Higher Education for Refugees in Protracted Displacement

Jesuit Refugee Service – Kakuma Refugee Camp, Kenya

Sean Kelly, Georgetown University, Global Human Development Program

Kakuma Refugee Camp

Demographics

<table>
<thead>
<tr>
<th>Country</th>
<th>Pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>S. Sudan</td>
<td>100,657</td>
</tr>
<tr>
<td>Somalia</td>
<td>54,558</td>
</tr>
<tr>
<td>Sudan</td>
<td>10,605</td>
</tr>
<tr>
<td>D.R. Congo</td>
<td>9,815</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>7,490</td>
</tr>
<tr>
<td>Burundi</td>
<td>7,011</td>
</tr>
<tr>
<td>Uganda</td>
<td>1,295</td>
</tr>
<tr>
<td>Rwanda</td>
<td>634</td>
</tr>
<tr>
<td>12 Others</td>
<td>193</td>
</tr>
<tr>
<td>Total</td>
<td>192,218</td>
</tr>
</tbody>
</table>

Higher Education

- Five programs, but only two in camp
- Demand greater than available opportunities
- JRS has 420 slots: 120 in a three year Diploma program, 300 divided among five certificates that run twice per year for 15 weeks

Jesuit Refugee Service

Mission

Accompany, serve, and advocate for the rights of refugees and other forcibly displaced people

Stakeholders

UNHCR – responsible for overall coordination of camp’s services
Lutheran World Federation – provides primary education in the camp
Windle Trust Kenya – administers camp’s secondary schools
Jesuit Commons: Higher Education at the Margins – partner Jesuit organization that oversees higher education curriculum

Higher Education Program

Theory of Change

Refugees have limited opportunities to pursue higher education. Offering a Diploma and certificate courses will allow people to learn skills that will benefit them and their communities.

Features

- Located in Kakuma at the Arrupe Learning Center with classrooms, computers, internet access, and study spaces
- Diploma in Liberal Studies from Regis University offered online
- Five certificate courses offered in person
  - Community and Business Development
  - English Language Learning
  - Peace Studies and Interreligious Dialogue
  - Primary Teacher Education
  - Psychosocial Case Management

Higher Education

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Program Monitoring

Task

Analyze the higher education program’s existing monitoring system

Main Challenges

- Certificates had poorly developed, unachievable outcome indicators
- Certificates lacked specific data collection tools for outcomes
- No monitoring tool for the Project Director to assess achievements

Deliverables

- Data collection tools, i.e. student surveys, for four certificate courses
- Comprehensive monitoring tool that calculated each indicator’s achievements and progress relative to its target. The tool also tabulated beneficiary demographics
- Monitoring guidelines distilled basic monitoring concepts, a proposed system for the program, and clear definitions of indicators
- Second quarter program report used to refine the monitoring tool
- 2017 proposal written based on my analysis and meetings

Observations on Program Quality

- Unfamiliar Technology – Students start online Diploma program with limited or no experience using computers. They must adapt to an unfamiliar medium of instruction and demands of new courses.
- Low female enrollment – Women are 19% of the students even though the target is 30%. Women face cultural, economic, and family influences that limit their access to higher education. Girls finishing secondary school seem largely unaware of Diploma program.
- Infrastructure challenges – The Internet connectivity is inconsistent and the connection is slow when there are many users.
- Arrupe Learning Center – The higher education program is located in Kakuma’s Section 1, making it difficult for residents of Sections 3 and 4 to access because of distance and transportation costs.
- Diploma recognition – Universities and employers do not recognize the Diploma as equivalent to Diplomas earned at Kenyan colleges or universities. Kenyan diplomas take one year to complete.

