels are less of a security problem, suggesting that it takes time for respondents to believe that the security-enhancing effect of violence perpetrated by Lebanese forces to establish that militants have successfully been rooted-out from the refugee camp.

- **Other socioeconomic and demographic factors do not appear to play consistent roles in threat perceptions.** Lebanese tended to react to violence in ways not affected by religiosity or socioeconomic situations. This suggests that events on the ground, rather than characteristics such as religious identity, income, or education, may have intervened to change attitudes.

The authors conclude that, rather than seeing refugees as fellow victims of violence and considering them deserving of support, **local residents find it difficult to distinguish Syrian civilians from Syrian militants.** This is despite the fact that Syrian refugees in Lebanon are escaping the very same violent groups that increasingly are targeting Lebanese civilians and property. In contrast, **force used against militants can have the effect of ameliorating hardened attitudes,** which suggests that local residents trust armed forces to provide adequate security.

A Different Kind of Pressure: The Cumulative Effects of Displacement and Return in Afghanistan

Chloe Sydney


IDMC's "The Invisible Majority" Thematic Series, January 2020

<https://www.internal-displacement.org/publications/a-different-kind-of-pressure-the-cumulative-effects-of-displacement-and-return-in>


At the end of 2018, there were nearly 2.6 million IDPs in Afghanistan displaced by conflict and violence, and more than 2.4 million Afghan refugees had fled abroad since 2012. More than 3.3 million Afghan refugees returned between 2012 and 2019, mostly from Pakistan and Iran. This report **examines the relationship between internal displacement, cross-border movements and durable solutions in Afghanistan.** The analysis is based on: a non-representative survey of 120 IDPs and returnees in Kabul, Herat and Nangarhar provinces; analysis of IOM Displacement Tracking Matrix (DTM) data; and key informant interviews with affected people, government officials and NGO staff.

Key findings:

- **Most IDPs have been displaced from areas that are heavily contested or under Taliban control,** and have settled in areas with better security.

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- **Lack of jobs and livelihood opportunities in Afghanistan is a significant driver of cross-border movement.** However, for many IDPs financial losses caused by displacement restrict onward travel across borders. Additionally, the shrinking protection space in neighboring countries is prompting fewer IDPs to seek protection abroad.
 - **The distinction between voluntary and involuntary returns is increasingly blurred.** Deportation threats, harassment, poor living conditions and a lack of viable alternatives have prompted many Afghans to return prematurely from Pakistan. The economic crisis in Iran has also accelerated refugee returns. As Iran becomes an increasingly unviable destination for Afghans, many are instead travelling to Turkey, either in the hope of finding better opportunities or as a stepping-stone to Europe—many are deported to Afghanistan. For those that find their way to Europe, their chances of being granted asylum are falling.
 - **Many returnees are living in situations of internal displacement** either because they are unable to return to their place of origin or because they have been displaced after return. Obstacles to return to areas of origin include lack of housing (damaged or destroyed), ongoing insecurity, and lack of economic opportunities. There is a sharp contrast between the experiences of documented returnees (registered refugees in host countries who requested voluntary return with UNHCR and national authorities) and their undocumented returnees (returned spontaneously or were deported from host countries, irrespective of whether or not they were registered with UNHCR and national authorities).
 - **Both IDPs and returned refugees tend to settle in comparatively safe urban areas.** Many IDPs find refuge in urban centers, where they live in protracted displacement, often in informal settlements. Many returnees who are unable to go back to their areas of origin settle instead in comparatively safe urban areas.
 - **The large numbers of IDPs and returnees in urban areas is increasing pressure on housing, infrastructure and services, undermining prospects for durable solutions.** This has caused tension between displaced and host communities, and poor conditions are driving people to adopt negative coping strategies, including further displacement.
 - **Returnees and IDPs face similar impediments to accessing their rights and securing durable solutions.** Challenges include: poor housing conditions; insecure tenure; poor access to healthcare; poor access to education; and lack of documentation. Those without a *tazkera*, or identity card, struggle in terms of education, employment, healthcare and loans. When support is provided, it is rarely as comprehensive as foreseen in the policy framework.

The author argues that **a holistic response is needed across the whole displacement continuum that includes returnees living in internal displacement and affected host**



communities. The current response is fragmented, despite the adoption of a national policy on IDPs in 2013 and a policy framework for returnees and IDPs in 2016. Needs in terms of housing, livelihoods and basic services are significant, and the resulting pressure on hosts risks undermining social cohesion.

