



# Urban Refugees in Cairo

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# Executive Summary

Cairo, Egypt is home to one of the largest populations of urban refugees in the world. In recent decades, waves of refugees from Sudan, Iraq, Ethiopia, Eritrea, Palestine and elsewhere have fled to Cairo hoping to find third-country resettlement, eventually return to their countries of origin, or start a new life by integrating into Egyptian society. For all of these refugees, the United Nations High Commissioner for Refugees (UNHCR) is the primary institution responsible for determining refugees' status, offering protection, and facilitating durable solutions. Despite the many efforts of UNHCR, the Government of Egypt, and numerous non-governmental organizations (NGOs) to provide protection and assistance for these various refugee populations in Cairo, numerous challenges remain for these refugees in the areas of legal protection and security, livelihoods, education, and healthcare.

UNHCR has adopted various strategies over the years to better respond to refugees' needs. One major initiative was UNHCR's 1997 Policy Statement on Refugees in Urban Areas, which stressed self-reliance for urban refugees. In 2009, UNHCR issued a new policy on urban refugees aimed at increasing protection for refugees in cities and at mainstreaming refugees into national institutions when possible. This report seeks to provide a preliminary evaluation of the impact of the new 2009 policy while undertaking a comparative analysis of the differing needs, experiences, and protection gaps of Cairo's many different refugee populations.

Our study is based on household interviews with both refugee and local Egyptian populations, conducted in Cairo between December 2010 and March 2011. Our research team conducted 63 household interviews, distributed across target populations: 49 per cent Iraqi refugee households, 22 per cent African refugee households, 32 per cent local Egyptian households. Refugee or local Egyptian research assistants trained and supervised by an on-the-ground team member conducted all household interviews. Households were asked open-ended questions about their past and present experiences with safety, livelihoods, education, and health; respondents interviewed after the Egyptian Revolution in January 2011 were asked additional questions about the impact of the revolution on their security and ability to access basic services. Interviews were translated and analyzed by our research team in Washington, DC.

In addition, our team conducted extensive interviews with 16 stakeholders in Cairo, including with UNHCR, international NGOs, Egyptian NGOs, and local community-based organizations. These stakeholders represent the main NGO-based refugee service providers.

Based on this data, this report makes the following recommendations:

## Legal

- Re-negotiate the 1954 MOU between UNHCR-Egypt and the Government of Egypt
- Train law enforcement about refugee rights

- Re-interview Sudanese refugees with closed cases
- Train implementing partners in anti-discrimination and cultural sensitivity
- Provide additional training for refugee and local community networks and organizations

## Livelihoods

- Advocate with the Government of Egypt to extend the right to work to all refugees
- Build protective elements into economic refugee programs
- Create roles for employment advocates and job developers within refugee NGOs
- Work with the Egyptian government to allow microcredit enterprises
- Track the employment of refugees
- Address negative economic strategies
- Expand economic development programs

## Education

- Streamline school admission requirements
- Build capacity in Egyptian public schools
- Provide training for Egyptian teachers and administrators, as well as for refugee teachers
- Involve educated refugee adults to enhance capacity of local schools
- Build additional schools to increase educational capacity for refugees and Egyptians alike
- Involve UNICEF
- Provide additional educational training for adult refugees

## Health

- Create a subsidized health care insurance plan for refugees
- Partner with the Government of Iraq to form a special fund for secondary and tertiary health care for Iraqis
- Mainstream refugees into the Egyptian health care system
- Decentralize refugee health care
- Reformulate systems of mental health care for refugees

# Chapter 1: Setting the Scene

More than half the refugees the United Nations High Commissioner for Refugees (UNHCR) serves now live in urban areas. Egypt is among the top five countries with the largest number of urban refugees in the world and is one of only two African countries that do not mandate that refugees reside in camps (Sperl 2001; Zohry 2005). The majority of refugees in Egypt live in the capital city of Cairo (Grabska 2005).

UNHCR developed its first Policy Statement on Refugees in Urban Areas in 1997, mainly to discourage urban settlement due to the difficulties of protecting and supporting refugee populations in cities. At the time the 1997 Urban Policy was written, UNHCR was struggling to adequately respond to situations when refugees abandoned rural camps and moved to cities, where they often lived in the poorest neighborhoods, took menial jobs in the informal economy in order to survive and were frequently arrested or mistreated by the local authorities or attacked by the host population (Chatelard 2011: 9). By and large, however, UNHCR's 1997 Urban Policy did not deter refugees from moving to cities. Furthermore, its emphasis on self-reliance did not adequately address the needs of urban refugees in countries like Egypt, where refugees do not have the right to work. As early as 2001, researchers like Sperl noted the detrimental effect the 1997 policy had on refugees in Cairo, who were simultaneously urged by UNHCR-Egypt to become self-sufficient and barred from legal employment by the Government of Egypt. The result, in Sperl's words, was often "destitution." In response to the various shortcomings of the 1997 policy in Egypt and elsewhere, UNHCR issued a new policy on urban refugees in 2009. In this new policy, UNHCR argued that cities are a legitimate place of refuge for those seeking asylum and committed itself to providing protection to refugees in urban areas. This new policy shifted its emphasis from self-reliance to mainstreaming refugees into local institutions, noting the cost and ultimate inability to sustain parallel, refugee-specific services.

Our research team began fieldwork in Cairo in December 2010, which was a key moment of transition for both UNHCR-Egypt and, on the eve of revolution, for the country as a whole. Our field data, collected between December 2010 and March 2011, captures both the lingering ill effects of the old 1997 policy and the promise of new beginnings under a new 2009 UNHCR policy as well as a new Egyptian government.

Cairo is currently hosting large numbers of refugees from Iraq, Sudan, Somalia, Ethiopia, Eritrea, Palestine and elsewhere. Each refugee group in Egypt has a unique profile based on its legal rights, wealth, education level, languages spoken, length of time in Egypt and prospects for durable solutions. We will explore these complexities and their implications in greater depth below. In this report we focus primarily on the Iraqi refugees residing in Cairo, Egypt, whose situation is often quite distinct from that of African refugees in Cairo. Iraq is a middle-income, oil-producing country whose citizens at one time enjoyed quality social, educational and healthcare services. When Iraqi refugees began arriving in Cairo after 2003, many came from middle-class communities, were well-educated and had adequate financial resources to cover their costs of living. While these resources in many cases are running out after years of living

in Cairo, Iraqi refugees' social and educational backgrounds continue to set them apart from other refugees in Egypt. In this report we focus on Iraqi refugees' access to legal protection, livelihoods, education and healthcare. We contrast their situation with the circumstances of other refugees settled in Cairo as well as with the situation of the local population residing in the same neighborhoods.

Many of these refugee groups share the same unsustainability of their current lives in Cairo, as durable solutions have been elusive for many refugees. Many refugee populations have lived in Egypt for more than five years without "immediate prospects for implementation of durable solutions," thus constituting a "protracted" refugee crisis based on UNHCR criteria (UNHCR 2009a). The prolonged stay in Cairo endured by many refugees further indicates that neither resettlement nor repatriation are viable durable solutions for many of Cairo's refugees. At the same time, refugees' long-term residence in Cairo does not necessarily indicate successful integration. Local integration is understood to have three basic components: legal, economic and socio-cultural. Legally, integration may be achieved when refugees acquire a sufficient amount of rights in their host state to access the jobs, healthcare and education they need to be self-sufficient. Economically, integration is achieved when refugees live at approximately the same standard of living as members of their host community. Socially and culturally, refugees have integrated when they participate in the community life of their host country on an equal basis as host country nationals (Fielden 2008). By these measures, few refugees in Egypt have successfully integrated: they lack access to the formal labor market, nearly all seek health and educational services outside of local Egyptian institutions and many suffer from discrimination.

UNHCR-Egypt's refugee services attempt to ameliorate the integration challenges refugees face, but may also inadvertently contribute to refugees' separation from mainstream Egyptian society by creating parallel refugee-specific systems of care. UNHCR-Egypt and its implementing partners have developed a wide range of programs to meet the diverse needs of their refugee clients. While these services have undoubtedly been essential for many refugees in procuring livelihood support and accessing healthcare and educational services, the support system as it stands shows signs of strain in the face of a large and heterogeneous refugee population dispersed throughout Cairo and vicinity. Moreover, UNHCR's 2009 Policy on Urban Refugees also points to the cost and ultimate inability to sustain parallel, refugee-specific health and educational programs outside of mainstream local institutions. The strain of maintaining parallel refugee systems is particularly evident in Egypt. At the same time, any long-term solution put forth by UNHCR-Egypt and its partners needs to take into account the fact that Egyptian health and educational services are overstretched, poorly funded and often of low quality, and that many Egyptians also suffer from the same conditions of poverty and high rates of unemployment as do refugees. UNHCR-Egypt has taken some promising steps towards mainstreaming aspects of refugee health services, particularly during and immediately after the 2011 Egyptian revolution. Our

research revealed new short- and long-term strategies for continuing this mainstreaming trend in order to improve refugees' access to essential services, increase protection, enhance prospects for local integration and reduce the burden on current refugee-specific service providers.

The results of this study confirm conclusions other researchers have made over the past decade (Sperl 2001; Grabska 2006, 2008; Kagan 2011); namely the best way forward is to shift away from short-term programs and parallel service delivery systems towards the practice of mainstreaming refugees into Egyptian institutions and according them rights enjoyed by Egyptian citizens, including the right to work. As recommendations to mainstream refugees in Egypt have been made for over 10 years with little progress made, we are cognizant of the practical barriers and political realities in Egypt that have made implementation of these recommendations difficult. As our research indicates, however, the current system of refugee-specific services is inadequate in many respects and expensive to maintain, and as such, drastic changes must be made. We argue

## 1.1 Refugees in Egypt

The modern state of Egypt received multiple waves of refugee populations throughout the twentieth and the beginning of the twenty-first century. We will provide a brief overview of each refugee population in chronological order as a way to provide a brief overview of the fluctuations in Egypt's refugee policies over the years and the impact of these policies on refugees residing in Egypt today.

### *Palestinian Refugees*

Egypt has hosted Palestinian refugees since as early as 1948; UNHCR estimates that as many as 70,000 Palestinians live in Egypt currently (2010). Initially, the Government of Egypt extended numerous rights and privileges to Palestinians, permitting them to attend public schools and access state institutions on the same basis as nationals. This policy changed in the mid-1970s, following a breakdown in relations between the Egyptian government and the Palestinian Liberation Organization (PLO) (Shiblak 1996; El-Abed 2005). Since this time, Palestinians have been prohibited from attending public schools or utilizing other state services. Palestinians must pay foreigner tuition fees for private schools and universities. Furthermore, Palestinians are typically not eligible for refugee-specific services. The United Nations Relief and Works Administration (UNRWA) does not operate in Egypt. UNHCR-Egypt has identified 70,000 Palestinians in Egypt as Persons of Concern, but assists only 30 of them (UNHCR 2010a). Thus Palestinians have no official protection space within Egypt. In response, Palestinians have developed a number of community-based institutions, including schools and clinics, to provide for the needs of their refugee community. Most Palestinians in Egypt live far below the poverty line, though there are some wealthy members and benefactors within the refugee community in Cairo (El-Abed 2009: 80)

### *Sudanese Refugees*

The largest refugee population in Cairo is the Sudanese, with approximately 10,300 registered refugees and an additional 14,500 asylum seekers currently in Egypt (UNHCR 2012)—the latter number indicating those who are persons of

that the shift to mainstreaming must be accompanied by the investment of development aid into improving and expanding Egyptian healthcare and educational institutions for the benefits of both refugees and the local population.

The necessity of this shift is all the more clear in a city like Cairo, where a relatively weak civil society and resulting paucity of viable community-based partners has hindered UNHCR-Egypt's efforts to create a robust and sustainable system of refugee-specific services. In the ten years since Sperl's study, the overall number of refugees in Cairo has increased considerably and the economic situation has worsened, further taxing refugee services offered by non-governmental organizations. The Egyptian revolution has negatively impacted the Egyptian economy and security situation, worsening the living conditions of Egyptians and refugees alike. Faced with these daunting conditions, UNHCR-Egypt will benefit from increased burden sharing with Egyptian institutions and better strategies to integrate refugees into local society.

concern to UNHCR but who are not eligible for resettlement. There are unknown numbers of Sudanese with closed files.

Egypt and Sudan have deep historical ties and a certain amount of cross-border migration and trade has always existed. Migration flows increased dramatically during the years of the Sudanese Civil War and crisis in Darfur, which sent thousands of Sudanese to Egypt as refugees. These refugees underwent individual Refugee Status Determination (RSD) with UNHCR-Egypt in Cairo, and not all were officially recognized. Many of those with closed files remained in Egypt, however. Those who have closed cases do not have the protection of UNHCR as refugees and are not eligible to access a number of refugee-specific services offered through NGOs. In 2004, the Governments of Egypt and Sudan signed the Four Freedoms bilateral agreement, which granted Sudanese the rights of work and residency. Since 2004, Sudanese asylum-seekers have been granted temporary protection status by UNHCR-Egypt, but UNHCR-Egypt no longer undergoes RSD with Sudanese refugees. This "temporary protection" was supposed to last for 6 months, but the Government of Egypt has extended it until today, though without clarifying what status Sudanese refugees may eventually hold long-term. This temporary protection status qualifies them for certain NGO services; however, temporary protection status disqualifies Sudanese from international resettlement. In recent years, UNHCR-Egypt has begun to practice RSD with Darfurians and Northern Sudanese, and these recognized refugees would potentially be eligible for resettlement (Kagan 2011). The complexities of the RSD process for the Sudanese population in Egypt, combined with low rates of resettlement, has resulted in tension and misunderstandings between the Sudanese and UNHCR-Egypt over the past decade, which has periodically flared up into protests and violence. As recently as April 2011, UNHCR-Egypt has re-committed itself to increasing the use of third-country resettlement for refugees in Egypt, including the Sudanese.

### *East African Refugees*

A number of refugees from other countries also live in

Cairo. Approximately 8,000 Somali refugees and asylum seekers have established themselves in Egypt, along with 1,300 Eritreans and a few hundred registered Ethiopians (UNHCR 2012). Somalis are granted refugee status on a *prima facie* basis. In contrast, Ethiopians and Eritreans must go through the RSD process, and the acceptance rate for these communities has been as low as 20 per cent in some years, which explain the disparities in numbers of registered refugees between these communities. Scholars estimate that there may be thousands of unregistered refugees—Ethiopians, in particular—living in Cairo. These migrants are usually living without a recognized legal status in Egypt, which can contribute to a profound sense of instability, vulnerability and fear. According to scholar Fabienne Le Houerou, many unregistered Ethiopians are young men who deserted the Ethiopian and Eritrean armies and potentially face the death penalty if they return. Prior to 2004, few Ethiopians received refugee status, in part due to a lack of understanding among the Ethiopian community about the RSD process. Since 2004, a legal aid organization has assisted with RSD applications and interviews, resulting in much higher acceptance rates (Le Houerou 2006).

Though Cairo was once the primary destination for East African migrants, in recent years increasing numbers have attempted to pass through the Sinai Peninsula into Israel. The authors recognize the grave protection risks that migrants and refugees along the Israeli border face. However as this report focuses on the

experiences of urban refugees in Cairo, the experiences of refugees in the Sinai will not be considered here.

### Iraqi Refugees

Egypt also hosts a large number of Iraqis: currently 7,400 have refugee status in Egypt (UNHCR 2012). Most Iraqis arrived in Egypt between 2006-2007. The Iraqis are distinguished from other refugee populations in Cairo by their previous wealth and education. Upon arrival, 31 per cent of Iraqis reported they had a “very good” financial situation, while 51.4 per cent reported a “sufficient” amount of financial resources to cover basic needs (WHO and MOH 2009). A number of Iraqis receive remittances from relatives in Iraq. At the same time, the wealth and well-being of the Iraqi population has deteriorated over time—now only 4.7 per cent reported a “very good” financial situation, and 56 per cent reported a decline in their health and nutrition (WHO and MOH 2009). Although Iraqis speak Arabic and do not tend to suffer from racial discrimination in Cairo, Iraqis reported to our research team that they did not have close relations with the local host community. Iraqis also reported that they lacked a sense of cohesion and community with other Iraqi refugees in Egypt. Unlike the Sudanese, they have few community-based organizations (CBOs) or institutions because President Mubarak’s administration repeatedly refused to accept any applications to form Iraqi CBOs. All Iraqis interviewed expressed a strong preference for resettlement in a third country; none accepted staying in Egypt indefinitely.

## 1.2 The Study

This report is part of a larger, comparative study on Iraqi urban refugees in Cairo, Egypt and Amman, Jordan (see Martin and Taylor 2012; Davis 2012). This study focused on the most politically complex set of challenges, namely incorporating refugees into existing urban structures that deliver healthcare, education, child welfare and other forms of assistance to the poor while also facilitating access to employment.

While Cairo’s urban refugees, including Iraqis, have received research attention in the past, most studies focused on a single refugee group. This study provides a comparative perspective on Iraqi urban refugees in Cairo that investigates

their situation not only in relationship to protection principles as enunciated in the Refugee Convention, but also in comparison with similarly situated local populations and other refugees living in the same urban neighborhoods. In Cairo, there are significant populations of Sudanese, Somali, Ethiopian, Eritrean and Palestinian refugees with whom we have compared the Iraqi refugees. These comparisons have been illuminating not only in understanding the situation of the Iraqi refugees, but also in identifying more precisely the public reaction to the refugees and the context in which decisions are made on their future.

## 1.3 Methodology

Seeking both depth and breadth of understanding of the studied issues and affected populations, we designed our study to have both a “top-down” and “bottom-up” approach, interviewing both stakeholders and refugees in order to gain a comprehensive picture of the lives of urban refugees in Cairo and their ability to access educational and health services and provide for their families. We assembled a research team that was well-suited to gain access and insights from our various research subjects. For stakeholder interviews, we formed a collaborative team between Georgetown University’s Institute for the Study of International Migration, Georgetown University’s Center for Contemporary Studies and the American University in Cairo.

Principal researchers and research assistants from all three of these institutions took part in identifying and interviewing government officials, international and local NGOs, and CBOs in Cairo. For interviews with refugees, we relied on a Community-Based Participatory Research methodology, whereby our team trained refugees to conduct interviews within their own communities.<sup>1</sup> Our refugee assistants were recommended to us by our colleagues at the American University in Cairo and by NGO service providers. These assistants used snowball sampling to identify their research subjects, targeting neighborhoods where large numbers of refugees lived.<sup>2</sup> We instructed our assistants to be sure to interview a wide range of households, with varying

<sup>1</sup> Community-Based Participatory Research is a methodology that has been highly praised by researchers in a number of fields. This methodology not only engages with members of the studied community as “equal partners,” but also often allows for more rigorous research by gaining the investment and cooperation of research subjects in the study. Researchers scrutinizing this methodology have found that Community-Based Participatory Research often increases both the quantity and the quality of the data collected (see: Viswanathan et al. 2004).

<sup>2</sup> These neighborhoods included: 6th of October, Heliopolis, Maadi, Arba’ wa Nuss and Ard al-Liwa.

income levels, refugee registration statuses, educational backgrounds, livelihood opportunities and ages. We also hired an Egyptian research assistant to conduct similar interviews with Egyptian families living in neighborhoods with significant refugee populations living nearby.

*Data Collection:*

*Household and Individual Interviews*

The project included a total of 63 household interviews with refugees and local populations. Following our original research plan, these included 31 interviews with Iraqi households and 14 interviews with households among other refugee populations, including Sudanese, Ethiopians, Somalis and Palestinians. Additionally, we conducted 20 interviews with Egyptian households. Our team also conducted focus groups and informal group discussions with refugees in settings in which they naturally congregate. Although the total sample size is small, we are confident that we were able to be sufficiently strategic in identifying key neighborhoods and populations so that our summary findings relate to patterns and trends among the urban refugee populations in Cairo. However, our sample size does not allow for quantitative analysis.

The interviews followed a discussion guide but were not restricted by a close-ended questionnaire. Open-ended questions were asked and intensive participant observation was also carried out. In the course of this study we have explored a wide array of issues, including:

- Socio-demographic characteristics
- The Iraqi community of origin
- Migration history
- Livelihoods and living conditions
- Self-reported health status and experiences with the healthcare system
- Experiences with the education system
- Experiences with other services in the area
- Goals for the future
- Relations with other Iraqi refugees, local populations and other refugees
- Perceptions of security in their neighborhood and in the city
- Interactions with UNHCR-Egypt

The Egyptian revolution began midway through our data collection. As such, we were well positioned to gauge changing perceptions of security among both refugee and Egyptian populations. During our fieldwork in December 2010, prior to the revolution, our teams asked general questions about safety and perceptions of security of refugees and local populations. Beginning in January 2011, we added additional questions to our household interview guides to determine how refugees and Egyptians perceived their safety and security prior to the revolution, during the 18 days of protests in January 2011 and after the fall of Mubarak. Because we were able to ask these questions in the immediate aftermath of the revolution, the experiences and memories of our respondents were very “fresh.” We consider their testimonies reliable indications of changing perceptions of security.