Recommendations

Monitoring

- JRS needs a dedicated regional or country level M&E officer who will ensure indicators are properly developed and projects have the correct data collection and monitoring tools

Higher Education

- Increase female enrollment by offering child care to female students with children and direct outreach to girls finishing secondary school
- Investigate whether a faster internet connection from Safaricom would improve connectivity and performance issues
- Build a second center in Section 3 or 4 to ease access barriers for refugees living in those sections of the camp
- Meet with Kenyan universities to discuss recognition of the Diploma
- Develop a clear economic rationale for how the Diploma and certificates will benefit refugees

References

Implementing the Investment Plan for Building a Resilient Health System

Step 1: Human Resources for Health

Ministry of Health, Republic of Liberia

Abstract

Since the end of the civil war in 2003, the Ministry of Health (MOH) of Liberia has worked to rebuild the national health system. Although they were making progress toward that goal, the Ebola outbreak in March 2014 devasted the advancements. Not only was the health sector unprepared to respond to the epidemic, but the turmoil revealed the enormous weaknesses in the health system as a whole. These weaknesses were especially apparent in the health workforce. Health workers were poorly trained, mistrusting of the government, improperly paid, and therefore unmotivated. Additionally, as of April 2015, 372 health workers were infected and 184 had died of Ebola. When the WHO declared Liberia “Ebola free” in May 2015, the MOH released the Investment Plan for Building a Resilient Health System, a report that outlined the steps to be taken to rebuild the health system. The first priority of this plan was Human Resources for Health (HRH):

“Build a fit-for-purpose, productive, and motivated health workforce that equitably and optimally delivers quality services”

HRH: The Issues

1. 32% of health workers are NOT on government payroll. They do not receive pensions or benefits.
2. There are people on government payroll who are no longer working or have passed away (ghost workers).
3. Because there is little desire to work in the rural counties, health workers migrate to Monrovia, leaving these areas without healthcare.
4. Training facilities, including medical and nursing schools, are understaffed and underfunded.
5. Health workers in rural areas have trouble accessing their monthly payments because of poor bank coverage.
6. Clinical health workers are severely underpaid.
7. Clinical health workers trained abroad have little incentive to work for low salaries in Liberia. This leads to brain drain.
8. There are not enough clinical staff to serve the population.

HRH: The Goals

The WHO recommends 23 doctors, nurses, and midwives per 10,000 people. As of 2015, Liberia had 8.6.

<table>
<thead>
<tr>
<th>Year</th>
<th>Doctors</th>
<th>Nurses</th>
<th>Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>4.8</td>
<td>10.6</td>
<td>7.1</td>
</tr>
<tr>
<td>2015</td>
<td>6.0</td>
<td>10.0</td>
<td>8.6</td>
</tr>
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</table>

mSTAR: A Solution

Without access to banks, to collect their paychecks, health workers in rural areas need to travel for days, even weeks, spending a large portion of their salaries on transportation. During this time, they are not providing much needed health services to the population. As a remedy, USAID’s mSTAR partnered with FHI360 to implement mobile money. Mobile money is a payment system in which monthly salaries are sent directly to employees’ cellphones. Mobile money agents, who travel throughout the country, can then disperse the cash with little difficulty. The MOH is in the pilot phase and, if successful, mobile money could transform the reliability of the payment system.

New Redemption Hospital

Redemption Hospital is the largest free health facility in Liberia, and the demand for services far outweighs the capacity. After the Ebola epidemic, it was forced to limit admissions to keep with infection prevention and control standards. The hospital is run down, and there are not enough beds to serve the population. Every day the staff is forced to turn away many patients, including expecting mothers.

The MOH is in negotiations with the World Bank for a $14 million grant to build a brand new regional hospital. The proposal has been approved and a Functional Plan that proves the demand for each service the new hospital will offer is awaiting approval. The plans focus on maternal and pediatric health, as the need is greatest for those two populations. The MOH hopes to break ground within the year. This new hospital, when built, will improve the quality of and access to healthcare services for 2.5 million people.

