Forced Displacement Literature Review

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Joint Data Center on Forced Displacement

WORLD BANK GROUP

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25 years of progress on internal displacement 1998-2023

Internal Displacement Monitoring Centre (IDMC) (2023)

https://www.internal-displacement.org/sites/default/files/publications/documents/IDMC_2023_25_years_of_progress_on_internal_displacement_report.pdf

This report **highlights examples of laws and policies introduced to address internal displacement and initiatives to prevent internal displacement, protect and support IDPs, and improve data on internal displacement**. The report also presents IDMC's Internal Displacement Index, a composite index to measure the coverage of laws and policies, and the institutional capacity to address internal displacement in 46 countries.

Main messages:

- **The *1998 Guiding Principles on Internal Displacement* have become a global reference on IDPs' rights and protection**. While non-binding, the Guiding Principles have been integrated into laws and policies at the regional and national levels, including the *2006 Great Lakes Protocol on the Protection and Assistance to Internally Displaced Persons (Great Lakes Protocol)*, and the *2009 Kampala Convention*.

  The Great Lakes Protocol requires its 12 member states to incorporate the Guiding Principles into national legislation; By the end of 2022, nine member states had adopted a national law, policy, or specific instrument on IDPs.

  Adopted by African Union (AU) member states, the 2009 Kampala Convention requires signatories to protect and assist IDPs; 31 of 55 AU member states have ratified it and are gradually integrating its provisions into domestic legal and policy frameworks. Niger and Chad have adopted national legislation to domesticate the provisions of the Kampala Convention, and other countries are in the process of drafting legislation, including Burkina Faso, Cameroon, Ethiopia, Mali, Nigeria, Republic of the Congo, Somalia, and South Sudan. Uganda already had a policy on internal displacement before the Kampala Convention was adopted.

- **Between 1998 and 2022, the number of countries with national policies recognizing or referencing internal displacement increased from 9 to 44** (out of 46 countries). In 2021, both Mozambique and Nigeria introduced policies addressing internal displacement, and in 2023, both Honduras and Chad introduced a law on internal displacement. Additionally, 25 of 46 countries have policies on climate change that reference displacement.

- **There are several promising initiatives led by government, non-governmental organizations, and IDPs to address IDPs' legal, physical, and material needs**. For example, in Azerbaijan, government has spent more than US$6 billion on monthly allowances, service provision, fee and tax exemptions and the construction of housing, schools and health facilities.

- **The *2010 IASC Framework on Durable Solutions for Internally Displaced Persons* has been incorporated into the laws, policies, and strategies on internal displacement in several countries**, including Afghanistan, El Salvador, Niger, Nigeria, Somalia, South Sudan, and Yemen. In the Horn of Africa, the IASC Framework has

guided regional, national, and sub-national durable solutions initiatives. The framework is also the basis for several data initiatives including the Expert Group on Refugee, IDP and Statelessness Statistics (EGRISS).

- **In 2019 the UN Secretary General established the High-Level Panel on Internal Displacement**. Following consultations with IDPs, host communities and other stakeholders, and submissions from more than 100 member states, UN agencies and NGOs, the panel presented ten recommendations to the Secretary General in 2021. This was followed by an Action Agenda on Internal Displacement in June 2022 and the appointment of a Special Advisor on Solutions to Internal Displacement to support implementation of the agenda, structured around prevention, response, solutions, and governance.
- **Promising efforts are under way in some countries to incorporate prevention approaches into national policies, resilience programming and anticipatory action mechanisms**. These tend to focus on displacement due to disasters and climate change, but there is also emerging evidence of successful interventions to reduce intercommunal conflict over resources through community-based resilience programming in Kenya and Somalia. 31 of 46 countries include measures to prevent displacement in their national laws and policies.
- **There is increasing recognition of the need to assess displacement risk**. IDMC, CIMA Research Foundation, ETH Zurich, the World Bank, IFRC, and the Danish Refugee Council have initiatives to assess the risk of displacement linked to disasters, displacement, and conflict.
- **There are several initiatives at the global level to improve data on internal displacement**, including Joint IDP Profiling Service (JIPS), EGRISS, International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), World Bank – UNHCR Joint Data Center on Forced Displacement, and the Humanitarian Data Exchange (HDX), among others.
- **There are a growing number of governments that publish or endorse data on internal displacement**. Between 2020 and 2022, the number of governments publishing or endorsing disaster displacement data grew from 36 to 45 out of 46 countries. Of 44 countries hosting conflict induced IDPs in 2022, only 34 published or endorsed data on internal displacement.
- **Persistent data gaps remain**. Disaggregation remains a key gap; 26 of 46 countries in 2022 did not disaggregate data by age and sex either for disaster or conflict displacement. Another major gap is data on duration of displacement and sustainability of returns and other durable solutions.