Individual interviews lasted anywhere from one to two hours and with few exceptions were conducted in the refugees’ native languages. Notes from interviews with Arabic speaking refugees were provided to the research team in Arabic and translated by two graduate research assistants from the Center for Contemporary Arab Studies at Georgetown University. Notes from interviews in languages other than Arabic were rendered in English.

*Data Collection:*

*Stakeholder Interviews*

The second half of our study consisted of a top-down approach wherein our team met with key service providers working with refugees. We conducted in-depth interviews with a total of 16 different service providers covering the fields of health (6), psychosocial programs (7), legal aid (5), vocational training (6), schools and other educational programs (4), human and refugee rights (3).<sup>3</sup> Of these 16 organizations, our team met with a variety of different types of stakeholders: international organizations (3); International NGOS (2), Egyptian NGOs (7), Egyptian health institutions (2), Egyptian private school (1), and a Community Based Organization (1). These 16 organizations represent the main NGO-based refugee service providers.

Issues explored with stakeholders included the following questions:

- Eligibility requirements for services
- Barriers faced by refugees to access services
- Differences between refugee groups in accessing services
- Differences between locals and refugees in accessing services
- Barriers faced by refugees in seeking employment
- Impact of Iraqis on health services, educational services, the labor market and cost of living
- Differences between refugees groups in registering with UNHCR-Egypt
- The benefits and burdens to the local community in hosting Iraqi refugees
- The benefits and burdens to the local community in hosting other refugees

*Data Analysis*

The qualitative research approach used in this project offered many advantages. Ethnographic interviews enabled us to see the phenomenon under study from an *emic* perspective or the “insider’s point of view.” The *emic* understanding is developed through close exploration of different sources of data, including participant observation and in-depth, open-ended interviews. The ethnographic process offered the refugees dignity by encouraging them to take the lead in the interviews if they so chose. They were able to narrate their own experiences in their own words, highlighting issues that “experts” may not consider important. Interviews with stakeholders also provided the insiders’ perspectives on the challenges and opportunities involved in meeting the needs of urban refugees residing in Cairo.

In keeping with the methodological principles of

<sup>3</sup> Several organizations provide more than one service, so the numbers add up to 31, rather than 16.

ethnography, analysis commenced within a short period after the first set of interviews was conducted. Having local researchers and refugee research assistants on the ground allowed us to go back to the interviewed refugees when we needed more information or were unsure of our interpretation. Collected data as well as peer-reviewed papers and gray literature identified during the literature

review process were managed and analyzed using NVivo, a computer software used to manage and analyze text-based data (Bazeley 2007). NVivo was instrumental in conducting both “interpretive” (making sense of research participants’ accounts) and “reflexive” (the research team’s contribution to the data creation and analysis process) analysis.

## 1.4 Organization of the Report

Our report is organized around four main topics: legal policies and protection space, livelihoods, education, and health. In each of these four sections, we compare the relative ease or obstacles encountered by different refugee populations in accessing essential services. Each section includes policy and programmatic recommendations. The executive summary that opens the report provides an overview of the study and summarizes our recommendations.

# Chapter 2: Legal and Policy Frameworks

Refugees who spend any length of time in Cairo face numerous obstacles to meeting their basic needs due to the highly restrictive legal environment in which they live and receive services. Protection space varies between different refugee populations, as Egyptian laws distinguish between refugees of different national origins. Furthermore, protection space appears to have shrunk in recent years: stakeholders' budgets have constricted, numbers of urban refugees remain high and the Egyptian Revolution and its aftermath continue to contribute to an unstable environment. As a

result, security and access to services for refugees are often jeopardized. UNHCR's 2009 urban policy responds to the limited legal protection of urban refugees everywhere by expanding UNHCR's protection mandate to refugees in cities (2009b). Over the past ten years, the Government of Egypt and UNHCR-Egypt have taken different steps to expand their protection of urban refugees, which will be explored below. Even with this laudable expansion of selected rights for select groups of refugees, these rights remain largely limited in practice and are rarely fully implemented.

## 2.1 The Evolution of UNHCR-Egypt's Policy on Urban Refugees

UNHCR first promulgated policies regarding protection and assistance for urban refugees in 1997. This policy reflected a growing trend among refugees seeking livelihoods and services outside of UNHCR-supervised camps. The primary objectives of the 1997 policy were to foster local integration and to promote self-reliance among urban refugees.

In 1999, UNHCR's Evaluation and Policy Analysis Unit undertook an assessment of the urban refugee policy framework and commissioned several case studies, including an assessment of the situation in Cairo. The evaluation noted that the demographic assumptions of the policy—namely, that the majority of urban refugees were young men—was not evidenced by data (Obi and Crisp 2001). The evaluation also found significant problems with the implementation of the policy's focus on self-reliance. In Cairo, UNHCR-Egypt took steps in 1997 to explore the possibility of offering vocational training and providing microcredit opportunities to female refugees to start small businesses, but the Egyptian government refused to permit the microcredit programs (Sperl 2001). Since this time, UNHCR-Egypt has struggled to develop economic self-sufficiency programs that the Government of Egypt will approve and which will ensure adequate livelihoods for refugees residing in Egypt. From the time of these reports in 2001 until the present, it has been clear that integrating refugees locally in Cairo would be difficult and unlikely, mainly due to restrictive host country labor laws. In this context, UNHCR policies designed to reduce refugees' dependence on aid actually led to destitution (Sperl 2001).

In 2009, UNHCR changed its policy towards urban refugees, partly as a result of its experiences in helping some 400,000 of an estimated 2 million Iraqis who fled Iraq after 2003, most of whom went to big cities in Jordan, Syria and Egypt. The new policy focused more specifically on protection. In order to expand protection space in urban areas, the 2009 policy calls for establishing reception centers in

urban areas, writing new procedures for registration and data collection, ensuring documentation, creating more efficient refugee status determination processes, engaging in community outreach, fostering more constructive relationships with urban refugees, ensuring greater security, promoting livelihoods and greater self-reliance, expanding access to healthcare, education and social services, meeting material needs, and promoting durable solutions.

When refugees take up residence in an urban area, whether or not this is approved by the authorities, UNHCR's primary objective will be to preserve and expand the amount of protection space available to them and to the humanitarian organizations that are providing such refugees with access to protection, solutions, and assistance (UNHCR 2009b: 4)

Without preempting our conclusions, let us indicate at the outset that despite the improvements made by UNHCR-Egypt in its revised 2009 policy, our findings indicate that "protection space" for urban refugees in Egypt has shrunk over the past 10 years due to the arrival of thousands of new refugees in Cairo without a corresponding and proportional increase in funding and durable solutions for most refugees. At the same time, chronic problems—Egypt's restrictive legal framework and lack of widespread implementation of existing rights, UNHCR-Egypt's budget and staff constraints,<sup>4</sup> limited capacity and coordination among stakeholders, donor fatigue—continue to contribute to a low quality of life for many refugees in Cairo. In addition, the negative impact of the 1997 UNHCR-Egypt policy is still being felt within refugee communities in Egypt, and it is perhaps too soon to see the widespread impact from the revised 2009 policy. Lastly, the recent revolution in Egypt negatively affected refugees in Cairo in the short-term; it remains to be seen if in the long run the effects of the revolution will be positive or negative for the local population and for refugees.

## 2.2 Legal and Policy Frameworks for Refugees

<sup>4</sup> The financial requirements for Egypt's operation in 2012 are slightly higher than at the beginning of 2011 and amount to \$19.7 million. During the course of 2011, Egypt's budget increased significantly due to the supplementary needs for the situation in Libya. In 2012, the additional needs resulting from the Libya crisis have been included in the comprehensive budget. These budget increases will have minimal, if any, effects on Iraqi and African refugees in Cairo.

Refugees in Egypt have only a few rights under Egyptian law due to a number of prohibitions and restrictions put in place by the government. Even when rights do exist on paper, refugees are often unable to utilize these rights for reasons that will be explored below.

The pillars of international protection for refugees in Egypt are the 1951 Convention, the 1967 Protocol Relating to the Status of Refugees and the 1969 Organization of African Unity (OAU) Refugee Convention. Egypt is a signatory of the 1951 Convention and the 1967 Protocol, but with heavy restrictions and limited effective protection (Olwan 2009). It is also a signatory to the 1969 OAU Convention, which has broader criteria for those eligible for refugee status than UNHCR policies. After 2004, many Sudanese and Somalis in Egypt were accepted as refugees under the OAU Convention. Those refugees accepted under OAU criteria are eligible for refugee services in Cairo, but they are usually not eligible for resettlement because most countries in Europe and North America are not signatories of the OAU convention and do not recognize their criteria. Adopting OAU convention thus limits the durable solutions available to a segment of urban refugees in Egypt. The likely permanence of this refugee population in Cairo underscores the urgent need to develop a more robust and sustainable framework of legal rights and access to public services in order to facilitate successful local integration for those ineligible for resettlement.

Egypt ratified the 1951 Convention on May 22, 1981, with reservations to Articles 12(1) (personal status), 20 (rationing), 22(1) (access to primary education), 23 (access to public relief and assistance) and 24 (labor legislation and social security). According to Egyptian government officials from the Ministries of Foreign Affairs (MOFA), Health, Labor and Manpower as well as the National Council of Childhood and Motherhood (NCCM), as interviewed by Grabska (2008: 77), “refugees should not have access to the same rights as those guaranteed to citizens.” The reasons provided by the government officials included: struggling economy, high unemployment rates, lack of educational opportunities for Egyptian children and lack of basic social services for poor Egyptians. Officials felt strongly that the Egyptian Government cannot afford to divert its resources towards foreigners.

Egypt has not adopted any domestic legislation to implement the 1951 Convention. There is no national procedure for the determination of refugee status in Egypt. The determination of individual requests for refugee status in Egypt is done by UNHCR-Egypt, as has been the case since 1954, when the Government of Egypt signed a Memorandum of Understanding (MOU) with UNHCR. The Government of Egypt expects that refugees recognized by UNHCR-Egypt in Egypt will be resettled to third countries or return to their country of origin: the MOU explicitly states that the Government of Egypt does not consider local integration a viable solution for refugees within its borders.

The two reservations that have had the greatest impact on refugee populations living in Egypt are those placed on Article 22 on free primary education and Article 24 on employment.

### Education Laws

In 1981, the Government of Egypt signed the 1951 Refugee Convention and the 1967 Refugee Protocol, placing restrictions on refugees’ right to education when it did

so. Over the years, however, there have been ministerial decrees and decisions that have provided exceptions for certain refugee groups. In 1992, the Minister of Education issued Decree No. 24 allowing Sudanese children, *inter alia*, to attend Egyptian public primary schools. In 2000, the Minister of Education agreed to expand this right to all refugee children. However, bureaucratic hurdles remain in place and prevent most refugees from exercising this right. In 2004, the Egyptian Ministry of Education instructed schools to accept only those refugee students with UNHCR-Egypt documentation and government-issued residence permits, among other documents. The extensive documentation requirements—birth certificate, a valid passport or valid national identity document (such as refugee card), the original school certificate from the country of origin and a letter from UNHCR-Egypt—have limited this right in practice, and the vast majority of refugees have to resort instead to private schooling, the fees for which most refugees cannot pay without considerable assistance (Azzam 2006, Hilal and Samy 2009, Al-Sharmani 2008). In fact, Catholic Relief Services—the primary NGO responsible for facilitating refugee education—told our research team that they were not aware of any registered refugees attending Egyptian public schools, though some non-refugee Sudanese nationals may attend in very small numbers. The situation in Cairo regarding refugee children education contrasts the situation in Jordan, where the government explicitly opened schools to Iraqis (Davis 2012).

### Labor Laws

Reservation on Article 24 (labor legislation) prevents refugees from acquiring work visas and applies to Iraqi, Somali, Ethiopian and Eritrean refugees recognized by UNHCR-Egypt. Sudanese—whether refugees or migrants—have been technically granted the right to work under the Four Freedoms Agreement (2004), but in actuality, few have been able to successfully complete the cumbersome, lengthy process required to obtain one. Palestinians have been restricted from obtaining work visas since Egyptian laws excluded them from the labor market in 1978. Additionally, obtaining work visas is difficult for all foreigners, as Egypt has enacted policies over the years to protect its domestic labor market from foreign competition, due in large part to the country’s high unemployment rates.

However, there might be a loophole in the laws regulating refugee employment in Egypt. As Jureidini points out, open to exploration is Article 17 of the 1951 Convention, to which Egypt did not enter any reservations. The first paragraph of Article 17 states: “The Contracting States shall accord to refugees lawfully staying in their territory the most favorable treatment accorded to nationals of a foreign country in the same circumstances, as regards the right to engage in wage-earning employment” (Jureidini 2009: 81). In practice, these rules have not always been adhered to, either because Egyptian ministries were slow to adopt new rules or because the rules were easily circumvented. Nevertheless, this loophole ought to be explored further. Foreign nationals’ access to employment is often based on reciprocity, but the general rule is that 10 per cent of workers in any company can be foreign-born. Only civil service is reserved to nationals of Egypt (Di Bartolomeo, Fakhoury and Perrin 2010). Foreign nationals must obtain work permits through their employers. It might be prudent for UNHCR-

Egypt and/or BPRM to assess the local labor market with a view towards which labor sectors or companies are looking for workers but have not exhausted their 10 per cent of foreign-born workers rule. In general, it could be beneficial to open a dialogue with employers on their labor force needs.

repatriation or cross-border livelihoods and identities (see: Polzer 2008). Policy-makers often shy away from discussing the local integration of refugees, worrying that it would not be politically palatable to host governments. However, not discussing integration issues can be dangerous as well,

Table 1: *Rights According to Different Refugees Settled in Cairo*

	Sudanese	Iraqis	East Africans: Recognized	"Refugees" with Closed Files	Palestinians
<b>Right to Work</b>	Yes, on paper; in practice, no ( <i>Four Freedoms Agreement 2004</i> )	No ( <i>GoE reservation to refugee convention</i> )	No ( <i>GoE reservation to refugee convention</i> )	No ( <i>lack legal residency</i> )	No ( <i>Egyptian Law 1978</i> )
<b>Right to Public Education</b>	Yes, on paper; in practice, no ( <i>Four Freedoms Agreement 2004</i> )	Yes, on paper; in practice, no ( <i>Decree 2000</i> )	Yes, on paper; in practice, no ( <i>Decree 2000</i> )	No ( <i>lack legal residency</i> )	No ( <i>Egyptian Law 1978</i> )
<b>Right to Public Health Care</b>	Yes, public healthcare on the same basis as uninsured Egyptians ( <i>Decree 2005</i> )	Yes, public healthcare on the same basis as uninsured Egyptians ( <i>Decree 2005</i> )	Yes, public healthcare on the same basis as uninsured Egyptians ( <i>Decree 2005</i> )	May use public health facilities but must pay full fees because they are not legal residents.	Yes ( <i>no restrictions</i> )

Without expanded rights, including the right to education and the right to work, refugees in Egypt have no real chance for local "integration," one of UNHCR-Egypt's three "durable solutions" (Crisp 2004). While local integration is often conceptualized as a "durable solution" and meant to be a permanent solution to protracted refugee situation (see: Jacobsen 2001; Meyer, 2008), it can also be an "interim" solution. The social scientific conceptualization of integration considers it a process of interaction between refugees and hosts and does not need to preclude eventual

both for refugees and hosts. Lack of integration means a lack of rights and for refugees, spells discrimination and an inability to provide for their families. It also means a lack of understanding of local laws and can, inadvertently, lead to undesirable behaviors. It also can result in hosts, particularly the poorer segments, perceiving refugees as "privileged" since refugees are provided assistance while not working. Emphasis on local integration—whether permanent or interim—can lead to refugees being perceived by host governments as an opportunity rather than a burden.

## 2.3 Legal Frameworks for Human Rights Protection

The Government of Egypt is signatory to a number of international conventions, some of which potentially impact the rights and services afforded to refugees in Egypt.

Egypt became a signatory to the United Nations' Convention on the Rights of the Child in 1990 and notably did not enter any reservations upon ratification. Article 22 of this Convention explicitly states that refugee children are protected under the statutes of this agreement. One key aspect of this Convention is that Article 28 stipulates the rights of every child to free and compulsory primary education and that all children should be able to access vocational education if so desired. In practice, however, most refugee children are unable to attend public schools due to perceived legal barriers (whether real or misunderstood), cost, and cultural and linguistic barriers. All refugees are prohibited from vocational training in Egypt. The protection of these rights on paper thus does not guarantee that refugee children receive their full rights in practice (OHCHR 1989).

Egypt is a signatory to the United Nations' International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families, which went into effect in 2003. Though refugees do not have the

legal right to work in Egypt, this agreement would likely constitute the framework by which future labor rights for refugees would be granted. This agreement provides limited rights and freedoms to migrant laborers. However, it explicitly states that domestic workers do not qualify as "laborers" under this agreement. Furthermore, human rights organizations have noted frequent violations of this agreement by the Government of Egypt, including allegations of torture and the racist treatment of migrant workers by law enforcement in Egypt (EIPR and FIDH 2007).

The government also agreed to the United Nations' Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in 1986. However, there are widespread allegations that the police routinely engaged in torture. Refugees reported their anxieties that they would suffer physical abuse from Egyptian police if they were ever arrested. Despite Egypt's ratification of this convention, there is no assurance that refugees in Egypt are safe from abuse, wrongful detention or harsh treatment if taken into custody for any reason. These concerns have been realized in recent years: UNHCR-Egypt and human rights organizations have criticized the Government of Egypt for detaining, mistreating and forcibly returning illegal migrants

and asylum-seekers attempting to cross through the Sinai Peninsula into Israel (UNHCR 2008; Human Rights Watch 2009).

## 2.4 Trends in Durable Solutions

UNHCR-Egypt has responded in varying ways to the legal constraints placed upon them by the Government of Egypt when it comes to providing durable solutions for refugee populations in Cairo. Both the Government of Egypt and UNHCR-Egypt have promoted voluntary repatriation as the preferable durable solution for the waves of Sudanese, East African and Iraqi refugees who have arrived over the past few decades.<sup>5</sup>

Beginning with the waves of Sudanese refugees who fled to Egypt in the 1980s during the war in Southern Sudan, UNHCR-Egypt performed RSD for each refugee applicant in accordance with the MOU between the Government of Egypt and UNHCR-Egypt. From 1978-1995, the Sudanese in Egypt additionally benefited from the terms of the Wadi El Nil agreement between the Governments of Egypt and Sudan. This agreement granted Sudanese in Egypt (refugees and ordinary migrants) rights of education, employment, health services and property ownership. This agreement ended in 1995 following an assassination attempt on President Mubarak in Ethiopia, which the Government of Egypt blamed on Sudanese Islamists.

Between 1995-2004, Sudanese refugees in Cairo were afforded only the limited protections provided in Egypt under their MOU with UNHCR-Egypt. However, those recognized as refugees by UNHCR-Egypt were eligible for repatriation in third countries during these years. Of the 20,700 Sudanese who were recognized by UNHCR-Egypt between 1997-2004, 14,300 were resettled in third countries. Significant protection gaps remained however: the 20,700 recognized Sudanese refugees constituted only a fraction of the total number of Sudanese who approached UNHCR-Egypt for asylum. Upwards of 60 per cent of Sudanese cases during these years were rejected because the Sudanese could not necessary prove that, as individuals, they had a “well-founded fear of persecution”; they were simply fleeing the *general* violence of the war.

To rectify this situation, in 2004 UNHCR-Egypt began to recognize Sudanese refugees under the criteria of the Organization for African Unity (OAU), which recognizes refugees fleeing the violence of war even if individuals did not experience targeted persecution. Problematically, however, switching to the OAU criteria for RSD disqualified many Sudanese refugees from international resettlement, since most host countries in Europe and North America do not recognize the OAU’s criteria. Thus from 2004 onward, Sudanese refugees had an extremely difficult time in trying to get resettled internationally, despite the fact that this was the preferred durable solution for most Sudanese refugees.

At the same time, prospects for locally integrating the Sudanese improved somewhat in 2004. In this same year, the governments of Egypt and Sudan entered into the “Four Freedoms” agreement, which provided Sudanese in Egypt with the legal right of work, residency and other freedoms.

Beginning in 2007, Sudanese refugees led protests against UNHCR-Egypt, advocating for increased resettlement opportunities. Though negotiations were sometimes often tense, UNHCR-Egypt began to increase the numbers of cases recommended for resettlement in a third country. Following the Egypt’s revolution and a new wave of protests, High Commissioner for Refugees Gutierrez announced a “new start” for refugee resettlement for UNHCR-Egypt, announcing a new annual resettlement target of 2,000 cases. This number was several times higher than resettlement rates had been in the mid-2000s (Kagan 2011). UNHCR-Egypt reported to our team that five additional staff members were assigned to review UNHCR-Egypt’s database of resettlement files to identify particularly vulnerable cases that may be eligible for third country placement.

Other refugee populations in Egypt have had less volatile experiences in regards to durable solutions. Perhaps learning from past mistakes with the Sudanese refugee population, UNHCR-Egypt granted all Iraqi asylum-seekers refugee status on a *prima facie* basis without undergoing RSD.<sup>6</sup> This qualifies Iraqis for international resettlement; thousands have been resettled since the first wave began arriving in Egypt in 2003. Likewise, refugees from Somalia, Eritrea and Ethiopia were registered either on a *prima facie* basis or through individual RSD. Recognized refugees from these countries have been eligible for repatriation in third countries, and many have been resettled over the years. Palestinians, in contrast, are not registered as refugees by UNHCR-Egypt, and they are not eligible for resettlement.