References

1. CSA and Norming Payroll, June 2016
Gender and Property Rights

Gender Innovation Lab, World Bank - Kampala, Uganda

Deepika Ramachandran, Georgetown University, Global Human Development Program

Farm and Family Balance Details

Two main aspects to the intervention:
1. A couples-based participatory training using the Gender Action Learning System (GALS) methodology to alter the way spouses communicate and organize their households.
2. Household visits by specially trained staff to inform each farmer that he is allowed to transfer one or more of his contracts into the name of his wife at any time and to assist in the logistics of the transfer itself.

Land Tenure Security Details

Conceptual framework:

- Contract transfer to the woman
- Women have access to profits
- Improved property rights
- Reduced risk of prostration
- Incentives to invest increases and productivity goes up
- Increased investment in children’s education and health
- Conceptually, the focus on joint titling should increase women’s bargaining power and follow a pattern similar to FFB.

Step 1: Sensitization workshops where spouses receive information on the benefits of joint titling.
Step 2: Two visits to elicit household demand for land titles
Step 3: Adjudication and demarcation of boundaries
Step 4: Data processing of the field data
Step 5: Public verification of the maps
Step 6: Processing of applications
Step 7: Prepare and issue title certificates

Learning Outcomes

1. Managing partners’ interests: I was able to see the difficulties that play out when there are multiple partners involved in a large scale project. Keeping the intervention at the forefront and adhering to the initial program plan can be challenging.
2. Quality of data: There are several levels at which data can get skewed. The design of the survey, the questions, the time frame and the ability of the enumerators, contributes to the quality of the data collected.
3. Using data: People who are part of the intervention team need to be discerning about the pieces of data that are used in the analysis.

Personal insights

- This experience was critical in helping me develop an appreciation and interest in quantitative analysis.
- It made me more conscientious development practitioner because I was able to see a lot of criticisms about the development field play out.

References

1. Gender Innovation Lab Concept Note, Competencies and Enterprise Development Projects
2. International Health Science Institute Research Protocol
3. Land Tenure Security Baseline Report

Acknowledgements

- Ludovica Cherchi, World Bank Consultant, Kampala
- Jacopo Bianchi, World Bank Consultant, Kampala
- Michael Sullivan, Economist, Washington DC.
Emergency Response in East Cameroon
Catholic Relief Services – Yaoundé, Cameroon
Lauren Shaughnessy, Georgetown University, Global Human Development Program

Context

Since violence erupted in the Central African Republic (CAR) in 2011, Cameroon has experienced an influx of over 250,000 refugees, 177,613 of whom inhabit Cameroon’s East region.

Internal Security Threats:
- Boko Haram militants have ventured further and further into the country from Nigeria, perpetrating suicide attacks and other violence.
- Fear that the CAR refugee influx could lead to similar attacks beyond the Far North. This threat has eased.

Challenges:
- Already limited resources must accommodate both host and refugees populations.
- Multisectoral challenges, from access to education, to community services for those with specific needs, to the transversal need for peaceful coexistence.

Emergency Response Sector

The complex and growing emergency situation in Cameroon requires the coordination of a number of organizations working in all sectors of response.

Immediate Impact

ECBAP
- 100% of targeted beneficiaries were successfully reached during each month of the cash-based food distribution program – 100% of refugees in Gado camp received food

ISAP
- CRS staff facilitated the return of a young girl to her parents when she confided that she wanted to leave her forced marriage and go back to school

Food Security

Emergency Cash-Based Food Assistance Program (ECBAP)

To support the World Food Programme’s ECBAP program to distribute a monthly cash-based transfer of 8,500 FCFA per person via mobile phones to 23,000 CAR refugees in Gado site, CRS led the 1) registration of beneficiaries, 2) monitoring of mobile phone distribution and training, 3) beneficiary’s sensitization on household food economy and nutrition, 4) establishment and monitoring of beneficiary protection and feedback mechanisms, and 5) monitoring and reporting.

