



Forced Displacement Literature Review

April 2025

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Receipt of humanitarian cash transfers, household food insecurity and the subjective wellbeing of Syrian refugee youth in Jordan

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Public Health Nutrition, Volume 28, Issue 1 (2025), Article no. e25

<https://doi.org/10.1017/S1368980024002660>

This paper examines **whether food security mediates the relationship between receipt of humanitarian cash transfers and subjective wellbeing among Syrian refugee youth in Jordan**. As of September 2020, approximately 490,000 Syrian refugees were receiving food assistance from the World Food Programme (WFP) in Jordan.

The analysis is based on data from the 2020-21 Survey of Young People in Jordan, a nationally representative survey of Jordanian and Syrian youth aged 16–30. The data includes information on three types of UN agency cash transfers (WFP food assistance, UNHCR multipurpose cash assistance, and UNICEF cash assistance). Food insecurity was measured using the Food Insecurity Experience Scale (FIES), and subjective wellbeing was measured using the WHO-5 wellbeing index. To examine the potential mediating role of food security in the association between cash transfers and subjective wellbeing, the authors use ordinary least squares regression. The sample consists of 1572 Syrian refugee youth in 955 households with complete data.

Main results:

- **92 percent of Syrian households with youth received cash transfers.** WFP assistance was the most common transfer. Receipt of different types of assistance varied significantly by household characteristics (camp or non-camp location, wealth, the sex, age and employment status of the household head, household size, and the presence of school-age children). The mean monthly per capita assistance was 26 JD (US\$37).
- **78 percent of households were food insecure.** Only 22 percent of Syrian households were food secure, 42 percent were moderately food insecure, and 36 percent were severely food insecure. Food insecurity was significantly higher outside refugee camps.
- **51 percent of youth suffered from poor wellbeing.** Poor wellbeing was associated with older age, being out of school, unemployment, and ever being married.
- **Receiving larger cash transfer amounts was associated with better wellbeing among Syrian youth in unadjusted models.** Unadjusted regression models showed a positive association between receiving all three types of assistance (highest per capita amount) and higher WHO-5 scores. However, this association disappeared after adjusting for sociodemographic factors. Similarly, higher per capita assistance amounts were positively associated with wellbeing in unadjusted models but not in adjusted models.

- **Household food insecurity was associated with poorer youth wellbeing, however it did *not* mediate the relationship between cash transfers and wellbeing.** Inclusion of food insecurity in the multivariable models did not change the association between receipt of cash assistance and the results of the structural equation model were insignificant.

Despite widespread receipt of cash transfers, a substantial burden of food insecurity and poor subjective wellbeing persists among Syrian refugee youth in Jordan. **While higher amounts of cash assistance may be associated with improved subjective wellbeing (likely through reducing income constraints), food security doesn't appear to be a key mediating factor.** This suggests that assistance amounts may be insufficient to ensure food security, or that other factors (quality of food, other household expenditures, reduced stress) are more important for wellbeing. The study highlights the need for larger cash transfer amounts and further research into the mechanisms linking cash transfers to wellbeing, including longitudinal studies and consideration of intra-household food allocation.

Household food insecurity, living conditions, and individual sense of security: A cross-sectional survey among Burkina Faso refugees in Ghana

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PLoS ONE, Volume 20, Issue 1 (2025), Article no. e0317418

<https://doi.org/10.1371/journal.pone.0317418>

This article **assesses the levels and determinants of food insecurity among Burkina Faso refugees residing in Ghana.** As of February 2023, Ghana hosted approximately 13,500 refugees, including 4,000 asylum seekers from Burkina Faso.

Data was collected in October 2022 in the Upper East Region of Ghana, where most displaced people reside. All consenting adult heads of refugee households in the host communities were eligible participants. The sample size was proportionally distributed based on the number of registered refugees in each district: 256 individuals in Binduri District, 116 in Bawku Municipal, and 28 in Bawku West District.

