The knock-on effect of hosting refugees:

Evidence of improved social services around three refugee camps in Rwanda

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Introduction

- Refugees impact host communities: Social services
- Effect could be positive or negative
- A common assumption for many is that refugees and locals compete over scarce resources such as housing, land, employment and public services
- One can also argue that the arrival of refugees increases demand in the local market, and as a result crowds-in investment from which locals may benefit
- Focus on health and education
- Our primary focus is on the accessibility of health facilities and schools for local Rwandans residing nearby three camps designated for Congolese refugees

Contributions of the paper

- It adds evidence to the growing base of knowledge on the benefits of hosting refugees in low-income country contexts
- Discusses less researched areas
- Illustrates how an integrative policy approach has the potential to facilitate favorable outcomes for refugees and host communities alike

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Previous research

- Whitaker (1999) has focused on the refugee situation in western Tanzania and its effects on infrastructure and development resources.
- In the early times of arrival refugees overburdened the existing infrastructures and diverted the development resources.
- Considering these negative consequences of the refugee situation for the local infrastructure, development projects in the area began to address issues related to water, health, education, natural resources and infrastructure.
- Targeted the host communities as a whole and rehabilitate infrastructure and improve social services. Long-neglected infrastructure problems were solved to a large extent by minimal contribution from host communities. These included providing schools with teaching materials, training health workers and giving equipment and drugs to health centers. These efforts were perceived positively as their expected effect was long term.

Previous research

- Maystadt and Verwimp (2014) argue that in some instances infrastructure improves in host communities because international organisations invest in regions where refugees are allocated.
- In the Kagera region a large investment has been made to improve the roads, airstrips and telecommunications infrastructure (Whitaker, 1999). In a way, thanks to refugees, internal transportation has become easier and cheaper in a remote area. Authors also highlight that health and sanitation services improve compared to before as a result of investments made by UNHCR and its implementing partners. These services do not only benefit the refugees but also the local populations.
- Van Damme and colleagues' earlier study in 1998, illustrated that in the case of displaced Liberians and Sierra Leoneans in Guinea, the host populations' access to hospital care has increased relatively more in areas with high number of refugees compared to other areas with low number of refugees. The refugee-assistance programs have improved the health system and the transport infrastructure in the area.

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Health & Sanitation in Rwanda

- Having access to safe water is still a major challenge in Rwanda. round 3 million people do not have access to safe water, and about 4.5 million people do not have access to adequate sanitation. This challenge has been recognized by the Rwandese government and within the country's development objectives achievement 100% coverage rate for water supply and sanitation sector is important.
- Public health expenditure as a share of the GDP has steadily increased in Rwanda. While only 4.3 per cent of the total GDP was spend on health, in 2013 more than 11 per cent of the GDP has been dedicated to health investment and social health insurance funds. In our survey, we observed that the number of children who have not been immunized was very marginal.

Education in Rwanda

- Investment in education has been high on the political agenda in line with the government's vision 2020 and Economic Development and Poverty Reduction Strategy. The ambition to transform Rwanda into a knowledge-based economy by building its own skilled workforce has been in the essence of this investment. Public expenditure has almost doubled in Rwanda between 1980 and 2013.
- Expected years of schooling have steadily increased from only 4.9 years in 1980 to 10.3 years in 2014. Gross enrollment ratio in pre-primary education among preschool-age children remains low in Rwanda. In 2010 only about 10.8 per cent of children were enrolled, compared to a relatively increased share of 13.6 years in 2013. The total enrolment ratio at primary education as a share of the primary school-age population **has gone up from 69.6 per cent in 1980 to 133.8 per cent in 2013**. Gross enrollment ratio in secondary education is still low in Rwanda despite the steady increase in the past a few decades. In 1980 less than 10 per cent of children were enrolled in secondary education, compared to 32.6 per cent in 2013.

