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# The aligning of refugee social protection guidelines:

# Examining the impediments to their universal adoption.

Sikanyiso Masuku

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About the author:

Dr Sikanyiso Masuku is a post doctoral researcher at the Institute for Democracy, Citizenship and Public Policy in Africa.

# The aligning of refugee social protection guidelines: Examining the impediments to their universal adoption.

#### **Abstract**

There are several universal proclamations safeguarding the rights of individuals' entitlements to nationality, citizenship, social protection etc. However, the global humanitarian situation of refugees suggests inconsistencies in the adoption of such tenets (the selective application of human rights codifications). This paper discusses some of the challenges that have hampered the availing of such social protection rights i.e. the Universal Declaration of Human Rights (1948), the 1951 Convention and its 1967 Protocol. In Africa, continental resolutions (the 1969 OAU Convention), equally designed to extend social protection rights to refugees, have also succumbed to implementation gaps. The failure by African states to fully align their refugee policy frameworks within the scope of universal refugee laws is criticised in the paper as a source for refugees` vulnerability. As a panacea to such protection gaps, the paper interrogates the role of non-state players in helping governments adhere to the global guidelines on refugee rights (cross sectoral partnerships). Through the use of secondary data on refugee populaces, the content of human rights conventions and their subsequent adoption, the paper identifies barriers in the assumption of requisite frameworks. These barriers include technical loopholes, the contextual outdatedness of the proclamations as well as enforcement setbacks.

#### 1. Introduction

There are principally three types of issues that universally influence forced migration and these include root, proximate as well as intervening factors (Schmeidl, 1997). Root causes refer to economic factors (poverty), underdevelopment and overpopulation related issues. Proximate conditions, on the other hand, refer to oppressive governments and human rights violations along with ethnic and civil conflicts. Intervening factors take into account all of the variables that can either obstruct or facilitate the seeking of refuge (Zolberg et al., 1992; Schmeidl, 1997: 287-288; Renaud et al., 2007). Since the end of mostly interstate conflicts (during the World War era), both the root and proximate causes of conflict have not only evolved but they have also increased in both scale and scope.

Within post-independent African states, this change has mostly been discernible through political violence, as well as civil and ethnic conflicts which have generated millions of refugees in countries such as Sudan, Central African Republic, Democratic Republic of Congo etc. (Kalipeni & Oppong, 1998). As illustrated in Figure 1 below, there was a decline in refugee statistics between 1994 and 1995 (by around 1 million refugees), with the trend steadily remaining low for almost 14 years (1996-2010). However, since the year 2012, there has been a consistently upward trend in the annual number of refugees produced on the African continent (United Nations High Commissioner for Refugees (UNHCR) 1993, 1995 cited in Kalipeni & Oppong, 1998: 1637).

Figure 1: Refugee population in Africa (1990-2016)

Source: Refugee population by country or territory of asylum. (World Bank, 2016)

The large number of refugees illustrated above has resulted in capacity related constraints which have debilitated most African states' capacities to adhere to the universal regulations on the principle of refugee rights (1948 Universal Declaration of Human Rights and the 1951 Convention). Consequently, the majority of states have gradually introduced restrictions on refugees through a systematic realignment of their immigration policies (Worth, 2006 cited in Bollaert, 2008: 13). Such a realignment has resulted in more exclusionary policy frameworks within countries such as Kenya, Tanzania and Ethiopia, coupled with systematic restrictions on refugee social protections. This has cumulatively resulted in an increased vulnerability index for refugees, a situation discernible through the high prevalence of epidemics, violence, abductions, and sexual and gender based violence facing this population (Crisp, 2000; Piwowarczyk et al., 2008).

In concurrence with the above, the 2012 United Nations Aid agencies also identified a poor adherence to the global humanitarian laws by African states with 2.4 million refugees in 22 countries (over 200 refugee sites) being designated as humanitarian cases (World Food Program, 2012). Due to the inconsistencies in adopting global best practices and guidelines on refugee rights (Universal Declaration of Human Rights, 1948; Convention Relating to the Status of Refugees, 1951; Convention Governing the Specific Aspects of Refugee Problems in Africa, 1969), this paper explores how this has impacted on the globalisation of refugee rights both in the developing and developed world. Technical loopholes within the refugee rights framework, the contextual outdatedness of the proclamations as well as enforcement challenges are all examined in the paper as fundamental factors that have contributed to signatory party states' poor adherence to the universal regulations on the principle of refugee rights.

# 2. Protection gaps: Challenges in the global adoption of refugee social protection guidelines

## 2.1. Technical loopholes and the resultant implementation gaps

A significant challenge in the universal adoption of social protection rights for all lies in the preamble of the 1948 Universal Declaration of Human

Rights. According to Gerber (2011: 247), the preamble of the document constricts its focus, it "delimits its attention to discrimination along the lines of race, sex, language or religion." This is despite the existence of other forms of discrimination confronting refugees and other minority groups on the grounds of sexual orientation, disability, class, nationality, caste and age (Kabeer, 2000 cited in Hickey & Du Toit, 2007: 18; Gerber, 2011: 247). Other studies in the USA, Belgium and France concur and identify similar challenges as prominent mostly amongst minority groups who are socially closed off (on the basis of their religion or foreign nationality) from accessing the same universal rights available to others (Cediey & Foroni, 2008). In the face of such prejudices, this paper criticises how the 1948 Universal Declaration of Human Rights has been insufficient and out of touch with the contemporary challenges plaguing vulnerable groups in general.

