

UGANDA POLICY BRIEF

TARGETING ASSISTANCE PROGRAMMES TO PERSONS WITH SPECIFIC NEEDS

USING SOCIOECONOMIC EVIDENCE TO DESIGN SOLUTIONS FOR REFUGEES IN UGANDAN SETTLEMENTS

SUMMARY

- Refugees with specific needs and vulnerabilities require specialized support and interventions to boost their resilience. Referred to as Persons with Specific Needs, these refugees include survivors of violence, older and disabled persons, and unaccompanied minors, to name a few categories.
- Using vulnerability assessment and household data of refugees in Uganda, researchers examined whether refugee households with persons with specific needs are more economically vulnerable, and consequently, need greater financial and employment-related assistance.
- We find that refugee households with persons with specific needs spent on average 23 percent less on food and 18 percent less on non-food items. Overall, their household spending is 22 percent less than households without persons with of specific needs.
- Further, when disaggregated by the main categories of specific needs, single-parent households as well as households with members who have health-related problems are the two groups that face the highest economic vulnerability.
- Households with persons with specific needs are also more likely to have a higher dependency ratio than other households, providing one possible explanation of their pronounced vulnerability.

Background

Refugees with specific needs, including survivors of violence, older persons or persons with disability, and unaccompanied minors face risks that if not identified and addressed, can have serious, even life-threatening consequences for their physical and psychological wellbeing. One possible explanation of this heightened vulnerability facing persons with specific needs and their households is these households might have fewer working members. Consequently, they might have a lower household income.

UNHCR advocates for a greater awareness of these needs with the aim of ensuring that refugees of all backgrounds can access programmes and assistance to boost their resilience. In order to provide assistance and protection that address these needs, UNHCR

categorizes these individuals into groups and provides support accordingly.¹

Among non-refugee populations, research suggests households with these individuals tend to be more economically vulnerable. Less established is whether refugee households with these individuals are also economically more vulnerable; and if so, what are the implications for policy as well as assistance programmes.

Using data from a recent Uganda Vulnerability and Essential Needs Assessment household survey, the authors of this brief examined the economic vulnerability of refugee households with persons with specific needs.

With over 1.4 million refugees, Uganda is the third largest refugee-hosting nation globally. Most refugees in Uganda hail from South Sudan (62 percent), the Democratic Republic of Congo

¹ See <https://emergency.unhcr.org/entry/125333/identifying-persons-with-specific-needs> and <https://www.unhcr.org/lb/persons-with-specific-needs>

(DRC) (29 percent), Burundi (3 percent) and Somalia (3 percent). The Government of Uganda has a generous policy toward refugees that among other benefits, provide land for farming and housing.

