An Investment Case for Addressing Social Drivers of
Structural Stigma and Discrimination Against Refugees in
Resource-Poor Urban Areas

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Investment in addressing structural stigma and discrimination against refugees in resource-poor urban areas is both needed, and possible. The large population of refugees residing in resource-poor urban areas is likely to grow, and tensions in a number of settings are now documented. Without interventions to adequately address such tensions, both the protection needs of refugee populations and the stability of hosting countries could be affected. Through qualitative analysis of an urban refugee dataset in Uganda, this dissertation identified community-level drivers of structural stigma and discrimination as safeguarding one’s body and property, defending status, and perpetuating exploitation. The designs of potentially successful programs to address these drivers were then identified through systematic review, and included one or more of the following: 1) the utilization of multiple intervention components; 2) direct information provision (e.g., lecture, role-play, other active engagement) or direct contact with stigmatized groups; 3) cooperative work between community members and stigmatized groups to better livelihoods; 4) popular opinion leaders who have authority to make change, and 5) traditional ceremonies valued by the communities for cleansing and healing. One such design involving an agricultural livelihood program in a resource-poor urban area of the Northeast United States was costed, utilizing a primarily bottom-up approach and a societal perspective in the collection of both financial and economic costs. The unit cost per participating family was significantly lower than
government services that provide comparable nutritional support, but did not include components of working with the community to reduce stigma and discrimination. Thus, the studied program provided more services for a lower cost. In addition, it empowered stigmatized refugees to advocate for and support themselves, and engendered goodwill in the community by involving community members to work alongside refugee participants, improving upon a neglected piece of land, and providing fresh produce. Further research is needed to better measure the social and financial dividends of programs to address structural stigma and discrimination, particularly against urban refugees. Such research can only come in tandem with further investment, the imperative and potential of which are compellingly clear.
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Chapter 1: Introduction

Refugee displacement data and trends

The burgeoning number of refugees now living in resource-poor urban areas, and without strong local connections or access to sufficient support services, merit greater attention to their specific needs. In 2015, the number of refugees under the mandate of the United Nations High Commission for Refugees (UNHCR) was a reported 16.1 million persons; a level not seen in two decades of reporting (UNHCR 2016a). Among the global refugee population, the proportion that are children has climbed from 44% in 2010 to 51% in 2014 and 2015 (UNHCR 2016a), of whom nearly 100,000 are unaccompanied or separated from their caregivers.

The rising number of refugees align with trends in the conflicts and disasters that affect displacement. Documentation of the number of conflicts since the end of the Second World War shows a rise from 20 active conflicts in the late 1940s, to a high of over 50 conflicts in the late 1980s, and a decline down to 30 conflicts in 2003. However, there has been a significant rise in conflicts since 2003, and particularly recently. The number of conflicts rose from 34 in 2013 to 40 in 2014 (Gates 2016). It is also of importance to note that the vast majority of conflicts are now classified as civil wars, in contrast to interstate and colonial wars that were more common prior to the 1940s, and the vast proportion of deaths from conflict are now non-combatant civilians. In the 1940s and early 1950s, more than half of conflict deaths occurred among formal and informal combatants, while in the years since 2005 that proportion was less than 10% (Marshall 2014). Further, 90% of the conflicts in recent decades are not new, but are a recurrence or mutation of a previous conflict, thereby engendering the instability and continued degradation of conflict zones over extended periods of time. As a result of such protracted instability, according to the US Department of State (USDOS) and the United Nations High
Commission for Refugees (UNHCR), the average length of stay in protracted refugee situations is now estimated to be 26 years (USDOS 2016, UNHCR 2016a).

As in the case of conflicts, the numbers of disasters that are reported annually are not incidents isolated from historical context. Disaster monitoring the shows a serious upward trend in incidents, which have been documented to be a result of the temperature changes wrought by human-caused climate change (Herring 2015). In the first decade of reporting from 1990-1999, the annual number of disasters reported was about 250, while the number reported since 2000 averaged about 375, and in the past four years topped 400 reported disasters. Although the types of disasters do vary each year, there has been a continued rise in greater climatological (largely drought) and meteorological (storms) disasters over the past decade, reflective of the additional damage wrought by human-caused climate change (CRED 2016). Climatological disasters such as drought have been particularly acute in Syria, Somalia, Sudan and South Sudan, four countries where protracted conflicts were cumulatively responsible for 45% of the refugee population in 2015 (CRED 2016, UNHCR 2016a).

In the years surrounding the turn of the millennium, there has been a large shift in the geography of refugee resettlement. Drawn by the prospect of jobs, public schools, greater anonymity, and escape from the confines of under-resourced camps, the majority of refugees globally are avoiding or abandoning settlement in camps (Spiegel, 2010, UNHCR 2016). Although the location of more than a quarter of refugees is annually unaccounted for, available residence data shows that individual accommodation has risen from approximately 8% of total refugee accommodation types\textsuperscript{1} to 67%, between the years 2000 and 2015 (UNHCR 2014a,.

\textsuperscript{1} Accommodation types include: planned/managed camp, self-settled camp (as when a camp is created by displaced people gathering together and utilizing their own materials), collective centre, reception/transit camp, and individual accommodation (private).
UNHCR 2016). Of those living in individual accommodations, fully 89% are in urban areas (UNHCR 2016). The trend toward resettlement in urban areas has occurred in tandem with both a rapid shift toward refugee resettlement in low- and middle- income countries (LMIC) (Spiegel 2010), who now how 86% of the refugees under UNHCR’s mandate (UNHCR 2016), and with rapid urbanization within those countries. By the year, 2050, the United Nations expects that 2/3 of the global population will be living in urban areas (United Nations Population Division 2014). Among a five-fold global increase in urban population since 1950, Africa and Asia are now leading the pace of urbanization, at rates of 1.5% and 1.1% change in the population urban respectively, and in comparison to 0.3-0.4% in all other regions (United Nations Population Division 2014). Thus, it can be clearly seen that refugee resettlement is now concentrated not only in countries with the least financial and structural capacity to manage an influx of refugees, but in the peripheries of environmentally degraded urban areas already heaving with large numbers of disadvantaged nationals.

Even within high-income countries, the preponderance are also resettled in cities, due in part to policies that seek to place refugees with resettled compatriots, and to inject “new life” into declining areas. In the United States between 1983 and 2004, 95% of refugees were placed in metropolitan areas, most often in large cities like New York and Los Angeles, but also increasingly in small and medium-sized cities such as Fresno (CA), Utica (NY), and Springfield (MA)(Singer 2006). Additionally, due to housing prices, high unemployment, and competition for resources with host populations, refugees resettled in high-income countries are similarly often left trying to gain a foothold from within the worst neighborhoods of cities that may already be extensively blighted and tempestuous (IRC 2009, Marshall 2005, Pantuliano 2012, Singer 2006).
Urban refugee protection gaps

Despite signature of the 1951 Refugee Convention and 1989 Convention on the Rights of the Child by many refugee-hosting countries, which guarantee the rights to asylum without discrimination and the protection refugees who are minors (UN 1951, UN 1989), refugee resettlement and protection has, in actuality been subject to the political whims of those holding power. Documentation of immigration laws in the United States over the past century have demonstrated calculated alignment with domestic and/or foreign policy agendas, such as the Displaced Persons Act of 1948 that was consistent with the American role in the establishment of the United Nations, the Refugee Act of 1980 that allowed for greater resettlement of refugees from countries with communist leadership during the Cold War, and the Patriot Act of [October 2001] and Real ID Act of 2006 that developed tiered refugee classification systems to prevent “terrorist” threats (Hughes 2009, Waibsnaider 2006, Yakushko 2009). Under the post 9/11 immigration laws, any person who had supported any armed group in any way, whether it be small monies or a meal, was considered a terrorist threat, even if such support was provided under duress (Barkdull 2012). Between 2005 and 2013 the number of immigration related laws and resolutions largely restricting the rights of immigrants, introduced at the state level in the United States rose from 39 to 437. In combination with the multiple iterations of [national] refugee and immigration bans that continue to be introduced at the outset of the presidency of Donald Trump, such activity shows that the well of fear regarding terrorism remains consistently tapped (Karoly 2016). Countries around the world have observed the financial and political gain to be had by promoting refugees as suspected terrorists and playing upon the fear of national populations.

Resistance to hosting refugees is further compounded by difficulties in fulfilling the protections mandated by international conventions. For refugees who are resettled, formal
protective policies and services for refugees outside of camp or isolated settings in many countries remain a rarity. For example, although the Uganda Refugee Act of 2006 is among the more progressive national policies toward refugees in LMIC, with open access to the court system, ensured primary education for up to four children per family, and freedom of movement outside of camp settings (Government of Uganda 2006), all refugees outside of camp settings are otherwise expected to self-reliantly “fend for themselves” (Akello 2009, Meyer 2006). Uganda’s focus upon self-reliance follows the 2009 UNHCR Policy for Refugee Protection and Solutions in Urban Areas (UNHCR 2009) and the 2014 UNHCR Policy on Alternatives to Camps (UNHCR 2014b). These policies were conceived to advocate for urban areas as legitimate places for refugee resettlement, to emphasize the protection needs of urban refugees, and to respect the resource constraints of refugee-hosting countries and the individual agency of refugees. As stated by the 2014 policy, the intent was to “enable refugees to reside in [urban] communities peacefully and lawfully, and support their ability to take responsibility for their lives and their communities with dignity (UNHCR 2014b).” However, to bring these policies to fruition and avoid parallel support systems, it is critical for external agencies to foster linkages to both government support services and relationships local civil society. These linkages have not often come to pass as intentioned by the policies, and therefore there are continually large gaps in the social, educational, and physical protection of urban refugees (Morand 2012, UNHCR 2014b).

