



POLICY BRIEF

MIGRATION AND DISPLACEMENT: INCLUSION AND SOCIAL COHESION (CONNECTING RESEARCH, DATA AND POLICY)

Access to basic social services as a means of social inclusion



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Policy Brief #1



About this Brief

Message from the Director, IGAD Health and Social Development

Fathia Alwan

At the core of social inclusion is the provision of basic social services such as healthcare, education, water, and sanitation. This Policy Brief Series No.1 titled, “**Access to Basic Social Services as a Means of Social Inclusion**” is a collaborative effort by experts, researchers,

and policymakers who participated in the 3rd IGAD Scientific Conference on migration and displacement in 2022.

The brief emphasizes the paramount role of research and data in shaping evidence-based policies to address the complex and evolving needs of our communities. By providing access to basic social services, we can foster social unity and create a more equitable society.

Introduction

The diversity within the IGAD region, while a source of strength, also presents unique challenges that require innovative and context-specific policy solutions. The region is continuously grappling with multifaceted drivers of displacement and migration to seek safety and economic opportunities caused by conflicts and climate disasters. Moreover, the region hosts one of the world’s highest concentrations of forcibly displaced populations.



According to the UNHCR data reports, as of 28 February 2023, the IGAD region is host to 4.50 million refugees and asylum-seekers. The majority of refugees and asylum-seekers are from South Sudan, currently at 2.24 million. Some 11.64 million people are internally displaced in the region as a result of conflict and drought. Over 11,000 refugees have returned to their countries of origin in 2023.

Equitable access to public basic services such as healthcare, education, water, employment and housing is a critical reflection of efficient policy implementation by governments. Moreover, vulnerable groups often find themselves at the center of polarized policy debates, leaving limited room for balanced and evidence-

based assessment of the real challenges and opportunities they confront. With basic public services becoming increasingly scarce, governments, societies and stakeholders are compelled to strengthen their policies coupled with functional legal frameworks to foster social inclusivity and cohesion.

Key Findings



STUDY 1

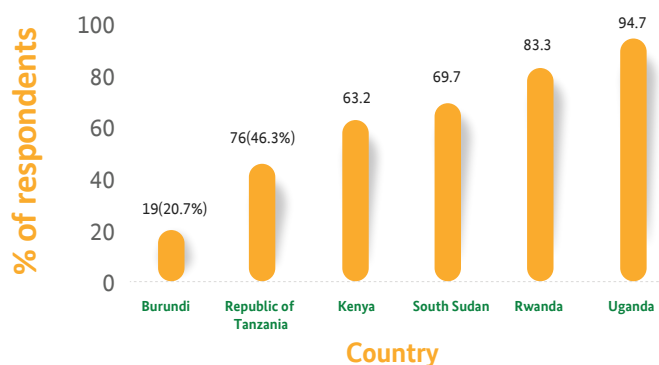
“Access to clean drinking water among households in some of IGAD region and neighboring countries Burundi, Rwanda, United Republic of Tanzania, at transport and migrations corridors: a descriptive cross-sectional study”.

By James Orwa, Michela Martini, Aymen Jarboui, Stanley Luchters



Examined the synergistic impact of integrating infrastructure enhancement, systemic interventions, and community involvement to mitigate water-borne diseases and enhance hygiene behaviors within migrant populations traversing East Africa’s migratory routes and cross-border zones.

This study reveals a critical challenge of access to clean drinking water in key border areas, transport routes, and migratory corridors in the IGAD region including other neighboring countries remains lower than the global average of 74%. Notably, in Kenya, households predominantly rely on public taps, standpipes, and water vendors for their drinking water, a common scenario in urban settings, with implications for water quality. Similarly, water scarcity in Kenya and South Sudan results from recurrent droughts, poor water supply



Percentage of respondents reporting water treatment before drinking by per country

management, contamination, and population growth. In South Sudan, boreholes and water pumps are the primary source of drinking water, requiring long journeys and waiting times. In Uganda, drinking water sources include boreholes, water pumps, public taps, standpipes, and surface water. Public taps and standpipe are the predominant sources of drinking water in Kenya, South Sudan, Uganda, conveniently located near households with travel and wait times below 30 minutes.

STUDY 2

“The proliferation of IDPs and its implication for national cohesion and integration in Ethiopia”.