Several criticisms have also been raised castigating the 1951 Convention's limited and obsolete definition of a refugee (Millbank, 2000). In recent times, the causes of forced migration are increasingly becoming more general and intrinsic to the state in question (Flahaux & Schoumaker, 2016; Meny & Chiumia, 2016). By defining a refugee as one who is fleeing from a "well-founded fear of persecution" (UNHCR 1951: 3), the 1951 Convention effectively ignores how forced migrants can flee from factors generally prevailing in a particular country as opposed to risks to personal self (Onyango, 1991: 455). Those who cannot prove "a well-founded fear of persecution", have been excluded through member states' use of citizenshipstructured hierarchies. Through the use of such systems, in Germany for instance, asylum seekers from relatively peaceful countries such as Nigeria, Russia and Turkey automatically receive very high rejection rates on their asylum applications (75.8% Nigeria, 86.1% Russia and 66.4% Turkey) (Asylum information database, 2018). Therefore the 1951 Convention's limited and obsolete definitions can be seen to effectively exclude some groups from making claim to its numerous protections.

Another technical challenge in the universal adoption of social protection rights for all is the assumption of a vertical top-down approach to issues of human rights (the principal role of government as an implementing organ). This approach has inadvertently made the global adoption of the 1948 Universal Declaration of Human Rights a significant challenge (Gerber, 2011: 248). Vertical top-down approaches often overlook how (despite the existence of enabling policy frameworks) there can still exist a spectrum of exploitive power relations which disfranchise certain social groups, i.e. minorities such as refugees, from securing their rights. An example of a vertical top-down intervention is the EU Race Directive (2000 Legislation),

which was designed in alignment with the universal declarations on human rights so as to benefit immigrants (including asylum seekers) (UN, 1948: 48, 52; UNHCR, 1951: 22). This legislation mandates all EU states to pass laws against the "direct" and "indirect" discrimination of immigrants in places of employment (Joppke, 2007: 256). However, despite such a framework, economic and social relations within EU member states are still driven by imbalances of power which disfranchise asylum seekers (Hickey & Du Toit, 2007: 4). In countries such as Ireland, even when employment rights are extended to forced immigrants, the conditions of participation are still not equal i.e. 45% of immigrants work without any contracts while 44% receive less than the national average income (Migration Rights Centre Ireland, 2018).

Technical limitations within the framework of international conventions have been another challenge impeding the extension of universal human rights to forced migrant populations. The 1967 protocol explicitly specifies that state parties may settle to only apply the applicable provisions of the 1951 Convention without necessarily becoming party to that treaty (UNHCR, 1967; Gill, 2014: 1). This technical loophole has inadvertently resulted in inconsistencies within the interpretation of the 1951 Convention, with different states selectively and incoherently applying the conventions codifications (Millbank, 2000). Influenced by individual states' need to safeguard their national economic, political and ideological interests, inconsistent policy implementations have resulted in what Turk and Dowd (2014: 5) refer to as 'protection gaps'. In the absence of a monitoring and evaluation mechanism to encourage compliance amongst member states, uniformity in the enactment of the 1951 Convention's provisions amongst a growing number of signatory states, has been on the decline (UNHCR, 1967; Gill, 2001: 131; Gill, 2014: 1). This situation constitutes a significant impediment to the universal provisioning of social protection rights for all with forced migrant populations being the most disfranchised (UNHCR, 1951: 3, 24).

In Africa, technical loopholes within the 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa have also been a significant challenge to the universal adoption of social protection rights for all on the continent. One of these technical limitations has been the 1969 Convention's failure to appreciate intrastate displacements as a form of refugee movement. Through its delimiting definition of a refugee as one "who is outside their country of origin" (OAU [Organisation of African Unity] Convention, 1969: 1), the convention overlooks the plight of internally displaced persons (IDPs), who are a common phenomenon in Africa. After 39 years of neglect, internally displaced persons only featured within Africa's forced migration

discourse through the 2009 African Union Convention for the Protection and Assistance of Internally Displaced Persons (Kampala Convention). Human rights experts such as Pantuliano et al. (2008), have thus been critical of the 1969 Convention, over its initial failure to recognise internally displaced persons as forced migrants.

As illustrated in the figure below, by the year 2016, the total number of IDPs on the continent was already around 67% of total displacements (Omede & Ngwub, 2017: 31). Due to the 1969 Convention's technical neglect of such a sizeable population, IDPs on the continent for the most part, have fallen outside the mandates of requisite legal frameworks. Until 2009, these principally included displaced persons in Sudan, Central African Republic, DRC and Sierra Leone who were effectively unable to access the universal rights enshrined in the 1969 convention (OAU Convention, 1969: 1; Onyango, 1991: 458; Crisp, 2000; Amnesty International, 2004 cited in Coghlan, 2004: 3; Spittaels & Hilgert, 2009).

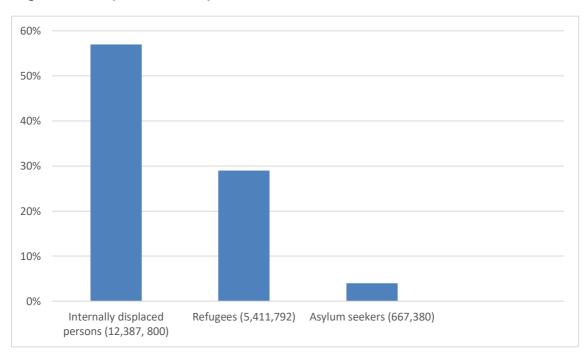


Figure 2: Population displaced in Africa

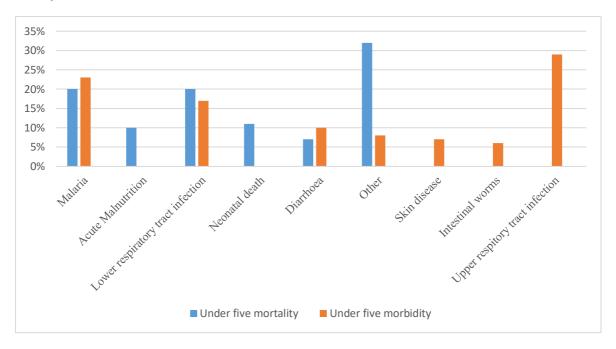
Source: Africa Centre for Strategic Studies (2016): Population Displacement in Africa