Understanding the Socioeconomic Conditions of Refugees in Kalobeyei, Kenya: Results from the 2018 Kalobeyei Socioeconomic Profiling Survey

UNHCR and World Bank, 2020

<https://www.unhcr.org/ke/17413-world-bank-and-unhcr-launch-report-on-understanding-the-socioeconomic-conditions-of-refugees-in-kalobeyei-kenya.html>

Kenya hosts more than 470,000 refugees, 40 percent of whom live in the Kakuma camps and Kalobeyei Settlement in Turkana County, one of the poorest counties in the country. The Kalobeyei Settlement was established in 2015 to accommodate the growing population from the Kakuma camps, and with the aim of transitioning refugee assistance from an aid-based model to a self-reliance model through opportunities for economic inclusion, integrated services, and improved livelihood opportunities for both refugees and the host community.


This report **provides a comprehensive snapshot of demographic characteristics, living standards, social cohesion, and specific vulnerabilities of refugees living in the Kalobeyei Settlement in Turkana County, along the northwestern border of Kenya.**

Statistics are based on the Kalobeyei Socioeconomic Profiling (SEP) Survey, which captures data on a range of socioeconomic indicators, including consumption-based poverty. The basic SEP survey covers 6,004 households across the three villages of Kalobeyei. 85 percent of respondents arrived in Kenya in 2016 or 2017, while 12 percent have been in Kenya for more than five years. Data are statistically representative of the settlement's population in 2018 and comparable to the 2015/16 Kenyan national housing survey.

Key findings:

- **Most refugees in Kalobeyei are South Sudanese** (74 percent), with sizeable populations from Ethiopia (13 percent), Burundi (7 percent) and DRC (4 percent).
- **Refugees in Kalobeyei are younger than the Kenyan population, with virtually no elders.** 71 percent of refugees are younger than 19 years old, compared to 59 percent in Turkana County and 50 percent nationally. Only 0.4 percent of refugees are 65 or older, compared to 3.9 percent of Kenyans.

- **Refugee households are larger than local and national populations.** The average household size in Kalobeyei is 5.8, compared to 4.4 in Turkana County, and 4 in Kenya.
- **Consequently there is a high dependency ratio (1.9) among refugees**, compared to the population of Turkana County (1.18) and the national population (0.8). The dependency ratio varies by country of origin and date of arrival of refugees, and is also higher than the dependency ratio in the country of origin.
- **Women head 66 percent of households in the settlement** and this proportion is higher among South Sudanese refugees (77 percent).
- **Physical and mental disabilities are persistent**, both among heads of households and the broader community.
- **Only 18 percent of refugee households have access to improved housing**, compared to 12 percent in Turkana County, one of the lowest rates in the country.
- **Refugees report better access to improved drinking water, although most describe shortages.** 100 percent of refugee households have access to a water point compared to 63 percent of households in Turkana County and 73 percent of households nationally. However, two-thirds of refugees reported insufficient quantities of drinking water.
- **Refugees report better access to improved sanitation than Turkana County, but sharing facilities is a common practice.** Access to improved sanitation is lower for refugees (52 percent) and Turkana hosts (32 percent) than for nationals (65 percent).
- **Very few refugee households have access to electricity from the main grid or a generator**, compared to 12 percent of households in Turkana County and 42 percent nationally.
- **Most primary school-age refugee children reportedly attend school, but secondary school attendance rates are very low.** Net primary attendance rates for children aged 6–13 years are 77 percent for refugees, compared to 48 percent in Turkana County and 80 percent nationally. Only 5 percent of refugee youth aged 14–17 attend secondary school, compared to 9 percent in Turkana County and 38 percent nationally. 80 percent of refugees report having attended school at some point in their lives.
- **Literacy rates for refugees fall between the national and Turkana County averages and vary significantly by gender.** 60 percent of refugees above age 15 report being able to read or write in at least one language (44 percent of females, 80 percent of males), compared to 40 percent in Turkana County and 85 percent nationally. More than half of refugees (55 percent) speak either English (49 percent) or Swahili (29 percent).
- **Rates of economic activity in Kalobeyei are low, in part due to the young age of the population.** 39 percent of refugees are of working age (15–64 years), compared to 46 percent in Turkana County and 55 percent nationally. In Kalobeyei, 37 percent of the working-age population is employed, 59 percent is 'inactive' (including those caring for household members and students), and 4 percent are unemployed (available and



looking for work). In comparison, 72 percent of Kenyans have an occupation, 23 percent are inactive, and 6 percent are unemployed.