The validated USAID Household Food Insecurity Access Scale (HFIAS) module was used to assess household food insecurity over the previous 30 days. Participants were also asked about their current accommodation and living conditions, including prior acquaintance with locals, accommodation size, and the presence and sources of social support systems. To measure safety and sense of security, four questions were asked using a 5-point Likert scale. Additional socio-economic data collected included the sex, age, marital status, and religious affiliation of the household head, household size, number of children under five,

and number of pregnant women in the household. Predictors of food insecurity were investigated using univariate and multivariate linear regression models.

Main results:

- **All refugee households were assessed as food insecure.** All 498 refugee households experienced food insecurity, with 95.2 percent facing moderate or severe levels and 70.4 percent experiencing severe food insecurity. This is significantly higher than the national prevalence in Burkina Faso (56.9 percent) and West Africa (64.1 percent).
- **Key predictors of food insecurity included location prior to migration, living with somebody the refugee knew before, and satisfaction with their living space.** Refugees from urban areas before migration reported significantly higher food insecurity than those from rural areas. Living with someone the refugee knew before (relatives or friends) was associated with lower food insecurity compared to living in refugee housing. Refugees unhappy with their living space had higher food insecurity scores.
- **Most refugees were dissatisfied with their living conditions.** Over half (54 percent) of the refugees lived in designated refugee housing, 23 percent were staying with relatives or friends, and 20 percent were living with host families they didn't know previously. Most (84 percent) were unhappy with their living conditions. Less than a quarter (24 percent) received financial support (mainly from the Ghanaian government and international agencies).
- **Most refugees received insufficient resources to meet their basic needs.** More than three quarters (76 percent) reported insufficient resources to meet their basic needs.

The study underscores the severe challenges faced by refugees in the Upper East Region of Ghana, particularly regarding food insecurity and living conditions. The findings highlight the **critical role of social support and community integration in alleviating food insecurity among refugees**. Those residing with acquaintances or within local communities experienced fewer food-related challenges compared to those in designated refugee housing. This emphasizes the need for policies that promote community-based support systems and enhance the integration of refugees into local food systems.

Investigating the interplay between electricity access and food security: Insights from refugee settlements in Zambia, Malawi, and Uganda

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Energy for Sustainable Development, Volume 85 (2025), Article No. 101658

<https://doi.org/10.1016/j.esd.2025.101658>

This article **investigates the impact of electricity access on food security**, focusing on refugee settlements in Zambia, Malawi, and Uganda. The literature indicates that a lack of energy access impacts food security across three dimensions: by degrading the local environment and reducing agricultural productivity (*availability* and *stability*), limiting income for food (*access*), and necessitating the use of inefficient food preparation and conservation technologies (*utilization*).

The analysis is based on data collected in 2022 from 926 households, including 252 in Meheba (Zambia), 252 in Dzaleka (Malawi), and 422 in four settlements in the Adjumani district (Uganda). The survey covered food insecurity (using the Food Insecurity Experience Scale Survey, FIES), electricity access (energy resources and appliances), income (monthly income and income-generating activities), and sociodemographic characteristics (household composition). The empirical analysis includes descriptive statistics and regression models.

Within the sampled population, 65 percent of households experience severe food insecurity, with rates varying from 88 percent in Adjumani to 68 percent in Dzaleka and 25 percent in Meheba. While 59 percent of households have access to fresh food, only 8 percent can preserve it. Electricity access is available to 24 percent of the sample, with 14 percent in Adjumani, 28 percent in Dzaleka, and 37 percent in Meheba. The average monthly income across the sample is approximately \$176, with \$304 in Meheba, \$160 in Dzaleka, and \$79 in Adjumani.