- Goal: To improve food access and nutritional status for vulnerable CAR refugees in the Gado site in Eastern Cameroon.
- Strategic Objective 1: 23,000 CAR refugees in Gado site have improved access to essential food items for 6 months.
- Strategic Objective 2: 23,000 CAR refugees in Gado site have improved food consumption and stabilized under-nutrition.

Challenges

- Logistical issues resulted in several food rations, compromising promised food quantities and dietary diversity.
- Procurement delays resulted in an undersupply of CRS visibility for camp workers, individuals, posed as program staff and stole mobile money from refugees.

Education

Integrated Social Assistance Program (ISAP)

Through funding provided by UNHCR, CRS implemented ISAP in 30 villages and seven refugee sites in the East, Adamaoua, and North regions of Cameroon for 12 months. The program encompassed three elements: peace building, social cohesion, and education.

- Goal: refugee and host community members realize their right to live with dignity.
- Outcome 1: Refugee and host community children receive quality education.
- Outcome 2: The most vulnerable refugees and host community members access basic community services.
- Outcome 3: Refugees and host community members coexist peacefully.

My Role: Conduct site visits and meet with field staff and beneficiaries in order to develop a baseline strategy and design a baseline survey for the education component of the project.

Learning Outcomes

- Exposure to challenges associated with work in higher risk security zones.
- Exposure to proposal development process for rapid emergency contexts.
- Enhancement of monitoring and evaluation skills.
- Increased proficiency in French.
- Gained insights into the workings of a large NGO.
- Exposure to work in refugee camps.
**Problem:** Syrian Refugee University Enrollment is Critically Low

- Across the MENA region, fewer than 6% of Syrian refugees 18-24 are enrolled in universities - a major drop from a 25% enrollment rate prior to the conflict.
- In Jordan, 39% of 21,600 Syrian refugees 18-24 are enrolled in some form of higher education.

**Intervention:** First Annual University Summit in Azraq and Zaatari Refugee Camps

**Who?** Relief International (RI), in partnership with UNHCR, OCHA, and UNICEF

**What?** Creating a space for camp refugee high school students and recent graduates to receive information regarding university programs, application requirements and processes, and scholarship opportunities.

**Where?** Zaatari and Azraq camps, housing 80,000 and 50,000 refugees respectively - 40% of whom are school-aged children.

But the challenges go far beyond a lack of scholarships...

- **Informal labor:** Many youth are working in full time jobs.
- **Camp restrictions:** Refugees cannot leave camps without permits.
- **Documentation:** Many lack required academic transcripts and records.
- **National exam:** Placement exam is very difficult for Syrian students.
- **Camp conditions:** Difficult living conditions make it hard to study.
- **Gender:** Many parents fear for the safety of their young daughters.
- **Lack of information:** Little to no access to university information.
- **Costs:** Refugees cannot afford living costs.
- **Lack of job opportunities:** Difficulties in obtaining work permits.

**Why?** This program aimed to:
- **Inform** students and their families of the higher education opportunities available, along with the application requirements and processes.
- **Motivate** highschoolers to continue their studies and to work hard to pass the national exam by showing them that they have university opportunities open to them.
- **Assess** the major obstacles blocking highschoolers’ and recent graduates’ access to higher education.
- **Strengthen coordination** between the major players in higher education (universities, NGOs, and donors) by convening them for the purposes of this event.

**Results and Next Steps**

**Pilot intervention reached** a total of:
- 250 Syrian refugees (16-25 y.)
- 100 parents, teachers and other camp staff
- 17 Jordanian universities
- 10 international organizations and NGOs

Syrian students reported **increased knowledge** of higher education opportunities, and application requirements and procedures.

Participating universities and organizations reported **increased understanding and awareness** of challenges facing Syrian refugee students, and **strengthened commitments to collaborate**

Although the pilot intervention is a promising next step, it will not increase refugees’ university enrollment numbers without a concerted and coordinated effort to address the many other cultural, institutional, and environmental barriers they face.