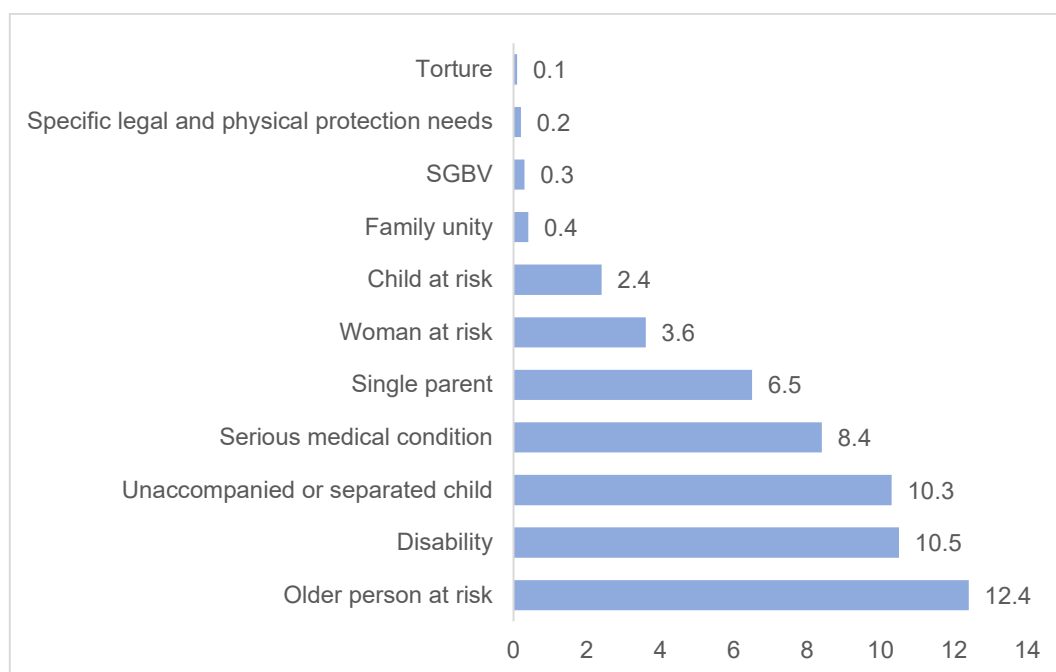
Methodology

This policy brief uses cross-sectional household data from the Vulnerability and Essential Needs Assessment survey. The survey sampled 5,017 refugee households distributed geographically across the primary hosting regions in Uganda and identified groups of persons with specific needs who may face heightened risks. The

survey is representative of the refugee settlement-based population in Uganda. Economic well-being and vulnerability can be measured in many different ways. In this note, economic vulnerability is measured by food, non-food, or overall expenditure per capita.

Among the refugee populations in Uganda, the most common specific needs categories² are older persons at risk (12 percent), disability (10.5 percent), unaccompanied or separated child (10.3 percent), those with serious medical conditions (8.6 percent), and single parents (6.5 percent) (Figure 1).

Figure 1: Incidence of specific needs. Categories
 (Percent of Total Households with Persons with Specific Needs)



Main Findings

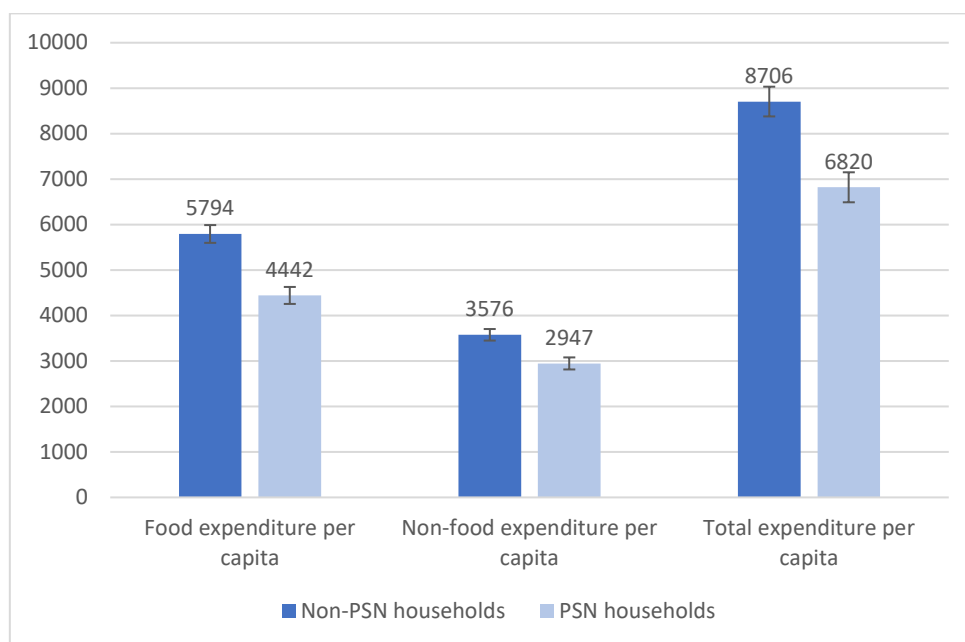
Households with at least one member who is a person with specific needs spent less on food, non-food and overall expenditure than households without these individuals (Figure 2). Consumption and expenditure are the most widely used methods of measuring poverty and vulnerability and are used by the Uganda Bureau of Statistics (UBOS) in its

national statistics. In the following sections, households with at least one member having specific needs are labelled “PSN households”, while households without are named “Non-PSN households”. All indicators are expressed in monthly expenditure per capita, meaning the average monthly expenditure per household member.³

² Persons with specific needs vary by refugee population in Uganda. The full list includes: unaccompanied and separated children, children at risk, children in foster care, child heads of household, single women at risk, women at risk, women with difficult pregnancy, lactating mothers, older people, chronic illness, critical medical conditions, physical or medical disability, impairment (speech, visual, or hearing), torture, single parent, or family unity.

³ It was not possible to do adult age equivalent due to data limitations.