Main findings:

- **Electricity access can be associated with a reduced likelihood of experiencing severe food insecurity.** Controlling for income, gender of the household head, household size, and settlement, the chances of experiencing severe food insecurity are reduced by a factor of 0.7 for households with access to electricity compared to those without access. However, the mitigating effect of electricity access is only weakly significant (at the 10 percent level). The mitigating effect of electricity access on food insecurity is empirically supported only in Adjumani.
- **Settlement-specific characteristics significantly influence the probability of severe food insecurity.** Households in Meheba or Dzaleka are less likely to be severely food insecure compared to those in Adjumani.
- **Households without external economic activities are more vulnerable to severe food insecurity.** Those with a secondary source of income are less likely to experience severe food insecurity, while households engaged in farming as the primary economic activity are more likely to be severely food insecure.
- **Female-headed and larger households exhibit increased vulnerability to severe food insecurity.** Female-headed households are about 1.7 times more likely to experience severe food insecurity compared to male-headed households.

The results highlight the **critical role of electricity access, settlement-specific conditions, economic activities, and household demographics in influencing severe food insecurity among refugee households in Zambia, Malawi, and Uganda**. The authors suggest several policy implications including: enhancing electricity access to support food security in refugee communities; facilitating refugee access to work and income-

generating activities; including female-headed households in the design of food security support mechanisms; and implementing a cohesive policy that simultaneously addresses food security and provides long-term energy solutions.

The power of dialogue: Forced displacement and social integration amid an Islamist insurgency in Mozambique

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Journal of Development Economics, Volume 174 (2025), Article No. 103457

<https://doi.org/10.1016/j.jdeveco.2025.103457>

This paper **investigates the impact of a community-based field experiment designed to promote the social integration of internally displaced persons (IDPs) into the local community in Pemba, the capital of Cabo Delgado, northern Mozambique**. Since October 2017, an Islamist insurgency in Cabo Delgado has displaced over one million people, approximately 40 percent of the province's population, with 140,000 IDPs now residing in Pemba, a city that previously had a population of 200,000. This massive population increase has generated significant friction between IDPs and local hosts.

The author conducted a baseline survey using a mixed-methods approach, combining quantitative and qualitative data collection to assess the initial conditions and attitudes of both IDPs and local hosts in Pemba. The baseline sample included 415 locals from Pemba and 498 IDPs, totaling 913 individuals. The survey included structured interviews with a representative sample of participants, focusing on their demographic characteristics, social interactions, perceptions of each other, and experiences related to the insurgency and displacement. The findings revealed significant mistrust and prejudice between the two groups. Locals exhibited reduced tolerance for IDPs in their neighborhoods and often held negative beliefs about them, while IDPs reported diminished trust in locals and perceptions of receiving inferior treatment by both locals and neighborhood authorities.

A random sample of IDPs and local hosts were assigned to half-day community meetings with 8 to 10 participants, moderated by a local leader and following a predefined public dialogue protocol. The main objectives were to reduce prejudice and promote social integration by providing a forum to discuss the displacement situation, share experiences, and explore future options. A variety of outcome measurements were used to assess the effects of the meetings, including surveys, lab-in-the-field games, and list experiments.

Main findings:

- **Community meetings had positive effects on social integration in the short term** (2–3 days after the intervention). Community meetings had positive effects on social integration. Locals who participated became more tolerant of IDPs staying in their neighborhoods, with an 11.5 percent increase in tolerance. However, this effect did not

persist in the medium term. There were no short-term effects on locals' beliefs, trust, and discrimination against IDPs.

- **In the medium term (2–3 months after the intervention), community meetings led to a positive shift in locals' empathy toward IDPs across all assessed outcomes, including positive beliefs, trust, and discrimination.** Specifically, there was a 9.2 percent decrease in associations of IDPs with insecurity and worse living conditions, a 10.1 percent increase in trust in IDPs, and a 16.6 percent decrease in discrimination against IDPs.
- **The community meetings produced heterogeneous effects based on locals' baseline views of IDPs.** The short-term improvement in tolerance was driven by locals with more negative baseline views, while the positive shift in beliefs about IDPs in the medium term was driven by locals with more positive baseline views.
- **Community meetings had positive effects on social integration among IDPs.** Community meetings led to significant short-term improvements in IDPs' sense of belonging (21 percent increase) and trust in local hosts (15 percent increase), with these effects persisting in the medium term (19 percent and 16 percent, respectively). Their sense of discrimination decreased by 15 percent in the short term, though this effect did not persist in the medium term. Additionally, IDPs reported an 8 percent increase in involvement in the civic life of host neighborhoods shortly after the intervention, although this effect did not persist in the medium term. These improvements in social integration were primarily driven by IDPs who felt more marginalized before the intervention.
- Community meetings increased monetary contributions in a public goods game among locals in the medium term, suggesting increased prosocial behavior towards both IDPs and locals. No such effect was found among IDPs.
- Community meetings significantly increased the intensity of social networks within the treatment cohorts, primarily reinforcing pre-existing relationships rather than creating new ones. This effect was more pronounced and persistent among locals than IDPs.