Voluntary repatriation is an option to all refugees at all times. Since 2008, UNHCR-Egypt has actively involved itself in assisting Iraqis with voluntary repatriation. According to statistics from UNHCR-Egypt, as many as 1,439 Iraqis left Egypt, either with UNHCR-Egypt assistance or spontaneously. In 2010, that number dropped to 548. In 2011, the year of the Egyptian Revolution, only 445 Iraqis left Egypt despite the increased instability and worsening quality of life. (UNHCR 2011b, 2011c). The declining number of returns may indicate that, despite worsening conditions in Egypt, some Iraqis and other refugees may never voluntarily return. Furthermore, UNHCR-Egypt officials indicated to our research team that these returns are not always sustainable: a number of “returnees” from Egypt to Iraq ended up leaving Iraq once again to seek asylum in Jordan or Syria.

Likewise, only a small number of Sudanese have returned, and it is unlikely that many will return to South Sudan until the relationship between the governments of the North and South have stabilized. In 2011, 333 Sudanese and Southern Sudanese were assisted with returns by UNHCR-Egypt, and similar numbers of Sudanese returned the year prior (393 Sudanese). To give perspective, a total of nearly 25,000 Sudanese asylum-seekers still remain in Egypt (UNHCR 2011c). Few Ethiopians or Eritreans have returned. According to the research by Fabienne Le Houerou

<sup>5</sup> The Government of Egypt’s response to Palestinian refugees followed a different trajectory, owing to Palestinians’ unique legal status and claims within the international refugee system. The Government of Egypt’s varying policies towards Palestinians will be discussed in greater detail below.

<sup>6</sup> UNHCR-Egypt did occasionally perform RSD with a small number of Iraqi asylum-seekers in exceptional cases, such as when an Iraqi was suspected of being a former Ba’athist.

(2006), many Ethiopians living in Egypt fear reprisal or prison upon return due to their roles in Ethiopia's civil war.

Local integration is arguably the durable solution that requires the most attention currently from UNHCR-Egypt and its partners. On the one hand, a few promising steps have been taken by the Government of Egypt to extend some rights to refugees who are unlikely to ever resettle to a third country or repatriate to their country of origin. These

rights include the opening of primary health clinics and primary schools to refugees. On the other hand, these rights are insufficient even on paper: refugees require education beyond primary school and have health needs beyond primary care. More problematically, these rights often exist only in theory and are not realized in actuality. The result is that many refugees of all nationalities live precarious lives in Egypt, where they are unable to support themselves or become full-fledged members of their host society.

## 2.5 Protection Threats: Before the Revolution

### *Iraqis: Live Largely Outside of Local Society*

Iraqis reported to our research team that they live largely outside of local Egyptian society: they seek privacy from their neighbors, they tend to live on the outskirts of the city, and they report perceptions that Egyptians are potentially untrustworthy. Few reported direct threats to their safety; only a few reported being victims of petty theft or street crime. Most frequently, Iraqis complained of being defrauded by Egyptian "business partners" who pledged to open small businesses with Iraqis, only to disappear with the Iraqis' investment funds. On the part of the Egyptians, our team noted that Iraqis were blamed for affecting rent increases and the cost of food. Iraqis also face a certain level of discrimination due to Egyptians' assumptions that all Iraqis are Shi'i.<sup>7</sup> In at least one instance reported to our team, a Shi' Iraqi boy was harassed in his primary school on account of his religious affiliation. Iraqis are distinctive from the Egyptian population on account of their dialect and thus can be "singled out" in conversations. Iraqis are not racially distinct from most Egyptians and thus do not experience racial prejudice.

### *Sudanese and East Africans: High Levels of Discrimination*

In contrast, Sudanese and East African refugees report high levels of racial discrimination from the Egyptian population. Many authors have documented the frequent verbal abuse that Sudanese, East Africans and even Egyptian Nubians experience in Egyptian society. Certain professions in which Sudanese and East African refugees work also expose them to a greater risk of physical, verbal, sexual, and emotional abuse. Their employers, for example, often abuse domestic workers, and they have little recourse in Egyptian law and society (Jureidini 2006).

In Arab and African societies, kinship and social linkages are quite important and serve as informal protection mechanisms. Some refugees, Iraqis and others, are fortunate enough to have their families with them, providing some comfort and security. Most vulnerable are single women,

widows or women separated from their husbands or other male relatives; Egyptian men often harass them.

I feel insecure every time I leave the house because I am harassed and abused in the streets and in public transport systems. I am also afraid of being stopped by security officers and asked to show my ID. If I am not recognized by the UNHCR-Egypt as a refugee I could be arrested and deported back home. And now that the political situation in Egypt is not stable, there is uncertainty as to what is going to happen to me next or any other refugee for that matter.

*A Somali Woman*

Even though I have a blue card [a UNHCR issued identification card] and can live legally here in Egypt, I experience a lot of harassment from the local men everywhere I go and the only time I feel safe and comfortable is when I am in the house.

*A Sudanese Woman*

### *Egyptians: Also Feel Insecure*

However, lack of security does not affect solely refugees. Prior to the revolution, we heard many stories about Egyptians fearing arrests, beatings by the police and, in some circumstances, torture. The Nadim Center, for example, was established in 1993 to provide services to Egyptian survivors of torture and victims of state violence and police brutality. Reportedly, police used torture in Egypt quite frequently to obtain information from people or recruit them to be informants. They often resorted to torture to force people to provide witness testimony in criminal cases. A psychiatrist we interviewed told us a story about a young boy who had been tortured because he was either implicated or had witnessed a murder in his village. He was rounded up and severely beaten to "confess" that he had seen the murderer the police was investigating.

## 2.5 Protection Threats: After the Revolution

The revolution created significant vulnerabilities and protection threats for all refugee populations in Egypt. UNHCR closed its offices for several days and evacuated international staff during a portion of the uprisings in January 2011. With the offices were closed, refugees were not able to receive services they required, and those with appointments scheduled during the revolution had to wait

for weeks to have their appointments rescheduled. Monthly cash stipends from Caritas to refugees were interrupted during the protests, leaving a number of refugee families in critical financial situations. There was a rise in both protest-related violence and criminal violence during the revolution, creating palpable fear among refugee populations and the local Egyptian population alike. UNHCR reported to us

<sup>7</sup> The Egyptian Muslim population is overwhelmingly Sunni. In contrast, only approximately 20 per cent of Iraqis are Sunni, creating a perception among Egyptians that most Iraqis come from a different sectarian background.

that xenophobic attitudes increased during and after the revolution; African refugees were particularly vulnerable to xenophobic harassment due to the long history of racially-based discrimination and harassment against African refugees in Cairo even prior to the revolution. Refugees of all nationalities also reported more complaints to UNHCR about problems with their landlords: many more than usual were being evicted or reported that their landlords were raising the rent on their apartment. This was attributable to both increasing xenophobic attitudes and the real economic hardship experienced by the entire Egyptian population after the revolution.

### *Iraqis: Fearful*

In our interviews, a number of Iraqis who applied to UNHCR-Egypt for refugee status expressed fears for their lives in light of the deteriorating security situation in the Egypt, particularly during the revolution. UNHCR also reported to our team that significant numbers of Iraqis applied for refugee status for the first time after January 2011, even though they had been in Egypt for a long time. These applications represented Iraqis' growing fears about their safety and futures in Egypt. Stakeholders also reported that Iraqi refugees' anxiety and fear during and after the revolution was significantly higher than other refugee populations, perhaps related to trauma from the very recent wartime fighting they had experienced. St. Andrews and other organizations held psychosocial support sessions to help respond to the Iraqis' anxiety. However, it appears that fears about safety and security caused many Iraqi refugees to further isolate themselves in the aftermath of the revolution, fearing to venture too far from home to access resources and services from NGOs located in the center of Cairo. Though the research team was not aware of any specific violent threats against Iraqis, given the number of deaths during the revolution, the perception of fear was very real. Reportedly, the Iraqi embassy in Cairo offered to return any Iraqi citizens to Baghdad should they wish to return. However, some of the Iraqis we spoke with were afraid to return to Iraq for fear of what could happen to them there, while at the same time fearing to remain in Egypt.

### *African Refugees: Don't Feel Safe*

Other refugees were also fearful. A male Ethiopian refugee said:

I don't feel safe here in Egypt now more than ever because of the current situation. It is unpredictable as to what may happen next. What if the people do not want us in Egypt anymore? What will happen to us? When the demonstrations started in Cairo, the UNHCR-Egypt closed its office and left and refugees were stranded without anyone to protect us. I am even afraid to go the coffee shops because I am afraid of the way the locals look at us. I don't feel safe anymore. I have heard of refugees who

have been robbed and attacked by the locals. Especially our women are subjected to more and more attacks and abuse by the locals and that is very frustrating. We don't have any rights here and we are discriminated because of our skin color.

### *Egyptians: Experiencing Increased Insecurity*

Although many Egyptians did not trust and feared the policy long before the revolution, they did feel safe, particularly in neighborhoods they knew well. After the revolution, Egyptians interviewed in the course of this study shared the same fear and anxiety about safety and security expressed by refugees.

I don't think Cairo is safe. I used to feel safe before the revolution, but now I don't. I wouldn't go to the police. They have always treated people badly and now so much is changing, it is difficult to tell how the police will react; they are unpredictable which makes me afraid to approach a policeman.

*A young Egyptian man*

It's a "security vacuum." I am a Christian and I am constantly subjected to violations from all sides. On March 5, 2011 in Giza Muslims attacked Christians gathered in a church, desecrated the church, and set it on fire while the army looked on and did nothing.

*A young Christian Egyptian man*

Parents, both Egyptians and refugees, expressed increased concerns about the safety of their children after the revolution. Before the revolution, an Egyptian woman we interviewed had moved with her family to 6th of October because it was a safe neighborhood. However, since the revolution she is feeling less and less secure there. "There are some bad people in 6th of October," she said, "and they have spread since the revolution. They have no ethics or religion and there is no police since the revolution so anyone can take your purse. I do not let my children go outside alone."

At the same time, there were individual refugees who reported that the revolution affected their lives in some positive ways, as well. For example, many Iraqis participated in the neighborhood watch groups that formed during the 18 days of the revolution in January 2011. These Iraqis reported that this was an important step in helping them to get to know their neighbors and feel like part of their local community. Refugee stakeholders also reported that their Eritrean, Ethiopian, Somali and Sudanese clients reported similar experiences during the initial days of the protests. Since January 2011, however, feelings of community cohesion that took place during the initial "emergency" of the revolution have abated, and further steps are necessary to ensure that refugees are better integrated into their local communities.

## 2.6 Recommendations

All refugees residing in Cairo are in need of expanded rights and protection. However, black Africans are particularly vulnerable because of widespread racial discrimination. Indeed, we have observed much prejudice against the Other—refugees of color and refugees of different social class—by Egyptians and Iraqis alike. Iraqi refugees petitioned an international health NGO to designate particular days of the week for services to the Iraqi community to avoid sitting in the same waiting room with African refugees. The service provider in question was very disappointed that UNHCR-Egypt would not allow them to institute this practice and appealed to the research team to make a recommendation that would override UNHCR-Egypt's decision. Middle-class, educated Egyptian service providers saw Iraqis as peers and treated them accordingly. They had much less appreciation for the challenges African refugees faced and often dismissed their plight saying: "They [African refugees] did not lose nearly as much as Iraqis. They didn't have much to begin with." Sudanese, Somali and Ethiopian refugees reported many incidents of racism in the form of verbal abuse and physical assaults. They reported that racial discrimination was often the root cause of unfair rent practices, limited access to health care and harassment by law enforcement (see also: FMRS 2006). Sperl (2001) speculates that the local community treats Muslim refugees better than non-Muslims. Grabska (2006), however, posits that racial/ethnic discrimination and hostility override shared religion.

- **Re-negotiate the 1954 MOU between UNHCR-Egypt and the Government of Egypt.** This recommendation comes from an analysis conducted by Michael Kagan (2011); the research team concurs with his findings. In this new agreement, the Government of Egypt would pledge refugee *non-refoulement* and would grant rights to refugees, including the right to work, but would not be asked to permanently settle refugees. UNHCR-Egypt would continue to do RSD, and the Government of Egypt would respect their decisions. UNHCR-Egypt would continue to provide support, which would considerably diminish the drain on Egyptian resources, but would need to provide much less support if refugees were allowed to work. The priority of durable solutions would be as follows: first, voluntary repatriation, second, resettlement and last, local integration. UNHCR-Egypt would encourage repatriation with as much transparency as possible. After this, UNHCR-Egypt would prioritize international resettlement for those who have lived in Egypt for five years or longer and who have no prospects for repatriation or local integration. Kagan's arguments are commensurate with the notion that local integration does not necessarily indicate permanent settlement.
  - Egypt would grant permanent residency to those who truly cannot return or resettle, but could

link quota numbers for local integration to the numbers of those resettled in order to maintain pressure on UNHCR-Egypt and resettlement countries to admit significant number of refugees who had lingered in Egypt for five plus years.

- **Train Law Enforcement about Refugee Rights.** Police officers are not well versed in refugee laws and often times question the validity of UNHCR-issued refugee documentation and resulting refugee rights. There is a need to work with the Government of Egypt to implement mandatory training for police officers—particularly those officers working in refugee neighborhoods—to better understand refugees' statuses and rights.
- **Re-interview Sudanese Refugees with Closed Cases.** We recommend that UNHCR-Egypt re-interview Sudanese refugees to find those eligible for resettlement. UNHCR-Egypt pledged to dedicate five staff members to review closed cases following the 2011 revolution and the subsequent protests at UNHCR. We recognize that this recommendation poses some risks; UNHCR could decide that the Sudanese are not eligible for refugee status, and the refugees could lose all the rights and services that they currently have as Persons of Concern to UNHCR under the Organization of African Unity (OAU) convention. Nevertheless, the alternative is a prolonged, protracted situation without any prospects for any viable durable solution.
- **Anti-Discrimination Training for Implementing Partners.** There is a lot of scope for UNHCR-Egypt and BPRM to train their implementing partners to understand race and class differences among refugee populations in Cairo as well as to institute and/or monitor implementation of anti-discriminatory practices and behaviors while working with the Egyptian government on extending a broader set of rights and protections to all refugees. Training of current and future implementing partners is particularly important if UNHCR-Egypt will indeed increase funding for refugee and local civil society organizations.
- **Training for Refugee and Local Community Networks and Organizations.** Refugee communities in Cairo live in isolation from each other and from the local Egyptian community. They often make assumptions about each other that can lead to misunderstandings or prejudice. UNHCR-Egypt should organize training programs, information exchange sessions and informal gatherings of refugee community leaders and members to facilitate better cross-cultural, cross-religious and cross-sectarian understanding and communication. BPRM should fund an effort to identify or adopt existing training materials and curricula to the local context.

# Chapter 3: Refugee Livelihoods

Improving the livelihoods of Cairo's refugees is the single most important step towards increasing refugees' protection, promoting durable solutions, and contributing to their long-term well-being. In the past, UNHCR-Egypt focused primarily on assisting and preparing refugees for eventual return or resettlement, since the Government of Egypt was averse to permanent integration of refugees. As a result, there were few policies and programs to address refugees' needs for long-term livelihoods solutions in Cairo. However, in the first years of the new millennium, UNHCR began globally to frame livelihood as an essential protection issue in the context of protracted refugee situations, especially in urban settings. Consequently, livelihoods have acquired a prominent place in UNHCR's Convention Plus initiative and in the Agenda for Protection (UNHCR 2006; UNHCR 2003). Issues of refugee livelihoods were further highlighted in UNHCR's recent publication *Promoting Livelihoods and Self-Reliance: Operational Guide on Refugee Protection in Urban Areas* (UNHCR 2011). In these publications, UNHCR emphasized that the right to work is a human right (Article 23.1, Universal Declaration of Human Rights and Articles 17-19 of 1951 Geneva Conventions) for all people, and for urban refugees, in particular, it is closely associated with issues of protection and durable solutions (UNHCR 2011). The Urban Policies of both 1997 and 2009 also emphasized the importance of livelihoods, though the 2009 policy includes a more somber assessment of the obstacles many urban refugees face in seeking work than its earlier iteration.

Despite the increased emphasis on refugee livelihoods, UNHCR-Egypt and its implementing partners in Cairo operate within a legal framework that, on the one hand, does not allow refugees to work legally and, on the

other hand, sometimes turns a blind eye to refugees working in the informal economy. These restrictive labor laws pose enormous challenges for the international refugee regime operating in Cairo, but the inconsistent attitude towards working refugees provide some, albeit very limited, opportunities for creative strategies facilitating livelihoods and protecting working refugees. We discuss these strategies in the recommendations.

No clear definition of the concept of livelihoods has emerged, illustrating the complexity of the phenomenon. Chambers and Conway (1991) indicate that "livelihood" refers to the capabilities, assets and strategies used by people to make a living. A sustainable livelihood allows individuals and families to cope with and recover from stress and shocks, to maintain or enhance its capabilities and assets in order to provide sustainable livelihood opportunities for the next generation. It also contributes net benefits to other livelihoods at the local and global levels. In other words, livelihoods refer to the means used to maintain and sustain life.

Similarly to other urban refugees, Cairo's refugees are often confronted with a wide range of legal, financial, cultural, and—for non-Arabic speakers—linguistic barriers in their efforts to establish sustainable livelihoods. In many cases they have little alternative but to join the informal economy. In the remainder of this chapter we will discuss refugees' access to formal and informal employment with a particular emphasis on: the vulnerabilities and opportunities faced by domestic workers, financial assets (savings and remittances) as well as cash assistance, and housing costs and living conditions. We will discuss other expenses, including education and healthcare costs, in subsequent chapters.

## 3.1 Access to Employment

Despite the pronouncements about the importance of livelihood initiatives, in Cairo most refugees continue to face immense challenges in attaining self-reliance and economic self-sufficiency. As indicated in the previous chapter, Egypt's reservations to the 1951 Convention on article 24 (labor legislation) mean that refugees cannot work legally in Egypt. This restriction affects Iraqi and East African refugees who are registered with UNHCR-Egypt. Refugees with closed files are barred from working since they lack legal residency required to apply for a work permit. Palestinians have been barred from working in Egypt since 1978 (El-Abed 2005). The Sudanese are in an exceptional situation: the Four Freedoms Agreement (2004) technically provides the Sudanese with the right to work. In practice, however, it is almost impossible for the Sudanese to obtain the necessary work permit required for legal employment. Securing a work permit is an expensive, lengthy and complicated process, which requires employer sponsorship and no competition from a similarly qualified Egyptian citizen (see also Buscher and Heller 2010). Despite these restrictions, some refugees—mainly Africans—are able to find work, albeit illegally in the informal economy in unregulated sectors and occupations with few protections.

One loophole exists for all foreigners: under Egyptian law domestic service does not constitute labor. As a result,

many refugees are able to find waged employment as domestic workers, but without any protections under Egyptian labor laws. Housekeepers, baby-sitters, cooks, gardeners, and other servants enter into private contracts—often times verbal agreements—with private citizens who need their assistance. These informal arrangements put many refugee domestic workers at risk for exploitation.

### *Iraqis: Unable to Work Legally, Reluctant to Take Menial Jobs*

Iraqis interviewed in the course of this project were adamant that they would not take jobs below their level of education. All wanted jobs commensurate with their education and work experience in Iraq. Some were willing to take a different job that they were trained for as long as it was "a desk job." Without exception, all Iraqis we interviewed expressed a profound disdain for manual labor and jobs "below [their] level." Stakeholders confirmed our data, noting that Iraqis tended to only be interested in entrepreneurial opportunities and shunned manual labor. At the same time, mental health care professionals reported to our team that Iraqi refugees who have taken up menial jobs below their professional qualifications often display symptoms of depression and should receive mental health counseling

to mitigate this situation. This stands in sharp contrast to many mental health approaches that suggest that keeping refugees busy decreases social isolation and serves as a protective factor minimizing the risk for depression.

Iraqis with relatives or friends in the United States were appalled that many were not able to re-establish their professional careers and some had to take up menial jobs. In some interviews with stakeholders, we observed that service providers have supported Iraqi refugees rather than classist attitudes towards menial labor and jobs not commensurate with their education. Refugee service providers, particularly middle-class Egyptians, bemoaned the fact that refugees resettled in the United States were encouraged to enter the labor force as quickly as possible regardless of the type of employment that was available to them. They were very supportive of Iraqi refugees' decisions to look for opportunities in Europe rather than in the United States or Canada.

## 3.2 Vulnerability of Domestic Workers

Domestic work—including house cleaning, cooking, and childcare—is often one of the few fields in which refugees are able to find work. In our analysis of refugees' participation in domestic labor, we partnered with Dr. Ray Jureidini (formerly of the American University in Cairo, now with the American University of Beirut), who has published extensively on issues of domestic labor in Egypt and throughout the Arab world. We have also analyzed other publications on this topic and interviewed many domestic workers, particularly women. Service providers and refugee advocates we spoke with have also indicated that this group requires particular attention.