Such gaps are currently not comfortably addressed by humanitarian agencies, who can feel that their historic purpose and organizational designs are not well suited for “development contexts” in which 70% of all refugees are now living in a protracted situation (Mabiso 2014), and where there are myriad social and bureaucratic levels to negotiate (Crisp 2012, Gutieres
Further, effective and equitable distribution of support in urban areas is a loaded responsibility, given that resentment can quickly arise among already disadvantaged host populations who may readily observe aid transfers and their effects (Whitaker 2002, REACH 2014). In a recent study, Oxfam cautioned that cash subsidies to Syrian refugees could have contributed in part to sharply rising rents in Jordanian cities, while a 2012 poll by Mercy Corps showed that 80% of Mafraq residents feel priced out of their neighborhoods and now want Syrian refugees confined to camps (Mercy Corps 2012, Sloane 2014). These issues are among many that may underlie budget disparities favoring the use of humanitarian funding for camp settings. For example, in Jordan, UNHCR expected in 2014 to spend US$1,900 per camp refugee and US$980 per urban refugee (UNHCRb 2014), while in 2009 the agency budget for urban refugee education in Kenya was US$0.04 million out of a total national envelope for refugee education of US$3.7 million (Crisp 2012).

The urban areas where most refugees resettle are already challenging environments for even the resident host populations, with poor access to quality education, high crime, and inadequate shelter. For refugees, there are also a number of additional barriers to contend with. These can include arrival with few possessions and social connections, previous exposure to myriad forms of trauma, and inability to communicate in the local language. Although each of these adjunct barriers merits attention, stigma and discrimination are forthwith focused upon in this study because they are repeatedly cited to be among the most destructive (Campbell 2006, Coker 2004, Shedlin 2014, Stark 2015). This is especially true for those refugees and immigrants who are linguistically, racially, religiously, or culturally conspicuous (Arnold 2014, Pantuliano 2012). Among refugees and immigrants, impacts of stigma and discrimination include depression, violence, poor school performance, abandonment of home, and higher

**A stigma and discrimination framework**

To address these impacts and outcomes, stigma and discrimination must be described and traced to their sources. In accordance with that effort, several prominent studies have recently proposed a theoretical framework in which destructive impacts and outcomes are channeled through five principal manifestations of stigma and discrimination: anticipated stigma (fear of experiencing humiliating labeling or treatment), perceived stigma (belief that negative meanings associated with stigma are applied to oneself), internalized stigma (negative self-sanction or shame through believing that public stigmatizing attitudes apply to oneself), enacted stigma (experiencing stigmatizing behavior “outside the purview of the law”) and discrimination (experiencing stigmatizing behavior “within the purview of the law”) (Nayar 2014, Stangl 2013, STRIVE 2012)(see Figure 1). It should be noted however, that harmful behavior enacted against stigmatized groups often precedes the enactment of laws (hence anti-discrimination laws), and even with the existence of protective laws, legal recourse for marginalized groups can be seriously hampered. Further, “within the purview of the law”, does not clarify if the law is protecting against discrimination or enshrining it. Therefore, it is proposed here to categorize the manifestations of stigma and discrimination as: anticipated, perceived, internalized, and experienced.
To better understand the delineation between stigma and discrimination, it is also helpful to think of stigma as labeling or stereotyping, and discrimination as the unfair treatment of a group or individual based on that stereotype. Although there are numerous definitions of stigma, the definition most often cited comes from Erving Goffman’s formative theory of social stigma, which distinguished stigma as “the identification that a social group creates of a person/s based on some [physical/behavioral/social] trait perceived as being divergent from group norms” (Rice 2012, referring to Goffman 1963). Discrimination, by contrast, can be thought of as the harmful treatment of a group or individual based on that stereotype. This conception is along the lines of the abridged description of stigma and discrimination proposed by Thornicraft et al. as: problems with knowledge or attitudes (stigma), and problems with behavior.
With the potential addendum that “problems with behavior” be equated with discrimination if such behaviors are counter to the Universal Declaration on Human Rights (UN 1948).

**Structural stigma and discrimination**

In drilling down further to the roots of stigma and discrimination impacts and outcomes, the aforementioned framework that outlines the anticipated, perceived, internalized, and experienced manifestations of stigma and discrimination takes an important structural viewpoint. It situates these channels within enveloping structural layers of organizational, policy, and community level factors (see figure 1)(Nayar 2014). This framework was adapted from previous HIV-stigma frameworks to address questions regarding the impact of stigma and discrimination on child health, and emerged by working group consensus following the 2013 United States government (USG) and the United Nations Children’s Fund (UNICEF) Evidence Summit on Enhancing Child Survival and Development in Lower- and Middle-Income Countries (see Figure 1).

It is based upon the eco-social theory of disease distribution, which argues that disease can arise not just from innate gene expression or physiology, but also by social and environmentally patterned exposure (Krieger 2014). Of particular note, it follows upon the early insight of Goffman in recognizing that stigma was not only a psychological process, but an interactive social one shaped by the local cultural, economic, and political context (Kleinman 2009). Additionally, it echoes ecological theory, which positions individual child development within micro- (family, neighbors), macro- (organizations, media, policy), and exo- (social and religious norms) systems (Bronfenbrennar and Morris 1998). As stated elegantly by Blankenship et al. in their review of HIV interventions,
Structural interventions differ from many public health interventions in that they locate, often implicitly, the cause of public health problems in contextual or environmental factors that influence risk behavior, or other determinants of infection or morbidity, rather than in characteristics of the individuals who engage in risk behaviors (Blankenship 2006).

**Social norms**

Although the latter facets of the framework, such as impacts, outcomes, and manifestations are fairly well studied, the antecedents of stigma and discrimination, and particularly in reference to refugees and immigrants, are less well understood. Nayar et. al. describe the main precedents as social “markers”, or guidance maps which determine social interaction of the dominant group with the stigmatized group, and the “drivers” and that underpin them. In recent work by UNICEF, seeking to address gender-based violence (GBV) at its foundations, the term social “norms” is used rather than social “markers”. As this terminology is more commonly used also in the work of the World Health Organization, it will be used forthwith here. Please note that, as shown in the framework, there may be multiple social markers intersecting to affect a vulnerable population such as disabled female refugees.

A succinct definition of “social norms” is not yet agreed upon. In general, UNICEF and the World Health Organization (WHO) have traditionally cited social norms as the “informal rules that members of a community or group are expected to follow”, or “rules and expectations of behavior within a specific cultural or social group”, respectively (Read-Hamilton and Marsh 2015, and WHO 2009). However, these definitions in their simplicity are often linguistically confused with the concept of “norms”, which are actually a related group of concepts, of which social norms are a specific piece. This grouping of norms is best outlined by George Mackie and Francesca Moneti (Mackie 2012), and entails personal norms, social proofs, social conventions, legal norms, and social norms. Personal norms are akin to when a child who wants to become a
surgeon vs. one who views slicing someone open as rather barbaric (i.e., norms or values “hardwired” into an individual), a social proof entails following a rule because others do (i.e., one-way dependent), a social convention involves following a rule because you believe that others do and because others believe that you do (i.e., many-way interdependent), and legal norms are written and enforceable rules intended to deter harmful behavior. Social norms are then specifically elucidated by Mackie et al. as involving three components. These include descriptive/empirical expectations about what you think others are doing, injunctive/normative expectations about what you think others believe you should be doing, and consideration for what may happen if you do not follow the social norm. This distinction of social norms from “norms”, and the further specificity of the components of social norms allows for more consistent measurement of social norms in practice, and is the direction in which UNICEF, Voices for Change/ Voices for Change (V4C)/the Learning Initiative on Norms, Exploitation, and Abuse [of women] (LINEA), and the STRIVE consortium are all moving to assess the structural drivers of discriminatory social norms in their work with gender-based violence and HIV (Read-Hamilton and Marsh 2015, Barr 2015, Hyde 2013).