Promoting Recovery and Resilience for Internally Displaced Persons: Lessons from Colombia

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This paper discusses the dynamics and consequences of internal displacement in Colombia, and the legal and policy responses to protect and assist IDPs. In 2020, Colombia had the largest population of IDPs in the world, estimated at 8.2 million people, equivalent to 16 percent of the Colombian population and 17 percent of IDPs worldwide.

The authors' analysis is guided by an asset-based approach to poverty traps, which highlights how IDPs' vulnerability to chronic poverty is increased by the loss of economic, social, and psychological assets.

Main points:

- **The number of IDPs and geographical scope of internal displacement has increased substantially**. The geographical scope of internal displacement has increased from 3 percent of municipalities to all municipalities in the country over the last two decades.
- **Most IDPs are victims of both forced displacement and violence**. Most forced displacement in Colombia (87 percent in 2004) is due to direct exposure to violence rather than preventive movements to avoid victimization. Violence may include direct threats, murder or attempted murder, kidnappings, sexual violence, confrontations between armed groups, and massacres. Impacts of displacement on wellbeing are smaller for those who were displaced preventively, possibly because IDPs were better able to prepare by selling or protecting assets, or by mobilizing their social networks.
- **Most IDPs migrate as a household directly to their destination, frequently close to their areas of origin**. Household members usually migrate together. Most households migrate directly to their destination, which half of the time is within the same department (state or provincial authority), and in 18 percent of cases is within the same municipality, enabling them to protect assets and social networks in places of origin.
- **Displacement occurs gradually to outskirts of urban areas**. Displacement does not occur *en masse* but gradually through the displacement of one or a few households at a time to the peripheries of urban areas. The IDP population has similar characteristics to the poor and most vulnerable in Colombia in both rural and urban areas; IDP households tend to be large with high dependency rates, low human capital, overrepresentation of female household heads, and overrepresentation of ethnic minorities.
- **Colombia has developed progressive legislation to assist IDPs**. Laws and policies have been developed through a trial-and-error process with involvement of government, international organizations, academics, and victim advocacy groups. The latest legislation (Law 1448 of 2011) defines the various stages of IDP interventions from transition to termination of IDPs' legal status and defines two mechanisms to compensate IDPs for their losses (indemnities and land restitution). In 2015, government defined the criteria for termination of IDPs' legal status: (i) once the rights of the household, grouped into seven dimensions, are fulfilled; (ii) when the household's monthly income is 1.5 times the poverty line and the rights to health, education, identification, and family reunification are fulfilled; or (iii) when an individual voluntarily requests to be withdrawn from the victims registry.
- **IDPs are more vulnerable to poverty, and this vulnerability has persisted over time despite the implementation of a comprehensive and progressive policy**

framework. In the first three months following displacement, IDPs lose 95 percent of their annual income per equivalent adult. Over time, income levels slowly increase but do not recover—income losses were still over 60 percent relative to pre-displacement levels when IDPs were displaced more than a year. The income shock coupled with lack of access to formal risk-sharing mechanisms and disruption of social networks, results in substantial losses in consumption. In the first three months following displacement, consumption after humanitarian aid falls by 24 percent relative to pre-displacement levels, but as humanitarian aid declines, consumption losses increase further to 36 percent after a year.

- **Multidimensional asset losses undermine IDPs' productive capacities, trapping them in chronic and persistent poverty**. IDP asset losses include productive, physical, human, social, and psychological assets:

  Productive and physical assets: Most IDPs abandon lands, agricultural investments, livestock, and other productive assets, or are coerced to sell them below market prices.

  Human assets: IDPs lose human capital, which inhibits access to labor markets, through two mechanisms: (a) IDPs are frequently displaced from rural to urban areas, tend to be less educated and literate than other urban poor, and have agricultural skills that are not useful in urban labor markets; and (b) conflict and forced displacement increase demographic vulnerability due to loss of working-age members, increase in dependency rates, and higher rates of female-headed households. These disadvantages lead to higher rates of unemployment and higher rates of employment in informal, low-skilled, and low-paying jobs.