### *African Refugees: Eager to Work, At Risk for Exploitation*

Many African refugees—Sudanese, Somalis, Ethiopians and Eritreans—work in the informal economy. Women typically work as domestic servants, providing household cleaning and childcare. Men who are able to find work often find employment in the service sector as chauffeurs, deliverymen or gardeners. Somali and Sudanese women, in particular, have had consistent success in finding employment as domestic workers in private homes. Accurate statistics do not exist regarding the number of domestic workers in Cairo. But it is believed that for thousands of refugees in Cairo, domestic work is the only type of employment available, and it has proven to be a crucial source of income for their survival. Virtually every African refugee woman we spoke with worked as a domestic worker or babysitter in an Egyptian household, as there is high demand among middle- and upper-middle class Egyptian women for domestic workers. However, pay is typically inadequate and insecure. Domestic workers are not legally considered “workers” and thus are not protected by Egyptian labor laws, nor are their contracts valid legal documents.

In a survey of 633 foreign-born domestic workers in Cairo conducted by Jureidini (2009), 10 per cent of interviewees complained of sexual harassment, including rape, inappropriate touching and demand for sexual favors. Those who tried to refuse were fired or threatened with firing. One interviewee said: “The husband comes to my room every night for sex. I can't say no because he gives

me money and helps me with many things” (Jureidini 2009: 87). Based on his research, Jureidini found that male employers were often the perpetrators of sexual harassment. However, because of the shame associated with the abuse and the lack of legal protections in place for domestic workers generally, abuse is rarely reported.

Abused refugees have little recourse in terms of getting protection from the Egyptian legal system. While interviewing a female family physician working with African refugee women we heard a story about a Sudanese domestic worker who was raped by her employer in a dark courtyard. Distressed by the situation she ran into the street and a passer-by, a male doctor, summoned the police to help the victimized woman. When the police arrived they said that in order to make a credible claim the victim would have to have an affidavit signed by a medical doctor. The passer-by offered to attest to what he saw—after all he was a doctor—but the police told him that the affidavit had to be issued by a doctor who works for the police to be credible. Obviously, there was no such doctor in the street. The police told the woman to go home. In her case, “home” was the house of the rapist since she was a live-in housekeeper.

In addition to sexual harassment and sexual exploitation, domestic workers faced other forms of abuse. When she first arrived in Cairo, Salima,<sup>8</sup> a young Sudanese woman, worked as a housekeeper for an Egyptian family. The lady of the house took her passport and would not return it when Salima needed the passport to register with UNHCR-Egypt. Only after Salima waived her salary, the Egyptian employer returned the passport. Salima eventually quit, having become ill from working long hours with only one meal a day. Our research assistants told us other accounts of employers strip-searching their domestic employees whenever they were suspected of theft.

Refugee men also work in the informal economy, though there is less demand for their labor and subsequently many find it difficult to get hired. Based on group interviews conducted by our research assistants at Refuge Egypt, many Sudanese men reported working as chauffeurs, running small errands for employers or working as deliverymen. Though some of these men reported good

<sup>8</sup> Pseudonyms have been used to protect the anonymity of interviewees.

working relations with their employers, other complained of racism, unpaid wages and unjustified dismissals.

For obvious reasons, employment in the informal economy is not very secure. This insecurity has been exacerbated after the revolution. African refugees reported being “laid off” from their domestic work, gardening and other unskilled positions. In community meetings with UNHCR-

Egypt, African refugees explained the reasons given by employers for stopping employment: “It was Mubarak who allowed you in here and now he is gone, so it’s time for you to go too”; “We don’t need you here now”; “We have our own issues to deal with.” As the economy is not likely to recover soon, refugees are likely to continue facing increased economic vulnerability in the months to come.

### 3.3 Financial Assets: Savings and Remittances

#### *Iraqis: Running Out of Savings, Relying on Remittances*

Iraqis and refugee service providers interviewed in the course of this project indicated that many Iraqi refugees continue to live on their savings. There is a general perception that Iraqi refugees are fairly well off. However, the Iraqi refugees we spoke with worried that these resources were diminishing quickly, and we heard reports that some Iraqi families had reached such a precarious position that they had to choose between educating their children and paying for medication. While it is probably true that savings or funds from property sales are drying up, visits to Iraqi households suggest that they are trying to hold onto urban, middle-class standards of living and are better off than African refugees living in Cairo. Even though most Iraqi apartments we visited were sparsely furnished, many were located in nice residential neighborhoods, primarily in 6th of October. Furthermore, each household we visited had a television, most interviewed Iraqi refugees had Internet and cell phones as well as basic but sufficient furniture for household members. In contrast, most Sudanese and Somali refugees lived in overcrowded dwellings in poor neighborhoods in central Cairo with insufficient furniture and few amenities. Many lived with roommates—extended family members or non-relatives—whereas Iraqis did not. Some African refugee women opted to work as live-in domestics simply because they could not afford to rent a room, much less an apartment.

To supplement their dwindling savings, a considerable number of Iraqi households continue to receive remittances, either from properties in Iraq or relatives living in Iraq or elsewhere in the world. In one of the first Iraqi families we interviewed, the mother—a middle-age widow with an engineering degree from an American university—told us that she would not register with UNHCR-Egypt because then she would not be able to travel to Baghdad

to collect rent money from tenants living in the house her late husband built.<sup>9</sup> We also heard of a case of an Iraqi man who was arrested because he received a large money transfer from Iraq of \$7,000 and the police claimed he was using the money to aid terrorists. The police confiscated the funds and detained the man. UNHCR-Egypt got involved and presented him with the option of deportation to Iraq or going to another country. He chose to go to Syria because he had business connections there.

A survey of Iraqi households conducted by the World Health Organization (WHO) and the Ministry of Health (MOH) indicated that an estimated 60 per cent of Iraqi households do not have sufficient financial support because of lack of resources to meet their basic or other special needs (WHO and MOH 2009). However, that means that 40 per cent are doing relatively well. If they could work legally in Cairo, the majority of Iraqi households would most likely be self-sufficient.

#### *Other Refugees*

Some Sudanese, Somali and Ethiopian refugees we interviewed also received money from friends and relatives. The Somalis who received remittances from their families did not work, and some were able to pay for their education with this money. However, the sums were small and rarely exceeded a couple hundred dollars every few months. No African refugees reported having any savings. As one Ethiopian woman told us:

I work six days a week and more than 16 hours a day and the pay is very little. I don’t have any savings and my life is from hand to mouth and I am worried about my future.

Every African refugee interviewed expressed similar concerns about their vulnerabilities from living “hand to mouth.” Those refugees with closed files are even more vulnerable since they lack the ability to receive services and cash assistance from Caritas and similar organizations.

### 3.4 Cash Assistance

Discussing the situation of Iraqi refugees, UNHCR-Egypt pledged assistance, but not direct cash assistance:

The challenge of assisting vulnerable refugees in the region should not be resolved through direct cash assistance. Assistance to Iraqis in the region should be delivered to host community networks, such as national social agencies and civil society. This methodology will allow UNHCR to simultaneously reach more beneficiaries, provide UNHCR more leverage with host country authorities to advocate for more effective protection standards, as

well as support the local infrastructures in coping with the impact of the presence of large Iraqi populations in their territories. Significantly, UNHCR’s support...to this social network will also have a positive spillover effect upon host communities and the most vulnerable within.” (UNHCR Strategy for the Iraq Situation, Revised 2007: 4).

Despite this initial policy position, UNHCR has provided cash assistance to Iraqi refugees in Jordan and Syria (Davis and Taylor 2012: 41). In Egypt, cash assistance is distributed by Caritas; it is distributed to families on the basis of need and

<sup>9</sup> UNHCR-Egypt and the Government of Egypt require refugees returning to their country of origin to close their cases with UNHCR-Egypt. Refugees may re-open their case once they return. However, refugees hoping to travel frequently between Egypt and Iraq—as in the case of this woman—have preferred not to register with UNHCR-Egypt in order to maintain their mobility.

family size, and refugees of all nationalities expressed the importance of this cash assistance in meeting their basic needs. However, because cash assistance is only distributed to refugees with open files, cash assistance is not available for the most needy population—those with closed files. Somalis, Sudanese, Ethiopians and Eritreans are more likely to receive cash assistance than Iraqis, due to the lower average wealth of African refugee families as compared to Iraqi refugee families.

Given the Egyptian government's restrictions on refugees' right to work and on vocational programs (the government prefers to reserve vocational training to only those refugees who signed up for voluntary repatriation programs), NGOs have had limited impact on refugees' labor force participation and livelihoods, apart from providing limited cash and in-kind assistance. Our interviews indicate that existing cash support is insufficient and unreliable. Virtually every refugee who has been receiving cash assistance mentioned being strapped for cash at some point, having the cash assistance interrupted for no apparent reason and/or needing to re-apply, and, as a result, having difficulties making ends meet and planning their expenses.

A Sudanese woman reported receiving 380EP every two months from Caritas in the fall of 2010, after a couple of months the amount was increased to 960EP, but then the cash assistance stopped. She was supposed to apply again in January 2011 but because of the revolution her appointment was cancelled. Her rent—about 400EP/month—was two months overdue at the time of our interview.

A Sudanese family of nine was receiving 1800EP every two months. The father reported that it was not enough to cover the family's expenses. His children are often unable to go to school because they do not have the money for transportation. It costs him 10EP every day for breakfast and transportation for each child or 50EP for five of the school age children in the family. When the electricity bill—about 40EP per month—arrives he does not send the children to school for a couple of days to save money to pay the bill.

Most interviews included narratives about interruptions in cash assistance, the need to re-apply and long waits for a decision regarding reinstatement of cash assistance. The research team interviewing refugees in Amman reported similar stories of interrupted cash assistance payments (Davis and Taylor 2012). The steady decrease of subsistence allowances, combined with the progressive reduction of UNHCR-Egypt support for health and education, has put many refugee families in a crisis situation.

Sadly, the situation has not improved much in the 10 years since Sperl's study of the Iraqis (Sperl 2001) and Grabska's research on Sudanese refugees in Cairo (Grabska 2008). The majority of NGO-operated programs do not focus on helping refugees improve their livelihoods while in Egypt, but rather aim at meeting people's immediate needs or helping them prepare for resettlement or eventual repatriation. As our colleagues found in Amman, Jordan:

The situations of Iraqis in Jordan are no longer as "emergency" warranting relief. Thus, some funding targeting Iraqis may be better directed towards development that will benefit the refugees, the local communities, and other migrant communities. (Davis 2012: 74)

Those who have had refugee status applications rejected and are residing in Egypt illegally are excluded from any form of formal assistance. The Egyptian government does not support any irregular migrants or refugees whose claims have been rejected. We visited two different social service agencies working with poor Egyptian families—one affiliated with the Ministry of Social Welfare and one affiliated with the Coptic Church—and both reported that they could not provide much assistance for refugee families, especially in the form of cash assistance. One of the agencies provided skills training (at the time of our site visit the training focused on first aid) to a mixed group of Iraqi, Kurdish, Sudanese and Ethiopian refugees—approximately 20-25 people—and the other used to provide vocational training with UNHCR support, but the funding ended and at the time of our research they mainly provided social support or distributed donated clothing or furniture.

### 3.5 Housing Costs and Living Conditions

Housing and living conditions varied widely between refugee communities as well as within each national group. Most refugee interviews for this study were conducted in homes, and detailed observations were recorded about the dwellings and furnishings. Refugees were also queried about the cost of rent and asked to describe their living situations in their countries of origin and compare them with the situation in Cairo.

#### *Iraqis*

Egypt's rent-protection laws ensure that Egyptian citizens do not have to pay exorbitant rent. However, these protections do not apply to foreigners, including refugees, who often pay up to 10 to 15 times more than Egyptian nationals (Briant and Kennedy 2004). Most Iraqis we spoke with were used to living in spacious houses with gardens or large apartments in quiet residential areas in Baghdad or other large cities in Iraq.

They were very dissatisfied with living conditions in Cairo.

Iraqis were often quite particular about their neighbors. Iraqis indicated that they prioritized neighborhoods that were quiet, had few foreigners and were populated primarily by "respectable" residents. One Iraqi man said the following about the need to move to another apartment: "We first lived in an apartment in Nasr City but had to move to another apartment, because we do not want any foreigners in the area." Another woman specifically noted that she did not want to live near students, Palestinians or others whom she viewed as potential "trouble makers." Some Iraqi households indicated that proximity to their children's school was important, both to reduce the cost of daily transportation to school and to protect the safety of their children by reducing the distance they traveled to go to class. For the Iraqis that could afford the higher rents of Cairo's satellite communities, such as 6th of October, many preferred to move there for

its more spacious residences, proximity to schools and perception of safety. The downside of this choice, however, is that 6th of October, Rehab City, Heliopolis and other middle-class neighborhoods favored by Iraqis are located far from Cairo's city center and, consequently, far from many of the centralized NGO services and the UNHCR-Egypt office.

Some Iraqi refugees lived in sparsely furnished, modest apartments, while others resided in more spacious apartments in the nicer areas of Cairo's suburbs. All Iraqi families we interviewed were able to afford a sufficient number of beds for each family member, a TV, a computer with Internet and an air conditioner. Iraqi families appeared to prioritize these creature comforts, perhaps as status-markers of their middle-class backgrounds in Iraq or in order to improve the quality of their children's education with the provision of a computer. Television and Internet undoubtedly mitigated some of the boredom and isolation often associated with refugee life in Cairo.

At the same time, the presence of these items did not necessarily signify financial affluence. In one striking example, a researcher was invited into a large, airy four-bedroom apartment of an Iraqi who was living in a nice area of 6th of October City. Despite its size, the apartment had almost no furniture. When the refugee hostess offered the researcher a small snack, it was revealed that the woman had very little food in her home. This particular instance was a more extreme example of the general trend among Iraqis to prioritize neighborhood safety, apartment size and amenities over furniture and protein. This trend appears to be changing, however, as Iraqis have depleted their savings in this protracted refugee situation. In several interviews, Iraqis indicated that they could no longer afford to pay for rent, medication and education fees, and were thus looking to adjust their family budgets by moving, seeking less medical treatment or pulling children out of school. In 2008, 77.2 per cent of Iraqis needed to borrow money to pay for food or rent (WHO and MOH 2009). Likewise, 87.1 per cent of African refugee households borrowed money to pay for the same basic needs (WHO and MOH 2009).

The sample size of Iraqi refugee households is too small to generalize about housing costs in the greater metropolitan Cairo. However, a survey of rent costs among 28 Iraqi households indicates that the average household interviewed spent an average of 1,153EP on rent, though rents ranged widely from 600EP to 2000EP, with variations due to location, size and whether or not it was furnished. Only one Iraqi family interviewed owned their flat. Of the non-Iraqis interviewed, refugees indicated that they paid a similar range for rent (600EP to 2000EP), but that they were much more likely to divide their rent between roommates so that each resident was responsible for only approximately 300EP (approximately \$50). All refugees paid a rough average of 100EP (approximately \$16) for utilities in addition to rent. Many refugees interviewed paid for at least a portion of their rent with the help of cash assistance from Caritas.

### *Other Refugees*

In general, few refugees have established networks to facilitate finding housing or to share housing. Those refugees who did have friends or relatives already in Egypt often used these contacts to help locate neighborhoods or apartments in which to live. Iraqis usually did not move

in with non-relatives (only two interviewed reported sharing their apartment with a non-relative), while most African refugees interviewed were sharing housing with friends or relatives. While sharing housing helps refugees reduce the cost of rent, it can also lead to overcrowding.

The African refugees interviewed often chose to live in close proximity to co-nationals and near churches or other common gathering places for their refugee communities. Few could afford move to the more affluent neighborhoods on the outskirts of Cairo, especially if they worked in more central Cairo neighborhoods, since commuting costs could cut deeply into meager earnings. For Ethiopian, Somali and Sudanese refugee women working as domestic laborers, proximity to their employers' households is a key consideration.

All refugees complained that it was difficult for their children to socialize outside of the house. Many refugee mothers expressed fears that it was unsafe for children to play outdoors or that their children would be subject to harassment or discrimination, especially on account of race. Worryingly, many refugee children suffer from Vitamin D deficiency due to being kept inside the house for prolonged periods. This problem is worse for children whose mothers work outside the home. Due to a lack of affordable and adequate childcare and a lack of a familial network to provide childcare, many mothers must leave their children locked at home while they work (Briant and Kennedy 2004).

### *Egyptians*

Similarly to refugees, poor and working class Egyptians interviewed in the course of this project also struggled with finding appropriate housing, paying rent and utility bills and often resorted to a variety of strategies, including living in multigenerational households with parents, aunts and uncles, and older married siblings. Virtually all unmarried men and women live with parents or other relatives. Married Egyptians also often have to take in their elderly or widowed parents and support them. However, in contrast to refugees, some Egyptians interviewed for this study were able to obtain subsidized housing from the Egyptian government, some lived in rent controlled flats and others lived rent-free in family-owned houses or apartment buildings. Several of our Egyptian respondents lived in the working class neighborhood of Bulaq Abu Al-Ala in government-built apartment buildings. The neighborhood also included a slum section where Egyptians lived in abject poverty.

Yet long-time refugee residents of Egypt and the low- and mid-income Egyptians interviewed were much more likely to own their flat or to benefit from "old rents," a form of rent-fixing for certain long-time apartment residents. Among the refugees, Palestinians were the most likely to own their homes or live in fixed-rent apartments. For families who have lived in the same apartment for decades, these "old rents" can amount to as little as 7EP (approximately \$1) per month. Newcomers cannot benefit from the old rent system. In the "new rent" system, landlords are legally entitled to raise rent by 10 per cent at the beginning of each calendar year. Many refugees reported that their landlords increased the rent on their apartments every year, which resulted in families moving every few years to find cheaper housing. While refugees and poor Egyptians generally share many of the same concerns and burdens in daily life, in the area of rent and housing, Egyptians have significant advantages.

Of the poor and working-class Egyptians interviewed, three lived in family-owned apartments, one benefited from the “old” fixed-rent system, several lived in government-subsidized or –built homes, and only a handful indicated that they paid above 1000EP per month (whereas Iraqis’ average rent cost was 1100EP). Furthermore, adult children

are expected to continue living with their parents until marriage, and some even continue to live with their families after their weddings as well. Egyptians thus can benefit from a number of social and institutional safety nets to acquire affordable housing that are out of reach for refugees.

## 3.6 Recommendations

Refugees in Cairo are economically, politically and culturally tied to the larger urban community, therefore their livelihoods are inextricably interdependent on local relationships and processes. Refugees, particularly less educated African refugees, face similar challenges as the urban poor, including rising unemployment rates, insecure housing access, lack of social safety net compounded with barriers such as racism, discrimination and insecure legal status, which make them more vulnerable to exploitation and marginalization.

The problem of refugee livelihoods is compounded by Egypt’s high unemployment rates, for citizens and refugees alike. The Egyptian Government’s Office of Statistics placed the official unemployment rate at 12.4 per cent at the end of 2011 (CAPMAS 2012). Unofficially, most experts suggest that the real unemployment rate is double or triple the official statistic, and underemployment is a pervasive problem. Even using the government’s data, however, it is clear that unemployment has risen still higher in the aftermath of the 2011 revolution.

Ethnographic data from interviews suggests that refugees as well as poor working class Egyptians struggle to establish sustainable livelihoods. Refugees who are able to work depend mainly on unstable and irregular earnings; many work as domestic workers. Refugees working in the informal economy are exposed to numerous risks and abuses. At present, there are no mechanisms to monitor refugees work conditions. Given the state of the economy in Egypt and the staggering 40 per cent unemployment rates, there are insufficient opportunities for safe and dignified employment for refugees.

Without legal access to employment opportunities, refugees in Cairo will not be able to support themselves and will have to continue to rely on costly international aid and charity. There is a need to develop self-reliance programs for both the local poor and refugees. We are cognizant that this is a long-term goal. In the meantime, there is also a need to implement creative strategies aimed at enhancing urban refugees’ self-reliance more immediately.

BPRM has recently commissioned two studies on achieving urban refugee self-reliance. One of the studies has been carried out by the Women’s Refugee Commission (2011) and resulted in two reports: *Dawn in the City: Guidance for Achieving Urban Refugee Self-Reliance* and *Bright Lights, Big City: Urban Refugees Struggle to Make a Living in New Delhi*. Karen Jacobsen has also written extensively on refugee livelihoods, including in her book *The Economic Life of Refugees* (2005). All three of these publications make many creative recommendations regarding urban refugee livelihoods. However, the difference between Cairo, Egypt

and the urban environments examined by the authors of these reports—i.e. Kampala, Uganda, Johannesburg, South Africa, New Delhi, India—is considerable, primarily because of Egypt’s reservations to the 1951 Convention on article 24 (labor legislation) and resulting lack of refugees’ right to work legally in the country. However, we have consulted both reports as we analyzed our own data and compiled resulting recommendations.