The figure given by Mackie et al. to describe the “norms diagnostic tree” is given below for illustrative purposes (see Figure 2)(Mackie 2012), with highlights added in red as author interpretations of Mackie’s work. Highlights are also added with respect to the work by Jo Spangoro, Christina Bicchieri, and others to argue that culture (accumulated knowledge/skills, arts, language, food traditions, meanings, norms) and environmental/economic contexts are both a product of, and a contributor to, norms (Spangoro 2015, Bicchieri 2014, Morris 2015, Kurzban 2001, Neuberg 2000, Birman 2005, Jaworsky 2014, Sabatier 2008, Thomas 2012). This figure is essentially a breakout of the “stigma marking” box, and a preface to the actionable drivers box,
in Figure 1. It allows for the complex layers of stigma and discrimination to be peeled back to the focus on drivers of social norms of stigma and discrimination, at the structural level of the community.

Figure 2: Social norms as a sub-set of “norms” adapted from Mackie 2012, Bicchieri 2012 and Mockus 2002 (n.b. notes in italics and arrows are added to the original framework).

Drivers of social norms of structural stigma and discrimination

Despite calls from the HIV/AIDS, disability, and mental health communities for greater attention to the drivers of social norms of stigma and discrimination, studies in this area are rare (Biradalovu 2012, Brown, Chan 2005, Collins 2012, Derluyn 2011, Gartrell 2013, Nayar 2014). Within the theoretical literature on stigma and discrimination most specifically relevant to refugees, there are two principal issues. The first is that attention to stigma and discrimination
targeting the closest population group (immigrants) appears to hew toward focusing upon
individual psychological aspects of the issue, which reference the “personal norm” box in
Figure 2. The recent spate of studies seeking to understand anti-immigrant views are reflective
this trend, as they are largely within the psychology literature, and stress individual value
orientations such as right wing authoritarianism (RWA), social dominance orientation (SDO),
assimilationism, and multiculturalism (MC) (Thompsen 2008, Guimond 2013, von Collani
2010). While individual psychological aspects are certainly an important piece of “norms”, as
people juggle between their personal norms, attention to social norms, and keeping an eye
toward enforcement of legal norms to make decisions about behavior, they are only one piece of
the puzzle.

The second issue is, to fill in the social norms piece of the puzzle and try to model what
drives collective behavior, researchers must draw from a daunting wider net of theory concerning
a panoply of “targets” (race, religion, sexuality), and discussed from the viewpoint of diverse
disciplines (psychology, biology, anthropology). Although there are some syntheses of these
competing power, threat, identity, and evolutionary models, researchers in the health and
protection programming remain unsure about how well the existing theoretical literature speaks
to stigma and discrimination experienced by the populations they serve. For example, Nayar et
al. speculate, from review of the HIV-specific literature, that fear and competition for advantage
are drivers of stigma and discrimination. However, no further clarity regarding drivers is
offered, which is common among other reviews stigma in the same genre (Brown 2003,
Inadequate knowledge base on interventions to address drivers of structural stigma and discrimination

The great distance needed to go in gaining greater understanding of the structural drivers of structural stigma and discrimination against refugees urban settings is reflected by limitations within the published literature regarding interventions which could potentially be applicable. Most of the relevant studies, largely within the HIV domain, look at inter-personal discrimination or intra-personal impacts of stigma and discrimination (Jurgensen 2013, Nayar 2014). Further, the survey measures used in these studies primarily address attitude change in a small sample of individual program participants and do not often measure comprehensive constructs of social norms that encompass what the respondents feel others in their social network do, what respondents feel others in their social network think the respondent should do, and what the respondent believes will happen if he/she strays from the social norm are measured (Brown 2012, Krieger 2014, Mackie 2015). Measures that look at personal and perceived attitudes only can be markedly inaccurate measures of social norms (according to the specific definition of social norms), as a person with a non-discriminatory attitude may still behaviorally comply with a social norm of discrimination, and are fraught with self-report bias and the general tendency to overestimate that others’ attitudes are in line with one’s own (false consensus effect)(Mackie 2015, Bicchieri 2014, Watt 2010). And, although the argument can be made that individual attitudes or expectations of behavior do indicate a basic level of change, in general the sample sizes studies can be too small to indicate collective change.

Further, deriving overall effect sizes of social norm interventions through meta-analysis of studies measuring stigma and discrimination at the individual level is likely to be a problematic and inaccurate process. Few of the existing studies in the HIV stigma and discrimination literature attempt to quantify severity of discrimination, analyze for different levels of exposure
to stigma and discrimination to the studied intervention, or use validated stigma and discrimination scales (Chan 2005, Low 2013). For example, Sengupta et al. found in a systematic review that only one of nineteen studies meeting the inclusion criteria used any of the twenty-three available evidence-based and validated HIV/AIDS stigma instruments (Sengupta 2011), while Stangl et al. found in their systematic review that survey instruments varied so widely that they ranged from single measures of stigma to surveys that included over sixty items (Stangl 2013). In addition, the majority of evaluation designs were cross-sectional and without control groups, a design which leaves open the very real possibility that socio-environmental factors or other interventions caused the measured effect, thereby limiting direct comparison of results with those from stronger study designs. Also, these studies primarily look for an effect only in the immediate first few days and weeks after an intervention, which does not allow for timeframes that are sufficient to assess social change.

There is therefore at present a large gap in the public health knowledge base on structural stigma and discrimination interventions in resource-poor urban settings, as no syntheses of studies that document or measure change in social norms, and particularly in reference to refugees, exist. However, it is possible that the aforementioned challenges in the intervention literature may be lessened through several measures: 1) searching for those studies that show change in stigma and discrimination as socially diffusing beyond the individuals; and those that do include measurement of one or more of the social norms constructs that can be consistently compared, 2) restriction of systematic review studies to those with timeframes exceeding one month, and 3) the development of a quality assessment tool ranking each study according to the presented weight of evidence, soundness of method, context for study interpretation (thickness of
description), and relevance of the study population and measurement indicators to the review topic.

Although no systematic review specific to addressing social drivers of norms of stigma and discrimination against refugees in resource poor settings is yet available, some studies may offer leads as to what potential programming components could be substantiated in such a review. Within the literature specific to measuring individual level changes in stigma and discrimination, interventions are often categorized as information-based (education, mass media), skill building (training), counseling, or contact with affected groups (Brown 2005, Sengupta 2011). Studies demonstrating sustainability of effect with lengthier post-tests indicate that contact with affected groups can be more effective than information-based approaches or training, and that multiple interventions such as sensitization and participatory activities are more powerful than one type of intervention alone (Cross 2011a, Collins 2012, Kim 2012).

In addition, it is posited that there are “more similarities than differences across contexts in the key causes of stigma associated with HIV, tuberculosis, poverty, and marginalized groups” (Nayar 2014), and therefore it is likely that successful structural stigma and discrimination interventions addressing other marginalized groups would be substantially germane to refugees. Informal review of public health studies which measure community-level change of stigma and discrimination against such marginalized groups as PLWHIV, disabled individuals, and child soldiers in resource-poor settings, and which could potentially be included in a formal review focusing on refugees, consistently point to several successful intervention components. These include the importance of bottom-up local community ownership, framing stigma and discrimination reduction as a social good, collective projects that improve the community resources and livelihoods, respect for traditional practices and possible substitution of less

**Costing of interventions to address structural stigma and discrimination against urban refugees**

Buy-in from governments and international agencies to support such programming requires estimates for the cost of what is being “bought”, which is currently an issue for programs focusing upon social protection or urban refugees in general, and for programs which could address stigma and discrimination specifically. In a search of PubMed and EBSCO that included key words of stigma, discrimination, cost, economic, financial, community, empowerment, and livelihood, there were over 3,400 abstracts returned. Not a single abstract gave reference to program costs for stigma and discrimination reduction in the fields of refugees and immigrants, HIV, mental health, GBV, education, or reintegration of child soldiers. A hand-search of the UNICEF and the United Nations Educational, Scientific, and Cultural Organization (UNESCO) databases, in addition to a general Google search, yielded very limited information on costs, the information that was available being primarily in the area of “child-friendly” schools or equity programming. Six studies gave both total cost data and a usable estimate of the population served that could be utilized to calculate a unit cost (CfBT 2012, Evans-Lacko 2013, Samms-Vaughn 2014, Szucs 2010, UNICEF Tajikistan 2009, Wood 2014). Only two of these studies gave any breakdown in what the total program costs were used for (Samms-Vaughn 2014, Szucs 2010), and none gave an estimate of economic costs that would include volunteer time or donated goods. Despite emphasis that stronger community participation is engendered...
by community contribution to the program, no record of what the actual financial or economic costs were to community members to participate in the programs could be found.

Of the studies that could be found with costs, none were in emergency or post-emergency contexts, which implies that the need for comprehensive cost data on programs within the humanitarian assistance purview may be particularly acute. An experimental search of PubMed, WashCost.info, and ALNAP.org (Active Learning Network for Accountability and Performance), using the search terms of humanitarian, emergency, disaster, cost, economic, or financial yielded less than ten publications with any unit cost data in the past ten years, and most of these studies were on water interventions that were actually not in emergency or post-emergency settings. In comparison, a PubMed search of unit cost data in HIV prevention programs in development contexts yielded over 100 publications. Further, although there are undoubtedly internal procedures at humanitarian organizations for expenditure tracking, no published guidelines on collecting full costs (from all partners/inputs) pertaining to refugee programs could be found. This may be due to: 1) an inaccurate or circumscribed search or 2) a reluctance in the humanitarian community to apply an efficiency lens to actions that are considered urgent and fundamental 3) difficulties in measurement and in the determination of causal effects owing to tumultuous social, environmental, and economic conditions in emergency settings and 4) a wariness to publish costs which could draw further scrutiny or censorship (Griekspoor 2001, Roberts 2007, Langer 2012).