  Social assets: IDPs lose social networks due to conflict and displacement, impeding their ability to overcome market failures and smooth consumption through social assets.

  Psychological assets: Forced displacement takes a toll on IDPs' mental health, with consequences for their capacity to recover. Cognitive and behavioral effects can adversely affect productivity levels, educational attainment, saving and investment decisions, and behavioral biases.

- **Intergenerational effects.** In Colombia, forced displacement has been shown to have positive effects on school enrolment and completion of IDP children compared to children who remained in conflict-affected rural areas. However, IDP children have lower school enrolment and completion rates compared to children of urban poor, which translates into poorer educational attainment and labor market outcomes. Conflict and displacement in early childhood can also affect children's development and future wellbeing and can lead to intergenerational effects.

The authors summarize the evidence on the effectiveness of policies and programs to support IDPs, including:

- **Registries are important for quantifying and targeting assistance and can also address supply-side and demand-side constraints that can hinder registration and access to services**. Colombia's State Registry for Displaced Population provides essential data to inform the design and implementation IDP policy. The registration process is demand-driven, with IDPs identifying themselves and declaring the circumstances of their displacement. Once claims are verified, IDPs are registered and become eligible to receive assistance. However, information constraints have still

prevented vulnerable IDPs and those in isolated areas from registering and accessing benefits.

- **Including IDPs in standard social protection programs may be an efficient mechanism to expand coverage and reach larger numbers of IDPs**. The Colombian government supports IDPs with social services designed for poor and vulnerable households, including subsidized health care and education, and conditional cash transfers. Conditional cash transfers have been found to have positive effects on children's education, health, and nutrition, especially for young children, but had no effect on children's malnutrition rates, or on household wellbeing, household income, economic independence, or self-sufficiency. However, by not incorporating the psychological effects of forced displacement and how they affect socioeconomic dynamics, standard income-generation programs may be ineffective.
- **Programs specifically targeting IDPs can address the specific characteristics and vulnerabilities of IDPs, including programs that support reparations and land restitution.** For example, a USAID program that provided a one-time cash transfer, job-training, and a short-term contract with private firms had positive impacts on labor income and consumption, but effects dissipated after the program ended. Semillas de Apego, a community-based psychosocial program for primary caregivers of young children in communities affected by violence or forced displacement, was found to have positive effects on maternal mental health, child-mother interactions, and early childhood development. A review of forgiveness and reconciliation clinics found they led to improvements in the mental health of IDPs that led to improvements in their social connectedness and prospects of life trajectories. Indemnities, a wealth transfer equivalent on average to over three times the victim' income, have been shown to expand households' permanent income. Participation in land restitution programs is also associated with greater interpersonal trust.

The authors conclude that development assistance for IDPs is important to mitigate the negative consequences of forced migration, which can be intergenerational. Policies to compensate for the negative shock of displacement need to address the loss of productive, physical, human, social, and psychological assets.

A post-traumatic stress disorder among internally displaced people in sub-Saharan Africa: a systematic review

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Frontier Psychiatry, Volume 14 (2023)

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This article **reviews the evidence on the prevalence and determinants of post-traumatic stress disorders among internally displaced people in sub-Saharan Africa**.

The review covers studies in English published up to June 2023 that estimate the prevalence of PTSD (Post Traumatic Stress Disorder) in sub-Saharan Africa. The authors identified 11 studies that meet the inclusion criteria. The studies covered over 11,000 participants from 14 sub-Saharan African countries including Nigeria (4 studies), Ethiopia (3 studies), Sudan (3 studies), Somalia, the Central African Republic, Uganda, and Kenya.

Main findings:

- **There is an extremely high prevalence of PTSD among IDPs in sub-Saharan Africa**. The prevalence of post-traumatic stress disorder in sub-Saharan African countries ranged from 12 percent in Central Sudan to 86 percent in Nigeria. Eight of 11 studies found a prevalence greater than 50 percent. These prevalence rates are much higher than similar studies conducted in other regions.
- **Socio-demographic characteristics—age, sex, marital status, and educational attainment—were factors associated with PTSD**. Current age between 18 and 27 years, and age at first displacement between 19 and 35 years were associated with PTSD. Studies in Ethiopia and Uganda find an association between female sex and PTSD, while a Nigerian study finds an association between male sex and PTSD. Single marital status and low educational attainment are also associated with PTSD.
- **Depression, anxiety, and experiencing or witnessing traumatic events were also associated with PTSD.** Depression and anxiety were found to have a positive association with PTSD in several studies. Experiencing or witnessing traumatic events, psychological trauma, rape or sexual abuse, and frequency of displacement were found to be associated with PTSD.