These findings underscore **the importance of intergroup contact in promoting social cohesion in conflict-affected settings**. The study demonstrates that even brief, well-structured intergroup interactions can have positive effects on social cohesion, persisting for at least 2–3 months. Community meetings significantly improved locals' tolerance, beliefs, and attitudes toward IDPs, while also enhancing the social integration of IDPs. These positive outcomes are likely driven by shifts in beliefs and the formation of social networks among both groups. The author suggests that community meetings can serve as an effective, low-cost strategy to integrate forcibly displaced individuals in areas with limited state capacity, where more resource-intensive interventions may be unfeasible.

The association between perceived neighborhood social cohesion and intimate partner violence in a refugee camp in Dollo Ado, Ethiopia

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Conflict and Health, Volume 19 (2025), Article number 1

<https://doi.org/10.1186/s13031-024-00637-x>

This article **examines the association between perceived neighborhood social cohesion (P-NSC)**—a measure of community trust, attachment, safety, and reciprocity—**and the incidence of intimate partner violence (IPV) and controlling behaviors against women among Somali refugees residing in Bokolmayo camp, Dollo Ado, Ethiopia.** At the time of the study, Bokolmayo camp had a registered population of over 40,000 Somali refugees.

The analysis is based on 2019 data from Bokolmayo camp, part of a larger study on social networks. Sixteen households were randomly selected, and their connections were identified using snowball sampling until a sample size of at least 300 residents was achieved. The questionnaire covered demographics (age, ethnicity, literacy, education level, marital status, partner characteristics), displacement, alcohol and khat use, social networks, neighborhood cohesion, social norms, women's experiences of physical, sexual, and emotional IPV, and men's perpetration of physical IPV.

Multiple logistic regression models estimated the association between P-NSC and IPV. The final models for women's IPV experiences controlled for years displaced, ethnicity, polygamy, pre-displacement neighborhood type, literacy, years in camp, monthly income, cash transfer amount, and reason for displacement. For men's IPV perpetration, the model controlled for employment, education, polygamy, ethnicity, and personal khat use.

The final sample included 155 women and 147 men, excluding unmarried individuals. Women were predominantly 18-39 years old, largely unemployed, from nomadic and urban areas, and displaced due to natural disasters or safety concerns. Men were mostly over 39, employed, from suburban and urban areas, and displaced due to safety threats. Both groups were mainly from minority ethnic clans, with low rates of alcohol and khat use. A substantial proportion of women (24 percent) and a smaller proportion of men (6 percent) reported being in polygamous unions. Approximately 37 percent of women reported experiencing physical IPV in the past month, and in the past year, 19 percent reported physical, 10 percent sexual, and 16 percent emotional IPV; 43 percent reported controlling behaviors. Among men, 44 percent reported perpetrating physical IPV in the past month.

Main results:

- **Various individual factors were associated with P-NSC for both women and men.** Women's P-NSC was influenced by neighborhood type before displacement, reason for

displacement, monthly income/cash transfer amount, and partner khat use, with literacy, polygamy, and years in camp showing marginal associations. For men, P-NSC was linked to education, employment, personal khat use, age, ethnicity, and neighborhood type before displacement.