## 2.2. Unenforceable declarations and the arising implementation gaps

According to Donnelly (1986), one of the most notable challenges impeding the global adoption of social protection guidelines for all is the issue of how declarations in general are not entirely binding. For instance, co-signers of the 1948 Universal Declaration of Human Rights were left responsible for aligning the declarations tenets into their national policy frameworks. As a result, adherence to the 1948 Declarations vastly differs across states. This is exemplified by how some developed countries, e.g. Australia and the USA (through the policy of mandatory immigration detention), have been criticised for excessively detaining asylum seekers, while Britain and other European states are more liberal in this regard. Through the policy of mandatory immigration detention, all individuals without documentation or immigration status (including asylum seekers and unaccompanied minors) are detained while their deportation is being processed (USCCB/MRS & CMS, 2015; Mendoza, 2015; Androff, 2016). In the USA, detention periods have been reported to last for periods of up to six months or more, a situation which restricts asylum seekers' legal rights to Article 14 of the 1948 Declaration of Human Rights as well as a spectrum of other rights (Killedar & Harris, 2017).

In his focus on rights to goods and services, O'Neill (2005) submits that human rights were not made universal by the Universal Declaration of Human Rights (1948) because such rights were defined by convention and only had force when states ratified such international covenants. The universality of rights is therefore a contentious issue even in contemporary times. Access to universal rights such as health care, shelter, employment, education, etc. (United Nations [UN], 1948: 48, 52), are still outside the reach of not only minority and vulnerable groups such as refugees but many citizens across the world (Woods et al., 2006; Cediey & Foroni, 2008). The figure below (which illustrates high morbidity and mortality rates amongst refugees globally), depicts the challenges forced migrants across the world face in accessing their universal rights to healthcare:

Figure 3: Incidence and risk factors within UNHCR refugee camps



Source: Hershey et al. (2011:4) Incidence and risk factors for malaria, pneumonia and diarrhea in children under 5 in UNHCR refugee camps.

In support of the above, studies within Zambian refugee camps also identified a high refugee under five mortality rate, mostly owing to the unavailability of resources to cater for the many Congolese refugees (14,000 new arrivals since 2017) (Chelwa et al., 2016). This problem is further illustrated by how South Africa, host to the second highest number of asylum seekers on the African continent, has struggled to provide them with several legal entitlements, with the majority of them facing challenges in accessing universal rights to healthcare and other necessaries (UNHCR, 2014 cited in Stupart, 2016).

Apart from a limited provisioning of social services such as health and so forth, the extension of universal rights to minority groups in the developing world (as compared to the developed world) has also been exemplified by African states' lack of priority in treating the issue of women's rights. Twinomurinzi (2013: 2) argues that issues of women's rights and gender equality only became a topical area for discussion in Africa as recent as the 1980s. In a similar fashion, many governments in the developing world still assume a 'laissez faire' approach to not only human rights issues in general but also fundamental refugee entitlements (Peberdy & Crush, 1996; Handmaker & Parsley, 2001: 45). In countries such as Botswana, the central government still assumes no obligation in conferring vulnerable minority groups such as refugees, social protection rights to health facilities,

education and so forth, as stipulated in Article 22, 23, 25 and 26 of the 1948 Universal Declaration of Human Rights (Makhema, 2009: 25; Polak, 2015).

Another issue contributing to challenges in enforcing declarations and how this has inadvertently resulted in implementation gaps is illustrated by the 1969 Convention's legal expansion of the term refugee. The resultant generalisation has made the convention unenforceable and prone to exploitation by 'illegitimate asylum seekers' as well as other persons who are unable to prove any individual well-founded fear of persecution (OAU Convention, 1969: 2; Onyango, 1991: 456; Awuku, 1995: 81). Andrews & Ngom (2015: 330) define illegitimate asylum seekers as including "those seeking to escape from a dysfunctional political economy denying them access to basic needs including rights of mobility and expression". In countries such as South Africa, many South Asians and other groups from relatively stable nations exploit this system and lodge spurious claims for asylum (Manicom and Mullagee, 2010). Apart from the millions of refugees already fleeing civil wars, coup d'états, civil strife and political unrests in Africa (UNCHR, 1995 cited in Kalipeni & Oppong, 1998: 1637), ambiguities in clearly defining who constitutes a refugee have worsened the situation. Often times, signatory party states are thus compelled to admit 'other forms' of asylum seekers (often including economic migrants and all those fleeing droughts, economic issues or repressive state policies).

At a considerable fiscal strain, the admission of millions of the above mentioned 'asylum seekers' by signatory party states has meant that the universal guidelines on refugee rights have become unenforceable. System exploitations and the admission of scores of illegitimate asylum seekers have not only been witnessed in the global South but also in Europe. Economic immigrants' movement towards first world economies have been proceeded by the systematic launch of illegitimate asylum claims as a means of working in the EU (Will, 2018). By the year 2015, more than 1.3 million asylum seekers (a number twice as high as in the previous year) had registered within EU member states with a good proportion of whom being economic immigrants (Czymara & Schmidt-Catran, 2017). This has adversely made it increasingly difficult to guarantee the millions in asylum, access to universal social protection rights (Landau, 2006; Tevera & Zinyama cited in Hungwe, 2013; UNHCR, 2014 cited in Stupart, 2016), as stipulated in the Universal Declaration of Human Rights (1948), the Convention Relating to the Status of Refugees (1951), and the Convention Governing the Specific Aspects of Refugee Problems in Africa (1969).