The authors conclude that **the prevalence of PTSD in the Sub-Saharan Africa region is higher compared to other regions of the world. Socio-demographic characteristics, including age, being single, being female, and low educational attainment, were found to contribute to PTSD**. The review also identified depression, anxiety, and experiencing or witnessing traumatic events as contributors to PTSD.

Prevalence of Posttraumatic Stress Disorder and Depression Among Internally Displaced Persons in Mogadishu-Somalia

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Neuropsychiatric Disease and Treatment, Volume 19 (2023)

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This article **estimates the prevalence of post-traumatic stress disorder (PTSD) and depression among IDPs in Somalia and examines the factors associated with these psychiatric conditions**. There are an estimated 2.6 million IDPs in Somalia due to armed conflict and environmental disasters, of whom an estimated 600,000 are living in the capital city of Mogadishu.

The authors conducted a survey of 401 IDPs in Mogadishu in early 2021 selected through multistage random sampling process. Most participants were women (83 percent), married (69 percent), had no formal education (65 percent), and unemployed (66 percent). A quarter of participants reported a positive family history of mental illness, and 80 percent had been displaced more than once.

The Harvard Trauma Questionnaire was used to estimate levels of trauma exposure and PTSD, and the Hopkins Symptom Checklist-25 was used to estimate prevalence of depression. Multivariate and bivariate analyses were undertaken to analyze the association between demographic and displacement variables and the outcomes of PTSD and depression.

Main findings:

- **There were high levels of depression and PTSD among IDPs.** More than half (59 percent) of participants met the symptom criteria of depression and nearly a third (32 percent) met the symptom criteria for PTSD.
- **Most IDPs had experienced a high frequency of trauma exposure.** 16 percent had experienced 0-4 traumatic events, 33 percent had experienced 5-9 traumatic events, 22 percent had experienced 10-14 traumatic events, 16 percent had experienced 15-19 traumatic events, and 13 percent had experienced 20 or more traumatic experiences. The most common traumatic event was a lack of food or water (80 percent), followed by ill health without access to medical care (80 percent), lack of shelter (80 percent), and presence in a combat situation (56 percent).
- **Unemployment, frequency of displacement, age, and number of traumatic events were found to be associated with PTSD**. Participants who were unemployed were twice as likely to be at risk of PTSD than those who were employed. Participants who had been displaced more than once were more likely to be at risk of PTSD than those who had been displaced only once. Participants who had been displaced when they were aged 19–35 years were 2.6 times more likely to be at risk of PTSD than those who were displaced when they were aged over 35 years. Number of traumatic events was also associated with the risk of PTSD.

The authors found **high levels of depressive disorder and PTSD among IDPs in Mogadishu**. Several factors are associated with depression and PTSD among IDPs in Mogadishu including unemployment, cumulative traumatic exposure, and frequency and duration of displacement.

Evaluation of conditional cash transfers and mHealth audio messaging in reduction of risk factors for childhood malnutrition in internally displaced persons camps in Somalia: A 2 × 2 factorial cluster-randomised controlled trial

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This paper **presents the results of a randomized trial to estimate the effects of conditional cash transfers (CCTs) and mobile health (mHealth) audio messages in IDP camps near Mogadishu, Somalia**. Specifically, the research examined whether conditionality in cash transfer programs and mHealth audio message improved health-seeking behavior and reduced risk factors for malnutrition.

The study covered over 1,400 households in 23 IDP camps. Households in all IDP camps received cash transfers made at an emergency humanitarian level (US$70 per household per month) for three months followed by transfers at a safety net level (US$35 per household per month) for a further six months.

Camps were randomly selected to receive additional interventions delivered as part of the cash transfer program: (1) a cash transfer conditionality that required households to take children under five years of age to a single health screening at a local clinic where they were also issued with a home-based child health record card, which was a pre-requisite for registering for the cash transfer program; and (2) an mHealth intervention that sent audio messages about health and nutrition to the mobile phones of households twice a week for 9 months.