Figure 2: Expenditure per capita, household with and without PSNs



Food expenditure. Notably in Uganda at the time of this survey, WFP and partners provided universal food assistance either in kind or cash to refugees in settlements with an average of 31,000 Ugandan Shillings per person per month (equivalent to about 8.50 USD per person per month). Food expenditure was measured to capture the amount households spent above and beyond the universal food assistance programs. We find that households without PSNs spent on average 30 percent more than those with PSNs on food ($p>0.01$). The mean monthly household food expenditure per capita was 5,794 Ugandan Shillings or approximately 1.57 USD for Non-PSN households, while households with PSNs spent 4,442 Ugandan Shillings on average, or approximately 1.20 USD.

Non-food expenditure. On average, households without PSNs spent 21 percent more than households with PSNs on non-food expenditure (3,576 Ugandan Shillings or 0.97 USD vs 2,946 Ugandan Shillings or 0.80 USD).

Overall expenditure. After combining food, non-food expenditure, own consumption as well as savings, households without PSNs spent 27 percent more than PSN households (8,706 Ugandan Shillings or 2.36 USD per capita versus

6,820 Ugandan Shillings or 1.85 USD per capita ($p>0.01$)).

Refugee single parent households face greater economic vulnerability. A number of authors have recognized that single-parent families are more likely to experience poverty or vulnerability (Lu et al. 2020; Huang 2000) across countries in the world. The vulnerability and assessment survey data similarly suggest that refugee single-parent households are spending less on food, non-food, and overall expenditure than households with two parents. Indeed, they spent 37 percent less on food, 41 percent less on non-food expenditure, and 45 percent less in overall expenditure.

Refugee households with members facing health issues are more economically vulnerable. Health problems involve direct expenditures that include medical costs like hospitalization and outpatient treatment, drugs and medical supplies. They also involve indirect costs including the inability to work, the loss of productive labour time and earnings of patients as well as caregivers. A health shock is the most common shock to individuals that affects household welfare and vulnerability, and is the most important reason for descent of households into poverty in developing countries (Krishna 2007; Dhanaraj 2014).

The survey data indicates that refugee households with members with health-related issues (or specific needs related to health) are more economically vulnerable than others in Uganda. Indeed, they spent 26 percent less on food and 24 percent less overall relative to those households without members with health-related issues.

Also, more economically vulnerable are households with members who have an impairment. Households with individuals with either hearing, visual, or speech impairments spent 45 percent less on food, 27 percent less on non-food items, and 41 percent less on overall expenditure. For students, these impairments may have significant impact on educational progress. They can also prevent working age individuals from entering the labour market and/or earning the same wages as those without these disabilities. Evidence in developing countries suggests that socioeconomic vulnerability and disability prevalence are positively correlated (Filmer 2008; Yeo and Moore 2003; Elwan 1999).

Households that have children who are unaccompanied or separated from their parents are more economically vulnerable. Households without unaccompanied or separated children spent 20 percent more on food expenditure than households with unaccompanied or separated child (3,494 Ugandan Shillings or 1.48 USD vs 2,791 Ugandan Shillings or 1.18 USD versus). In terms of overall expenditure, households without unaccompanied or separated children spent 88 percent more than households with unaccompanied or separated child (2.24 USD vs. 1.19 USD). All the differences are statistically significant at 1 percent level.

There is no evidence that households with older people are more economically vulnerable. Literature in developing countries finds that households with older individuals consume less and are more likely to be poor (Duflo 2003; A. Deaton and Paxson 1995; A. S. Deaton and Paxson 1998).

In a recent meta review on the topic of poverty, studies found evidence of a decline in economic opportunity with age and showed that household welfare decreases with age (Barrientos, Gorman, and Heslop 2003). Given this evidence, the authors of this brief investigated this but found no statistical difference for overall consumption between households with older people and households without.

Why might PSN households be more economically vulnerable? Higher dependency ratio is a possible explanation.

There are different types of specific needs. Some include disability and impairments that could prevent or hinder working-age individuals from working or engaging in income-generating activities. Within households, these individuals are economically dependent, and contribute to raising the dependency ratio.

Recent studies indicate that the number of working household members, as well as the dependency ratio, affect household welfare. Several studies find that households with higher dependency ratio experienced lower welfare and higher poverty (Chen and Wang 2015; Biyase and Zwane 2018).