#### 2.3. The contextual outmodedness of post conflict declarations

A significant contemporary challenge in extending some basic human rights to forced migrant populations has been the lack of contextual relevance in most of the international conventions on refugee social protections (Palys, 1997; Millbank, 2000). A principal shortcoming of the 1951 Convention for instance, has been its idealism and over-ambition. The 1951 Convention theoretically warrants refugees' access to the most favourable treatment provided to foreign nationals. However, due to the recent increase in new types (as well as numbers) of forced migrants (Onyango, 1991; Millbank, 2000), such favourable treatment has been difficult for member states to provide. Houghton (2016) has referred to this as a narrow conceptualisation of refugee issues and the feasibility of enacting the associated obligations. The new categories of refugees since the post-Second World War era include political and economic asylum seekers, environmental hazard forced migrants, trafficked victims, etc. (Moore & Shellman, 2004; International Association for the Study of Forced Migration, 2011; Forced Migration Online, 2012; UNHCR, 2016). An increase in this new calibre of forced migrants has made it a challenge to accord forced migrants (in their growing numbers) social integration rights to education, public relief as well as employment and wage-earning opportunities (UNHCR, 1951; Miraftab, 2001; Woods et al. 2006; Cediey & Foroni, 2008).

The framework safeguarding the social protection rights of refugee groups also appears to be out of touch with contemporary issues on the subject matter. This is mostly owing to the fact that the 1951 Convention, as an example, is a post-Second World War document and thus has an idealistic approach. Since the design and conception of the 1951 Convention, there has been a significant increase in the number of those displaced by armed conflicts since the post-World War era. For instance in 1951, when the United Nations High Commissioner for Forced Migrants (UNHCR) was established, there were only 1.5 million forced migrants internationally (Buckmaster, 2001 cited in Phillips, 2013: 10). By the end of the year 2015, however, there were already around 65.3 million internally displaced people worldwide including 21.3 million forced migrants globally (UNHCR, 2015). Increases in the statistics of global forced migrants could be attributed to the correspondingly growing number of root, proximate and intervening factors influencing coerced migration (Zolberg et al., 1992; Schmeidl, 1997: 287-288; Renaud et al., 2007).

The abovementioned root and proximate factors have also changed in form during the course of the years since the post-World War era. These now

predominantly include ethnic conflicts, religious and hyper nationalism, terrorism, famine, etc. These factors (both root and proximate), stand out as the most manifest causes of forced migration in contemporary times. Such developments in the 21st century have significantly altered the scale and scope of the global forced migration discourse while simultaneously making it more challenging for governments to uphold the recommendations of the universal rights for refugees. In African refugee camp settlements, such challenges are easily discernible through the high incidence of poverty and disease (cholera, malaria, malnutrition, jaundice, and so forth) (Nduna & Goodyear, 1997; Kalipeni & Oppong, 1998; Crisp, 2000; Kibreab, 2001 cited in Crisp, 2003: 9).

In the same way the 1951 Convention post-World War ideals have disconnected it from contemporary issues, the 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa (a predominantly post-liberation warfare document) has also failed to find relevance in modern day Africa. In 1969 when the Convention was written, forced migrants were mostly emanating from colonial states that were waging wars of independence against imperialist governments. The spirit towards forced migrants, when the 1969 Convention was drafted, was therefore an exuberant sense of solidarity (Okello, 2014). However, "it was not expected that after independence there would still be forced migrants nor internally displaced persons, who do not even feature in the OAU Convention" (Okello, 2014: 17; Polak, 2015).

An exponential rise in post-independence political violence, civil war and ethnic conflicts in African states (as illustrated in Figure 4), has consequently generated millions of forced migrants (Kalipeni & Oppong, 1998). By the year 1995, "Rwanda had produced 1.7 million forced migrants, Liberia 750 000, Somalia 450 000, Eritrea 300 000, while Sudan and Angola had 450 000 and 400 000 respectively" (UNCHR, 1995 cited in Kalipeni & Oppong, 1998: 1637). Faced with such large numbers of forced migrants, individual member states have failed to uphold the 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa's principles. This has mostly been evidenced by OAU member states' gradual realignment of their immigration policies from the former sense of African solidarity into a more exclusionary approach as found in other Western and more developed regions (Worth, 2006 cited in Bollaert, 2008: 13).

Africa

Africa

Aprica

Figure 4: Increase in post-liberation conflicts in Africa

Source: Uppsala Conflict Data Program, Department of Peace and Conflict Research (2018).

## 3. Cross sector partnerships: Towards a collaborative framework

Having identified some of the handicaps within models that place governments as principal agents in the provisioning of social protections (vertical top-down interventions), this paper now examines the role of civil society within the human rights discourse. International organisations have assumed pivotal roles across the globe not only in issues of coerced migration but within support and consultative roles to governments worldwide. In the case of many structurally fragile African states such as South Sudan, Central Africa Republic, and so forth, budgetary constraints often debilitate the adoption and universalisation of the numerous guidelines on refugee social protections. In such settings, support from civil society (through collaborative frameworks) becomes essential.

As already argued in the paper, the structural and economic challenges plaguing the majority of African governments has adversely impacted on their capacity to fully adopt the universal recommendations on refugee rights and protections. The Southern African Development Community (SADC) region, for instance, has characteristically high levels of poverty and

unemployment. In 1990 the World Bank defined the 'extremely poor' as those who are individually living on less than 1 USD per day (World Development Report, 1990 cited in Banerjee & Duflo, 2007). In 2014, eleven out of the fifteen SADC member states had 32% of their populations living on less than 1 USD a day with unemployment rates hovering above 51%. In 2002 the regional undernourished population in the case of nine SADC member states was above 30% and as high as 49% in Zambia and 71% in the DRC (SADC regional vulnerability, 2014; Ionescu, 2016). As a result of such structural challenges, the improvement in the situation of refugees within these fragile states cannot be realised without the collective support to governments from international aid and development partners.

## 3.1. Universalising refugee rights: Civil society interventions

Historically, international development and aid agencies have been involved in humanitarian efforts not only in Africa but across the globe. These institutions have mostly done so by holding respective governments to account and ensuring that they align their domestic policies to the global guidelines on refugee rights. Their importance in globalising refugee rights is rationalised by their high social impact not only in Africa but further afield (Bebbington et al., 2008; Dongier et al., 2003; Benequista & Gaventa, 2011 cited in Khan et al., 2015: 59). Civil society (NGO's and other grassroots social movements) possesses a greater access to communities and therefore possesses a finer appreciation of refugees' challenges. Scholars such as Benequista and Gaventa, (2011 cited in Khan et al., 2015: 59) also acknowledge the importance of social movements and argue that they provide the first steps in advocating for equitable rights and entitlements.