Data was collected from households and individuals at baseline and monthly, including information on household demographics, water sanitation and hygiene, food security, household expenditure, mother/caregiver's characteristics and knowledge of health and nutrition, vaccination coverage, child age and anthropometry (mid-upper arm circumference measurements and bipedal pitting oedema; this last one indicates malnutrition and was recoded in case an imprint remained in both feet after pressing them with the thumbs for 3 seconds), breastfeeding practices, child morbidity, and child mortality and verbal autopsy. Children were identified to be acutely malnourished if they had a mid-upper arm circumference (MUAC) less than 12.5 cm and/or oedema and referred to a health center for treatment.

The baseline survey found that:

- Most households were female headed and 15 percent were in a polygamous arrangement. The average household size was five members.

- All households had access to piped water (a third paid for water access) and most households had access to pit latrines. A small proportion of households had access to handwashing facilities, and only a third had soap.
- On average, households had 1.9 meals per day, received food assistance from a humanitarian organization for 3 days in the week prior to the survey, and had high dietary diversity (7 of 12 food groups in 24 hours prior to the survey).
- Households had an average expenditure of US$87 in the 30 days prior to the survey, with food being the largest expenditure category.
- Mothers or caregivers had an average age of 30, 80-90 percent were illiterate, two-thirds had undertaken paid labor in year prior to the survey, and a quarter of mothers/caregivers and children slept under a mosquito net on the night prior to the survey.
- Two thirds of children were ill in the 4 weeks prior to the survey, and acute malnutrition affected 8 percent of children.

Empirical findings:

- **Cash conditionality significantly improved the coverage of measles and pentavalent vaccination, but timely vaccination for all antigens did not improve**. Cash conditionality improved coverage of measles vaccination from 39 percent to 78 percent and pentavalent vaccination from 44 percent to 78 percent. At the end of the study, coverage remained elevated at 82 percent and 87 percent, respectively. There were not any significant changes in timely vaccination, household food and non-food expenditure, household dietary diversity, or household reliance on coping strategies.
- **The mHealth intervention did not improve mother's knowledge, any vaccination outcomes, or child diet diversity, although it was associated with a higher household diet diversity**. The mHealth intervention did not improve measles vaccination, pentavalent vaccination, or timely vaccination. There was no change in the incidence of child mortality, acute malnutrition, diarrhoea, exclusive breastfeeding, or measles infection. While there was no evidence that mHealth increased a mother's knowledge score, household dietary diversity increased from a mean of 7 to 9. However, this was not reflected by a significant increase in the child diet diversity score, which increased only slightly from 3.2 to 3.6.

The authors conclude that **conditional cash transfers can achieve public health benefits in humanitarian cash transfer programs by increasing the uptake of child vaccination services**. The mHealth intervention was associated with an increase in household diet diversity, despite no evidence that knowledge had improved.

Use of an adapted participatory learning and action cycle to increase knowledge and uptake of child vaccination in internally displaced persons camps (IVACS): A cluster-randomised controlled trial

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Vaccine, Volume 41, Issue 19 (2023), Pages 3038-3046

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This article **presents the results of a randomized cluster trial in internally IDP camps in Somalia to estimate the effects of an adapted Participatory Learning and Action (PLA) approach on knowledge and uptake of child vaccinations**. The PLA approach is based on social empowerment to address health issues, whereby teachers and students exchange ideas and experiences, and implement a cycle of learning, action, and reflection.

The trial took place in IDP camps on the outskirts of Mogadishu, Somalia. The adapted PLA approach was implemented through traditional women's groups, known as Abaay Abaay groups in five IDP camps, randomly selected from 10 identified IDP camps that met the study criteria. The intervention entailed weekly facilitated meetings of Abaay Abaay groups for a period of two months, with an average of 38 members attending each meeting. The meetings were led by an external facilitator who guided participants through a four-phase PLA cycle focused on identification, prevention and control of child health problems, and evaluation of the group's activities. Five other IDP camps with Abaay Abaay groups were allocated to a control group. Within each IDP camp, all households with young children (aged below 5) were included in the study (n = 658), as well as all young children (n = 1269) and their mothers/caregivers (n = 663). Data was collected at the household and individual level at baseline (June/July 2021) and endline (October 2021).

Within the 10 IDP camps included in the trial there were 3 international and 2 local NGOs supplying health services, which were responsive to requests from the Abaay Abaay groups to attend stakeholder meetings and to requests to expand their mobile vaccination teams.