- **Various individual factors were associated with women's experiences of emotional, sexual, and physical IPV, and men's perpetration of IPV.** For women, living in an urban neighborhood before displacement, being displaced for reasons other than natural disaster or safety, and partner khat use were linked to experiencing emotional, sexual, and physical IPV in the past year, as well as physical IPV in the past month. Higher monthly income/cash transfers were associated with physical IPV in the past month, while polygamy was linked to physical IPV. Controlling behaviors were associated with more years in the camp and lower income levels. For men, ethnicity, age, pre-displacement neighborhood type, education, reason for displacement, and personal khat use were associated with the perpetration of physical IPV in the past month.
- **Low P-NSC among men was significantly associated with increased odds of perpetrating physical IPV in the past month.** Men with low P-NSC had 20 times higher odds of perpetrating physical IPV compared to those with high P-NSC in crude analyses, and this association remained statistically significant after adjusting for covariates.
- **There was a strong and significant link between women's P-NSC and controlling behaviors by an intimate partner, but not with other forms of IPV.** Women with low P-NSC had 90 percent lower odds of experiencing controlling behaviors by a partner compared to those with high P-NSC, and this association persisted after adjusting for covariates. No significant associations were found between women's P-NSC and reported experiences of past-month physical IPV or past-year physical, sexual, or emotional IPV in adjusted models.

The findings suggest that **social cohesion may be more directly associated with IPV perpetration rather than the experience of IPV.** Controlling behaviors by an intimate partner, which reflect a partner's influence on a resident's interactions with their neighborhood (e.g., keeping a partner away from family, expecting permission to leave home or access healthcare), appear more directly related to social cohesion than other forms of IPV in this context.

Reconciling these results with a previous study in refugee camps in South Sudan, Kenya, and Iraq (Wachter et al, 2018), which found that lower social cohesion left women unsupported, isolated, and less likely to seek help or access resources, potentially increasing their risk of IPV, the authors suggest that in contexts where IPV is normative, high social cohesion may not protect against violence or controlling behaviors. Neighbors may not feel obligated to intervene or provide support and may collectively reinforce such behaviors. Alternatively, controlling behaviors can be associated with more severe forms of IPV; women experiencing these behaviors may be more likely to seek social support and thus report higher levels of trust in their community. These insights highlight the complex role of social cohesion in IPV dynamics and the need for nuanced interventions.

Determinants of Women Empowerment: Case of Refugee Women Living in Nairobi Kenya

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Economies, Volume 13, Issues 2 (2025) 35

<https://doi.org/10.3390/economies13020035>

This article **investigates the determinants of women empowerment among refugee women living in Nairobi, Kenya**. Kenya is the fifth-largest asylum country in Africa, hosting approximately 550,817 refugees as of April 2022. Nearly half of these refugees reside in the Dadaab refugee camp, 41 percent in the Kakuma refugee camp, and 16 percent in urban areas, primarily Nairobi.

The study utilized cross-sectional data from the 2021 Refugee and Host Household Survey (RHHS) conducted in Nairobi, Kenya. The survey sampled a total of 4,853 households, including 2,420 refugee households. Women aged 15 to 49 years were randomly selected from each household to participate in the women empowerment section of the questionnaire. Out of the 1,579 refugee women randomly sampled, 1,532 consented to participate, resulting in a response rate of 97 percent.

Empowerment is considered in terms of agency over personal health, participation in labor, access to and control of contraception, involvement in domestic household decision-making, access to information, knowledge of HIV prevention and transmission, and attitudes towards gender-based violence and early marriages. The authors construct an index of women's empowerment incorporating data in five equally weighted domains: (1) attitudes towards socio-cultural norms (including "wife-beating"); (2) access to human and social resources; (3) decision-making over general household decisions; (4) decision-making over sexual and reproductive health and rights; and (5) economic empowerment. A fractional logit regression model to identify the determinants of women's empowerment.

Main results:

- 6 percent of the refugee women respondents living in Nairobi are empowered at 80 percent of total weighted indicators, compared to 22 percent of the nationals living in Nairobi.
- **The age of the household head, gender of the household head, education level of the refugee woman, employment status of the household head, and education of the household head play significant roles in enabling women empowerment.** The results suggest a positive relationship between a refugee woman's age and her empowerment; for each additional year, empowerment increases by 0.2 percentage points. A female-headed household increases the probability of empowerment by four percentage points. The attainment of a secondary level of education increases the probability of a refugee women's empowerment by two percentage points relative to refugee women who have no formal education.