By Mohammed Yimer Tegegne



Studied the challenges faced by Ethiopia in effectively managing its IIDPs, emphasizing the profound implications for the country’s broader efforts to foster social cohesion and national unity.

The study delved into the compounding challenges faced by IDPs in northern Ethiopia. Emphasizing the profound impact on national unity and integration.

As a country where IDPs are ubiquitous coupled with a fragile economy to support livelihoods of the high population growth, resources are usually further mobilized from donors, both from local and international arenas. Hence, coordination among stakeholders, through a centralized governing body is paramount to address the scarcity of essential resources accessible to IDPs, exacerbated by deficient resource management.

Additionally, it revealed a critical constraint within the host communities, of the inability of the initial wave of conflict-displaced individuals to support the subsequently displaced groups, who were already residing in rudimentary shelter conditions. The host communities themselves were in dire need of immediate food assistance and had suffered asset losses due to the conflict further impeding the prospects for successful returns and community reintegration.

STUDY 3

“Refugee’s access to basic services and social cohesion: Case study of Kakuma refugee Camp”.

By Dr. John Mwiti Njagi



Revealed the coexistence of refugees at the Kakuma refugee camp, along with disparities in access to essential services, has given rise to a pronounced “we-versus-they” divide.

The perception of refugees as a privileged group by the host community in Kakuma has far-reaching consequences on social cohesion and integration. This disparity significantly hampers access to essential services such as healthcare, food, education, employment, water, and housing for the host population, fostering a pervasive sense of relative deprivation.

Consequently, these dynamics on the “we-verse-they” notion, fuel structural violence, which can escalate to physical violence even over minor triggers. Importantly, the study reveals that achieving genuine social cohesion remains vague, regardless of whether refugees have more or fewer opportunities for basic services compared to the host community. In both scenarios, the resulting feelings of unhappiness among the disadvantaged group will perpetuate the cycle of structural violence.

STUDY**4**

“Access to social services among communities in Kakuma-Kalobeyei: The inhibitive regulatory frameworks and the intervention by Non-State Actors”.

By Calvince Omondi Barack



Investigated the involvement of Non-State Actors in expediting the fulfillment of regulatory prerequisites for Kakuma-Kalobeyei residents to access essential social services.

The efforts of non-state actors in the communities in Kakuma-Kalobeyei integrated settlement, play a significant role in advancing education. As such, they contribute extensively by engaging additional or retaining teachers, offering incentives to teachers to facilitate flexible teaching schedules, and building more classrooms. Moreover, non-state actors have implemented food supply programs, thus contributing to the attraction and retention of learners in schools.

The non-state actors have also supported providing training and incentives to support child protection officers, establishing rescue centers, developing mapping systems, and advocate for protecting girls at risk of early marriage with the refugee camps and settlements. They have played a pivotal role in mitigating the negative effects of Kenya’s cost-sharing policy on healthcare access through advocating for inclusive healthcare for the

refugees. This collaboration among non-state actors with the government, operating under the Comprehensive Refugees Response Framework (CRRF), has formulated various plans and engaged diverse stakeholders to enhance access to services for both host communities and refugees, thus ultimately promoting social cohesion.



Children in class at IDP Camp in Juba South Sudan

Recommendations



Enhancing inclusive educational access

- IGAD Member States should enable inclusive education in their national curricula, that will recognize prior learning of migrant and displaced learners into the national education system. At the same time prioritize teacher training programs focused on effective strategies for inclusion of students from diverse backgrounds. This is towards the effort of Member States domesticating the IGAD Djibouti Declaration on education

for refugees, returnees, and host communities, underpinned by building on the progress made in the IGAD Teacher Training Initiative (TTI).

- IGAD Member States should foster collaborations with non-state actors to bolster the recruitment of more teachers and improve school infrastructure, especially in areas with the greatest need targeting vulnerable communities, including women, children, and disabled individuals from displaced populations.