The baseline survey found that:

- Most households were male headed and the average household had seven members.
- Almost all households had access to piped water.
- Households had a high consumption of food assistance from humanitarian organizations in the seven days prior to the survey.
- Mothers/caregivers were on average 30 years of age and over 90 percent of them had received no formal education.
- One in ten children slept under a mosquito net on the night before the survey and one in ten had been ill in the four weeks prior to the survey.

Main empirical findings:

- **The adapted PLA intervention improved the adjusted maternal/caregiver knowledge score from 8 to 16 points (out of a maximum score of 21) compared to the control group**. Educational status, having received a vaccination (both as a child and during pregnancy), and age were all positively associated with a higher maternal knowledge score at baseline.
- **Coverage of both measles vaccination (MCV1) and completion of the pentavalent vaccination series improved.** However, there was no impact on achieving timely vaccination.
- Caregiver preference for getting young children vaccinated was greater than 95 percent at baseline and did not change.
- Possession of a home-based child health record card increased in the intervention arm from 18 to 35 percent.

The authors conclude that **an adapted PLA approach, run in partnership with indigenous social groups, can increase maternal knowledge and improve child vaccination coverage within a 3-month period**. The presence and willingness of health actors to respond to group requests was important in achieving a rapid and successful intervention.

Immediate health and economic impact of the Tigray war on internally displaced persons and hosting households

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Scientific Reports, Volume 13, Article number 18071 (2023)

https://www.nature.com/articles/s41598-023-45328-4

This paper examines the socioeconomic situation of IDPs and their host communities in the Tigray region of Ethiopia. Conflict broke out in the Tigray region of Ethiopia in late 2020, causing the displacement of 2.1 million people within the region.

The analysis is based on data collected from November 2020 to June 2021 in 48 woredas (districts) in the Tigray region. Due to the ongoing conflict, the western zone of the Tigray region was not covered. Data collection focused on IDPs living in the homes of non-IDP households and excluded IDPs living in camps. The dataset covers more than 3,800 IDP and host households.

Main findings:

- IDP households had on average 6 family members. About 44 percent of IDPs had been living with host households for more than 6 months. More than half of IDP households hosted in communities (so living outside camps) were female-headed. Two thirds of IDPs were farmers and a third were traders.
- About half of IDPs were displaced from the western and northwestern zones of Tigray. About 15 percent of IDPs had family members who were killed during the war.
- About 12 percent of IDPs were suffering from chronic diseases, and many did not have access to their medication.
- Almost 70 percent of IDP households reported looting of their household assets, while 16 percent reported the complete destruction of household assets.
- IDPs reported high rates of depression (over 40 percent) and post-traumatic stress disorder (almost 60 percent).
- There were high levels of deprivation among IDP households; 87 percent did not have adequate clothing, 80 percent did not have a sleeping room, 88 percent experienced food shortages, and 77 percent did not own a blanket.
- Prior to the war, the average host household had six members. Including IDPs, the average host household included eight people.
- Host households had also suffered substantial loss of household assets due to looting.

The authors conclude that **the Tigray war had substantial adverse effects on both IDP and host households**.

LIVING ON THE MARGINS: The Socio-spatial Representation of Urban Internally Displaced Persons in Ethiopia

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This article **analyzes the multidimensional aspects of urban marginality of internally displaced persons (IDPs) in Ethiopia**. According to IDMC, Ethiopia had more than five million IDPs at the end of 2021. The authors consider three aspects of urban marginality: (1) spatial marginality (physical distance and segregation); (2) social marginality (relations with other urban residents and the city); and (3) symbolic marginality (stigma).

The research was conducted in Gelan Kersa and Sululta IDP settlements between September 2020 and August 2021. Gelan Kersa, a village on the outskirts of Ethiopia's capital Addis Ababa, received more than 1,800 IDP households from the Somali region that were relocated to a planned settlement in an area contested by farmers and city residents. Sululta, a town 25 km north of Addis, received 521 IDP households. The ethnographic

research included observation of the settlements as well as informal exchanges and interviews with IDPs, local residents and stakeholders.