- **Being single, widowed, separated, or divorced, as well as being Muslim, lowers empowerment.** Being in polygamous marriage for refugee women lowers the probability of being empowered by six percentage points compared to refugee women in monogamous marriages. However, the situation is worse off for divorced, separated, or widowed women and single or never married refugee women, whose probability of being empowered decreases by 23 and 22 percentage points respectively compared to refugee women in monogamous marriages. Muslim refugee women have a four-percentage-point-lower probability of being empowered compared to Christian refugee women. The employment status of the household head increases the probability of empowerment by four percentage points when the head is in an employed status compared to when they are not employed.

The study's findings highlight the impact of individual and household characteristics on the empowerment of refugee women living in Nairobi, Kenya. The authors propose three main policy implications, emphasizing the importance of economic empowerment, sexual and reproductive rights, and education for the autonomy and resilience of refugee women: (1) enhance economic empowerment through refugee-specific platforms that provide access to work permits, credit, and business opportunities; (2) prioritize sexual and reproductive health rights by establishing health clinics and subsidizing services; and (3) emphasize the importance of education by implementing policies that reintegrate refugees into schools, recognize prior learning qualifications, and address educational barriers.

Legal residency status and its relationship with health indicators among Syrian refugees in Lebanon: a nested cross-sectional study

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BMJ Global Health, Volume 10 (2025), Article no. e017767

<https://doi.org/10.1136/bmjgh-2024-017767>

This study **investigates the relationship between legal residency status and the health of Syrian refugees in Lebanon**, which hosts the world's highest per capita refugee population, with over 1.5 million Syrian refugees, including approximately 815,000 registered with UNHCR. The Lebanese government mandates that Syrian nationals enter legally and renew their residency permits annually, a process that entails significant costs and paperwork.

This analysis utilizes data from two multi-wave longitudinal phone surveys conducted in 2022. The first survey, "Changing Vulnerabilities and COVID Adherence" (CVC study), included Syrian refugees aged 50 and older from various regions of Lebanon who received assistance from the Norwegian Refugee Council between 2017 and 2020. The second survey, "Community Action for Equity in Pandemic Preparedness and Control" (CAEP

study), included all adult Syrian refugees aged 18 and older residing in Sin-EI-Fil, a suburb of Beirut. The exposure variable was the self-reported possession of a legal residency permit in Lebanon, while the health outcomes measured were mental health status, COVID-19 vaccine uptake, and access to needed healthcare services. Separate logistic regression models were used to examine the association between lacking a legal residency permit and each health outcome, adjusting for age, length of stay in Lebanon, education, employment, wealth index, and receipt of assistance.

Main empirical results:

- **Nearly all Syrian refugees reported not holding a legal residency permit.** In the first sample of 3,357 participants, 85 percent lacked a legal residency permit, while in the second sample of 730 participants, 79 percent lacked one. Lower socioeconomic status and unemployment were more common among those without legal residency, and men were more likely than women to possess legal residency documentation.
- **The lack of a legal residency permit was associated with poorer mental health,** likely due to increased sense of insecurity, fear of arrest, detention, deportation, and protection risks, as well as the inability to gain formal employment, leading to financial instability and higher risks of exploitation in the informal sector.
- **COVID-19 vaccine uptake was lower among those lacking a legal residency permit,** despite vaccines being available free of charge to all residents of Lebanon. Fear of detention or deportation and mistrust of the Lebanese government likely contributed to lower uptake rates among Syrian refugees.
- **Lacking a legal residency permit decreased the odds of accessing primary healthcare.** This trend was observed in both studies, although it was not statistically significant in the CVC study, possibly due to limited study power. Movement restrictions and fear of repercussions at healthcare facilities, which require identification, may prevent refugees from seeking necessary care.