While it is true that the use of cost-effectiveness or cost-benefit analysis has the potential to increase both interest and efficiency in the humanitarian sector by modeling comparative options for the use of specific amounts of financing (ALNAP 2012, Garg 2013, Lentz 2013, Potter 2013), without the building blocks of effectiveness estimates or basic cost data from
programs that could impact on structural stigma and discrimination, such analyses can’t be accomplished. Whether discrimination issues affecting refugee families in urban areas are looked at from a development or a humanitarian perspective, advocates for increased attention and funding are seriously hampered by the lack of documented program costs or economic analyses. While some funders may be swayed simply by humanitarian plight and the injustice of discrimination, many others require economic justification. UNHCR is currently facing its largest funding shortfall, or the gap between expected budgetary outlay and the actual funds that have come in, ever. At the end of 2015, nearly 60% of the 33 UN appeals were unfunded (UNHCR 2016b). Advocacy initiatives for funding refugee programs could certainly use more arrows in their quiver. Perhaps building the tools of an investment approach, and of a stronger warranty regarding transparency, may assist in hitting the mark (Mundel 2016).

**Summary and dissertation aims**

In conclusion, the goal of this study is to investigate how social drivers of structural stigma and discrimination against refugees in resource-poor settings could be addressed, so as to make an informed argument for investment in pertinent programming. It is hypothesized that an investment case for addressing stigma and discrimination against urban refugees can be persuasively made with greater understanding of the structural drivers that precede personal experiences of stigma and discrimination, the intervention components that may be successful at changing those drivers, and the costs of existing urban refugee interventions that model inclusion of such components. In testing this hypothesis, one specific aim is to examine, through secondary analysis, the sub-text of stigma and discrimination descriptions given by Congolese and Somali respondents in the Stark et al. qualitative data set, which was developed to ascertain key child protection concerns among refugees in Kampala, Uganda. Given the orientation of the
respondents to document social interactions, and in recognition of categories such as “labeling of refugees as terrorists” and “host resentment of perceived refugee privilege” coded during primary analysis that centered on the existence and impact of discrimination, it is expected that the scope of the present study will be narrowed to focus upon structural drivers of community level norms of stigma and discrimination. A second aim is to investigate, through a systematic review of refugee, immigrant, HIV, mental health, child soldier reintegration, and disability programs implemented in resource-poor settings, what intervention components could be recommended for addressing the social drivers of community-level norms of stigma and discrimination identified by the qualitative study respondents. The third aim is to document the costs and financial benefits to both the provider and participants of a refugee program which meets several of the recommendations for addressing social drivers of community-level norms of stigma and discrimination, and is situated in a resource-poor urban area.

This study further seeks to expand the discussion concerning a large and insufficiently addressed population, to fill a gap in the literature documenting refugee experiences with structural discrimination, to develop an explicit and simple tool that can be used to assess quality of both quantitative and qualitative intervention studies relevant to social norms, to provide a resource review of interventions addressing social drivers of community-level norms of stigma and discrimination upon which humanitarian policy makers can draw, to make available the costs of an applicable intervention for reference purposes, and to complement the drive for systems and equity thinking in the post-2015 Sustainable Development Goals (SDG) agenda. In addition, it is expected that this study may stimulate future research on protection concerns that cut across issue-based groupings (such as hazardous work, malnutrition, out-of-school children, and teenage pregnancy), and rigorous evaluation of structural stigma and discrimination interventions.
in resource-poor settings. Through the extension of public health and humanitarian learning to the new context of urban refugee settlements, and greater understanding of how the principal actors there function to drive stigma and discrimination, more comprehensive and equitable progress can be made to ensure the human rights protections enshrined in international conventions.
References


44. Mackie G, Moneti F, Shakya H, Denny E. 2015. What are social norms? How are they measured? Available at: [https://www.unicef.org/protection/files/4_09_30_Whole_What_are_Social_Norms.pdf](https://www.unicef.org/protection/files/4_09_30_Whole_What_are_Social_Norms.pdf)


50. Morand M, Mahoney K, Bellour S, Rabkin J. 2012. The implementation on UNHCR’s policy on refugee protection and solutions in urban areas: global survey 2012. Available at:

52. Mundel T. 2016. Honing the priorities and making the investment case for global health. *PLOS Biology* doi: 10.1371/journal.pbio.1002376


58. Potter A, Zita J, Naafs A. 2013. Costs and effectiveness of hygiene promotion within an integrated WASH capacity-building project in Mozambique. IRC International Water and Sanitation Centre, Briefing Note S03.


Chapter 2: Drivers of community-level structural discrimination against urban refugees in Kampala, Uganda

**Introduction:** The large majority of global refugees are living in resource-poor urban areas, where access to protective services can be restricted. Discrimination has been described by urban refugees to be among the greatest obstacles they face in resettlement, and demonstrated to impact upon mental health. To better inform programming, this study seeks to elucidate the drivers of community-level structural discrimination against refugees in resource-poor urban settings.

**Methodology:** Secondary analysis, utilizing grounded theory and constant comparative method, of interviews and focus group discussions held with Congolese and Somali refugees in Kampala, Uganda

**Results:** From refugee descriptions of interactions with host community members, three principal drivers that serve to socially entrench discrimination against refugees thematically emerged. These drivers include safeguarding one’s body and property, defending status, and perpetuating exploitation. These drivers largely align with the functions of stigma developed by Jo Phelan and colleagues in their summary review of stigma and prejudice models (keeping people down, keeping people in, keeping people out), with the principal exception that the Kampala narratives focused less on having the power to keep other people down, and more on the power not to be down oneself.

**Conclusions:** The transcripts highlight how drivers of discrimination continuously constrain the interactions between refugees and hosts and shape evolving attitudes and behavior. It is anticipated that this grounded analysis can complement previous theory through the foci on
refugee populations and structural discrimination, and can inform programming critical to
ameliorating the protracted refugee situations now concentrated in resource-poor urban areas.
Introduction

The arrival in Europe of more than one million refugees fleeing violence in the Middle East has stirred political and mass media attention to refugees not seen since World War II. Amid turmoil and heated rhetoric are common recognitions of a refugee “crisis” that may continue unabated due to increasing hostilities and environmental pressures. As of 2015, United Nations High Commissioner for Refugees (UNHCR) reported that over half of the 16.1 million refugees were children (UNHCR 2016).

The refugee crisis touches all nations and must be constructively managed. Camp-based settings have traditionally been intended as temporary emergency measures and cannot possibly accommodate the large number of existing refugees, asylum-seekers and internally-displaced people (UNHCR 2016a,b). In addition, measures have proven to be not-so-temporary, as the average length of stay in protracted refugee situations is now estimated to be 26 years (UNHCR 2016, United States Department of State 2016).

As of 2015, 67% of refugees have chosen to reside outside of camp-based settings, the majority [88%] have settled in urban areas (UNHCR, 2016). Such movement has created instability and pressures on these cities, particularly in the resource-poor areas that disproportionately bear this load. Among the global refugee population, 86% are being hosted by developing countries (UNHCR 2016). This figure should be of global concern not only because it represents a burden on countries but also because these countries may not remain among the more stable if further stressed.

Refugees arriving in resource-poor urban areas can face important barriers adjunct to poverty, lack of access to quality education, high crime, and inadequate shelter. Discrimination, which is defined as the unfair treatment of a group or individual based on that stereotype (Goffman 1963, Cross 2011, Thornicroft 2007) has been shown to lead to negative outcomes for

The way forward for effectively addressing discrimination, however, is not clear. Although a fledgling literature documents the impact of discrimination against urban refugees in resource-poor settings (Ay 2016, Arnold 2014, Ellis 2010, Goodkind 2006, Stark 2015, Thomas 2012), lack of evidence on drivers of discrimination limits a response grounded in an ecological systems framework (Stangl 2013, Nayar 2014). The aims of this study are thus to analyze narratives from refugees to better understand the drivers of community-level structural discrimination. The study of structural discrimination differs from that of discrimination at the individual level, in that such study seeks to understand the social and environmental interactions that entrench discrimination across large population networks at the organizational, political, or community levels (Nayar 2014, Gartrell and Hoban 2013). An addition aim is to consider the implications of these drivers for the development of relevant programming. Finally, it is intended that the study will augment the literatures on structural discrimination and on refugees in resource-poor urban settings.

**Methodology**

**Setting**

We conducted a secondary analysis of transcripts from interviews with Congolese and Somali refugee gathered as part of a study to examine community-based child protection
mechanisms amongst urban refugees (Horn 2013). The original dataset was drawn from three urban townships of approximately 10,000-15,000 residents in Kampala, Uganda.