Main findings:

- **Like the urban poor, IDPs experience spatial marginality due to physical distance and segregation**. In Kersa, IDPs' physical distance from Addis, and segregation from neighboring villagers created a sense of isolation and detachment. IDPs in Kersa highlighted their poor access to basic urban services, including water shortages (water is trucked in) and lack of adequate sanitation facilities, health care facilities, secondary school, and market. Access to urban services available outside of the settlement was impeded by high transportation costs. IDPs also highlighted the mismatch between their urban backgrounds and the village setting. IDPs in Sululta experienced a similar sense of exclusion due to geographical barriers, such as rivers or bridges and land that become impassable in the rainy season.
- **Social distance adds to the urban marginality of IDPs**. Physical distance and segregation contribute to social distance by limiting social interactions between IDPs and other urban residents. IDPs also highlighted experiences of discrimination and harassment when accessing local government or transportation services. Additional factors that contribute to social distance are language differences, religious differences, and lack of inclusion in public meetings.
- **Symbolic representation and stigmatization of IDPs reinforces differences between IDPs and other urban residents**. Urban IDPs experience additional marginality due to stigmatization of their urban neighborhoods and displacement. For example, IDPs are often called 'the Somali' and their settlements called "the Somali neighborhood" because they were displaced from the Somali region, even though they are ethnically Oromo like most local residents. Government officials and local residents link the IDP settlements to illicit economic activities such as smuggling and drug use. Intensive policing has also contributed to stigma and symbolic marginality.
- **Poor housing and insecure tenure introduce an additional layer of precarity**. IDPs highlighted the inferior quality of dwellings and insecurity of tenure, as IDPs do not own titles to their land.

The authors conclude that **IDPs' experiences of segregation, social distance and stigmatization impede their access to urban space and services**. They call for inclusive urban governance that enables IDPs to contribute to and benefit from urbanization as citizens.

Older Refugees and Internally Displaced People in African Countries: Findings from a Scoping Review of Literature

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Journal of Refugee Studies (2022)

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This paper summarizes the peer-reviewed published research on older refugees and IDPs in Africa. The authors synthesize the main findings from this literature and compare it to the knowledge base in other regions. According to UNHCR (United Nations High Commissioner for Refugees), people aged 60 years and older make up 4 percent of refugees and asylum-seekers and 6 percent of IDPs worldwide. According to UNHCR data, more than 400,000 displaced persons in Africa were aged 60 years and older in 2019.

The authors undertook a review of the literature in English from 2000 to 2021. Of the 141 studies that met the authors' inclusion criteria, 16 were based on data collected in African countries, and 82 were conducted in North America or Europe. In five studies, older age is defined as greater or equal to 50 years (in line with the definition of World Health Organization African Region Office), two studies define old age as greater or equal to 60 years, six studies do not define older age, and in the remaining studies older age is defined variously as over 40, 45, or 46 years. The research population for almost half the studies consisted of IDPs. More than two-thirds of the reviewed studies have health as their primary focus.

Main findings:

- Older refugees' and IDPs' physical health status is often precarious, despite selection effects, i.e., healthier older people are more likely to flee danger and more likely to survive difficult journeys.
- Food insecurity and low-diversity diet constitute a major challenge for older displaced people, with older family members often foregoing meals so that younger family members can eat more.
- Those aged over 50 in rural parts of Africa die at approximately five times the rate of the under 50s, and these age-based disparities are replicated in refugee and IDP camps. However, little is known about the specific health conditions of older African displaced people.
- Mental health is mentioned in few African studies. In Nigeria, 'older old' IDPs were less affected by PTSD symptoms than 'young old' IDPs. Outside of the Africa region few studies find that old age is a protective factor for mental health, with most studies finding an association between increased age and mental health problems.
- Intergenerational roles and relationships are affected by circumstances in displacement. Studies suggest that economic role reversals increase intergenerational tensions and displaced older people experience a loss of social status and feelings of infantilization.
- Family remains a major source of informal care and support for older displaced people. African elders are not only recipients but may also be providers of support, a finding replicated in the literature on older displaced people in other parts of the world.
- African studies suggest that elderly displaced people in the Africa region are ambivalent about return. Several papers noted an unwillingness to return, while others reported an existential anxiety about dying far from home. Ambivalent attitudes to return suggest displaced elders' identities and conceptions of 'home' are not constant.

In their conclusion, the authors summarize the main problems facing older refugees and IDPs including: social disintegration due to the erosion of social support systems and networks, and chronic dependency; ambivalent attitudes to return and homeland; and precarious health status, food insecurity, and insufficient healthcare facilities in camps. Also, many studies mention widespread economic insecurity, overcrowded and unsafe conditions, poverty and depression, and limited access to clean drinking water and sanitation.