The results indicate that **most Syrian refugees in Lebanon lack legal residency permits, adversely affecting their mental health, access to primary healthcare, and receipt of COVID-19 vaccinations during the pandemic.** These findings underscore the urgent need for initiatives to facilitate access to legal documentation for refugees and to ensure equitable access to vaccination campaigns, as well as health and mental health services, for this vulnerable population.

Determinants of institutional delivery service utilization among internally displaced vulnerable populations in Benadir region, Somalia: A community based cross-sectional study

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Journal of Migration and Health, Volume 11 (2025), Article No. 100319

<https://doi.org/10.1016/j.jmh.2025.100319>

This study examines the use of maternal health care services in internally displaced person (IDP) camps located on the outskirts of Mogadishu, Somalia. Maternal mortality rates in Somalia are alarmingly high at 692 per 100,000 live births. However, the residents of these IDP camps face significant challenges in accessing hospital care. Instead, they depend on maternal health services provided by humanitarian organizations through both mobile and stationary health centers.

The study analyzed survey data collected from ten randomly selected IDP camps in the Kahda and Deynile districts near Mogadishu, Somalia, during September and October 2023. A total of 410 women who had given birth in the past six months were surveyed. The questionnaire covered demographic factors, obstetric history, and healthcare access and utilization. Logistic regression analysis was used to identify associations between various covariates and the outcome variable, which was institutional delivery within the IDP camps. Significant variables were further examined using multivariable logistic regression to control for potential confounders.

Main results:

- **Only 25 percent of mothers delivered their most recent child at healthcare facilities.** This prevalence is significantly lower compared to studies conducted in non-IDP settings within the country.
- **Marital status, occupation, age at first pregnancy, attendance of antenatal care, and knowledge of danger signs during pregnancy and childbirth were significantly linked to institutional delivery.** Married women had more than twice the odds of delivering at a health facility compared to unmarried women. Women with an occupation had almost double the odds of delivering at health facilities compared to those without an occupation. Women who experienced their first pregnancy before the age of 20 had 1.7 times the odds of delivering at a health facility. Women who attended antenatal care had over 13 times the odds of delivering at a health facility compared to those who did not attend. Additionally, women who were knowledgeable about the danger signs of pregnancy and childbirth had 4.5 times the odds of delivering at a health facility.
- **Several reasons were cited for choosing to deliver at home instead of health facilities.** Respondents cited financial constraints, distance to facilities, emergency births, lack of transportation, facility closures, preference for the comfort of home, fear of

surgical procedures, availability of traditional birth attendants in the neighborhood, and the absence of female attendants at facilities.

Despite ongoing humanitarian efforts to improve access to health facility deliveries, a significant number of women continue to give birth at home. Key factors associated with institutional delivery include marital status, maternal occupation, age at first pregnancy, attendance of antenatal care (ANC), and awareness of danger signs during pregnancy and childbirth. Addressing these factors is essential for the success of programs aimed at increasing institutional delivery rates among internally displaced persons. Interventions should be tailored to address the specific challenges related to marital, occupational, and pregnancy-related variables to effectively enhance healthcare outcomes in this vulnerable population.

Can social protection contribute to social connectedness in contexts of forced displacement and crisis? Lessons from Jordan's labelled cash transfer for education

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World Development, Volume 188 (2025), Article No. 106886

<https://doi.org/10.1016/j.worlddev.2024.106886>

This article **examines the effects of UNICEF's cash transfer program, *Hajati*, on social cohesion and connectedness in Jordan**. Jordan is home to around 1.3 million Syrians, with half of them registered as refugees with the UNHCR.

The *Hajati* program offers unconditional cash transfers to households with children and adolescents under 18 years old who are attending school. This initiative supports both refugee families and vulnerable households within the host community. Beneficiary households receive a monthly cash amount of 20–25 Jordanian dinar (approximately US\$28–36) per eligible school-aged child, for up to 4–6 children. In the 2019-20 period, *Hajati* supported around 11,000 children and adolescents. However, when schools closed in March 2020 due to the Covid-19 pandemic, UNICEF expanded the program to support over 30,000 children and adolescents. Additionally, young participants in *Hajati* were encouraged to enroll in services provided by UNICEF Jordan's Makani ('My Space') program, which offers non-formal education support, life skills, and protection services.