- **Many refugee households experience varying degrees of food insecurity.** 43 percent of households are food secure, 27 percent are “under stress,” 15 percent are “in crisis”, and 17 percent are in “emergency”.
- **Levels of trust, security and participation in decision-making are high among refugees.** 8 in 10 refugees feel that neighbors are generally trustworthy. More than 9 in 10 feel safe walking alone in their neighborhood during the day, but only 3 in 10 feel so at night. 3 in 4 believe that they are able to express opinions within the existing community leadership structure, and 2 in 3 believe their opinions are taken into account.
- **Half of refugee households reported interacting with a member of the host community in the past week** and more than 60 percent of refugees feel safe visiting a neighboring town alone. Around half agree that host community members are generally trustworthy, and half are comfortable with their child socializing with the host community.
- **More than half of refugees are poor (58 percent), higher than the national rate (37 percent), lower than the Turkana County rate (72 percent), and comparable to what is found in the average of the 15 poorest counties in Kenya.** Eradicating poverty among Kalobeyei refugees would require an annual transfer of \$144 per person, compared to \$234 per person for Turkana County residents. **Poverty is driven by age, employment status of the household head, household size, number of children, and assets.**
- **Living conditions for refugees vary according to sex and gender norms.** Women face higher poverty levels; lower access to basic services such as water, sanitation, and education; and tend to have a lower labor force participation rate.

The report concludes with several recommendations. First, **building and maintaining human capital in the refugee population—especially among girls and women—need to be prioritized.** Second, **promoting self-reliant agricultural interventions can help to avoid food insecurity.** Third, **efforts to strengthen access to improved sanitation must be continued among the refugee and host populations.** Fourth, **increasing work opportunities for the refugee population can help to lift aid dependence and improve livelihoods.** Fifth, **joint programs for refugees and host populations can further improve social cohesion.**



Spillover Effects of the Venezuelan Crisis: Migration Impacts in Colombia

German Caruso, Christian Gomez Canon, and Valerie Mueller
Oxford Economic Papers (2019), Pages 1–25
<https://doi.org/10.1093/oep/gpz072>


This paper **estimates the short-term consequences of Venezuelan immigration on the labor and poverty outcomes of native Colombians**. The analysis is based on monthly migration and labor market data from the Colombian Department of Statistics over the period 2013-17. The authors employ an instrumental variables approach to account for the selection by immigrants of locations with more desirable employment conditions and/or amenities (with distance between all Venezuelan and Colombian locations and pre-crisis enclaves as the instrumental variable).

The author highlights several characteristics of the situation in Colombia relevant to the analysis:

- The influx of Venezuelan migrants followed repeated supply shocks to the labor market due to large-scale internal displacement (2.5 million IDPs between 2000 and 2006).
- Venezuelan migrants speak the same language as native workers in Colombia, permitting substitution between immigrant and native workers with similar skills.
- Binding minimum wages in the formal sector in Colombia effectively restrict the number of people employed in the formal sector to below the equilibrium level, and consequently workers unable to obtain a job in the formal sector move to the informal sector.
- During the period under investigation (2013-2017), there were fewer opportunities for Venezuelans to obtain visas permitting their participation in formal sector employment.
- Compared to Colombian citizens, Venezuelan migrants are generally younger, less likely to have a basic education, and can be characterized as unskilled.

Key results:

- **Inflows of Venezuelan migrants produced a negative welfare effect in the short term.** A one percentage point increase in the share of Venezuelan immigrants reduces wages by 8 percentage points. Considering only Venezuelan migrants who arrived in the



last five years, a one percentage point increase in immigration rates decreases hourly wages by 3 percentage points.