Cognizant that the bar on legal employment coupled with the extremely high unemployment rates in the country pose significant barriers to refugees’ labor force participation, adversely affect refugees’ livelihoods and impede self-reliance, we suggest that UNHCR and BPRM and their implementing partners consider the following strategies:

### Access to Employment

- **Advocate with the Government of Egypt to extend the right to work to all refugees.** We recognize that this is a long-term goal and might require changes in the Egyptian labor legislation. However, as the new Egyptian government is considering many political and social changes, it might be an opportune time to open discussions on strategies to reduce impediments for securing work permits and expanding employment opportunities for refugees and asylum seekers.
  - As an intermediate step, the Government of Egypt should consider expanding refugee employment opportunities in the sectors with insufficient labor supply or in industries where Egyptian citizens do not want to work for religious or other cultural reasons.
- **Build in protective elements into economic programs.** Egyptian refugee policies—lack of right to work—severely impede refugees’ ability to pursue livelihoods. However, local authorities “turn a blind eye” and tolerate refugees involvement in the informal economy. Efforts to protect refugees working in the informal economy should be explored. Protective elements—such as accompaniment, requiring codes of conduct for employers, sensitization campaigns, linkages with local women’s leadership and political groups—should be built into economic development efforts in order to ensure protection and safety of refugee workers, particularly refugee women.
  - One program in Cairo trains refugee women as domestic workers, and staff accompany them on the first day of their jobs. The NGO staff act as witness to the agreed employment terms, including compensation, letting the employer

know that the woman has a support network. This model should be expanded upon in all of the relevant informal economy sectors.

- The majority of refugees working as domestic workers are women. Care needs to be taken to protect refugee women from gender-based violence on the job. Women should be consulted to identify their vulnerabilities to GBV, assess the scale of the problem and devise ways to mitigate these risks. For example, NGO job placement programs should focus on finding employment opportunities for refugee women that will not require them to be outside late at night, unaccompanied or work in back rooms and other small spaces with male colleagues. At the same time, there is room for UNHCR-Egypt and NGOs to lobby for the Government of Egypt to better respond to and prosecute sexual harassment and other GBV.
- **Create an employment advocate/job developer.** Once the barrier to legal employment is lifted, programs should hire employment advocates/job developers assisting refugees in finding and maintaining employment, advising on upward mobility and advocating with employers to hire refugees.
- **Work with the Egyptian government to allow microcredit enterprises.** The government previously denied UNHCR-Egypt permission to implement a microcredit enterprise they had developed. However, such a scheme would allow refugees of all nationalities to support themselves by opening small stores and other types of businesses, and the topic should be explored anew with the new government.
- **Track employment of refugees.** Track refugees' employment to understand where they have gained footholds in the economy in order to tailor training and advocacy. These activities would be consistent with UNHCR's 2011 operational guidance on livelihoods and a desire to improve monitoring and evaluation of refugee livelihoods. Employment tracking would rely on self-reporting; this could be relatively easily accomplished by adding a few questions about employment and labor force participation to an intake interview when refugees come to a particular program for assistance. UNHCR would need to coordinate this data collection effort.
- **Address negative economic strategies.** Stakeholders indicated that some refugee families engage in negative economic strategies such as eating fewer meals, selling household assets, living and working in exploitative relationships and pulling children out of school. The following strategies could be used to alleviate these problems:
  - Counseling on forced and exploitative labor, including training on workers' rights.
  - Monitoring child labor to ensure that youth engaged in economic activities can combine them with educational pursuits.
- **Expand economic development programs.** Currently, the Government of Egypt does not allow vocational training, except for voluntary returnees. However, in

the past some attempts to provide vocational training to a broader group of refugees had been implemented. We recommend that vocational training opportunities be expanded to all refugees. Promising practices implemented with UNHCR funding in the past should be assessed and expanded [see below for an example].

With funding from UNHCR, the Coptic Evangelical Organization for Social Services (CEOSS) ran an economic development program for refugees. This program included vocational training and job placement components. From 2007 to 2008, the program trained 300 refugees (43 per cent female) and placed 94 participants in jobs upon graduation. Specialized consultants conducted market assessments in areas with identified labor demand. The selected sectors—medical care/nursing, embroidery, Internet-based enterprise, computer maintenance and others—either did not require work permits or the work could be performed in refugee homes. CEOSS developed relationships with Egyptian employers in order to create a “job bank” for referring graduates of the program (Adapted from Women's Refugee Commission 2008).

- **Focus on vocational training necessary to work in informal economy.** Since most jobs available to refugees are in the informal economy, efforts should be undertaken to assess what kind of vocational training is necessary to ensure protection and safety of workers in the informal economy. These training programs should focus both on skill development as well as occupational safety.
- **Conduct labor market analysis to identify niche employment opportunities for refugees.** We encourage BPRM and UNHCR to fund a labor market analysis effort in order to identify sectors and industries where refugees might be able to fill labor supply gaps. For example, Egypt has a robust tourist industry with jobs—such as restaurants and cruises where alcohol is served—that are not always suitable for observant Muslim Egyptians. Christian refugees could be trained to fill in these labor gaps.
- **Organize training for aspiring entrepreneurs.** UNHCR and BPRM implementing partners should explore the possibility of training aspiring entrepreneurs on local laws governing business partnerships with Egyptian citizens, incubation projects and fiscal responsibilities of different partners.
- **Promote financial literacy programs.** Despite restrictions on employment, many refugees do work in Cairo. Refugees work in formal and informal jobs, but are remunerated mainly in cash without few records of money paid and owed. We encourage UNHCR and BPRM implementing partners to organize financial literacy training programs, including:
  - Basic banking and budgeting. Many families interviewed in the course of this project, talked about not having enough money to send children to school or feed them three meals a day. Some of these difficulties may result from poor budgeting.

- Simple accounting involving keeping track of hours worked and payment owed.
- Financial planning. Many refugee households manage their cash flow from day-to-day without planning for future needs, such as rent, utility bills and school fees.

### Housing

- UNHCR should monitor housing options for refugees to ensure that discrimination by nationality, ethnicity, religion, gender or other factor is not limiting services to Iraqi and other refugees.
- UNHCR and BPRM should lobby the Egyptian government to allow refugees access to rent-controlled housing options or provide housing subsidies.
- The Egyptian government should negotiate with socially minded landlords to set aside affordable housing units for the poorest refugees. Muslim or Christian charitable organizations, churches and mosques may also be suitable partners for providing subsidized housing or donated furniture to refugees. *Zakat*, or *tithe*, a practice of giving a fixed portion of one's wealth to charity, generally to the poor and the needy, is well known and practiced both in Islam and Christianity. This practice should be explored in terms of providing cheap housing, donation of furniture and other housing equipment.
- BPRM and UNHCR implementing partners should organize training programs on housing laws, tenant rights and lease negotiations.
- NGO advocates and/or legal aid workers should review housing leases on refugees' behalf and accompany refugees to sign leases in order to ensure that they are entering into a fair agreement.
- UNHCR and BPRM implementing partners should set up committees to monitor housing conditions. These committees should include representatives of NGO and refugee communities. These committees would be particularly important in neighborhoods with substandard living conditions where structural problems in apartment building might create dangerous living conditions
- Improve housing conditions through sweat equity and mutual self-help programs. What refugees do not have in financial resources, some have in determination and willingness to work hard. Mutual self-help housing programs could bring together groups of refugees to help renovate and maintain

each other's homes under the supervision of a skilled contractor or landlord. In-kind contribution of labor to beautify dwellings could serve to offset housing costs.

- Organize training programs on household management. Some of the refugees residing in Cairo came to the city from rural areas and might need help in adjusting to living in apartments and sharing communal space with others.

### Financial Stability

- **Assessment.** Conduct an assessment of the level of income needed to survive in Cairo and use this information to devise an updated formula to calculate cash assistance to refugee families.
- **Means and Assets Test.** Institute a means and assets test to determine who qualifies for cash assistance. This test should take into account income from properties in Iraq and remittances received from family and friends. This strategy requires a good reporting system.
- **Social security.** Work with the Governments of Egypt and Iraq to develop a social security system for refugees too old or disabled to work. The Government of Iraq could transfer retirement money to UNHCR-Egypt or directly to the Government of Egypt. Distribution of these funds could be done through a debit card. A social security system administered by the Government of Egypt has several benefits; it would: increase the reliability of cash assistance for permanently needy refugee families, facilitate the integration of refugees into mainstream Egyptian institutions, and lighten the responsibilities of Caritas in providing monthly cash assistance to a wide number of refugees. We encourage UNHCR to set up a demonstration project that would test some of these strategies.
- **Transparency.** Whatever strategy gets implemented, UNHCR must be very transparent about eligibility for cash assistance and/or social security. At the moment there is too much confusion about eligibility criteria for any type of cash assistance, the duration of eligibility and the schedule of disbursement.
- **Financial services.** For poor refugees, borrowing money further increases their vulnerability. Formal or informal saving schemes can guard refugee families against income shocks. UNHCR and BPRM implementing partners should explore establishment and training for small savings and credit programs akin to the Grameen Bank or self-help groups set up by ILO for poor residents of developing countries.

# Chapter 4: Education

In Egypt free and equal access to education has been guaranteed to all Egyptian citizens since President Nasser's socialist reforms in the 1950s. However, due to high population growth rates and lack of financial resources, the public education system has been struggling to accommodate rapidly increasing numbers of students. According to the Egyptian government's statistics agency CAPMAS, 43.5 per cent of the population (approximately 35 million) are currently below the age of 20 (CAPMAS 2012). While enrollment rates have risen steadily during the last decades, the quality of state-provided services has deteriorated. As a result, the provision of education has increasingly been taken over by non-state actors. The privatization of education is taking place on two levels simultaneously in Egypt: on the official or formal level, a growing number of private schools and universities are being established, while at the same time a "shadow education system" of private supplementary tutoring has evolved on the informal level and out of the reach of state control. Today, a large part of instruction and learning in Egypt takes place outside of the official classroom, either at home or in private tutoring centers. These private lessons, which the majority of Egyptian high school students and even a large number of elementary and preparatory school students take in the afternoons and evenings, consume not only much of the students' and teachers' spare time but also a substantial part of the average Egyptian family's budget (Hartmann 2008).

The Egyptian educational system is highly centralized and is divided into basic education, which comprises primary and preparatory stage, secondary education and post-secondary education. Education is compulsory until 15 years of age. The free compulsory education law applies only to the preparatory phase. The great majority of students in Egypt from the primary to tertiary levels are enrolled in public institutions.

According to service providers, there are approximately 9,000 school age refugee children in Cairo. There are two main barriers to education: structural and social. First, there are numerous bureaucratic obstacles. Refugees can only enroll in public schools if they are legally recognized and can provide extensive documentation, including birth certificates and letters from UNHCR-Egypt. Despite the fact that the Minister of Education granted all refugees the right to attend public primary schools in 2000, this right is not

widely known or clearly understood by many local teachers, school administrators and even stakeholders. As a result, the decree has rarely been implemented in schools for any refugee population. Language barriers, cultural differences, experiences of discrimination or harassment, and differences in curricula from refugees' schools in their countries of origin also present formidable obstacles to mainstreaming refugee children into Egyptian public schools. Furthermore, the government has still maintained restrictions on the rights of refugees to attend public secondary schools or universities.

Cost is the second significant barrier to quality education both for Egyptians and refugees. Public and private schools have fees for books, uniforms and extra-curricular lessons. Private school tuition fees are often far beyond what refugees can afford. A refugee community advocate said that some families are forced to enroll only one child in school while keeping the rest of their children at home, because they cannot afford the cost of private education.

At the time of our research, the Catholic Relief Service (CRS) provided educational grants to approximately 6,000 children. A study carried out by CARIM (Consortium for Applied Research on International Migration) indicated that in the school year 2007/2008 some 6,900 refugee children, including 2,621 Iraqi children, received UNHCR-Egypt education grants (Roman 2009). Catholic Relief Services has continued to provide approximately 7,000 grants annually since the time of CARIM's study. These numbers seem small in relation to the estimated number of urban refugees living in Cairo. However, educational stipends are distributed only to refugees who are registered with UNHCR-Egypt. As indicated before, many refugees do not want to register because refugee registration information is shared with the Egyptian government, who refugees do not trust. Many African refugees who arrived prior to 2004 were not recognized by UNHCR-Egypt but have remained in Cairo. Others do not register because they want to migrate to another country; many Iraqis do not register because they want to preserve the ability to travel back and forth between Egypt and Iraq. Palestinian refugees are not eligible to register with UNHCR-Egypt. Refugees not registered with or recognized by UNHCR-Egypt face greater barriers to access to education than those registered with UNHCR-Egypt.

## 4.1 Access to Primary Education

According to the Egyptian Ministry of Education, in the academic year 2007/2008 a total of 4,209 Iraqi children were enrolled in private primary and secondary schools. Yet, because of the structural limitations detailed above and Iraqis' preference for higher quality private education, 3,903 Iraqi children attended private schools and only 306 attended public schools (Roman 2009).

Private schools in Egypt have high tuition rates, ranging from \$300 to \$700 per year. UNHCR-Egypt offers education grants to registered refugees, but these grants do not cover all of tuition costs: refugee education grants range from \$130 to \$275 per child per year. The education vouchers can also be used for uniforms, school fees and books. It is noteworthy

that the situation in Egypt is very different from Jordan, where refugees are mainstreamed into the Jordanian school system.

CRS provides additional voucher money for children with disabilities allowing them to attend specialized classes. However, as reported by an Egyptian parent, special education programs do not exist in Egyptian public schools. Some private schools are equipped to provide specialized services to children with learning disabilities or mental illness, but these schools are very expensive and "the state does not subsidize or support the disabled," said a mother of a child with disabilities.

## Iraqis

Iraqis have a strong preference for private schools at all levels of education; a preference that is also shaped by the fact that most Iraqis cannot or believe they cannot enroll their children in public schools. Most of the Iraqi families we interviewed in the course of this project did enroll their children in private schools, despite its significant cost. They spoke about Egyptian public schools with disdain—as did many Egyptian families—and in many instances were disillusioned with Egyptian private schools as well. Iraqi parents put a premium on good education. Most are well educated themselves and want their children to receive an equivalent education. Service providers remarked that Iraqis feel their children are entitled to good education. This feeling of entitlement seems to be related to the fact that education was free in Iraq.

One Iraqi father said he had three sons in private schools to the cost of 1,700 EGP, or \$280, for each one. Although he received 2,000 EGP (\$328) in educational vouchers per child, he found it inadequate to cover all the additional costs such as uniforms and school fees. In a private middle school we visited, tuition was 2,200 EGP (\$360) per year. The principal estimated the cost of books at about 65-120 EGP (\$10-\$20), depending on the grade level. Uniforms cost 85 EGP (\$14) per outfit; most students need two uniforms. Refugee students who received educational stipends from UNHCR-Egypt had to pay the tuition upfront and then go with the receipt to UNHCR-Egypt or CRS to receive their stipend. Parents indicated that it sometimes posed a burden on them, as they had to wait to be reimbursed, often for several days or weeks. This particular school did not offer scholarships or financial aid to any students, Egyptian or Iraqi. However, the principal mentioned that occasionally a rich benefactor supports some students. A few months prior to our research, an Iraqi businessman gave each of the 220 Iraqi students 500 EGP (\$80).

Parents also talked about the need to augment the education that children received in schools with private tutoring. As already mentioned, private tutoring is ubiquitous in Egypt and is largely seen as a requirement for students to satisfactorily pass annual examinations. The cost of private tutoring is not insignificant—anywhere from 10-100 EGP (or \$2-20) per hour depending on how many subjects the tutoring sessions cover. Teachers expect that children will be tutored in several topics at least once or twice a week. The costs add up. On the other hand, it seemed that teachers insist on the need for private tutoring because they want to make additional money.

Since almost no refugee students are able to afford the exorbitant costs of attending university, families must make difficult decisions, weighing the relative benefits of setting aside a significant portion of the household income to pay extra costs for education. Based on our interviews, many Iraqis are still expecting to be resettled internationally, and thus they invest in their children's education with the hope that they will continue their studies abroad. The same is not necessarily true about African students (see discussion below).

Reports about tensions between Egyptian and Iraqi students were rare. A principal of a private primary and middle school in 6th of October reported only one incident of a fist fight that erupted between a Sunni Egyptian and a Shi'i Iraqi boy over a difference in interpreting a call to prayer. On the other

hand, she also shared a disturbing story with us regarding Iraqi students. At the time of our interview in the winter of 2010, Iraqi students constituted about 10 per cent (or 200 students) of the school's population. Four years prior to our research, in 2006, there were about 700 Iraqi children in this particular school, but the principal received an order from the security forces not to accept any more Iraqi children because there were too many Shi'i students in the school. The Egyptian pupils come solely from Sunni families. When asked what happened to the 500 students she said that some graduated, some returned to Iraq, some were resettled in the United States and Canada, and some left the school because they could not afford the tuition any longer. We wondered if the last cohort left the school because of the opposition of the Security Services to the Iraqis' enrollment.

Iraqi students face several challenges in Egyptian schools, particularly if they arrive in the middle of a school year. School curricula are not compatible, and the difference in the Arabic spoken in Egypt and that spoken in Iraq contribute to some difficulties. Egyptian children start learning English in Kindergarten or the first grade, while Iraqi students begin to learn English in fifth grade. Overcrowding of Egyptian schools severely limits refugee children's access to education. In December 2006, dozens of Iraqis protested in front of the Ministry of Education when their children were expelled from school because their visas were no longer valid (Roman 2009). Similar complaints have been heard among Iraqi refugees in Jordan, who also struggle to adjust to the differences between the Iraqi and Jordanian curricula (Davis 2012).

## Africans

Sudanese refugee children can, in theory, exercise their right to public education under the Four Freedoms agreement as well as under the 1992 and 2000 Ministry of Education decrees. However, in practice, the extreme population pressure on Egyptian schools and the extensive documentation—birth certificate, last school certificate, identity documents with legal residence permit and a letter from the Embassy of Sudan—required to enroll a refugee child in school, severely limit refugee children's access to public education. Refugee children and adolescents with rejected asylum claims constitute the most vulnerable group without any hope to access free public education.

According to community members, racial prejudice poses an additional barrier to education for African refugee children. Given tensions between African refugee and Egyptian children in schools, UNHCR-Egypt funded a special program helping students from different backgrounds get to know each other. Classmates participated in artistic and musical activities and talked about their lives and hopes for the future. No formal evaluation has been conducted of the program; therefore, while it is difficult to say with any certainty how effective this strategy is, it appears promising.

Most Sudanese refugee children attend so-called "Refugee Schools," created and run by Sudanese refugee communities in Cairo. These schools are often affiliated with churches, much cheaper than private schools, and located closer to where refugees live. Africa and Middle East Refugee Assistance (AMERA) reported that the situation in these schools has been improved recently by the introduction of the Sudanese curriculum allowing students to receive accredited diplomas. In the last two years, Sudanese students have been allowed

to take the Sudanese university entrance exams by paying \$50 to the Sudanese embassy. Other African refugees from Eritrea, Somalia and Ethiopia also attend refugee schools, usually attending those run by the Sudanese since these are the largest and best organized. There are also Somali refugee schools, but these have been plagued with organizational and administrative problems. It is unclear whether the 2011 secession of the Republic of South Sudan from Sudan has impacted this arrangement. Generally speaking, we did not hear very favorable assessments of these schools. Parents and volunteer teachers alike bemoaned the fact that these schools do not have the capacity to prepare students for further educational pursuits. According to some reports, only one of these primary school programs teaches the Egyptian Curriculum. One father said that the teachers are often barely literate themselves and do not have any pedagogical preparation. One mother suggested the schools “warehouse” students, but quickly added: “It’s better than having the children roam the streets and get in trouble.”

Many Sudanese families expect to be resettled in the United States and prefer to send their children to schools where English is the language of instruction. Southern Sudanese favor English language schools because of their past experiences in Sudan and their rejection of the Arabization of instruction that took place after 1989 (Peterson 2001). The Sudanese value education and see it as the only way out of poverty for their children. Unfortunately, few

options exist for Sudanese refugee children living in Cairo.

According to our interviews, very few Somali or Ethiopian refugees benefit from church-based educational programs offered in Cairo. Self-help schools organized by the Somali community in Cairo provide an alternative for a small group of Somali children, though many go without education altogether and stay at home while their parents seek work. Ethiopians have fewer options still. According to researchers, a large number of Ethiopians in Egypt have rejected refugee claims or have been reluctant to approach UNHCR-Egypt for refugee status, and thus live in Egypt illegally. Legal vulnerability, social instability, language barriers and perceived racism in Egypt have all acted to inhibit Ethiopians from forming community-based organizations and schools. In interviews, Ethiopians and Somalis were the least likely to attend school and the most likely to report extreme anxiety and social isolation.

For the African refugees who have had their applications for resettlement rejected or who have decided to remain in Egypt indefinitely, there are fewer perceived benefits to continuing to pay education fees for their children, especially beyond primary school, which explains in part the lower percentages of enrollment for Sudanese, Somali and Ethiopian children (although linguistic and cultural barriers also play an important role).