Civil society groups have also been instrumental in the design and implementation of migration policies across states (Dongier et al., 2003). Given how one of the principal limitations facing the universal adoption of social protections for all is the failure to map out a clear path to the implementation of the normative content of Human Rights Education (HRE), international organisations have an important role in addressing such gaps. This has mostly been discernible through these groups' assumption of the role of principal actors in spearheading HRE programs globally in countries such as South Africa (through the UNHCR) and further afield in Zambia, Sudan, Uganda and Kenya (Sibanda & Vally, 2012: 37).

Within Africa, the significance of civil society groups is also justified by state parties' poor adherence to the universal best practices on refugee legal

entitlements, a situation which has adversely resulted in a scarcity of basic services and facilities (health, housing and education) for refugees (Crisp, 2000; Kibreab, 2001 cited in Crisp, 2003: 9). The role that local (Community Trusts and Private Voluntary Organisations) organisations, as well as international organisations, such as the UNHCR, United Nations Development Programme (UNDP) and the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), play in mitigating against failures by states in fully universalising social protection rights thus cannot be understated. Such efforts from aid and development partners have mostly been visible through integrative and collaborative partnerships with respective governments and are referred to by Selsky and Parker (2005:850) as "cross-sector projects". These cross sector projects are often designed to address forced migrant groups deprivations through:

- Providing legal support for refugees and asylum-seekers.
- Building the capacity of government institutions.
- Providing information on countries of origin, and offering technical advice and support to Refugee Reception Offices.
- Collaborative work with the relevant authorities to promote the local integration of some refugees in the country.

Efforts by the UN also include integration programs designed to alleviate forced migrants' challenges and these are often implemented by agencies specialising in issues of health, education, shelter, etc. These agencies include the Food and Agricultural Organisation (FAO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNDP, United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), United Nations Human Settlement Programme (UN-HABITAT), UNHCR, United Nations Children's Fund (UNICEF), World Health Organisation (WHO), etc. The said agencies are all coordinated by the United Nations Country Team (UNCT), which is the United Nation's highest level inter-agency coordination and decisionmaking body. Specific programs executed by aid agencies include the Comprehensive Refugee Response Frameworks (CRRF) as implemented in Zambia (Matapala and Kenani refugee camps) as well as in Tanzania, Malawi and Mozambique (Shahin et al., 2015). Through the CRRF, refugee groups' access to the universally enshrined social protections (education, healthcare, shelter, etc.) is facilitated by settling them amongst indigenous communities where they jointly share the available social amenities and infrastructure (Chelwa et al., 2016; Turk & Garlick, 2016).

Access to the Universal Declaration of Human Rights (UN, 1948: 48, 52), entitlement to health care, etc. is still outside the reach of many and this is particularly worse for vulnerable minority groups such as refugees (Miraftab, 2001; Woods et al., 2006; Cediey & Foroni, 2008). Civil society groups have thus been proactive in introducing mitigations designed to ensure an equitable access to health facilities for all. Studies in countries such as South Africa, have identified as much as 78% of forced migrants in the country being entirely reliant on either the private sector or the NGO run health facilities (Vearey & Richter, 2008: 369 cited in Crush & Tawodzera, 2014: 662). The interventions by nongovernmental groups have also been discernible in places such as Kenya's refugee camps where the settlements' inhabitants struggle to access healthcare and ablution facilities (Piwowarczyk et al, 2008). Interventions in the area of health, by nongovernmental groups, have mainly been implemented by Aid and Development partners such as the UNHCR, Save the Children, International Rescue Committee (IRC), United States Agency for International Development (USAID), UNDP, Oxford Committee for Famine Relief (OXFAM), Médecins sans frontiers (MSF), etc. Their responses have mainly involved facilitating the access to social safety nets based on a globally shared cultural understanding of what constitutes the minimum healthcare entitlements for all. This has mainly been done through preventing the spread of epidemics and availing primary healthcare services as well as facilitating sanitary living conditions for refugees, e.g. the Safe Motherhood Action Groups in Zambia's Matapala settlement camp.

#### 4. Conclusion

As argued throughout this paper, poor alignment of individual states' refugee policies to the universal conventions and protocols on refugee rights and entitlements has adversely stifled the adoption of such universal recommendations. In Africa, this has been worsened by how, apart from the Bureau for the Placement, Education and Training of Refugees (BPETR), there has been no other way of standardising the adherence of member states to the universal refugee laws. Founded by the OAU in 1968, the BPETR was designed to facilitate the provisioning of socio-economic and educational opportunities for all refugees on the continent. The framework was also designed to provide OAU member states with relevant information on refugee problems as well as align the functions of multinational organisations, voluntary agencies, civil society and governments in preserving refugee rights on the continent. However, due to financial and operational challenges, the Bureau has achieved minimal success which has

resulted in a poor alignment of refugee laws on the African continent (Onyango, 1994: 34).

Scholars such as Abdi (2005) also argue that there is a strong nexus between the vulnerabilities of refugees in Africa and the existence of poor social protection (as well as integration) mechanisms across the continent (Kinyua, 2005: 62). In the absence of an adequate monitoring and evaluation mechanism as well as a bottom-up approach in universalising refugee rights, over half a century after the signing of the 1951 Geneva Convention, not all victims of forced migration are able to access the protections promised (Cediey & Foroni 2008; Karamanidou & Schuster, 2011). In Kenya's Kakuma refugee camp, this settlement (despite having been constructed over twenty years ago), still does not have the capacity to offer refugees livelihood skills, healthcare and basic educational training despite these being universally enshrined rights (UN, 1948: 48, 54; UNHCR, 1951: 24; Idris, 2017: 3).