Background

Table x: Descriptive statistics of mostly mentioned problems in the community

Problem type	Villages <10 km		Villages >20 km		Total	
	Freq. / Mean	Perc. / SD	Freq. / Mean	Perc. / SD	Freq. / Mean	Perc. / SD
Access to services	13	38.24%	5	41.67%	18	39.13%
Unemployment	19	55.88%	6	41.67%	24	52.17%
Lack of financial resources	14	41.18%	6	50.00%	20	43.48%
Food security	13	38.24%	7	58.33%	20	43.48%
N	34		12		46	

First results: Health

Table A.2: Descriptive statistics of covariates (for household)

	<10km		>20km		
	Freq. / Mean	Perc. / SD	Freq. / Mean	Perc. / SD	Total
Food insecurity	98	20.59%	106	22.32%	204
Safe water***	289	60.71%	336	70.74%	625
Improved sanitation** (ref. private toilet)	234	49.16%	208	43.79%	442
Cooking facilities (ref. separate kitchen)	418	87.82%	412	87.28%	830
Total number of households	476		475		951

First results: Health: Focus groups

- "Their arrival has had no effect on the health care services, if we say it has had effects we would be liars." (Kigeme, male, 20km)
- Problems in access to health services not attributed to refugees
- One of the participants say that 'In fact you find that most doctors are the refugees instead of Rwandan'. (Kiziba, male, 20km) However, there is some suspicion about refugees being health care providers, as a respondent says 'I have noticed that employed refugees provide poor services to Rwanda citizens. Be at the hospital or the other sectors, refugees usually ignore us.' (Kiziba, male, 20Km).

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First results: Education

Table X: All children (Ages 3-20)

	<10km		>20km		
	Freq. / Mean	Perc. / SD	Freq. / Mean	Perc. / SD	Total
School attendance***	865	79.93%	695	70.88%	1560
School financial assistance***	53	6.13%	10	1.44%	63
School feeding program***	197	22.74%	26	3.74%	223
Immunization - total	98.80	1069	969	98.78%	2038

Table X: Children aged 3 to 6

	<10km		>20km		
	Freq. / Mean	Perc. / SD	Freq. / Mean	Perc. / SD	Total
School attendance***	111	48.26%	58	27.88%	169
School financial assistance***	12	10.81%	0	0	12
School feeding program***	30	27.03%	1	1.72%	31
Immunization - total	227	98.70%	205	98.56%	432

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First results: Education

Children 7-15

	<10km		>20km		
	Freq. / Mean	Perc. / SD	Freq. / Mean	Perc. / SD	Total
School attendance***	576	96.96%	530	92.99%	1106
School financial assistance***	22	3.83%	3	0.56%	25
School feeding program***	113	19.51%	9	1.69%	122
Immunization - total	589	99.16%	565	99.12%	1154

Table X: Children aged 16 to 20

	<10km		>20km		
	Freq. / Mean	Perc. / SD	Freq. / Mean	Perc. / SD	Total
School attendance***	178	68.99%	107	52.71%	285
School financial assistance	19	10.67%	7	6.54%	26
School feeding program***	54	30.51%	16	14.95%	70
Immunization - total	253	98.06%	199	98.03%	461

* Other important factors: food security, hours of help in the hh

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First results: Education: Focus groups

- Overall there are mixed views on how refugee children have affected education services for local children.
- One of the participants argue that: “The refugees’ kids inspired our children to study. They would look at the fact that they are studying hard despite their situation of being in a foreign country, and decide to attend schools.” (Kiziba, male, 20km)
- “What I can say is that their arrival affected positively the economy of the community which also led to quality education. For instance, most people opened up shops and they started earning a lot of money which improved their standards of living. From that, they were able to take care of their children, and they were able to focus on their studies well.” (Kiziba, male, 20km)

First results: Education: Focus groups

- ‘the number of students per class was small, but it incrased because there are a lot of kids in the refugee camps’ (Kigeme, male, 10km); another participant in the same interview says that ‘([schools] they have improved; the government has found a way to support them [refugees] and the local people in education, it encourages each and every child to go to school. A lot of effort is being put in education, which is making it better’
- No impact: “We used to have few schools. Even the ones that are here were built after the arrival of refugees. Their construction is not a result of the arrival of refugees, they were built because there was a very serious need of schools.” (Kiziba, female, 20km)

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Conclusion

- Refugee camps provide a benefit to local communities by crowding-in investment in social services due to the new demand. This investment comes from the national government, international organizations and NGOs alike, and may not have materialized in the absence of the refugee population arriving. But this investment only works if there is an explicit integrated approach, meaning refugees and locals together can use the same new services.
- ***Next steps: Empirical results (cohort analysis)***

Either children of different age cohorts, or more likely adults at various age cohorts

Thank you
Questions?
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