## 4.2 Access to Secondary Education

Refugees are prohibited from attending public high schools; as a result, any refugee desiring to attend high school must attend a private or refugee-run school. CRS provides educational grants to refugees of any nationality to help offset the tuition and uniform costs. Iraqi adolescents generally attend mostly private high schools with the support of CRS grants. Secondary education is virtually inaccessible to most African refugee youth for logistical reasons: refugee-run schools often do not follow the Egyptian curricula, and thus their students do not take the required annual examinations necessary to enter high school.

I dropped out of high school because of the problems in Ethiopia. And here I don’t have much opportunity for education. Even if I got a chance to study I don’t think I would be able to learn because I have a lot of stress. I am always worried and depressed about my life here and about my future. One needs to have a clear mind to learn. Plus I do not have money for tuition and transport so I don’t even think about learning at the moment.”

*An Ethiopian youth*

Since most African refugees attend these informal schools rather than private Egyptian primary schools, few are eligible

to enroll in secondary education programs. Economic factors also pose a barrier: the relative and absolute poverty of many African refugee individuals and households pushes many adolescents to seek work rather than education.

### *Palestinians*

Between 1960 and 1978 Palestinians had the same right to public education as Egyptians. Political events in the late 1970s “marked the end of the golden era for Palestinians in Egypt” (El-Abed 2005). After an assassination attempt on an Egyptian minister by a Palestinian group, Egyptian laws and regulations were changed to take away the rights to education, employment and residency for Palestinians.

A Palestinian woman shared her story of being expelled from a public high school and forced to go to a private one to finish her secondary education. Her two adolescent children go to a private Egyptian high school; she pays 3,000 EGP (\$495) per year for each child. Another Palestinian woman told us that she and her older brother attended an Egyptian public school for several years until someone found out that they were Palestinian and had them thrown out of school. “I don’t know,” she said, “how we were able to slip through the system for as long as we did.” She indicated that her father might have bribed a school official when he signed them up for school.

## 4.3 Access to Higher Education

Public higher education is free for Egyptian citizens. Private university education is much more expensive. Major universities include Cairo University, Ain Shams University, Helwan University and the 1,000-year-old Al-Azhar University, one of the world’s major centers of Islamic learning. Several

Egyptians commented on the exceptional quality of government-supported universities while stressing that these public institutions of higher education are becoming increasingly more expensive. Egyptians also despaired that, with the exception of the American and the German

Universities in Cairo, colleges do not provide students with practical skills suitable for the modern job market.

Many service providers indicated that access to higher education was a real problem for all refugees, including Iraqi households with relatively ample household wealth. Iraqi college students are treated as foreign students and charged foreign student tuition, which often has to be paid in U.S. dollars. Service providers did not seem to have a good understanding of the tuition costs; they mentioned rates of 15,000-20,000 EGP (\$2,400-3,200) per year, while refugee parents suggested that tuition averages over twice that: 40,000 EGP or \$7,000. One Iraqi father said that although his son was the smartest in his class, he has no prospects for further education, as the family cannot afford college tuition. "He just sleeps all day," the father said concerned that his son is slipping into depression. A small number of families reported to our researching team that they sent their college-aged children back to Iraq alone to finish their university degrees, despite the safety risks they faced.

The high cost of college education in Egypt has influenced Iraqi refugees desire to resettle in the West. College-aged Iraqis we spoke with expressed a preference for settling in Europe or Canada, as they were aware both of the high cost of college education in the United States and the emphasis

of the U.S. refugee resettlement system on attaining early economic self-sufficiency. Many Iraqi parents and youth were alarmed by reports coming from friends and relatives resettled in Dearborn, for example, about the need to undertake employment, often not commensurate with their education and/or aspirations, instead of pursuing college degrees.

It is very difficult for African refugees to be eligible for university and harder still to afford attending institutions of higher learning. A new law recently granted Sudanese students the ability to enter Egyptian universities without first taking the national exam administered to all secondary students in Egypt. This is a positive development, and refugee schools are now focusing on helping Sudanese students graduate from high school so that they might be eligible to attend. However, due to the low quality of refugee schools many Sudanese attend, it will take time before large numbers of Sudanese youth are truly prepared for a university education in Egypt. Beyond this, it is unclear how refugee students would be able to afford the fees of Egyptian universities. In addition, non-Sudanese refugees are not covered by this new law; they would first need to take the difficult entrance exam before applying to universities. Even if they found financial resources—a very unlikely proposition—they would not be able to pass entrance examinations since, by and large, they do not attend accredited schools.

## 4.4 Recommendations

Although UNHCR's Urban Policy (2009) states that when working in urban areas, UNHCR will avoid the establishment of separate and parallel services for refugee beneficiaries, parallel educational structures do exist in Cairo. There are currently three different types of educational structures that refugees access: public Egyptian schools, private Egyptian schools (often with stipends from CRS) and refugee schools run by the community with various kinds of assistance from UNHCR-Egypt and its implementing partners. Each type of educational system facilitates access to education for refugee children and fulfills the needs of Cairo's different refugee populations in varying ways. For UNHCR-Egypt to achieve its goal of mainstreaming refugee students, dramatic changes would need to take place to dismantle these parallel systems. On the macro-level, UNHCR-Egypt will need to continue to push the Government of Egypt to clarify the right of refugee children to attend schools and to train local schools on these policies. As opportunities to attend public schools widen, CRS will need to reduce its support for private schools except for those children who are legally or otherwise unable to attend public schools.

UNHCR has listed Egypt as one of its 13 "priority countries" for education for 2012-2016. During these years, UNHCR will work to develop "multi-year, multi-sectoral educational strategies" to improve the instruction and protection of refugees that have suffered from a lack of quality, gender equality, geographic location and operational setting. UNHCR will provide training, technical assistance, monitoring and evaluation, advocacy, fundraising, data collection and capacity development to Egypt to address

educational shortcomings. This is a prime time to make new recommendations to improve refugee education and take advantage of this momentum and progress in education.

In the short-term there are smaller, practical steps that can be taken to provide and/or improve the quality of education to meet the needs of Cairo's refugee children.

- **Streamline School Admission Requirements.** The Ministry of Education should lift the requirement to provide school records in order to admit refugee children to school. Placement tests and an interview with parents or guardians should be sufficient.
- **Capacity Building.** Capacity building should be a key priority for stakeholders and development agencies working with refugee education in Egypt. Egypt's public school system suffers from overcrowding, few quality checks, and an emphasis on rote memorization. Low teacher salaries encourage the growth of a private lesson industry that has become all but required for students to pass exams. Capacity building projects in the public school system can benefit both the local population and the refugee population if the rights of refugee students to attend public schools are clarified.
- **Trainings for Egyptian Teachers and Administrators.** Local teachers need to understand legal rights of refugee students to attend Egyptian schools. Rights training along with cultural sensitivity trainings will facilitate refugees' access of existing educational

institutions and promote the mainstreaming and social integration of refugee youth.

- **Training for Refugee Teachers.** There are also many opportunities to promote capacity building in refugee schools. Grants should be made available to refugee schools to provide ongoing training and professional development for refugee teachers and to allow schools to hire more qualified instructors. Curricula coordination with the governments of Sudan and South Sudan will help ensure the quality of instructional content and the relevance of Sudanese students' education for those families hoping to return. A strong emphasis on English instruction can also be included to attract those families most interested in resettlement.
- **Involve Educated Refugee Adults to Enhance Capacity of Local Schools.** Highly-educated refugee parents or other adult refugees should be provided with the opportunity to serve as teachers' assistants in public schools that are lacking adequate resources.
- **"Private Tutors."** CRS should consider providing stipends to highly-educated refugee adults to provide tutoring to refugee children who are expected to enroll in private tutoring sessions and whose parents have to pay out-of-pocket for these services.
- **Build Additional Schools.** As indicated, Egyptian schools are extremely overcrowded. BPRM ought to consult with AID and other donors and development actors on the possibility of joining resources and building new schools or expanding existing school buildings to accommodate the growing population of students, both local and refugee children.
- **Involve UNICEF.** BPRM and UNHCR-Egypt should consult with UNICEF regarding their involvement in improving the quality of education in Cairo for both local and refugee children.
- **Additional Training for Adult Refugees.** Our research indicates that refugee adults lack basic financial and health literacy knowledge and skills. INGOs are well positioned to provide these adult educational classes for Iraqi as well as African refugee adults. These classes would have not only an educational value, but also psychosocial benefits; they would promote socialization and community-building. Members of the refugee communities could be trained as health advocates or financial counselors, providing them with practical skills that would benefit them whether they were resettled, returned or locally integrated.

# Chapter 5: Access to Quality Affordable Healthcare

Access to quality and affordable healthcare is one of the most difficult challenges facing refugees in Cairo. A range of healthcare services, including private and refugee-specific health facilities, does exist to provide medical care for eligible refugees. However, financial limitations and legal restrictions seriously limit refugees' access to healthcare. Refugees interviewed in the course of this research indicated that health is one of the most pressing needs, and yet it is also one of the areas where UNHCR-Egypt has considerable work to do to mainstream healthcare services for refugees in accordance with the goals of its 2009 urban refugees policy.

## *Healthcare: Obstacles to Quality Affordable Care*

- Low quality public services
- Expensive private health services
- Inconvenient refugee specific health services
- No dental services in refugee specific clinics
- Variable quality of all types of health services
- Refugees with closed cases are not eligible for most NGO health services

## 5.1 Health Insurance

There is a wide array of health services available in Egypt, though access and quality of care vary and depend very much on refugees' legal status and financial resources. In general, the Egyptian government, UNHCR-Egypt, INGOs, religious institutions, private hospitals and clinics or some combination of the above can provide medical care for refugees in Cairo.

In 2005, Egypt granted all foreign residents access to public health services in government primary care clinics and hospitals at the same cost as uninsured Egyptians. Despite this laudable and landmark expansion of healthcare access to refugees, recognized refugees tend to prefer the care provided by NGOs or private clinics. Interviewed refugees deemed these services of better quality than care provided in government facilities. Only a small percentage of registered refugees seek treatment at public facilities, despite the lower cost and relatively easy access.

Refugees registered with UNHCR-Egypt are entitled to care from a wide range of healthcare providers. Recognized refugees are eligible for primary care through NGO medical clinics (Refuge Egypt and Caritas, primarily). For tertiary care, refugees can seek medical referrals to specialists and private hospitals through Caritas, who also subsidizes a significant percentage of treatment costs. Unregistered or rejected refugees are largely restricted from receiving NGO-provided medical care and must pay for their own treatment through public or private clinics and hospitals.

In 1964, the Egyptian government established the Health Insurance Organization (HIO), which initially provided government employees and industrial workers with health benefits in public healthcare facilities. This coverage was expanded to include pensioners and widows. By 1993, there were 5 million beneficiaries, who paid a small percentage of their salaries as a premium (between 1-4%) and small co-pays while the

government providing the rest. This insurance provides only curative treatment, not preventative (Nandakumar et al. 2000a). HIO is currently available only to citizens.

A huge expansion of public insurance took place in 1992, when insurance benefits, funded through a tax on cigarettes, government contributions, co-pays and private donations, were extended to school children. In 1997, the Ministry of Health issued a decree that further expanded public health insurance to children from birth until school age ([www.hio.gov.eg](http://www.hio.gov.eg)). This insurance covers preventative and curative primary care as well as eye and dental services. As a result, all students in public schools are eligible for health insurance through the government. Few refugees attend public schools, and so few benefit from this school-based insurance. At the same time, community-based refugee schools often operate health clinics on site and refugee children are able to receive free or inexpensive healthcare from these providers (Nandakumar et al. 2000b).

Originally, this governmental insurance scheme was designed to provide benefits for treatment in public facilities only. However, in certain cases, the government has also partnered with private clinics and hospitals to ensure adequate access for school children to health services, especially in rural areas where there may not be a sufficient number of public clinics or hospitals.

The precedent set by the government in providing subsidized, public health insurance for a broad population to access both public and private healthcare is an important starting point for envisioning what a refugee insurance policy scheme could look like in Egypt. As we will explore in greater depth in the recommendations section, a refugee insurance scheme that provides both public and private options is best suited to overcome the myriad of obstacles currently obstructing refugees' access to health services in Egypt.

## 5.2 Healthcare Services

According to the World Health Organization (WHO), Egypt has a broad network of easily accessible healthcare services, including public clinics and hospitals, private healthcare facilities, charitable healthcare services provided through mosques and churches, and NGO-provided healthcare for refugees. Public clinics and hospitals provide inexpensive

services to Egyptians and foreigners alike. However, both Egyptians and refugees complain about the low quality of public health services and as a result many locals and refugees choose to utilize parallel systems of private medical facilities and NGO- or faith-based clinics.

## Public Health Services

Governmental medical facilities are the most numerous in Egypt, yet they are the least popular among Egyptians and refugees alike. One Egyptian told us, “The public health services, like those at the university, are so overcrowded that the doctors can barely give each patient two minutes of their time. Doctors barely look at their patients and quickly write a prescription for something. This leads to constant misdiagnoses.” Refugees repeated many similar claims about public facilities, and as a consequence, overwhelmingly chose alternative medical centers for treatment.

## Private Health Services

All refugees interviewed for this project perceived private clinics as the highest quality of care. Those who were able to afford private healthcare through their own means—Iraqis, mostly—often elected to do so without taking a time-consuming trip to Caritas for a referral and subsidy. Refugees without adequate financial means were able to access private clinics for secondary and tertiary care with assistance from Caritas. In a study by the WHO and Egypt’s Ministry of Health (2009), 63 per cent of Iraqis preferred private sector treatment, whether paid for through their own resources or with subsidies from Caritas. Sixty-two per cent of Iraqis participating in the WHO study had never visited a public health facility. When it came to advanced care, an even higher percentage preferred private services: 80 per cent of Iraqis preferred private hospitals to public ones.

With the suffering and the money you spend [to get healthcare at refugee NGOs], it is better that you go to the closest private doctor where the fee is 20LE instead of going to Caritas as early as 6am and the suffering. It is not good service—[people often] go and come for nothing

*An Ethiopian Woman*

We didn’t use any refugee health services because we live far away, and because we didn’t have any information about the organizations that offer free healthcare for refugees. No one from the UN contacted us about this subject. So we have been getting healthcare from private clinics.

*An Iraqi Man*

Many refugees self-medicated; they sought advise and remedies from private pharmacies, especially for common ailments or when they thought it was too difficult or too costly to travel to Caritas for a subsidized prescription. In Egypt, most medications are available without a prescription, which makes self-medication both easy and dangerous.

## NGO-Based Health Services

Refugee-specific NGOs operate a parallel medical system in Cairo, which in many ways duplicates the services available through public and private facilities in Egypt. Refugees frequently use these NGOs because they are less expensive than private facilities but perceived to provide higher quality care than public health services. African refugees were the most likely to seek care at refugee-specific NGOs: 67.7 per cent of Sudanese refugees use NGO medical clinics

when they require medical care (WHO and MOH 2009).

Numerous NGOs exist to provide various types of medical and psychosocial support to refugees. There are three basic types of NGO-based health facilities:

1. Those that provide primary care through their own medical clinics;
2. those that provide referrals and financial assistance; and,
3. those that provide psychosocial and mental health support.

Refuge Egypt and Caritas are the two largest NGO primary healthcare providers. Refuge Egypt has a staff of four doctors, and its main primary care clinic is open twice a week for examinations, seeing between 150-200 patients per day. Refuge Egypt specializes in women and children’s health, providing antenatal and postpartum care, anti-viral and retro-viral treatments, and immunizations for adults and children. It provides these services through its five Well Baby and Well Child clinics throughout Cairo. Caritas also provides primary care at its clinic, serving approximately 1,000 patients per month and assisting an additional 750 with chronic diseases. With the exception of economically self-sufficient refugees, these NGO clinics are the most common place for refugees of all nationalities to seek primary care treatment.

They have received health services on many occasions from Caritas, due to health problems among family members. However, they are at times exasperated with Caritas as it is a great distance from their home, it is often very crowded with refugees, involves long waiting times to see a doctor and is very bureaucratic in nature. There are complex rules necessitating multiple trips to see the doctor as well as to collect medicine from the clinics. All of this proves particularly troublesome for the family.

*An Iraqi Family*

Several organizations exist to provide referrals (and subsidies) to refugees with advanced medical needs. Caritas is the primary referral center, though UNHCR-Egypt and Africa and Middle East Refugee Assistance (AMERA) sometimes provide referrals as well. Caritas, the main “gatekeeper” NGO for refugee healthcare, works with 142 different medical centers throughout Egypt, including 25 hospitals and 48 private clinics.

In addition to referrals, Caritas will usually subsidize up to 80 per cent of treatment costs for even very costly treatments like chemotherapy and surgeries (Note: this is very different from Jordan, where refugees have to pay for tertiary care at the same rate as foreign nationals, without subsidies. See: Martin and Taylor 2012). However, Caritas reserves the right to deny subsidies or referrals based on its assessment of need.

Nearly all refugees who had sought medical care in Egypt interacted with Caritas to some degree. Those who had complex medical conditions were especially dependent on their financial subsidies. For example, one Iraqi woman relied on Caritas to pay 70 per cent of costs for her daughter’s Thalassemia treatment, and another Iraqi family praised Caritas for providing their disabled son with a much-needed wheelchair and medications. In this instance, Caritas also helped to pay for funeral arrangements when

their son passed away. Caritas also enabled several of the families we interviewed to get costly chemotherapy treatments and operations at private hospitals.

While the proliferation of NGOs has worked to ensure

that a variety of health services are available to refugees and to prevent any one particular NGO from being overburdened, this has also created a complex and often confusing environment of overlapping services, duplication and sometimes opaque referral protocols.

## 5.3 Health Issues

Egypt has been successful in eliminating many communicable diseases and in providing sufficient water and sanitation services to the majority of the population. However, lifestyle-based maladies, including diabetes, hypertension, smoking-related ailments and psychological disorders are reported to be on the rise by healthcare providers. Pollution and congestion also adversely affect the residents of Cairo, locals and refugees alike.

### *Chronic and Tertiary Conditions*

Medical needs vary by refugee population. Many Iraqi refugees are middle-aged, come from middle-class urban environments and suffer from chronic ailments like hypertension, diabetes and thyroid problems. Many Iraqis also suffer from cancer, and a number of Iraqi children have Thalassemia, a genetic disorder, causing the body to make an abnormal form of hemoglobin. The disorder results in excessive destruction of red blood cells, which leads to anemia. Martin and Taylor (2012) report similar health issues experienced by Iraqis in Amman. While African refugees also suffer from chronic ailments, they tend to suffer more from illnesses resulting from malnutrition as well as from contagious diseases than do Iraqis. In both populations, a number of people have debilitating injuries or disabilities that require ongoing medical care: Caritas provides wheelchairs and other forms of assistance to over 250 handicapped refugee patients annually. Only a small number of refugees in Egypt reported having HIV/AIDS, though in reality this number may be underreported due to social stigmas and legal penalties associated with the condition.

### *Nutrition*

According to the 2009 UNHCR policy on urban refugees, as a general rule, when working in urban areas UNHCR-Egypt should avoid the establishment of separate and parallel services for its beneficiaries and should instead seek to reinforce existing fully authorized service delivery systems, whether they are public, private or community-based. At the same time, UNHCR's urban policy recognizes that special assistance arrangements will be required for refugees in situations where they are excluded from national welfare programs, such as the provision of subsidized food. UNHCR's Global Strategy 2010-2011 has also addressed food security and nutrition as one of the priority response areas whereby refugees are to benefit from sufficient quantity and quality of food, adequate to their specific needs, including their age and physical condition (UNHCR 2011d).

Both refugees and Egyptians complained about raising prices of foodstuffs and suffered, to varying degrees, from poor nutrition. One Egyptian woman indicated that the increase in food prices is not commensurate with most people's income. She shared with the interviewers that she had to make changes in her family's diet to accommodate the growing cost of groceries. The meals she serves her family consist mainly of vegetables (tomatoes, cucumbers

and potatoes) and legumes (lentils and beans). She cooks meat or chicken very rarely: once or twice a month.

All refugees reported spending a significant amount of their resources on food: Iraqis spent an average of 36 per cent of their household income on food (by comparison, they spent an average of 20 per cent of household income on rent). These food costs evidently constitute a real burden on a sizeable percentage of the Iraqi population in Egypt: 37 per cent reported selling household possessions in order to afford food, and 42 per cent reported borrowing money in order to pay for food and rent (WHO and MOH 2009). Malnutrition is even higher among African refugees, who dedicate 80 per cent of household income to food. Most African refugees reported borrowing significant sums of money to afford their expenditures, which were often several times that of their monthly income (WHO and MOH 2009).

I earn about \$130 a month and pay \$90 for rent. I am able to afford one chicken each month. The rest of the month we eat rice. Some months I get from my church a kilo of sugar, a kilo of fava beans, half liter of milk, and a bottle of cooking oil.

*A Sudanese Woman Working as a Maid*

I eat only twice a day; rice and beans, primarily. I have no energy to enjoy recreational activities or sports.

*A Young Somali Man*

Statistics show that most African refugees have had to cut meals because of cost: 77 per cent households reported skipping meals because they could not afford food (WHO and MOH 2009). None of the refugees interviewed reported receiving food assistance and relied instead on their own resources, borrowed money or shared meals with friends and relatives. UNHCR-Egypt does provide some food assistance and nutritional supplements to refugees who appear to have a serious risk of developing malnutrition, and Caritas also provides some limited food assistance. It is unclear if these refugees were not aware of these food assistance programs or if they were not eligible for these services.