- **The wage effects are mainly attributable to occupational downgrading**, whereby high-productivity workers potentially become inactive or seek jobs that do not match their qualifications.
- **The wage effects are more pronounced for young people.** Youth (15–24 years) experience exceptional wage declines in the order of 10 percentage points.
- **The wage effects are largely concentrated in urban areas.** In urban areas, a one percentage point increase in immigration results in a 9 percentage point decrease in wages. There are no statistically significant effects on the wages of workers in rural areas. The geographic disparity in wage effects may be due to the greater presence of informal activities and commerce in urban zones.
- **Men bear the brunt of the labor supply shocks in urban settings, particularly men who are low-skilled.** The wage losses for men are in the order of 10 percentage points per one percentage point increase in immigration, while the losses for women are 7 percentage points. The shocks also are much larger for low-skilled workers. There are no significant differences in urban wage losses by worker age.
- **Returning Colombian migrants reduce the average wage effect.** A one percentage point increase in the immigration rate of only the Venezuelan-born leads to a 12 percentage point reduction in urban hourly wages, compared to an average effect of 9 percentage points when returning Colombian migrants are included.
- **The urban wage losses are largely concentrated in the informal sector.** A one percentage point increase in the share of Venezuelan immigrants in the department on average leads to an 11 percentage point loss in urban wages using the national definition of informal sector and a 10 percentage point loss in urban wages when defining informal workers as those who receive partial benefits.
- **Estimated wage losses coincided with increases in poverty rates.** A one percentage point increase in the share of Venezuelan immigrants has increased the rate of poverty by 2 percentage points.

Overall, the estimates indicate that **a one percentage point increase in Venezuelan immigration causes a 10 percentage point wage decline among informal sector workers living in urban areas in the short term.** The authors conclude that, given the immediate effects of immigration on poverty, a dual-pronged approach is warranted to promote the economic assimilation of Venezuelans while protecting the job security of Colombians.



Twice Invisible: Accounting for Internally Displaced Children

Christelle Cazabat

IDMC “Hidden in Plain Sight” Thematic Series, November 2019


<https://www.internal-displacement.org/publications/twice-invisible-accounting-for-internally-displaced-children>

This report **presents estimates of the number of children living in internal displacement due to conflict and violence**. Estimates are calculated by applying the percentage of the national population in broad age groups, estimated by the UN Population Division’s World Population Prospects 2019.

Key statistics:

- **There were an estimated 17 million children (under age 18) internally displaced due to conflict or violence at the end of 2018.** This figure underestimates the true number of internally displaced children since: data is only available for 53 countries; only displacement associated with conflict or violence is considered; and the estimate is calculated using the proportion of children in the overall national population while the proportion of children among the internally displaced population is often higher.
- Approximately 5.2 million are under the age of five, 9.2 million are between 5 and 14, and 2.5 million are between the ages of 15 and 17.
- There are approximately 8.2 million internally displaced children in Sub-Saharan Africa (48 percent of the global figure), 4.4 million in the Middle East and North Africa, 1.9 million in Central and South America, 1.6 million in South Asia, 0.7 million in Europe and Central Asia, and 0.3 million in East Asia and the Pacific.
- The countries with the highest estimated number of internally displaced children are Syria, DRC, Colombia, Somalia, Afghanistan, Nigeria, Yemen and Ethiopia, each with more than a million children living in internal displacement.

In rare cases, when the right policies are in place, displaced children may experience an improvement in their living conditions, with increased access to healthcare or education (e.g. increased access to education among IDPs surveyed by IDMC in Ethiopia and Somalia, although at rates lower than among the host population). However, **most of the literature on internally displaced children describes the negative impacts of displacement on their security, physical and mental health, and access to quality education**. If these impacts are unaddressed, they can have repercussions that can last into adulthood and even after displacement. In particular:

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- Displaced children are at higher risk of abuse, neglect and violence, including forced recruitment into armed groups, forced/early marriage, child labor, and sexual harassment and violence.
 - Under nutrition and malnutrition are particularly threatening for children. Substandard shelters and overcrowding in displacement camps and urban settlements can lead to increased transmission of communicable diseases that are especially dangerous for children.
 - Psychological distress is common (e.g. among IDP children in southern Darfur, three out of four showed signs of post-traumatic stress disorder, and 38 per cent showed signs of depression), which can develop into chronic mental disorders if left untreated.
 - Internal displacement can affect a child's education by reducing access to and equity in education, its quality and the way it is managed.

The author argues that **internally displaced children are “twice invisible” in global and national data because IDPs of all ages are often unaccounted for, and because age-disaggregation of displacement data is limited, particularly data on IDPs.**


Women and Girls in Internal Displacement

Christelle Cazabat, Clémentine André, Vincent Fung, Raphaëlla Montandon, Hamish Patten, Sylvain Ponserre and Louisa Yasukawa
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<https://www.internal-displacement.org/publications/women-and-girls-in-internal-displacement>

This report **presents estimates of the number of women and girls living in situations of internal displacement as a result of conflict and violence.** The report also discusses the impacts of displacement on women and girls, highlights good practices and successful initiatives, and outlines policy options for governments and aid providers.