In cognisance of the above mentioned challenges in the coordination of universal refugee rights, this paper recommends the setting up of standardised assessment frameworks (administrative mechanisms) at an intergovernmental, inter-regional and inter-continental level (Dar et al., 2016). Standardised assessment frameworks would assist in analysing the contextual factors (resource availability, exclusionary nodes, migration trends, etc.), and in the process make recommendations towards a standardised implementation of social protection policy frameworks.

The paper also encourages more versatile approaches to the implementation of the normative content on social protection rights for all. Scholars such as Gerber (2011), concur and argue that one of the challenges that has impeded the globalisation of social protection rights has been the inability to emphasise a bottom-up approach to such topics. In concurrence, studies conducted in Zambia and other developing states also found that community-centred interventions (bottom-up approaches), are likely to be more successful unlike vertical top-down interventions (which are often planned at the national level and thereafter imposed on the beneficiaries) (Ensor et al., 2013). This paper therefore identifies civil society (faith based organisations, community trusts, private voluntary as well as international non-governmental organisations) as integral players in facilitating minority groups' access to their universal social protection rights.

Through the adoption of a comprehensive assessment and systematic review approach, a collaborative partnership between civil society and the state (line ministries and other government departments) can be forged (Dar et al., 2016). Such a partnership (superintended by the government as the central

authority), would help monitor the provisioning of refugee social protection rights and in the process proffer solutions to avert protection gaps. In adopting such a 'bottom-up approach', civil society organisations such as the United Nations (UNHCR) regional office and UN country teams could offer assistance (through capacity building programs) to line ministries. Such multi-sectoral collaborative approaches are identified by this paper as having the potential to encourage a rapport essential in the development of a globally shared, cross-cultural understanding of refugee entitlements not only in Africa, but the world over.

#### References

Abdi, A.M. 2005. In Limbo: Dependency, insecurity, and identity amongst Somali forced migrants in Dadaab camps. *Refuge: Canada's Journal on Forced Migrants*, 22(2).

Africa Centre for Strategic Studies. 2016. *Population Displacement in Africa*. Accessed 27 March 2019 from: https://africacenter.org/spotlight/population-displacement-africa/

Andrews, P. & Ngom, F. 2015. *African asylum at a crossroads: activism, expert testimony, and refugee rights*. Athens: Ohio University press.

Androff, D. 2016. The human rights of unaccompanied minors in the USA from Central America. *Journal of Human Rights and Social Work*, 1(2), 71-77.

Asylum Information Database. 2018. Accessed 5 October 2018 from: https://www.asylumineurope.org/reports/country/germany/statistics

Awuku, E.O. 1995. Refugee movements in Africa and the OAU convention on forced migrants. *Journal of African Law*, 39(1), 79-86.

Banerjee, A.V. & Duflo, E. 2007. The economic lives of the poor. *Journal of Economic Perspectives*, 21(1), 141-168.

Bebbington, A. Hickey, S. and Mitlin, D. (eds.) 2008. *Can NGOs make a difference? The Challenge of Development Alternatives*, 3-37. London: Zed books.

Bollaert, E.A. 2008. Experiences of a hidden population: life stories of refugees within Pietermaritzburg, KwaZulu-Natal. M.Sc. dissertation. School of Applied Environmental Sciences, Faculty of Science and Agriculture. University of Kwazulu Natal.

Cediey, E. & Foroni, F. 2008. Discrimination in access to employment on grounds of foreign origin in France: a national survey of discrimination based on the testing methodology of the International Labour Office. *ILO international migration papers No. 85E.* Geneva.

Chelwa, N.M., Likwa, R.N. & Banda, J. 2016. Under-five mortality among displaced populations in Meheba refugee camp, Zambia, 2008–2014. *Archives of Public Health*, 74(1), 49.

- Coghlan, B. 2004. Mortality in the Democratic Republic of Congo: results from a nationwide survey. Doctoral dissertation, Burnet Institute. Melbourne: Australia.
- Crisp, J. 2000. Africa's forced migrants: patterns, problems and policy challenges. *Journal of Contemporary African Studies*, 18(2), 157-178.
- Crisp, J. 2003. A state of insecurity: The political economy of violence in Kenya's refugee camps. *African Affairs*, 99(397), 601-632.
- Crush, J. & Tawodzera, G. 2014. Medical xenophobia and Zimbabwean migrant access to public health services in South Africa. *Journal of Ethnic and Migration Studies*, 40(4), 655-670.
- Czymara, C.S. & Schmidt-Catran, A.W. 2017. Refugees unwelcome? Changes in the public acceptance of immigrants and refugees in Germany in the course of Europe's 'immigration crisis'. *European Sociological Review*, 33(6), 735-751.
- Dar, O.A., Hasan, R., Schlundt, J., Harbarth, S., Caleo, G., Dar, F.K., Littmann, J., Rweyemamu, M., Buckley, E.J., Shahid, M. & Kock, R. 2016. Exploring the evidence base for national and regional policy interventions to combat resistance. *The Lancet*, 387(10015), 285-295.
- Dongier, P., Van Domelen, J., Ostrom, E., Rizvi, A., Wakeman, W., Bebbington, A., Alkire, S., Esmail, T. & Polski, M. 2003. Community driven development, in Klugman, J. *Core Techniques and Cross-Cutting Issue. World Bank Poverty Reduction Strategy Paper* (1), 301–331. Washington, DC.
- Donnelly, J. 1986. International human rights: a regime analysis. *International Organisation*, 40(3), 599-642.
- Ensor, T., Green, C., Quigley, P., Badru, A.R., Kaluba, D. & Kureya, T. 2013. Mobilizing communities to improve maternal health: results of an intervention in rural Zambia. *Bulletin of the World Health Organization*, 92, 51-59.
- Flahaux, M.L. & Schoumaker, B. 2016. *Democratic Republic of the Congo: A migration history marked by crises and restrictions*. Migration policy institute. Accessed on 16 March 2017 from: http://www.migrationpolicy.org/article/democratic-republic-congo-migration-history-marked-crises-and-restrictions

Forced Migration Online. 2012. Accessed on 29 July 2016 from: http://www.forcedmigration.org/about/whatisfm

Gerber, P. 2011. Education about human rights: strengths and weaknesses of the UN declaration on human rights education and training. *Alternative Law Journal*, 36(4), 245-249.