Little research has been done to determine the precise impact of poor nutrition on refugee children and families. However, stakeholders indicated that malnutrition is evident among refugee children and that more research and interventions are required to mitigate the consequences of poor diets. Furthermore, stakeholders also report high instances of vitamin D deficiencies among refugee children because families often keep their children indoors in order to ensure their safety, because of limited educational opportunities in Egypt and because African refugee women are more likely to be employed outside of the home and lack adequate childcare.

### *Reproductive Health*

Antenatal care appears to be good in Egypt, where public and private clinics as well as refugee-specific NGOs provide prenatal and post-partum care for expecting mothers and young children. More than 70 per cent of both Iraqi and African pregnant refugees received pre-natal care in Egypt. Postnatal care was less adequate, however, with 40 per cent of Iraqi refugee women and fewer than 20 per cent of African refugee women receiving postnatal care within a week of delivery (WHO and MOH 2009).

Following the typical pattern, Iraqi women most often sought antenatal care from private facilities, while African women most often sought care from NGOs (WHO and MOH 2009). Among the refugee-specific NGOs, Refuge Egypt has established itself as the primary provider for reproductive health, including prenatal care, TB shots and HIV-related tests and treatment.

### *Psycho-Social Health*

Although psychosocial programs have been a key component of international policy, there is much confusion over their meaning among aid agencies and the concept is under-theorized in academia (Pupovac 2001). The term “psychosocial” is often: “used to indicate commitment to non-medical approaches and distance from the field of mental health, which is seen as too controlled by physicians and too closely associated with the ills of an overly biopsychiatric approach” (van Ommeren et al. 2005: 71). Ager points out that activities that come under this label range from trauma counseling to peace education programs, life skills, self-esteem and empowerment building activities, and sports and recreational pursuits, to name but a few elements. The aims of these programs are to prevent trauma and stressors that negatively affect mental health to whatever degree possible and to strengthen the capacity of refugees to cope with traumas and stressors when prevention fails (Ager 1993).

Refugees in need of mental healthcare, psychosocial support or services for victims of sexual and gender-based violence (SGBV) are most likely to seek such care through NGOs providing refugee-specific care. AMERA provides psychosocial support and counseling, especially to victims of sexual or domestic abuse. In some instances, they are also able to provide referrals or subsidies, especially to unregistered refugees. The Association for the Development and Enhancement of Women (ADEW) operates a shelter for women; a few of the refugees interviewed were aware of its existence and knew women who had used the shelter. The Cairo Family Planning Association provides reproductive healthcare primarily to Egyptians, but has provided services to refugee populations, as well.

For specialized mental healthcare, most refugees used El Nadim Center for the Rehabilitation of Torture Victims. This organization works specifically with survivors of torture and violence, both Egyptians and refugees. Despite stigmas attached to mental health services, several Iraqi and Ethiopian refugees indicated in interviews that they were undergoing counseling and receiving medication from the El Nadim Center for depression, anxiety and post-traumatic stress disorder (PTSD). Though it is difficult to assess the prevalence of SGBV, PTSD and other forms of trauma among the refugee community, both stakeholders and refugees alluded to the possibility that such experiences may be common among certain refugee populations. One stakeholder indicated that

the majority of Sudanese refugees he encountered were rape victims. A medical doctor told us that there are also a number of Iraqi and African refugee women who became victims of sexual abuse or domestic violence since arriving in Egypt.

However, according to the Center’s resident psychiatrist, the majority of refugees seeking services from El Nadim Center were looking for medical affidavits testifying that they were torture survivors in the hope that such affidavits will ensure resettlement in the U.S., Canada or Australia. As soon as they receive the coveted affidavits, many refugees do not return to the Center. The staff is convinced that refugees from war-torn countries would benefit from psychiatric and psychosocial services therefore they try to entice refugees to come for counseling at least 3-4 times before the doctor issues the affidavit.

Social isolation is a common problem reported by many refugees in Cairo. Family and community support can also act as protective factors for some refugee populations. In Cairo, psychosocial support and community cohesion varies between refugee populations. Generally speaking, Sudanese refugees tend to live in the same neighborhoods and have developed a number of schools and other community-based institutions. Iraqis, in contrast, live in neighborhoods scattered throughout Cairo and have not developed many community-based associations, in part due to government prohibitions on Iraqi community-based organizations. On the other hand, Ethiopians and Somalis have experienced greater social dislocation than have the Iraqis and (to a lesser extent) Sudanese, because few refugees from East Africa speak Arabic, the national language of Egypt. Despite some differences in community support, almost all refugees reported high levels of social isolation. Many reported spending all day at home with few outside interactions. Iraqis in particular noted that they have few friendships with non-relatives, in part due to the lack of communal cohesion noted above. Lack of entertainment and inability to travel are cited as two important barriers to socializing, along with anxiety about leaving home or allowing one’s children to leave the home unsupervised.

A number of Iraqi and African refugees indicated that they participated in psychosocial programs, with programs at St. Andrew’s being the most popular. In general, Iraqis were more open to mental health programs than African refugees. Urban and well-educated Iraqis did not attach as much stigma to mental health issues, as did refugees hailing from other cultures and backgrounds. The size of refugee communities may also make it more difficult for members of certain small refugee communities (for example Ethiopians) to seek services discretely. Fear of stigma and harassment is a persistent and significant barrier that keeps many refugees from seeking help. Some refugees feared that other refugees or Egyptians would mock or harass them if they were seen seeking mental healthcare. For this reason, it may be beneficial to integrate mental health services into other programs, including primary healthcare clinics and schools.

My son used to get top grades in school in Iraq. Here he is so discouraged that he has begun failing his classes. He is withdrawn and depressed. I too am depressed and discouraged. There are no opportunities in Egypt. I sit at home all day.

*An Iraqi Father*

As a result of difficult past or present circumstances, several refugees reported experiencing depression while in Cairo. Some Iraqis reported that the depression resulting from these losses was severe enough to cause suicidal ideations; others mentioned the need to resort to psychotropic drugs, including anti-depressants and sedatives. Some indicated that these medicines were very costly, and that they had to choose between taking their medications and spending their money on food, tuition and rent. According to healthcare providers interviewed for this study, middle-aged male Iraqi refugees are at the greatest risk for prescription drug abuse. In contrast, Sudanese and East African refugees are more likely to suffer from addictions to alcohol or, more rarely, hashish or heroin. El Nadim Center has a regular Narcotics Anonymous meeting, but does not have an Alcoholics Anonymous meeting. Given the easy access to prescription medications, including anti-depressants, it behooves service providers to educate refugees about the dangers of self-medication and mixing of psychotropic drugs with other medications. Researchers indicate that an appreciation of clinically important interactions is becoming increasingly necessary with the rising use of combinations of drugs in the management of chronic medical conditions (Chadwick et al. 2008). Many of the Iraqi refugees in Cairo are middle-aged, and as they grow older and are more likely to take several drugs concurrently, they are at greater risk of an adverse drug interaction than younger people.

Refugees and service providers indicated that psychosocial problems often exacerbated existing physical and employment problems. For instance, one Iraqi suffered from a high degree of anxiety that has made it difficult for him to seek medical assistance due to the overwhelming conditions of Cairo's traffic, crowded waiting rooms, and long wait times before appointments. For those who do have jobs, mental health problems can make it difficult to maintain employment. One Ethiopian woman has been hired as a housekeeper or nanny in many different homes, but she is frequently fired because of severe forgetfulness brought on by emotional turmoil resulting from her detention and torture in Ethiopia.

Refugees seeking mental healthcare can turn to NGOs, private clinics or public institutions. Caritas provides psychological screenings at their primary care facility and refers refugees, when necessary, to the El Nadim Center and other psychosocial programs.

El Nadim Center was first established in 1993 to provide rehabilitation and advocacy for victims of torture or SGBV. While El Nadim Center began its work focusing on Egyptian victims of torture, it expanded its scope to work with female victims of violence and with Sudanese and Iraqi refugees. In addition to providing counseling and medical care at its offices, staff at El Nadim also run training programs that equip volunteers to provide counseling services and advocacy at a grassroots level.

For more information, see: <https://alNadim.org/en/node/23>.

The El Nadim Center is also one of the few NGOs that have doctors qualified to write prescriptions for psychotropic drugs. As already mentioned, Iraqi refugees rely heavily on anti-depressants to alleviate their suffering. Some Iraqis interviewed for this project indicated that they had sought

out mental health specialists in the private healthcare sector for counseling and, more often, for prescriptions for psychotropic drugs. It seems that BPRM and UNHCR should assess the Iraqis' reliance, perhaps overreliance, on psychotropic drugs and initiate programs aimed at decreasing social isolation and preventing depression without drugs when participation in recreational activities or artistic events might have a similar effect.

Some of the interviewed refugees sought help from outpatient and in-patient facilities, including the largest mental health facility in Cairo: the Abbasyia in-patient hospital. Despite negative public associations with Abbasiya for its former asylum-style care, 10 refugees sought treatment there in 2010. They were treated for anxiety, PTSD, attention deficit and hyperactivity disorder, and depression.

In 2010, a new Mental Health Act reformed the Abbasyia asylum. Under this new law, mental health patients gained new rights relating to their treatment and discharge. However, after the Revolution in 2011, parts of the act were repealed, reducing patients' freedoms. Some of the law's provisions for refugees were weakened.

Refugee youths can seek mental healthcare in three different governmental hospitals: at the juvenile mental health clinics in Abbasiya hospital, Helwan hospital and Khanka hospital.

Caritas has also developed and improved its referral system for refugee patients to receive mental healthcare at Abbasiyya hospital.

One major problem that remains is access: the few public mental health clinics that exist are often located far away from refugees

Mental health professionals from the American University in Cairo and PSTIC have tried to remedy this problem by primary care providers to recognize signs of mental health disorders and refer patients to appropriate care. Work remains to be done to ensure better access to refugees in need of mental health services.

The Psycho-Social Training Institute of Cairo (PSTIC) and UNHCR-Egypt have recently formed a partnership to address psychosocial issues facing refugees residing in Cairo.

Social Training Institute in Cairo (PSTIC) began in 2009 in order to provide psychosocial and mental health services to refugees in Egypt. To this end, PSTIC provides trainings and workshops for refugees to develop psychosocial and mental health support within their own communities. The goal of PSTIC is to have these trained refugee psychosocial workers to become an "important source of support to their communities" while also serving as a "bridge for psychosocial assessment, support, crisis response and advocacy between refugee communities, NGOs, and Government and UN organizations" (Adapted from PSTIC website [http://www.aucegypt.edu/GAPP/cmrs/psychosocial/Pages/\(PSTIC\).aspx](http://www.aucegypt.edu/GAPP/cmrs/psychosocial/Pages/(PSTIC).aspx)).

The partnership between PSTIC and UNHCR-Egypt seems to be a promising initiative although without a rigorous impact evaluation it is difficult to assess the efficacy of psychosocial programs.

While refugees reported positive experiences from participating in various psychosocial programs, the benefits of psychosocial programs are assumed by international aid organizations, rather than backed up by research (Gozdziaik 2009). Globally, the evidence base for specific psychosocial interventions is small (Mollica et al. 2002; Agger and Mimica 1996) and nonexistent in Egypt. On the other hand, initial results of the UN experience with emergency and peace education initiatives aimed at improving social capital seem

promising, but need further assessment (UNHCR 2001; UNESCO 2001). Research suggests the extraordinary capacity of refugees to protect themselves against mental illness despite horrific life experiences (Mollica et al. 2002: 158). The recommendation emerges for refugee policy makers to create programs that support work, indigenous religious practices and culture-based altruistic behavior among refugees.

## 5.4 The Effects of the Revolution on Refugees' Health and Well Being

The Egyptian revolution appears to have worsened the health situation for refugees across the board. In the initial days of the revolution, many refugees were unable to seek medical care at their usual clinics due to insecurity in the streets or office closings (though NGOs went to great lengths to provide emergency medical care through their own clinics or through partnerships with hospitals and private clinics). These offices have since resumed normal operations. More significantly, the economic downturn following the revolution has made it more difficult for refugees to afford medicine or to maintain proper nutrition. IOM found that more than 80 per cent of all refugees reduced their caloric intake and dramatically changed their food budget in the aftermath of the revolution (IOM 2011). UNHCR-Egypt and Caritas has reported an increasing number of refugee registration as previously self-sufficient refugees (Iraqis, primarily) have begun to turn to charities and NGOs for medical and financial services.

The revolution also has had a negative impact on the psychological well being of refugees. Broadly speaking, the revolution has created an environment of instability and anxiety, where many refugees reported feeling less secure and more vulnerable to potential violence or abuse. The revolution also has increased social isolation as many refugees fear to leave their apartments and venture out; this situation inevitably worsens their mental well-being and weakens communal bonds. Refugees have also reported that it has been more difficult at times to access mental health and psycho-social programs during periods of demonstrations: one refugee boy could not attend a psycho-social meeting at St. Andrew's, for instance, because of nearby protests. At the same time, the revolution pushed the Egyptian Ministry of Health, UNHCR, Caritas and other NGOs to begin mainstreaming refugees into public health facilities to a greater extent than before. This development will be explored in greater depth below.

### 5.5 Access to Healthcare

#### *Cost*

Similarly to in Amman (Martin and Taylor 2012), refugees in Cairo complained about the cost of medical care. Even nominal medical fees presented a real hardship for a significant number of destitute refugees. One Somali refugee interviewed had a number of serious health issues, including traumatic injuries and infections, but was unable to seek even heavily subsidized medical care through Caritas.

Caritas says always that I should pay half of the fees [for medical treatment] and I do not have the money to contribute to the fees required. I do not have even enough to eat.

*A Somali Man*

Costly treatments for serious illness or injury can severely deplete savings even of those families who arrived in Egypt with some resources. Data on the frequency of visits to medical facilities collected by the Ministry of Health and WHO confirms this hypothesis (WHO and MOH 2009).

UNHCR-Egypt and its implementing partners also struggle to provide adequate secondary and tertiary care at affordable prices to refugee patients. As UNHCR-Egypt noted its in 2009 *Principles and Guidance for Referral Healthcare for Refugees and other Persons of Concern*, there are never sufficient funds to meet all of refugees' secondary and tertiary healthcare needs, especially for chronic diseases that require costly and ongoing care.

#### *Distance*

Without exception, all interviewed refugees complained about the distance they have to travel to Caritas, which has only one central office to which refugees must travel to in order to get referrals and subsidies for advanced healthcare. For the very ill and elderly, along with those who have small children, the distance constitutes a real hardship, and many interviewees indicated that there have been times when they have chosen to go without medical care (or paid significant sums to seek private care) rather than travel to the central Caritas office. Refugees living on the outskirts of the city have to travel for two hours to reach Caritas.

#### *Crowding and Long Waits*

All refugees complained about long lines and crowding at refugee-specific health clinics. Iraqis have been the most vocal in this regard. In interviews, Iraqis indicated that their discomfort with crowds stemmed both from their expectations that healthcare should be free and convenient, as it was for many in Iraq, and due to class and racial discomfort from waiting in crowded areas with African refugees.

All the same, there appears to be room for improved efficiency and more dignified procedures for procuring appointments. At the Caritas office, for example, there is a small courtyard where refugees wait to speak to a staff person through a window that is located nearly one floor above. Refugees must strain to pass any necessary paperwork to the staff through

this window. One Somali refugee explained: “Psychologically, at Caritas, refugees are not respected. They go and talk to someone higher than them. Sometimes they are thrown their cards. There is no privacy because they are asked what they want through the window in front of everybody.”

### *Opaque System*

The overlapping and sometimes duplicative services offered by various NGOs, in addition to the bureaucratic protocol required to receive referrals and subsidies for advanced care, creates a complex and sometimes confusing system of available health services. As our colleagues also found in Jordan, refugees often experience a lot of “to and froing” by different refugee-specific health organizations due to the limited scope of services provided by any one organization and the bureaucratic necessity of obtaining referrals for certain services (Martin and Taylor 2012). Combined with long wait times at many clinics and refugee health offices, many refugees of all different origins expressed exasperation at the complexity of the system. Frustration with bureaucratic hassle pushes even some financially destitute refugees to seek care at private clinics instead. One Somali refugee told us that with the “suffering and the money” she would spend to make repeated trips to refugee health offices, she found that it was “better...to go to the closest private doctor where the fee is 20LE instead of going to Caritas as early as 6 am and suffering.” The sometimes confusing health environment is even more challenging for unregistered refugees, who have limited resources available for healthcare.

At one time I got very sick and I was admitted to Magdi hospital in Dokki and I had to receive blood transfusion and the doctors said that I have a fibroid in my uterus and that I needed to have a surgery to remove it. Because I did not have a blue card since I was not recognized as a refugee by the UNHCR-Egypt, I couldn't

get financial help from Caritas for my treatment. After the second doctor I went to an NGO called AMERA (Africa and Middle East Refugee Assistance) and from there I was referred to a gynecology specialist and he has prescribed an injection called Zoladex, six injections in total to be taken over a period of six months, one injection every month.

*An Ethiopian Woman AMERA,  
paying for her treatment through grants*

### *Quality*

One significant barrier to healthcare for all refugees, but for Iraqis in particular, is a perception of quality of public and refugee healthcare services in Egypt. Private healthcare is sometimes criticized, but it is widely regarded as the best healthcare available in Egypt. Furthermore, a number of refugees consider private healthcare the only adequate healthcare in Egypt, and some will forego treatment altogether if they cannot afford to access needed services in a private setting. Although some refugees, especially among the Iraqi population, have adequate household savings to afford private healthcare, nearly all refugees are banned from working formally, and thus their financial situation worsens every day. As a result, a decreasing number of refugees are able to afford what they perceive to be adequate and quality care. Though it may not be sustainable to provide reimbursements or subsidies for private healthcare for refugees in all instances, quality of care must be recognized as a formidable obstacle for refugees seeking to maintain their health in dignity. Likewise, this is a significant obstacle for many Egyptians, who cannot afford private care but do not regard public health services as suitable or adequate. We suggest below that offering subsidized insurance benefits to refugees may be the best way to overcome this particular barrier and improve the accessibility of quality healthcare.

## 5.6 Efforts to Mainstream Refugee Healthcare

UNHCR-Egypt, Caritas, Refuge Egypt and other NGOs are aware of the inefficiencies of the current refugee healthcare delivery system and resulting refugees' complaints. Recently, there have been two laudable developments aimed at improving healthcare for refugees in Egypt. The first has been an effort to decentralize the refugee healthcare system and second has been to mainstream refugees into public health institutions.

The most obvious inefficiency in the current very complex refugee healthcare system is that the central Caritas office in Garden City has become a bottleneck through which most refugees need to pass in order to receive primary medical care, referrals to specialists and healthcare subsidies. The long distances and wait times associated with this bottleneck have been detailed above. Starting in 2010, Caritas began plans to decentralize its services, positioning Caritas-affiliated doctors in a variety of different hospitals and clinic settings, where refugees can receive referrals and diagnostic tests without traveling to Garden City. These doctors are situated in neighborhoods with high concentrations of refugee populations. The Egyptian revolution helped to expedite this transition from a highly centralized system: during the initial phase of the revolution, Caritas was not able to operate its Garden City offices. However, Caritas-affiliated doctors were able to

continue working out of hospitals, such as the emergency room set up for refugees at Sanabel Hospital. According to stakeholders, this was a positive development for Caritas in helping to realize the benefits of partnering with Egyptian hospitals to alleviate wait times and bureaucratic hassle.

A second initiative would transition refugees entirely into the Egyptian public healthcare system with NGOs assisting only in dire and exceptional cases. In some ways, the door is already open to mainstreaming refugees: all foreigners have the right to access public healthcare facilities for *primary and preventative care* on the same basis as uninsured nationals. The Ministry of Health recognizes the public health benefit of providing immunizations to all refugee children and treating diseases for the entire population.

Structural barriers exist that keep refugees from utilizing public services more fully. First, there is no standard system for providing translation and interpretation for non-Arabic speaking populations, though the Center for Migration and Refugee Studies at the American University in Cairo has a program to provide translation and interpretation services for refugees in refugee medical clinics, which should be expanded. Second, precisely because a parallel system of refugee healthcare exists (and one that is perceived to be of better quality than public clinics), refugees have

few incentives to use public healthcare. Third, and more significantly, refugees only have access to primary and preventative public health services. Tertiary care is not free, and refugees and Egyptians alike need to pay for these services. For refugees to become fully mainstreamed, the Government of Egypt would need to provide for at least some of the costs of treatment. The alternative—for refugee NGOs to provide for the costs of treatment—leads to the persistence of a parallel system of refugee healthcare in a situation very similar to the current one. All the same, UNHCR-Egypt remains committed to “ensure that where urban refugees can be mainstreamed in standard and quality Public health services as for peer nationals, then all coordination efforts will be addressed to progressively *phase out* from parallel healthcare services and to *phase in*, in mainstream public healthcare as has been advocated”

(Cairo Standard Operating Procedure: UNHCR 2010b).