- IGAD Member States to upscale the implementation of national strategies aimed at enabling contain school attendance, such as expansion of school feeding programs and the establishment of robust child protection systems, particularly in migratory routes, refugee camps, and settlement areas.
- IGAD Member States are called to reaffirm their commitment to integrating quality educational standards and inclusion into their national education systems for Technical and Vocational Education Training (TVET) programs and qualifications to be recognized across borders in the IGAD region aligned with the IGAD Regional Qualifications Framework stipulated in the Free Movement of Persons Protocol (Article 10) of enhancing employment and skills development for vulnerable communities.
- Member States should address the huge gap in transitioning from university, in which governments can explore education scholarships locally, regionally, and internationally for migrants and refugees.

Enhancing healthcare infrastructure and services

- IGAD Member States should improve healthcare infrastructure, ensuring access to clinics and hospitals in areas with refugee and returnee settlements as well as regions frequented by cross-border mobile populations. This will further align with the adoption of IGAD's Mombasa Declaration on health endorsed by member states on addressing refugee and cross-border health initiatives.
- IGAD Member States should build close collaboration with existing healthcare systems, health information management systems, and the establishment of cross-border health networks involving non-state actors. Such efforts will provide an efficient and coordinated response to medical needs, including outbreaks, pandemics, and other health emergencies in the region.
- IGAD Member states should promote the training of healthcare workers capable of addressing the specific health needs of refugees and mobile populations, with a strong focus on cultural sensitivity and remote or difficult-to-reach locations.
- IGAD Member States are encouraged to enhance collaboration with NGOs providing healthcare services to refugees, migrants, and host communities to complement the provision of essential medical supplies and expertise in these areas.

Providing clean water and sanitation

- IGAD Member states are called to promote the development of robust water distribution services, encompassing improved infrastructure for safe drinking water, sanitation, and hygiene (WASH) services along migratory routes, corridors, and cross-border regions.
- IGAD Member states should engage with the private sector, such as through the Public Private Partnerships initiatives in efforts to address water and sanitation needs affecting displaced and host communities essentially improving equal opportunities for all individuals to access water and sanitation services.
- IGAD member states are called to place more attention on public health policy to enable improved access to clean drinking water for people living along the border communities, such as drilling boreholes closer to the households and providing communities with purification tablets and powder. Where possible piped connection to the households or public tap/standpipe to be installed within the households or nearby areas of migrant and displaced communities where the household members could access with ease.
- IGAD Member States to promote behavioral change in refugee camps and settlements for sustainable practices on hygiene and proper use of the available water.

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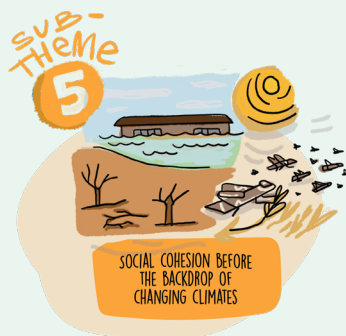
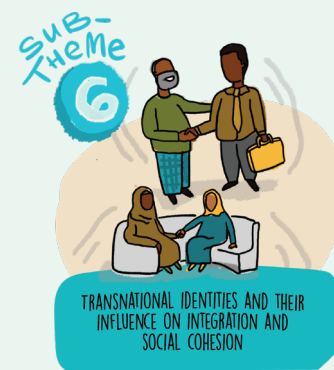
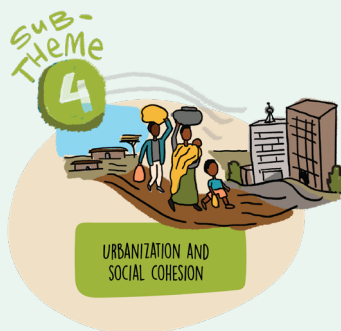
About the 3rd IGAD Scientific Conference on Migration and Displacement

The Intergovernmental Authority on Development (IGAD) recognizes the importance of making well-informed policy decisions based on rigorous research and solid evidence. This underscores IGAD's critical role in shaping responses to the intricate issues associated with human mobility and its wide-ranging effects on societies. The Scientific Conferences on Migration and Forced Displacement serves as an essential platform

for scholars, policymakers, practitioners, and stakeholders to share their knowledge and expertise. The 3rd Scientific Conference on Migration and Forced Displacement, themed “Inclusion and Social Cohesion: Connecting Research, Data, and Policy” took place in November 2022.

This series of policy briefs is an extension of this conference. It aims at enriching the policy discussions related to the six conference sub-themes explored during the event, and provides concise insights and recommendations on each of these sub-themes. These include:





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