Comparing across dependency ratios, we find that households with PSNs have a higher dependency ratio (2.66) than households without (2.18) (Table 1, and the difference is statistically significant at 1 percent).

Table 1: Dependency Ratio, by households with and without PSNs

	Non-PSNs			PSNs			T-test
	Mean	N Obs.	HH size	Mean	N Obs.	HH size	Two-sided value
PSN31	2.2	3146	6.0	2.7	2232	6.8	0.00
Child. At risk	2.4	5232	6.3	3.0	146	7.2	0.00
Unaccompanied and separated child	2.3	4845	6.2	3.08	533	7.6	0.00
Women at risk	2.3	5162	6.3	2.93	216	7.4	0.00
Older persons	2.3	4904	6.4	2.81	474	6.0	0.00
Single Parent	2.3	4973	6.3	3.26	405	7.4	0.00
Disability	2.39	4777	6.29	2.24	601	7.03	0.11
Serious Medical Conditions	2.38	4858	6.25	2.33	520	7.70	0.58

Even after controlling for differences across households with and without PSNs, households with PSNs are more economically vulnerable. In this section, we test different socioeconomic factors that influence economic vulnerability using regression models. We use overall consumption expenditure per capita to proxy for economic vulnerability.

Let us assume that the welfare indicator is a function of household and individual characteristics (x_j):

$$y_j = \beta_j x_j + \varepsilon_j$$

where y_j is the economic vulnerability indicator (overall consumption expenditure per capita per month), β_j is a vector of parameters, and ε_j is the idiosyncratic error term.

Table 2 presents OLS results of the economic vulnerability model. Column (1) presents the OLS regression estimates.

Table 2: Estimation results

	OLS regression
HH Has a PSN member	-0.07*
HH size	-0.23***
HH crowding index	-0.08***
Food security index	0.02***
Other control variables	
Housing type	Yes
Source for cooking and sanitation	Yes
Asset and animal ownership	Yes
Location	Yes

The coefficients explain how much the economic vulnerability is expected to increase (if the coefficient is negative than consumption expenditure per capita is lower) or decrease (if the coefficient is positive than consumption expenditure per capita is higher) when that variable increases by one, holding all the other independent variables constant.

In line with previous studies, some variables have the expected effect on economic vulnerability. The household size affects the economic vulnerability, where the higher the household size, the more economically vulnerable the household is. Vulnerability is also closely linked to asset ownership where assets including livestock, phone, motorbike, and

sewing machine are positively correlated with lower economic vulnerability. Indeed, the more assets a household has, the less vulnerable they are (Oluwatayo and Babalola 2020). The housing type does not so much determine the household economic vulnerability. This is likely due to refugee housing stock being fairly uniform in refugee settlements due to all refugees receiving common shelter supplies.

Importantly, and in line with the above descriptive analysis, the regression results confirm that refugee households with persons with specific needs are more economically vulnerable than other refugee households.

Conclusion and Implications

Refugees with specific needs face heightened risks. UNHCR proactively identifies and supports them with protection or assistance interventions to reduce the risk of lasting physical and psychological harm. Further, using recent data from a vulnerability and needs assessment survey, the authors of this brief found that households with members who have specific needs also face higher risk of economic difficulties.

Among refugee households in Uganda, households with members who have specific needs spent 23 percent less on food related items, 18 percent less on non-food items, and 22 percent less in overall expenditure. Further, single-parent households as well as households with members who have health-related problems face the highest economic vulnerability among refugee households.

One possible explanation of this heightened vulnerability facing persons with specific needs and their households is these households have fewer working members. Consequently, they have a lower household income.

The economic vulnerability exists even after the distribution of targeted assistance to persons with specific needs and their households. Without targeted assistance, the gap between households with and without persons with specific needs is likely to grow even larger.

Assistance interventions should ensure protection of persons with specific needs in line with their vulnerabilities. Cash and food assistance programmes should consider the number of persons with specific needs in households, particularly if there is disability that limits the ability of working-age persons from working or finding employment. Jobs or entrepreneurship programmes could identify opportunities suitable for individuals with physical impairment who have the right skills-set.

Investing in human capital and skills for persons with specific needs will build their resilience and self-reliance. Among children and adults, persons with specific need will likely benefit from specialized training to be able to perform daily tasks or develop the skills to find sustainable employment. Investing in these individuals will not only improve their overall wellbeing but also improve their ability to support their livelihoods now or in the future.

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