Gill, G.S. 2001. Refugees: challenges to protection. *International Migration Review*, 35(1), 130-142.

Gill, G.S. 2014. The international law of refugee protection. *The Oxford Handbook of Refugee and Forced Migration Studies*, 36-47.

Handmaker, J. & Parsley, J. 2001. Migration, refugees, and racism in South Africa. *Refuge: Canada's Journal on Refugees*, 20(1).

Hershey, C.L., Doocy, S., Anderson, J., Haskew, C., Spiegel, P. & Moss, W.J. 2011. Incidence and risk factors for malaria, pneumonia and diarrhoea in children under 5 in UNHCR refugee camps: a retrospective study. *Conflict and Health*, 5(1), 24.

Hickey, S. & Du Toit, A. 2007. Adverse incorporation, social exclusion and chronic poverty. *CPRC working paper 81*. Manchester: Chronic poverty research centre, University of Manchester.

Houghton, T. 2016. *The limitations of the 1951 Refugee Convention*. Accessed on 9 August 2017 from http://nswlegalnetwork.wixsite.com/ainswlegalnetwork/single-post/2016/06/07/The-limitations-of-the-1951-Refugee-Convention

Hungwe, C. 2013. Surviving social exclusion: Zimbabwean migrants in Johannesburg, South Africa. Doctoral thesis. Department of Sociology, University of South Africa.

Idris, I. 2017. Effectiveness of various refugee settlement approaches. *K4D Helpdesk Report 223*. Brighton, United Kingdom: Institute of Development Studies.

International Association for the Study of Forced Migration. 2011. *International association for the study of forced migration*. Accessed on 29 July 2016 from: http://iasfm.org/

Ionescu, R.V. 2016. Southern African Development Community between economic advantages and disparities. *Acta Universitatis Danubius: Oeconomica*, 12(5).

Joppke, C., 2007. Transformation of citizenship: status, rights, identity. *Citizenship Studies*, 11(1), 37-48.

Kalipeni, E. & Oppong, J. 1998. The refugee crisis in Africa and implications for health and disease: a political ecology approach. *Social Science and Medicine*, 46(12), 1637-1653.

Karamanidou, L. & Schuster, L. 2011. Realizing one's rights under the 1951 convention 60 years on: A review of practical constraints on accessing protection in Europe. *Journal of Refugee Studies*, 25(2), 169-192.

Khan, S., Combaz, E. & McAslan Fraser, E. 2015. *Social exclusion: topic guide*. Rev. Ed. Birmingham, UK: Governance and social development resource centre, University of Birmingham.

Killedar, A. & Harris, P. 2017. Australia's refugee policies and their health impact: a review of the evidence and recommendations for the Australian government. *Australian and New Zealand Journal of Public Health*, 41(4), 335-337.

Kinyua, M. 2005. Food aid intervention and gender: A case study of Kakuma refugee camp. Master's thesis. Department of Anthropology, University of Nairobi.

Landau, L.B. 2006. Protection and dignity in Johannesburg: shortcomings of South Africa's urban refugee policy. *Journal of Refugee Studies*, 19(3), 308-327.

Makhema, M. 2009. Social protection for forced migrants and asylum seekers in the Southern Africa Development Community (SADC). *Social Protection Discussion Paper No. SP 0906*. Washington, DC: World Bank.

Manicom, D. & Mullagee, F. 2010. The status of asylum seekers and forced migrants in South Africa: an independent overview. *Africa Insight*, 39(4), 184-197.

Mendoza, M. 2015. A system in need of repair: The inhumane treatment of detainees in the US immigration detention system. *North Carolina Journal of International Law*, (41), 405.

Meny, G. & Chiumia, S. 2016. Where do South Africa's international migrants come from? Africa check. Accessed 04 November 2018 from: https://africacheck.org/factsheets/geography-migration/

Migration Rights Centre Ireland. 2018. Work and labour migration. Accessed 09 October 2018 from: https://www.mrci.ie/our-work/work-labour-migration/

Millbank, A. 2000. The problem with the 1951 Refugee convention. *Information and research services, research paper No 5 2000-01*. Australian parliamentary library.

Miraftab, F. 2001. Risks and opportunities in gender gaps to access shelter: a platform for intervention. *International Journal of Politics, Culture, and Society*, 15(1), 143-160.

Moore, W.H. & Shellman, S.M. 2004. Fear of persecution: Forced migration, 1952-1995. *Journal of Conflict Resolution*, 48(5), 723-745.

Nduna, S. & Goodyear, L. 1997. Pain too deep for tears: assessing the prevalence of sexual and gender violence among Burundian forced migrants in Tanzania. International rescue committee. New York.

*OAU.* 1969. Convention governing the specific aspects of refugee problems in Africa. Accessed 04 November 2018 from: http://www.unhcr.org/about-us/background/45dc1a682/oau-convention-governing-specific-aspects-refugee-problems-africa-adopted.html

Okello, J.M. 2014. The 1969 OAU Convention and the continuing challenge for the African Union. *Forced Migration Review*, 70(48), 70-73.

Omede, J. & Ngwub, A. 2017. The role of African Union (AU) in curtailing migration problems in Africa. *Silpakorn University Journal of Social Sciences, Humanities, and Arts*, 17(2), 25-40.

O'Neill, O. 2005. The dark side of human rights. *International Affairs*, 81(2), 427-439. Royal Institute of International Affairs.

Onyango, O.J. 1991. Human rights, the OAU Convention and the refugee crisis in Africa: forty years after Geneva. *International Journal of Refugee Law*, 3, 453.

Onyango, O.J. 1994. The place and role of the OAU bureau for refugees in the African refugee crisis. *International Journal of Refugee Law*, 6, 34.