At the time of the study in March and April of 2013, Uganda was hosting 250,000 refugees and asylum-seekers (UNHCR, 2014). More than 60% of Kampala’s population were living in slums, and poor housing and sanitation were expected to be further strained due to rural-urban migration in the next two decades (The World Bank 2016). Further, the country was still reeling from terrorist attacks in Kampala and in neighboring Kenya (Rice 2010). The national refugee policy has remained comparatively open, allowing for free movement outside of camps, the right to work once an official identity card is obtained, access to primary education, and for refugees in rural settlements, small plots of land and the support of social service personnel.

However, self-settlement outside of camp and designated rural settlements has been discouraged. The 2006 Uganda Refugee Act advocates “self-reliance” of urban refugees, and at the time of data collection, the 2014 UNHCR Policy on Alternatives to Camps had not been taken up in Uganda to improve access to public health, child protection, and judicial services for urban refugees (Government of Uganda 2006, Meyer 2006, Stark 2015). Street vending without a stall permit (costing over 100,000 Ugandan shillings) was prohibited by the Kampala Capital City Authority (KCCA) in 2011 in an attempt to attract business investors. Finally, the guarantee of free movement in section 30-1 of the Uganda Refugee Act has been by restricted by everyday application of section 30-2, that such freedom is “subject to reasonable restrictions” (Nakayenga 2013, International Refugee Rights Initiative (IRRI) 2015).
Data collection and analysis

Data were gathered through a purposive sample of respondents, contacted by one of five Congolese or two Somali refugees who had been enlisted and trained as research associates. A total of 39 Congolese focus group discussions, 12 Somali focus group discussions, 129 Congolese in-depth interviews, and 46 Somali in-depth interviews were conducted with an approximately even distribution of adolescent (aged 13-17) and adult (aged 18+) respondents. These discussions were held in private locations, in French, Kiswahili, Lingala, or Somali, and utilized a semi-structured guide that asked respondents what they believed were the greatest child protection concerns in their general community. Focus group discussions lasted 60-90 minutes, were segmented by age and gender, and were moderated by a facilitator and a note taker of the same gender. Individual interviews lasted 30-60 minutes, and were conducted by an interviewer of the same gender. Verbal consent was obtained for all participants.

A combination of grounded theory and constant comparative method (Creswell 2007, Silverman 2011) was used to analyze the qualitative data. The lead author began the secondary analysis through a careful reading of all anonymized transcripts. Initial open codes were linked key textual excerpts, and memos were used to note further thoughts related to interpretation of the excerpt within the context of the full discussion. All initial codes were collated, in order of considered weight, under axial codes. Together with the lead field researcher and principal investigator, the lead author reclassified axial codes and outlined overarching themes that were loyal to participant perspectives. This study was covered under INSTITUTION BLINDED’S IRB exemption AAAB7134.
Results

Findings reveal the existence of wide-ranging experiences with discrimination at the community level in Kampala. Through a careful reading of these experiences, three central themes emerged that elucidate why discrimination may become normative in refugee-receiving communities. These themes include the host population’s safeguarding body and property, defending status, and perpetuating exploitation. Through a contextual analysis, it emerged that these drivers were not static. Rather, they were formed and reinforced through an interaction with the environmental and economic contexts.

Safeguarding body and property

Narratives suggested that Ugandans did not believe that interaction with refugees would be a positive experience. One emergent category centered on fear of direct bodily harm, prominently due to terrorist attacks. The Somali transcripts were replete with descriptions of being called ‘al-Shabaab’. As one respondent stated, “Again the Somali people are associated with those people fighting in Somalia so they [Ugandans] have the fear of [us] being linked to them” (Adult male, Somali). Children were not immune to this label, which may reflect local familiarity with the practice by al-Shabaab and similar groups in the area of forcibly enlisting children as soldiers. Mothers related, “The police, they come with car which they called 999 and take the children because they are saying al-Shabaab”, and “They [at school] even abuse the child saying to him ‘he is al-Shabaab’, and the child comes home when he is cry over and over...how can a child become al-Shabaab?” (Adult females, Somali).

Fear of bodily harm was also revealed in a collection of passages concerning local standards of personal hygiene. One respondent succinctly stated that “Dirtiness is causing refugees to be neglected by the Kampala people” (Adolescent male, Congolese). Several
references described a specific focus on hairstyle. These included statements that “They are even told our children…cut their hair, which is impossible to us because we are different culture and for us we are Islam,” (Adult female, Somali), and “There are some people who don’t even have money to shave their hair; but when people see them on the way they start shouting ‘a mad man!’ yet they are not mad” (Adolescent male, Congolese). In tandem, there were dozens of responses describing body lotion as among priority necessities. One father related, “[When our children] are lacking things like body lotion and soap they will be traumatized,” (Adult male, Congolese), while another respondent said that “Everyone can know her level if parents are capable of providing body lotion” (Adolescent female, Congolese). These statements indicate that the refugee population was aware that accordance with local standards of hygiene was an important factor in host suspicion and condemnation.

A second category centered on expected negative interaction due to previous experiences by the host community of losing household goods or property value as refugees arrived. While a number of references pointed to some openness on the part of Ugandans, obstacles such as poor financial resources, weak social networks, and restricted job opportunities may have served to quickly poison relations. Within the transcripts there were many instances in which refugees cited nationals as saying, “You disturb us” or “Why do you take all our strength?” (Adult male, Congolese). Participants mentioned that “A Ugandan said they are fed up with Zairans; because of them everything increased like the rent,” (Adolescent female, Congolese), and “They will tell you we are the trouble causers… the taxi price has increased, the rent, and even food just because of you people” (Adult females, Congolese). Such comments indicate a component of community fatigue and that host community members felt economic hardship was escalating and attributed to refugees. Refugees also shared similar remarks regarding the protracted situation.
For example, one respondent asked, “We are going to be like Israelite’s children in Egypt within 430 years of slavery, till when?” (Adult male, Congolese). This man articulated a concern of both host communities and refugees as to how long the situation could continue.

Within the host communities, it was clear that the hardships faced by refugees also precipitated negative interactions through acts of petty theft or over-reliance on the generosity of host community members. As two respondents remarked, “At the end when he doesn’t get on his own [bread] then he will get the spirit of stealing,” (Adolescent male, Congolese), and “He will be working, putting hands in people’s pockets” (Adolescent female, Congolese). Even items such as plastic bottles could serve as sources of conflict in a resource-poor setting like the townships of Kampala. As one respondent stated, “There is no job, so children are spending the day wandering, remaining at dustbins, picking up empty bottles so that they can go and sell them in order to get some money, so if you find them or the neighbor finds them over there, he/she will say that they have stolen his/her bottle” (Adult male, Congolese).

Another referred to the theft of garden produce: “You as a parent who has no job, has no food, that’s when you decide to send him/her to go and look for your food and this one goes to people’s chambers or gardens so that he/she can get some harvest some vegetables so that the family can get supper that day” (Adult male Congolese).

Other respondents reported their children being “chased” for imposing on their host neighbors, without the parent’s ability to reciprocate such assistance. These references were often for simple things like a meal, the opportunity to watch television, or a space in which to play. They stated how “Children stay home alone…and maybe there is no means and no hope of
eating; they go to the neighbor’s houses, that is not once or twice, it is their way of life. The child [will] go and stand at the neighbors doors so that they can give him something to eat”, and

“Our houses are so small we don’t even have a compound the child will go to the neighbors and watch TV there he will chase and even he can be beaten. Children prefer going to neighbors when they see there is space for playing…most of the time the neighbors don’t like that” (Adult females, Congolese).

Reported host community assumptions that refugee interactions around property or resources would be negative was common throughout the narratives.

**Defending status**

The refugee transcripts also suggested a view that refugees ‘had it better’, and described a sense of personal insult that newcomers could have means to higher social or economic position that someone who is native. In resource-poor settings, items like shoes, and increasingly mobile phones, are coveted not only for their functionality, but also as symbols of status. Such items were continually referenced by refugees as a source of conflict with their neighbors. One young respondent felt that “The Ugandan rejects Congolese which they don’t want Congolese to have things of value; when they see me talking on the phone they feel bad and, beat me, and grabbed the phone.” (Adolescent male, Congolese). Others stated, “When you take a walk if putting on sandals people will tell you to put the sandals off,” (Adolescent male, Congolese), and “When we put out our shoes they steal them.” (Adolescent male, Congolese).

The host statements and attitudes recalled by refugees indicated that Ugandans also presumed Congolese refugees had access to the coveted mineral wealth that had “provoked” such lethal plunder in the DRC, even though the presumption was unfounded. Umbrage was taken, at times violently. One respondent stated, “The problem we have here, they think every
Congolese has gold. They don’t know that when a Congolese runs away, he doesn’t even come with slippers” (Adult male, Congolese). Another related, “They know Congolese have gold…so they steal from them” (Adult female, Congolese). In another discussion about gold, one respondent said “The [refugee] man was a tailor, and when his life started improving here, they thought that he got money from Congo. They made sure to kill him” (Adult male, Congolese). There were a smaller number of references of incidents against Somalis, likely because the greater insularity of the Somali community limited interaction with the host population. One respondent noted, “When we are sent to buy pasta or oil from the shop they pour down (out) the things we have bought; some [Ugandans] are very poor and they like the things.” (Adolescent male, Somali).