UNHCR-Egypt has also laid out a list of guiding principles to improve the referral system of refugees’ secondary and tertiary healthcare needs in the public and private sectors. These guiding principles call for UNHCR-Egypt and its partners to avoid creating parallel structures, to establish a referral committee of health professionals, to provide refugees with clear communication about the referral process and its limitations and to sign a memorandum of understanding between UNHCR-Egypt, implementing partners and national healthcare institutions. It is unclear to what extent UNHCR-Egypt Egypt has been able to take steps to implement these recommendations. If fully implemented in Egypt, however, these recommendations would help to facilitate greater mainstreaming of refugees into Egyptian health institutions for complex health needs.

## 5.7 Recommendations

- Subsidized Healthcare Insurance.** Insurance is not a widespread feature of the Egyptian healthcare system: only approximately 50 per cent of all Egyptians are covered by public or private insurance policies. Innovative health practices in other countries of asylum indicate that refugees in Egypt would likely benefit from the provision of a voluntary insurance program to simultaneously mainstream refugees into public (or private) healthcare clinics and hospitals while ensuring that refugees can afford the care they need. Several models of refugee insurance exist, which UNHCR-Egypt reviewed in its March 2012 Guidance Note on Health Insurance Schemes for Refugees and Other Persons of concern to UNHCR-Egypt. A viable pilot scheme would first require a detailed survey of the desired healthcare services and abilities to pay for services. UNHCR-Egypt should then work in partnership with the Egyptian Ministry of Health, INGO healthcare providers and potentially the Government of Iraq to assess the costs and viability of working with Egypt’s national public health insurance and/or private insurers to provide a refugee-specific policy. This policy would provide different levels of care that refugees could enroll in based on their household income. For instance, UNHCR-Egypt might provide all refugees free health insurance for primary care at public healthcare facilities, subsidized by UNHCR-Egypt, BPRM, the Government of Egypt, private donors and other funders. For refugees with greater household income, some might elect to pay for a policy that grants access for primary, secondary or tertiary care through public or private healthcare centers and hospitals. Clinics through Caritas and Refuge Egypt would continue to exist for those health conditions not covered under insurance schemes, but would dramatically change their role from one of the primary providers of refugee healthcare to provide services only for those who are unable to receive care through the subsidized insurance scheme. Using subsidized insurance will greatly improve the efficiency and accessibility of care, enhance the dignity of refugees by providing them with a variety of choices for medical services, enhance the integration and mainstreaming of refugees into Egyptian institutions and promote a greater degree of responsibility sharing between UNHCR-Egypt and the Government of Egypt. As a corollary to this insurance initiative, development agencies can also help to expand the capacity of the Egyptian healthcare system and improve the quality of its care for the benefit of local populations as well as refugees. Such an insurance scheme is the best way to eliminate parallel services, overlapping services, bottlenecks of refugees at limited service providers and the cost of the current refugee healthcare system. Furthermore, health insurance cards would help increase the documentation of refugees in Egypt, further protecting them from the threat of *refoulement* or mistaken arrests.
- Special Fund for Secondary and Tertiary Healthcare for Iraqis.** UNHCR-Egypt should negotiate with the Government of Iraq to establish a special fund for secondary and tertiary care for Iraqi refugees in order to reduce some of the financial impact on refugees and the mainstream system, particularly if efforts to increase the utilization of the Egyptian healthcare system succeed. Extending this support to Iraqi refugees who are unable or unwilling to return to Iraq at the present time would be within Iraq’s financial capacity and an extension of the responsibility it has already taken on for its citizens. Such a fund may also help restore ties between the government and the Iraqi refugees by demonstrating the government’s concerns for its population, regardless of where they are located. In turn, this type of program might encourage repatriation by demonstrating the legitimacy of the Iraqi government in the eyes of the refugees.
- Mainstreaming Refugees Into the Egyptian Healthcare System.** As indicated above, all foreigners have the right to access public healthcare facilities for *primary*

and preventative care on the same basis as uninsured nationals. UNHCR-Egypt should assess the feasibility of closing the existing parallel system of refugee-specific healthcare services and divert resources supporting these services to offset the costs borne by the Egyptian government in providing health services to refugees. UNHCR-Egypt should also evaluate mainstreaming strategies implemented by the Government of Jordan to assess their applicability to the Egyptian context.

- **Decentralizing Refugee Healthcare.** UNHCR-Egypt could continue to decentralize refugee healthcare while maintaining Caritas as an important subsidizer of secondary and tertiary healthcare. Fully implementing this plan will require negotiations with doctors and hospitals, each of which may insist on a different rate of pay for referrals, lab use, and so forth. Furthermore, UNHCR-Egypt will need to develop a system by which Caritas can approve referrals and subsidies without requiring refugees to come to their central offices in Garden City.
  - **Rethinking Refugee Mental Health.** UNHCR-Egypt or BPRM should commission a rigorous epidemiological study to assess prevalence of mental health problems among refugees in Cairo differentiating between those presenting with severe mental health problems and those that can benefit from preventive mental health services. Services and strategies should be based on empirical research findings not on casual assessments of the level of trauma experienced by different refugees by service providers and refugee advocates, particularly those promoting the trauma model and narrative. The trauma narrative has often marginalized alternative discourses based on survival, strength and coping in the face of adversity and minimized the role of individual agency or meaning, which can have particular significance for refugees fleeing armed conflict and civil wars (Tribe 1998, 2004; Bracken and Petty 1999; Ahearn 2000).
    - **Integrate Mental Health Screenings and Referrals into Primary Care.** This is especially feasible in NGO-based healthcare, such as in Caritas and Refuge Egypt. This strategy will go a long way towards minimizing the stigma of seeking mental health services or psychological counseling.
    - **Focus on Resiliency and Indigenous Coping**
- Strategies.** Refugees, who are coping sufficiently well with their circumstances, should be provided with psychosocial services based on culturally appropriate indigenous strategies to maintain their resiliency and mitigate the adverse effects of current stressors.
- **Provide In-Patient Mental Health Services for Severely Mentally Ill Refugees.** For severely mentally ill refugees, UNHCR-Egypt should discuss the possibilities of providing in-patient mental healthcare through Abbasyia in Cairo, provided that UNHCR-Egypt can guarantee that refugees would maintain the same rights and freedoms to refuse treatment or voluntarily leave the facility as Egyptian patients and that UNHCR-Egypt could continue to provide a protection space for these in-patient treatments. If no suitable agreement can be made, UNHCR-Egypt and other international organizations should expand upon the current protocol for emergency mental health in the Cairo Health Standard Operating Procedures so that El Nadim Center, St. Andrew's, Refuge Egypt and/or other providers of mental and psychosocial care can initiate referrals for emergency mental healthcare with UNHCR-Egypt.
  - **Provide Ongoing Professional Development and Training** to healthcare personnel at Caritas and Refuge Egypt to recognize signs of severe mental disorders and distress in order to provide appropriate referrals.
  - **Build Capacity Among Refugee Community-Based Organizations and Networks to Provide Indigenous Psychosocial Assistance to Refugees that Need Support.** Currently AMERA and St. Andrew's provide psychosocial support programs with BPRM funding. These organizations have trained staff members and semi-trained volunteers. Periodic trainings and professional improvement workshops done through Egyptian medical universities and international organizations can help expand the capacity of these organizations. Funding should continue and should also be made available on a pilot basis to other community-based organizations.

# Chapter 6: Conclusions

Refugees in Egypt have endured many years of protection crisis. Many recommendations have been put forth to remedy their situation, most recently by Michael Kagan (2011) who calls for a bold strategy that addresses both the rights of refugees under law and the interests of Egypt as a country. He suggests, and our research team concurs, that the best way forward is for UNHCR to ask the Government of Egypt to renegotiate the 1954 Memorandum of Understanding with the stated purpose of implementing Egypt's obligations under international law, based on the principle of shared responsibility with Egyptian Government recommitting themselves to the principle of *non-refoulement*, UNHCR would continue to support social services for refugees, voluntary repatriation would be promoted when possible, and resettlement would be used for refugees who cannot repatriate, and Egypt would grant permanent residency to refugees who cannot repatriate or be resettled (Kagan 2011).

We suggest that in the interim, strategies aimed at "temporary

local integration" be implemented. We have discussed throughout the report many such strategies—both small and large—aimed at improving refugees' livelihoods by according them the right to work legally in Egypt. Our research suggests that access to the labor market would not only enable refugees to become economically self-sufficient, but would also improve their wellbeing. Another important factor for refugee integration is the possibility of community organization. Iraqis, unlike other refugees in Egypt, are not allowed to form their own associations. Refugee groups that are legally allowed to form self-help groups do not have much capacity to get organized.

The High Commissioner for Refugees recently said that there is today an opportunity for "a new beginning for refugee protection in Egypt" (Kagan 2011:1). Egypt cannot remain an "indifferent host" (Sadek, 2010); the country must become more engaged with refugees who reside there. This engagement would benefit both refugees and Egyptian citizens.

# References

- Ager, Alastair  
1993 *Mental Health Issues in Refugee Populations: A Review*. Boston: Harvard Center for the Study of Culture and Medicine.
- Agger, Inger, and Jordanka Mimica  
1996 *Psycho-social Assistance to Victims of War in Bosnia-Herzegovina and Croatia: An Evaluation*. Brussels: European Community Humanitarian Office.
- Ahearn, Frederic L., Jr. (ed.)  
2000 *Psychosocial Wellness of Refugees: Issues in Qualitative and Quantitative Research*. New York: Berghahn Books.
- Al-Sharmani, Mulki  
2008 "Transit or Transnational?" Paper presented at the conference Irregular Transit Migration in the European Space: Theory, Politics and Research Methodology, Koç University, Istanbul, 18-20 April.
- Azzam, Fatah, ed.  
2006 "A Tragedy of Failures and False Expectations." Cairo: Forced Migration and Refugee Studies Department, American University of Cairo.
- Bazeley, Patricia  
2007 *Qualitative Data Analysis with NVivo*. New York: Sage.
- Bracken, Patrick, Jone E. Giller and Derek Summerfield  
1997 "Rethinking Mental Health Work with Survivors of Wartime Violence and Refugees." *Journal of Refugee Studies* 10(4): 431-442.
- Bracken, Patrick, and Celia Petty  
1999 *Rethinking the Trauma of War*. London: Free Association Books.
- Briant, Natalie, and Andrew Kennedy  
2004 "Priorities of African Refugees in an Urban Setting." *Journal of Refugee Studies* 17(4): 437-459.
- Buscher, Dale, and Lauren Heller  
2010 "Desperate Lives: Urban Refugee Women in Malaysia and Egypt." *Forced Migration Review* 34(Feb): 20-21.
- Central Agency for Public Mobilization and Statistics (CAPMAS)  
2012 "Unemployment Rate in the Fourth Quarter." 18 February. Cairo: Government of the Arab Republic of Egypt.
- Chadwick et al.  
2008 "Responding Mindfully to Unpleasant Thoughts and Images: Reliability and Validity of the Southampton Mindfulness Questionnaire (SMQ)." *British Journal of Clinical Psychology* 47(4): 451-455.
- Chambers, Robert, and Gordon R. Conway  
1991 *Sustainable Rural Livelihoods: Practical Concepts for the 21st Century*. Brighton: Institute of Development Studies, University of Sussex.
- Chatelard, Géraldine  
2011 "Iraqi Refugees and IDPs: From Humanitarian Intervention to Durable Solutions." Washington, D.C.: Middle East Institute and Fondation pour la Recherche Stratégique.
- Crisp, Jeff  
2004 "The Local Integration and Local Settlement of Refugees: A Conceptual and Historical Analysis." Working Paper No. 102. Geneva: Global Commission on International Migration.
- Davis, Rochelle  
2012 "Urban Refugees in Amman, Jordan." With Abbie Taylor. Washington, D.C.: Institute for the Study of International Migration and Center for Contemporary Arab Studies, Georgetown University.
- Di Bartolomeo, Anna, Tamirace Fakhoury and Delphine Perrin  
2010 "Migration Profile: Egypt." Florence: Consortium for Applied Research on International Migration.
- The Egyptian Initiative for Personal Rights (EIPR) and FIDH (International Federation for Human Rights (FIDH)  
2007 "Egypt: Protection of the Rights of All Migrant Workers and Members of Their Families." NGO Alternative Report to the UN Commission on the Protection of the Rights of All Migrant Workers and Members of their Families. Cairo: EIPR and FIDH.
- El-Abed, Oroub  
2005 "Palestinian Refugees of Egypt: What Exit Options Are Left for Them?" *Refugee* 22(2): 15-30.
- Fielden, Alexandra  
2008 "Ignored Displaced Persons: the Plight of IDPs in Urban Areas." Research Paper No. 161. *New Issues in Refugee Research*: 23.
- Grabska, Katarzyna  
2005 "Living on the Margins: The Analysis of the Livelihood Strategies of Sudanese Refugees with Closed Files in Egypt." Working Paper No. 6. Cairo: Center for Migration and Refugee Studies, the American University in Cairo.
- 2006 "Marginalization in Urban Spaces of the Global South: Urban Refugees in Cairo." *Journal of Refugee Studies* 19(3):
- 2008 "Brothers or Poor Cousins? Rights, Policies, and the Well-Being of Refugees in Egypt." In K. Grabska and L. Mehta (eds.) *Forced Displacement: Why Rights Matter*. London: Palgrave Macmillan.

- Gozdziak, Elzbieta M.  
2002 "Spiritual Emergency Room: The Role of Spirituality and Religion in the Resettlement of Kosovar Albanians." *Journal of Refugee Studies* 15(2): 136-152.
- 2009 "Culturally Competent Responses to the Effects of Armed Conflict on Refugee Women." In Susan F. Martin and John Timan (eds.) *Women, Migration, and Conflict. Breaking a Deadly Cycle*. New York: Springer.
- Gozdziak, Elzbieta M., and John J. Tuskan, Jr.  
2000 "Operation Provide Refuge: The Challenge of Integration Behavioral Science and Indigenous Approaches to Human Suffering." In Elzbieta M. Gozdzia and Dianna J. Shady (eds.) *Rethinking Refuge and Displacement. Selected Papers on Refugees and Immigrants, Volume VIII*. Arlington: VA: American Anthropological Association.
- Hartmann, Sarah  
2008 "The Informal Market of Education in Egypt: Private Tutoring and Its Implications." Working Paper No. 88. Mainz, Germany: Department of Anthropology and African Studies, Johannes Gutenberg-Universität.
- Hilal, Leila, and Shahira Sami  
2009 *Asylum and Migration in the Mashrek*. Copenhagen: Euro-Mediterranean Human Rights Network.
- 2009 "Egypt: Stop Killing Migrants in the Sinai." 10 September. New York: Human Rights Watch.
- Le Houerou, Fabienne  
2006 *Forced Migrants and Host Societies in Egypt and Sudan*. Cairo: The American University in Cairo Press.
- International Organization for Migration  
2011 "Rapid Assessment of the Impact of the January 25 Events on Migrants in Cairo." February. Cairo: IOM.
- Jacobsen, Karen  
2005 *The Economic Life of Refugees*. Bloomfield, CT: Kumarian Press.
- Jureidini, Ray  
2009 "Irregular Workers in Egypt: Migrant and Refugee Domestic Workers." *International Journal on Multicultural Societies* 11(1): 75-90.
- Kagan, Michael  
2011 "Shared Responsibility in a New Egypt: A Strategy for Refugee Protection." *Scholarly Works*. Paper 677. Cairo: School of Global Affairs and Public Policy, The American University in Cairo.
- Martin, Susan F., and Abbie Taylor  
2012 *Urban Refugees in Amman: Mainstreaming of Healthcare*. Washington, D.C.: Institute for the Study of International Migration and Center for Contemporary Arab Studies, Georgetown University.
- Mollica, Richard F. et al.  
2002 "Science-Based Policy for Psychosocial Interventions in Refugee Camps: A Cambodian Example." *Journal of Nervous and Mental Disorders* 190: 158-166.
- Nandakumar, A.K., Mukesh Chawla and Maryam Khan  
2000a "Utilization of Outpatient Care in Egypt and Its Implications for the Role of Government in Healthcare Provision." *World Development* 28(1):187-196.
- Nandakumar, A.K., Michael R. Reich, Mukesh Chawla, Peter Berman and Winnie Yip  
2000b "Health Reform for Children: the Egyptian Experience with School Health Insurance." *Health Policy* 50(3):155-170.
- Obi, Naoko, and Jeff Crisp  
2001 *Evaluation of the Implementation of UNHCR's Policy on Refugees in Urban Areas*. Geneva: Evaluation and Policy Analysis Unit, UNHCR.
- Office of the United Nations High Commissioner for Human Rights (OHCHR)  
1989 *Convention on the Rights of the Child*. Adopted 20 November. New York: UN General Assembly.
- Olwan, Mohamed Y  
2009 *Iraqi Refugees in Neighboring Countries: A New Forced Protracted Displacement in the Region*. CARIM Research Report. Florence: Robert Schuman Centre for Advanced Studies, European University Institute
- Peterson, Nancy  
2001 "School's Out." 30 August – 5 September. *Cairo Times* 25(5).
- Pupovac, Vanessa  
2001 "Therapeutic Governance: Psychosocial Intervention and Trauma Risk Management." *Disasters* 25: 358-372.
- Roman, Howaida  
2009 *Iraqi Refugees in Egypt*. CARIM Research Reports 2009/06. Cairo: National Center for Social Research.
- Shiblak, Abbas  
1996 "Residency Status and Civil Rights of Palestinian Refugees in Arab Countries." *Journal of Palestine Studies* 25(3): 36-45.
- Sperl, Stefan  
2001 *Evaluation of UNHCR's Policy on Refugees in Urban Areas: A Case Study Review of Cairo*. EPAU 2001/07. Geneva: UNHCR Evaluation and Policy Analysis Unit.
- Tribe, Rachel  
1998 "What can Psychological Theory and the Psychologist Offer in Situations of Civil Conflict and

- War Overseas?" *Counseling Psychology Quarterly* 1: 109-115.
- 2004 "A Critical Review of the Evolution of a Multi-level Community-based Children's Play Activity Programme Run by the Family Rehabilitation Centre (FRC) Throughout Sri Lanka." *Journal of Refugee Studies* 17(1): 114-135.
- UNHCR
- 1951 *Universal Declaration of Human Rights*. Geneva: UNHCR.
- 2003 *Agenda For Protection, Third Edition*. October. Geneva: UNHCR.
- 2006 *Convention Plus: Development Assistance for Durable Solutions to Forced Displacement*. High Commissioner's Forum: 10 Feb. Geneva: UNHCR.
- 2007 *Strategy for the Iraq Situation, Revised*. 1 January. Geneva: UNHCR.
- 2008 *Egypt: Deportations of Eritrean Asylum-Seekers*. Geneva: UNHCR
- 2009a *Conclusion on Protracted Refugee Situations*. Geneva: UNHCR.
- 2009b *Principles and Guidance for Referral Healthcare for Refugees and Other Persons of Concern*. Geneva: UNHCR.
- 2010a *Global Trends 2010*. Geneva: UNHCR.
- 2010b *Standard Operating Procedures for Refugee Primary and Referral Health Care Services*. Cairo: UNHCR.
- 2011a *Promoting Livelihoods and Self-Reliance: Operational Guide on Refugee Protection in Urban Area*. Geneva: UNHCR Division of Programme Support and Management.
- 2011b *Statistical Report on UNHCR Registered Iraqis and Non-Iraqis*. 30 September. Geneva: UNHCR.
- 2011c *UNHCR Egypt Fact Sheet: December 2011*. Geneva: UNHCR.
- 2011d *UNHCR Global Strategic Priorities*. Geneva: UNHCR.
- 2012 *UNHCR Global Report 2011 – Egypt*. Geneva: UNHCR.
- Van Ommeren, Mark, Saxena Shekhar and Benedetto Saraceno
- 2005 "Mental and Social Health During and After Emergencies: Emerging Consensus?" *Bulletin of the World Health Organization* 83(1): 71-74.
- Viswanathan, M., et al.
- 2004 *Community-Based Participatory Research: Assessing the Evidence. AHRQ Evidence Report Summaries*. Rockville, MD: Agency for Health care Research and Quality.
- World Health Organization (WHO) and Ministry of Health (MOH)
- 2009 *Assessment of the Health Status and Health Care Needs of Displaced Iraqis and Africans in Egypt: Draft Report*. June. Regional Office for the Eastern Mediterranean, World Health Organization and Egypt Ministry of Health.
- Women's Refugee Commission
- 2008 *Earning Money/Staying Safe: The Links Between Making a Living and Sexual Violence for Refugee Women in Cairo*. July 2008. New York: Women's Refugee Commission.
- 2011a *Dawn in the City: Guidance for Achieving Urban Refugee Self-Reliance*. October. New York: Women's Refugee Commission.
- 2011b *Bright Lights, Big City: Urban Refugees Struggle to Make a Living in New Delhi*. July. New York: Women's Refugee Commission.
- Zohry, Ayman
- 2005 "Cairo: A Transit City for Migrants and African Refugees, Colloque: Circulations migratoires et reconfigurations territoriales entre l'Afrique noire et l'Afrique du Nord, CEDEJ, Cairo 17-18 November (invited).

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