Key statistics:

- **More than half of the world's 41 million IDPs at the end of 2018 were women and girls.**
- There were at least 2.6 million internally displaced girls under five, 4.6 million between five and 14, 3.9 million between 15 and 24, 7.9 million between 25 and 59, and 1.7 million women over 60.
- Sub-Saharan Africa has the highest number of internally displaced women (8.2 million), followed by the Middle East and North Africa (5.5 million), the Americas (3.4 million),




South Asia (1.8 million), Europe and Central Asia (1.5 million) and East Asia and the Pacific (400,000).

- Nine countries had more than one million women and girls internally displaced by conflict and violence as of the end of 2018: Syria, Colombia, DRC, Somalia, Afghanistan, Yemen, Nigeria, Ethiopia and Sudan.

The report highlights the most commonly reported impacts of internal displacement on women and girls, including:

- **Lasting impact on women's ability to access and maintain livelihoods.** While both male and female IDPs often struggle to establish livelihoods in host areas, surveys of IDPs in Ethiopia and Kenya show that women face greater challenges. Separation from or loss of male family members may leave displaced women as heads of household, which increases financial strain and insecurity. In countries where women have no legal right to own or rent property, displaced women may end up living in camps or informal settlements where few livelihood opportunities are available.
- **Heightened risk of gender-based violence.** Displaced girls living in camps are particularly vulnerable to trafficking, and camps tend to be particularly hostile environments for women and girls due to the presence of armed men and the deterioration in housing conditions leaving IDPs more vulnerable to intrusion and attack. Some studies point to an increase in domestic violence following displacement. Women and girls may be forced to engage in transactional sex to survive, with heightened risks of violence and abuse. Insecurity may force girls to stay at home instead of going to school, decreasing future livelihood opportunities, and preventing girls and women from accessing essential services and participating in community life. Adolescent girls are at heightened risk of early marriage, with severe and long-lasting impacts.
- **Specific health needs can be more difficult to meet during displacement** due to limited availability of services, stigma associated with sexual and reproductive health, lack of child-friendly and gender-sensitive information; and financial capacity. Inability to afford contraception or access age-sensitive reproductive health counseling, stigma surrounding sexual and reproductive health and other factors can lead to unintended pregnancies. Pregnant IDPs receive less antenatal care and are more exposed to violence, malnutrition, poor hygiene conditions and communicable diseases than non-displaced women and girls. The literature also shows that displaced and returnee women and girls suffer more from post-traumatic stress disorder, depression and anxiety than displaced men and non-displaced women.
- **Increased obstacles to education.** Displacement often aggravates gendered harmful social norms that discriminate and devalue girls' education, which together with gender-based violence, early marriage and pregnancy, create obstacles to learning. However,



displacement from a rural to an urban area, or even to a well-resourced camp, sometimes improves children's access to schooling.

- **Increased likelihood of women being displaced.** The proportion of women among IDPs is often higher than among the general population, possibly because men stay behind to fight or are killed in battle. Women's greater vulnerability to many types of violence may also encourage them to abandon their homes faster than men.

The authors highlight provisions in various normative frameworks (including the 1998 Guiding Principles, 2009 Kampala Convention, 2006 Great Lakes Protocol, 2005 Pinheiro Protocol, 1995 Beijing Declaration, and the 2030 Agenda for Sustainable Development) that seek to ensure equal protections, rights and assistance for displaced women and girls.

The report concludes with the following recommendations for governments and humanitarian and development organizations:

- Expand the collection of data on IDPs disaggregated by sex and age, and invest in gender-focused analyses;
- Conduct assessments of displacement risk including a gender perspective;
- Encourage collectors, analysts and users of data to collaborate more closely to ensure data are interoperable;
- Encourage the systematic use of gender analyses based on data disaggregated by sex in humanitarian response plans;
- Address the negative consequences of displacement for women and girls, but also identify and reinforce the opportunities it presents;
- Consider not only the short-term but also the medium and longer-term impacts of displacement on women and girls through humanitarian and development plans;
- Encourage the meaningful participation of displaced women and girls in the design, implementation and evaluation of programs intended to support and protect them;
- Raise global awareness of the scale and severity of women's and girls' displacement associated with conflict, violence, disasters and climate change, with the aim of increasing political commitment and financial investment in reducing the phenomenon;
- Review progress against commitments made in the Beijing Declaration, the 2030 Agenda and other normative frameworks intended to prevent and address internal displacement's consequences on women and girls.