Host community members were also perceived to feel that refugees had opportunities, both within and outside of Kampala, not available to Ugandans. One respondent noted, “Even those [Ugandan] Chairmen mock us that we refugees are paid” (Adult female, Congolese) while another stated, “Sometimes there is discrimination because they find out that refugees are paid.” (Adult male, Congolese). There were also numerous references in which refugees had reported crimes only to be told that they were intentionally creating the situation to make a case for “insecurity”, a term interpreted to bring favoritism in the form of humanitarian aid or resettlement to a third country. Respondents stated, “When even he/she [Ugandan Chairman or police] is seeing that a child still bleeding but will tell you that you’ve poured to your child an animal blood on the face; that you are looking for insecurity”, and “When you try to report…they only ask your tribe and if you say Congolese they immediately say that we want to create insecurity” (Adult females, Congolese).
Although this sense of injustice may have been related to the previous topic of safeguarding of resources, the context of the remarks largely centered on the presumed opportunity for non-governmental assistance or for refugees to “go away”. One of the most widely reported criticisms from host neighbors was that “you” refugees could “Just go back [home]” or “Go to the settlement camp where there is everything”. The content of these statements indicates that refugees were perceived to have opportunities and that the host population sought to offset such perceived opportunities through condemnation and marginalization.

In contrast to host perceptions that refugees could readily go back home or comfortably live in the camps, refugees in the transcripts described to interviewers many reasons why they had no choice but to stay in Kampala. They knew no one who had successfully emigrated to a third country outside of illegal and dangerous means. They had experienced rape, burning of their homesteads, murder of their loved ones, and forced recruitment into militias in their native countries, and thus feared returning to places still in turmoil. And for those who had spent time in the refugee camps, they regularly described the disease, severely restricted food rations, sexual violence, and difficulties for unaccompanied women in building shelters as unbearable. Without more detail on host knowledge, it is difficult to ascertain why there is such a discrepancy.

**Perpetuating exploitation**

Exploitation of the refugee population took numerous forms, most commonly centering on sexual predation and the worst forms of labor involving children, as categorized by the International Labor Organization (ILO)(ILO 2002). In some cases, adolescent girls were pressured into marrying local men at young ages. On man responded, “Boys from here are taking them as wives; these are boys who know that those girls have neither startup [money] nor
end [prospects]” (Adult male, Congolese). Another reported, “They [girls] are suffering, they are getting married to Ugandans, even at 15” (Adolescent male, Congolese).” Although Somali respondents frequently stated that adolescent girls were expected to marry at young ages, it appears that they generally married compatriots and were not sought out by Ugandans for early marriage, perhaps due to religious differences or the greater insularity of the Somali community. There were, however, several references to marriages of Somali girls to Ugandan men that were negotiated by families or local Chairmen, following rape or unplanned pregnancy. These were all reported similarly to the wording of one respondent, “When the man was found and the mother of the girl does not want her daughter to neglect, she asks him to marry her, because people will know the situation and no one will get married her in the future” (Adolescent female, Somali).

As was the case with child marriage, references to rape were commonly mentioned, principally in regard to girls, although boys were not exempted. One father foretold that “If your daughter is so beautiful, it means that you have already become an enemy of young men Ugandan”, while another remarked that “Our children are suffering because they don’t love Ugandan men; Ugandans have decided to impregnate them by force” (Adult males, Congolese). Youth were often described being targeted while walking home from school in the dark, “roaming” because they were not able to attend school, or working as a domestic servant in another household. For example, one respondent stated that “Here girls find jobs; they cook for them food and wash their clothes, but these [Ugandan] men take advantages these young girls and try to rape them” (Adult female, Somali).

Child labor was prevalent in the participant dialogue, not just in domestic service but also in industries more associated with urban areas. Outside of domestic service, the majority of
descriptions for child labor centered on restaurants, supermarkets, retail stores, construction sites, and the collection and sale of scrap. The children were often underpaid or were not paid at all and faced conditions potentially harmful to their health and safety. One respondent related, “If she gets a job at a shop in town, they do not pay her as required by social legislation; she cannot refuse because she is a refugee” (Adult male, Congolese), “They work in restaurants and do the dirty jobs; they work long hours,” (Adult male, Somali), and most directly, “The boss can do something bad to the child knowingly because he has a benefit.” (Adolescent male, Congolese). Children were noted to have been recruited into gangs, where “Men who gather a group of children send them to pick-pocket people and steal mobile phones,” (Adult male, Somali) or “People who sell drugs are using them.” (Adult male, Somali). While individual acts of exploitation may have initially occurred through opportunism or innate malevolence, it logically could only be propagated in such manner and breadth when safeguarded by structural discrimination. Such discrimination positions the targeted group as “less than” the dominant group, and therefore less worthy of the community concern and protection necessary to confront exploitation.

Discussion

The three drivers of structural discrimination discerned in this analysis -- safeguarding body and property, defending status, and perpetuating exploitation -- largely align with previous work on discrimination. They most closely resemble the functions of stigma described by Jo Phelan et al., in their theoretical models of stigma and prejudice. These included disease avoidance (keeping people out), norm enforcement (keeping people in), and exploitation and domination (keeping people down) (Phelan 2008). However, two important distinctions should be made between the findings of our analysis and that of Phelan et al. First, the theoretical
literature cited by Phelan et al. on disease avoidance has traditionally focused upon physical aesthetics (Kurzban and Leary 2001, Jones 1984) while our analysis reflects a focus on conflict and terrorism as sources of avoidance. Secondly, the narratives expand beyond the limited example of slavery given by Phelan et al. to explicate stigma and prejudice as supporting a power relationship between perpetrator and target (Phelan 2008, Allport 1954, Mackie 2012). However, power was not necessarily sought to dominate others in our analysis, rather it was sought to rightfully gain the same resources or the same autonomy to control one’s own fate as the “other”. There seemed to be less “I want to have more than refugees,” and more “why don’t I have what refugees have?”

The data in this analysis are also reflective of two important theoretical concepts from psychosocial literature that continue to be relevant decades after their original proposition. These include a desire for order (Goffman 1963), which was directly reflected in host perceptions that refugees were disturbing their neighborhoods, and an evolutionary desire for social networks that provide security and profitable exchange (Kurzban and Leary 2001), which was indirectly reflected in irritation that refugees were thought unable to return generosity in-kind. Recent studies of network formation in China, where the concept of “guanxi” has engendered traditional sharing of agricultural labor in rural areas, and modern sharing of communal office spaces in Beijing’s Silicon Valley (Yang and Kleinman 2008), demonstrate both the durability of social networks as an organizing principal for the designation of “in” and “out” groups, and the evolution of network types across contexts. Whether the perspective is from “keeping people in” or “keeping people out”, further study of how refugees and nationals form respective social networks, and could be supported to form joint social networks, is needed to develop programs addressing structural discrimination.
Taken as a whole, our findings support the work of recent immigration literature, in proposing that the social construction of discrimination is an interactive and evolving process. Refugees discriminated against in the already weak job market were unable to afford basic necessities (Stark 2015), and then were forced to forage from the gardens of others or to tell their children to seek food from their neighbors. The local population expected refugees to be beggars, which could have contributed both to avoidance of refugees and violent recrimination against them when they exceed their perceived low status. As documented in recent studies, the quality and context of interactions is critical. Negative interactions more powerfully shape attitudes and behavior than positive ones (Barlow 2012, Turoy-Smith 2013), while the local environmental, economic, political, communication [i.e., media], and historic contexts (Phelan 2008, Kurzban and Leary 2001, Neuberg 2000, Birman 2005, Jaworsky 2014, Sabatier 2008, Thomas 2012) can set the stage for the quality of interactions. The continuous acclimatization to environmental and economic contexts, for example, is well reflected in a 2014 study of host-refugee interactions in Amman Jordan. As reported by refugees and hosts, an initial open welcome by hosts turned to resentment and tension as conditions became more crowded, prices rose, and external support was perceived to be markedly less accessible to the host community nationals (REACH Initiative and British Embassy in Amman 2014). In terms of historic context, from studies of slavery and power threat theory, it is possible to infer that the evolution simply in the ever-larger refugee numbers may have been seen by the host population as threatening, for people expect majorities to hold power (Morgan 1975, Blalock 1960).

Limitations

The study has several limitations, principal of which is the lack of a direct viewpoint from nationals within the communities hosting refugees. It is possible that the analysis could have
been biased by previous knowledge of the theory posited by Phelan et al. However, nascent categories relevant to structural discrimination were identified through results inductively drawn for the original Stark et al. study, but were not fully explored as they were outside the scope of that article. Finally, the analysis could have also benefited from local feedback subsequent to the initial sharing of general study results with participating organizations and refugee researchers and comparison to qualitatively documented refugee and host experiences in other resource-poor urban settings. As yet, the dearth of such comparative documentation makes evident the value of this exploratory work.