The study employed a mixed methods approach to evaluate the impact of the *Hajati* program on social cohesion and connectedness among Syrian refugee households in Jordan. Quantitative data were collected through a phone survey conducted between October 2020 and January 2021, involving 996 adolescent–caregiver dyads, including 143 *Hajati* beneficiaries and 853 non-beneficiaries. The survey gathered information on household income, access to social protection programs, school enrollment, food security levels, physical and mental well-being, and sources of family and social support. Coping and

resilience were assessed using the Brief Resilient Coping Scale (BRCS). To enrich the quantitative findings, qualitative data were obtained through interviews and focus groups, providing deeper insights into the mechanisms through which the *Hajati* cash transfer and the associated Makani empowerment programming influence adolescent resilience and psychosocial well-being.

Main findings:

- ***Hajati* beneficiaries, particularly girls and older adolescents (aged 15–18), report higher levels of family support.** Beneficiary status is associated with an 8-percentage point increase in the likelihood of adolescents reporting that their family is helping them cope with the stress of the pandemic. The increase is more pronounced for older adolescents (13 percentage points) and adolescent girls (15 percentage points), but no significant effect is observed for younger adolescents or adolescent boys.
- ***Hajati* beneficiaries, especially girls and younger adolescents (aged 12–14), report better coping with pandemic stress and improved resilience measures.** Beneficiary status is linked to a 12-percentage point increase in the likelihood of adolescents reporting effective coping with pandemic-related stress. The increase is slightly larger for younger adolescents (14 percentage points) and adolescent girls (16 percentage points). Additionally, adolescent girls from beneficiary households scored, on average, 1.076 points higher on the BRCS measure of resilience compared to their non-beneficiary peers.
- **Among younger adolescents (aged 12–14) and girls, beneficiaries are more likely to report having a trusted adult and greater social support from non-family adults.** For younger adolescents, *Hajati* is associated with a 12-percentage point increase in reporting at least one trusted adult. For adolescent girls, *Hajati* is linked to a 15-percentage point increase in reporting that an adult outside the household is helping them cope with pandemic stress.
- **The program had little or no effects on peer connections, resilience, and social cohesion.** *Hajati* had limited impact on peer connections during social distancing, with no significant differences in the likelihood of having trusted friends or in reporting that friends are helping cope with the pandemic. While adolescent girls who benefited from *Hajati* showed a small but significant increase in resilient coping compared to non-beneficiaries, overall resilience scores did not vary significantly by beneficiary status. Additionally, there were no significant differences in adolescents' perceptions of social cohesion based on *Hajati* beneficiary status.

In-depth interviews revealed that the cash transfer helps refugee adolescents cope with the additional stressors of the pandemic by alleviating household economic stress. The qualitative findings also highlighted the program's crucial role in fostering social connectedness with teachers and Makani mentors, who provided psycho-emotional support to adolescents. While the quantitative analysis did not find a significant association between the program and perceived levels of peer support, the qualitative data suggest that peer networks were vital to young people's overall resilience. Linkages with the Makani empowerment programming were particularly important in facilitating these peer interactions, especially for girls. Additionally, the qualitative findings underscore that peer networks—especially those fostered by Makani programming—played a key role in helping both boys

and girls cope with pandemic-related stresses and in promoting a sense of social cohesion among young people in host and refugee communities.

Overall, the study's findings indicate that **while the *Hajati* cash transfer program modestly enhances certain aspects of adolescent social connectedness and resilience, particularly for girls and older adolescents, its impact remains limited.** The authors advocate for a “cash-plus” approach, which integrates cash transfers with empowerment programs like Makani to achieve better outcomes. They also recommend that cash-plus programs target both those directly affected by displacement and vulnerable households in host communities to reduce community tensions, especially as conflicts become increasingly protracted.