Palys, T.S., 1997. Fifty years of human rights: The universal declaration on human lights and its legacy. Simon Fraser University. Accessed on 9 August 2017 from: https://www.sfu.ca/~palys/50years.htm

Pantuliano, S., Buchanan-Smith, M., Murphy, P. & Mosel, I. 2008. The long road home: opportunities and obstacles to the reintegration of IDPs and forced migrants returning to Southern Sudan and the Three Areas. Report of phase II, conflict, urbanisation and land. London: Humanitarian Policy Group, Overseas Development Institute.

Peberdy, S. & Crush, J. 1998. Rooted in racism: the origins of the Aliens Control Act. In Crush, J. (ed.) Beyond control: Immigration and human rights in a democratic South Africa, 18-36. IDASA and Queen's University: Cape Town and Kingston.

Phillips, J. 2013. Asylum seekers and forced migrants: what are the facts? Canberra: Department of parliamentary services, Parliament of Australia.

Piwowarczyk, L., Keane, T.M. & Lincoln, A. 2008. Hunger: the silent epidemic among asylum seekers and resettled forced migrants. *International Migration*, 46(1), 59-77.

Polak, E. 2015. The European Union, the African Union and immigration and asylum issues: common strategies or individual policies? Master's thesis. College of International Relations, Leiden University.

Renaud, F.G., Bogardi, J.J., Dun, O. & Warner, K. 2007. *Control, adapt or flee: how to face environmental migration*. Japan: United Nations University, Institute for Environment and Human Security.

SADC regional vulnerability assessment and analysis synthesis report. 2014. State of food insecurity and vulnerability in the Southern African Development Community. Accessed 04 November 2018 from: http://www.sadc.int/files/4514/5750/7502/2015SADCRegionalVulnerabilit yAssessmentReport-compressed.pdf

Schmeidl, S. 1997. Exploring the causes of forced migration: A pooled timeseries analysis, 1971-1990. *Social Science Quarterly*, 284-308.

Selsky, J.W. & Parker, B., 2005. Cross-sector partnerships to address social issues: challenges to theory and practice. *Journal of Management*, 31(6), 849-873.

Shahin, Y., Kapur, A. & Seita, A. 2015. Diabetes care in refugee camps: the experience of UNRWA. *Diabetes Research and Clinical Practice*, 108(1), 1-6.

Sibanda, C.A.S. & Vally, S. 2012. *The education rights of migrants, forced migrants and asylum seekers in South Africa*. Report to the Foundation for Human Rights. South Africa: University of Johannesburg.

Spittaels, S. & Hilgert, F. 2009. *Mapping conflict motives: Central African Republic*. Antwerp: International Peace Information Service.

Stupart, R. 2016. *Is South Africa home to more than a million asylum-seekers? The numbers don't add up.* Accessed on 24 February 2017 from: https://africacheck.org/reports/south-africa-home-million-forcedmigrant`s-numbers-dont-add/

Türk, V. & Dowd, R. 2014. Protection gaps. *The Oxford handbook of refugee* and forced migration studies, 278.

Türk, V. & Garlick, M. 2016. From burdens and responsibilities to opportunities: the comprehensive refugee response framework and a global compact on refugees. *International Journal of Refugee Law*, 28(4), 656-678.

Twinomurinzi, A. 2013. Challenges women face in trying to access the African human rights protection system. Master's dissertation. Faculty of law, University of Pretoria.

UNHCR. 1951. Convention and protocol relating to the status of refugees. Accessed 28 January 2018 from: http://www.unhcr.org/1951-refugee-convention.html

UNHCR. 1967. *United Nations High Commissioner for forced migrants*. Switzerland. Accessed 28 January 2018 from: http://www.unhcr.org/1951-refugee-convention.html

UNHCR. 2015. *Global trends: refugee, asylum-seekers, returnees internally displaced and stateless persons*. Accessed 13 April 2018 from: http://www.unhcr.org/statistics/unhcrstats/576408cd7/unhcr-global-trends-2015.html?query=global%20trends

UNHCR. 2016. Forced migrants and migrants frequently asked questions. Accessed 30 October 2016 from: file:///C:/Users/Bruce%20Wayne/Desktop/UNHCR% 20'Forcedmigrant`s'%20 and%20'Migrants'%20%20Frequently%20Asked%20Questions%20(FAQs).html

United Nations. 1948. *Universal declaration of human rights*. UN General Assembly.

Uppsala Conflict Data Program. 2018. *Department of Peace and Conflict research*. Accessed 17 November 2018 from: https://pcr.uu.se/research/ucdp/charts-graphs-and-maps/

USCCB/MRS (US Conference of Catholic Bishops, Migration and Refugee Services) & CMS (Center for Migration Studies). 2015. Unlocking human dignity: a plan to transform the US immigrant detention system. *Journal on Migration and Human Security*, 3(2), 159-204.

Will, A.K. 2018. On "genuine" and "illegitimate" refugees: new boundaries drawn by discriminatory legislation and practice in the field of humanitarian reception in Germany. *Social Inclusion*, 6(3), 172-189.

Woods, M., Cavers, D., Agarwal, S., Annandale, E., Arthur, A., Harvey, J., Hsu, R., Katbamna, S., Olsen, R., Smith, L. & Riley, R. 2006. Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. *BMC Medical Research Methodology*, 6(1), 35.

World Bank. 2016. Refugee population by country or territory of asylum. Accessed 17 September 2018 from: https://data.worldbank.org/indicator/SM.POP.REFG

World Food Program. 2012. *Refugee camps are a breeding ground for disease. Voice of America*. Accessed 27 August 2016 from: http://learningenglish.voanews.com/a/refugee-camps-are-a-breeding-ground-for-disease/1514910.html

Zolberg, A.R., Suhrke, A. & Aguayo, S., 1992. Escape from violence: conflict and the refugee crisis in the developing world. Oxford University press on demand. *American Journal of Sociology*, 96(3), 770–772.