Conclusion

This study aimed to better understand drivers of community-level structural discrimination and strengthen the literature on refugees in resource-poor urban settings. Through the perspective of Congolese and Somali refugees residing in Kampala, a framework of discrimination emerged that is germane to protracted refugee situations, and which builds upon existing theory. Perhaps most relevant for programming and policy are our findings relaying the stresses and expectations of both refugee and host populations, signaling the need to support mutually beneficial opportunities which could engender more positive refugee-host interactions. Additionally, the prevalence of exploitation indicates persisting social neglect for the enactment or enforcement of protective regulations. Finally, our findings suggest that different drivers of discrimination (safeguarding body and property, safeguarding status, and safeguarding exploitation) may require different responses. Given current trends in migration and global political and environmental instability, it will be vital to the security and prosperity of peoples in countries at all income levels across the globe that refugee resettlement is not only supported, but appropriately attuned to structural roadblocks of discrimination.
References


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Chapter 3: Interventions to reduce community-level structural stigma and discrimination against urban refugees: a systematic review.

**Introduction:** The rapidly rising number of refugees fleeing emergent and protracted conflicts, and who are resettling primarily in resource-poor urban settings, are in critical need of support from both the humanitarian and development communities. Although stigma and discrimination have been cited by urban refugees as among of their greatest concerns, there are few programs in this sphere, and particularly little research into structural stigma and discrimination against vulnerable populations such as refugees that may guide programming.

**Methodology:** This study systematically reviewed the peer-reviewed and grey literature published between January 1995 and October 2015 on stigma and discrimination interventions targeted to refugees, and the postulated relevant populations of immigrants, orphans, people living with HIV or disability, and former child soldiers. Nine bibliographic databases were searched via EndNote 7, while three journals, and the websites of relevant humanitarian and development agencies were hand-searched. Qualitative or quantitative studies that had either measures of social norms of stigma and discrimination, or had measures of individual-level stigma and discrimination and a study design that indicated diffusion of the intervention beyond the individuals originally targeted were included. A quality review instrument was developed to evaluate each study along twenty dimensions (scale range 0-20), categorized as weight of evidence, soundness of method, context for study interpretation, and relevance of the study population and measurement indicators.

**Results:** Twenty-eight studies from low- or middle-income countries were included in the systematic review. Sixteen of the included studies took place in sub-Saharan Africa and twelve studies were in urban areas or mixed geography. Twenty-five studies referenced stigma and
discrimination against people living with HIV/AIDS (PLWHA), and three studies focused upon child soldiers. Although one study included immigrants as a reference group in addition, no studies were available specific to refugees. In terms of quality, fourteen of the twenty-eight studies scored in the fair range (5-9 points), thirteen of the studies scored in the good range (10-14 points), and one study scored in the excellent range (15-20 points) under the matrix for the developed quality review. Studies were primarily censored for lack of control group, power analysis, assessment of exposure, description of the setting, and relevance to stigma and discrimination against urban refugees.

**Conclusions:** Commonalities across the included studies denoting greater impact suggest that interventions with multiple components, contact with stigmatized groups, involvement on joint projects that benefit both refugees and the host community, engagement of popular opinion leaders that have vested authority, and attention to engendering locally-owned and culturally appropriate responses hold promise for reducing community-level structural stigma and discrimination against urban refugees.
Introduction

In 2015, the number of refugees under the mandate of the United Nations High Commission for Refugees (UNHCR) was a reported 16.1 million persons, an unprecedented level (UNHCR 2016). Among this refugee population 86% are currently hosted in developing regions undergoing explosive rates of population concentration in the urban areas where most refugees also come to live, and the remaining 14% of refugees globally are resettled in urban areas of high-income counties that are often struggling economically due to decline in local manufacturing industries (IRC 2009, Marshall 2005, Pantuliano 2012, Singer 2006, United Nations Population Division 2014, UNHCR 2016). Thus, the majority of newly arriving refugees must negotiate survival in urban settings that are resource-poor and, in which the host population has been just managing to get by. Further for refugees living outside of camp-based settings, freedom of movement, access to government services such as the legal or social welfare systems, and support from humanitarian or development organizations can be significantly more limited, and in numerous countries, purposefully restricted (Meyer 2006, UNICEF 2012).

Stigma and discrimination have repeatedly been cited by urban refugees to be among the greatest threats to successful resettlement (Campbell 2006, Coker 2004, Shedlin 2014, Stark 2015). Stigma is most often defined as “the identification that a social group creates of a person/s based on some [physical/behavioral/social] trait perceived as being divergent from group norms” (Rice 2012, referring to Goffman 1963), while discrimination is identified as the harmful treatment of a group or individual based on that stereotype. Or, more simply, stigma concerns problems with knowledge or attitudes, and discrimination concerns problems with behavior (Cross 2011a, referring to Thornicraft 2008). Among refugees and immigrants, impacts of stigma and discrimination include depression, violence, poor school performance, abandonment of home, and higher pregnancy rates (Almeida 2011, Ellis 2010, Guerrero 2010,
Motti 2008, Stark 2015). These impacts are described in recent frameworks of stigma and
discrimination to flow from antecedent outcomes (Stangl 2013, Nayar 2014), which include low
self-esteem, risky sex, and avoidance of preventive care or treatment services (Chan 2005,

Although these outcomes are fairly well studied, the precedents of stigma and
discrimination, and particularly in regard to refugees and immigrants, are less well understood.
Despite calls from the HIV/AIDS, disability, and mental health communities for greater attention
to the structural determinants of stigma and discrimination at the social/community, public
policy, and organizational/institutional levels (Brown 2012, Chan 2005, Collins 2012), the global
health field has been concentrated upon stigma and discrimination at the inter-personal and intra-
personal levels (Bharat 2011, Nayar 2014). Without anticipatory attention to preventing
entrenchment of the stigma and discrimination “disease” at the structural levels of ecological
systems, such measures can only address the “symptoms” of stigma and discrimination and offer
limited protection for vulnerable groups.

In tandem with recent research defining social norms as critical, but largely unaddressed,
drivers of stigma and discrimination against vulnerable groups (Stangl 2013, Read-Hamilton
2015), the focus of this study is narrowed specifically to assess the potential for social norms
programming to reduce stigma and discrimination against refugees. An operational definition of
social norms that is practically applicable to the refugee context can be drawn from seminal work
in the psychology field, and in health programming to reduce smoking and alcohol intake in
Unlike a personal norm that is innate to an individual, such as the difference between a child
who wants to become a surgeon and one who views slicing someone open as rather barbaric,
social norms are interdependent social conventions in which people make decisions on the basis of empirical [descriptive] expectations about what they think others in their social network believe/do, normative [injunctive] expectations about what they think these others think they should believe/do, and consideration for what consequences they believe will follow upon deviation from the social norm (Brown 2012, Bicchieri 2014, Krieger 2014, Mackie 2015).

Situated most broadly at the community level, but also within the inter-related political and organizational spheres, social norms programming is currently being explored by UNICEF, Save the Children, and partner organizations to address gender-based violence, adolescent reproductive health, and de-institutionalization of children to alternative care settings. Social norms programming is therefore likely to be highly relevant in addressing the issue of stigma and discrimination against refugees resettling in resource-poor urban settings. Given the paucity of stigma and discrimination interventions in this area, the first aim of this systematic review is to determine what the availability may be for interventions that address social norms of stigma and discrimination against refugees or similar vulnerable groups, particularly in resource-poor urban settings. A second aim is to review the quality of these studies, while the third aim that follows, is to assess what conclusions could be drawn from the available studies to inform programming and more comprehensively support refugees and their host communities in resource-poor urban settings.

**Methodology**

**Search strategy and selection criteria**

Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) standards were used to frame the search strategy, analysis, and reporting of results. Peer-reviewed articles with a publication date between January 1995 and October 2015 were drawn
into Endnote7 from the bibliographic databases of PubMed, PsycInfo, Google Scholar, Social Science Full Text, Wageneingen University Disaster Studies, GDnet Knowledge Base, African Journals Online, Cochrane Database of Systematic Reviews, and Proquest Dissertations and Abstracts. Search terms for abstracts in the bibliographic databases included: “stigma” or “discrimination” or “xenophobia”, in combination with 1) “intervention” and associated terms that included “program”, “support”, “service”, and “structural”; or with 2) “refugee”, “immigrant”, and potentially referential groups such as “orphan”, “child combat”, “child soldier”, “reintegration”, “disability”, “disabled”, “mental health” and “HIV”.

Grey literature was also collected through a search of the USAID (Development Experience Clearinghouse), Stigma Action Network, UNICEF, www.HIVAIDSclearinghouse.eu, World Health Organization Online Library, UNHCR, ALNAP, IRC, Save the Children, and Women’s Refugee Commission websites, in addition to solicitation through contacts at those organizations. In addition, the journals of Conflict and Health, Disasters, Global Public Health, and the Journal of Immigrant and Refugee Studies, and the references of relevant systematic reviews and meta-analyses, were hand searched to obtain any studies that may not have been collected through all other search efforts.

Screening and data abstraction

Screening of collected abstracts and grey literature followed the inclusion criteria that a discernable intervention was conducted, a change in stigma or discrimination was quantitatively or qualitatively measured beyond the individual level, a sustained change in stigma or discrimination was indicated by a posttest one month or more from intervention endline, the study had a searchable abstract in English and was available in a language spoken by the author (English, French, Spanish, or Portuguese), and the study was a full-length written report. In
addition, the study must have been conducted in a resource-poor setting, which was identified in the abstracts through research in a developing country, or research in a high-income country where the authors stated that the study population was poor. Although the focus of the review is on urban populations, population density was not utilized as a screening criteria. This is because study sites are not frequently described as specifically urban or rural by authors, and separate analysis of urban respondents is often missing even when the study population is clearly described to include both urban and rural respondents.

Full-reports were obtained for those abstracts that met the inclusion criteria, or where there was not enough information in the abstract to make a determination. All full-length peer-reviewed and grey literature studies underwent an initial full review, which allowed for immediate dismissal of some studies (e.g., duplicates, those not in resource-poor areas), and further refinement of the selection criteria as differences in study design and measurement were cumulatively more discernable. All remaining candidate studies that had progressed to the full-review stage were then subject to a second full-review utilizing the narrowed inclusion criteria, and final acceptability for the systematic review was determined (Please see Table 1 for final inclusion criteria).

Data from each of the accepted studies was extracted into a template aligned with recent systematic reviews of HIV-stigma interventions (Stangl 2013, Nayar 2014), with the exception that “socio-logical level” was narrowed to an assessment of the community ties through which social norm change was expected by study authors. Although there are many ways to define a community, for the purposes of this review a community is conceptualized as a group of people living in a defined area and under a common government, which is comprised of myriad networks of people informally associated by common interests or backgrounds, and numerous
organizations of people more formally associated by common employment or spiritual aspirations, managerial hierarchies, and shared physical premises.

**Table 1: Final inclusion criteria**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Included</th>
<th>Excluded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Types of studies/data</strong></td>
<td>Studies containing primary data that describe the impact of an intervention beyond the individual level: 1) post-test only [cross-sectional] design that have a control group or qualitative assessment; 2) prospective or retrospective single group or comparison group designs utilizing independent samples over time, dependent full samples of a defined community, or dependent samples where the sample includes individuals indicative of a diffusion of the intervention from the original target subjects; 3) qualitative studies based on interviews or focus groups that include ethnography, phenomenology, grounded theory, and case studies.</td>
<td>Studies that do not describe a specific intervention (e.g. analyzed associations between demographic or societal characteristics and stigma and discrimination, descriptions of stigma and discrimination as problems); Studies that assess change only at the individual level (e.g. a sample of students at a school that receive and intervention and report on their individual attitude or behavior after that intervention, households that receive an HIV test and counseling and report only on their own attitudes and behavior).</td>
</tr>
<tr>
<td><strong>Types of stigmatized groups</strong></td>
<td>Refugees, immigrants, former child soldiers, people with disabilities including mental illness, people living with HIV or AIDS (PLWHA), and children orphaned due to AIDS.</td>
<td>Racial, religious, or sexual minorities, prisoners, smokers, obese persons, adolescents, and GBV survivors not also part of the groups included in this study.</td>
</tr>
<tr>
<td><strong>Types of interventions</strong></td>
<td>Indirect information-provision (flyers, posters, radio), direct information-provision (lectures, role-play); programmatic or advocacy skill-building, livelihoods, or subsidies for the stigmatized and/or dominant group; counseling, family mediation, traditional ceremonies; peer education, popular opinion leader; sports-based; indirect contact with the stigmatized group (live or mass media acted drama with stigmatized characters, personal narratives, call-in discussions), direct contact with the stigmatized group, community participation campaign-infrastructure, community participation campaign- communication; biomedical (if inclusive of information sharing or counseling); organizational change (labeling of patient charts, task-shifting, institution of patient surveys); or policy change.</td>
<td>Antiretroviral treatment (ART). Multiple interventions where causation is unclear (ART rollout + mass media campaigns + legal changes). Interventions such as direct contact through mass media (which could be considered a social interaction with the stigmatized character, and are diffused across a large area) are not included unless there is a cross-sectional pre-test and post-test, those categorized as exposed to the intervention include those exposed through discussion with a viewer/listener, or the stigma measures reference to community-level attitudes or actions.</td>
</tr>
<tr>
<td><strong>Types of outcomes</strong></td>
<td>Measurement at least one month after endline of change in attitudes and/or the expected behavior of respondents toward the outlier group; reports or tests of actual behavior toward the outlier group; perceived and/or experienced stigma and discrimination by the outlier group; comprehensive constructs of social norms that encompass what the respondents feel others in their social network do, what respondents feel others in their social network think the respondent should do, and what the respondent believes will happen if he/she strays from the social norm.</td>
<td>Studies where the outcome measure is assessed &lt;1 month after the intervention endline (n.b. where the date of measurement can’t be determined, studies with interventions of less than one month duration are excluded). Studies with unclear outcome measures. Studies claiming a change, without confirming quantitative or qualitative data. Studies that measure change in knowledge or resilience.</td>
</tr>
</tbody>
</table>
Quality review

Studies accepted for inclusion on the systematic review were reviewed for quality. The quality of the quantitative studies was adapted from a 20-point system similar to that used by Jo Spangaro et al. in assessing evidence for sexual violence in humanitarian settings (Spangaro 2013). The review system graded studies on a scale of poor, fair, good, and excellent, which corresponded to 1-5 points, 6-10 points, 11-15 points, and 16-20 points respectively. Each grade was comprised with respect to the four categories of weight of evidence, soundness of method, context for study interpretation, and relevance of the study population and measurement indicators for the review question (please see Table 2).

Qualitative studies were assessed according to the Consolidated Criteria for Reporting Qualitative Studies (COREQ) guidelines (see Tong et al. at [http://bmjopen.bmj.com/content/suppl/2012/05/15/bmjopen-2012-000939.DC1/bmjopen-2012-000939-s3.pdf](http://bmjopen.bmj.com/content/suppl/2012/05/15/bmjopen-2012-000939.DC1/bmjopen-2012-000939-s3.pdf)), and the quality criteria ‘b-d’ developed for the quantitative studies, which already include a measure of “thick” description similar that was used by Jo Spangaro as a supplemental measure of all study types. Alignment with one of the 32 COREQ guidelines is listed in brackets at the end of each of the sub-categories for quantitative quality criteria ‘b-d’ in Table 2. The COREQ guidelines not covered by quantitative quality criteria were numbers: 2,3,4,5,6,7,9,11,15,18, 20, 23, 28, 29, 31 and 32. These sixteen guidelines were each assigned $\frac{1}{4}$
point, and listed as qualitative weight of evidence in place of the quantitative category ‘a’, or quantitative weight of evidence, listed in Table 2.

**Table 2: Quality review template**

<table>
<thead>
<tr>
<th>a. Weight of evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Pre- and post-test are included. / Researcher credentials? Researcher occupation? Researcher gender? Researcher experience or training?</td>
</tr>
<tr>
<td>2) A control group is utilized. / Was a relationship established prior to study? What did participants know about researcher? What methodological orientation underpins study? How were participants approached?</td>
</tr>
<tr>
<td>3) Exposure level is measured and included in analysis. / Presence of non-participants described? Were repeat interviews carried out? Were field notes made? Were the major themes clearly presented?</td>
</tr>
<tr>
<td>4) Outcomes are measured at multiple time points, or qualitative supplement for quantitative studies. / Were transcripts returned to participants for comment? Did participants provide feedback? Were participant quotes used to illustrate the findings? Was there discussion/inclusion of diverse cases?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Soundness of method (extent to which a study is carried out according to good practice within the terms of that method):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Study is adequately powered to detect the targeted effect (0.5pt), there is a large sample and there is less than a 20% loss to follow-up (0.5 pt.). [CQ 12, 13]</td>
</tr>
<tr>
<td>2) Sampling is appropriate for the study design and context. [CQ 10]</td>
</tr>
<tr>
<td>3) The sample is generalizable (i.e. the sample is not too specific a slice of the target population, or the sample is not drawn from a select group that may bias the results).</td>
</tr>
<tr>
<td>4) Appropriate description and application of analytical tools and no obvious data manipulation. [CQ 22, 24, 25, 26, 27, 30].</td>
</tr>
<tr>
<td>5) If a survey or qualitative measure is used, is there description of how it was developed and validated (0.5 pt.) and are survey questions provided (0.5 pt.? [CQ 17].</td>
</tr>
<tr>
<td>6) Adequate discussion of limitations and measures taken to address them, and zero conflicts between results in tables/quotations and in results/discussion write-up. [CQ 8, 30, 32/negative case analysis].</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Context for study interpretation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Description of what the reference social community is for the respondents (i.e. a city, a club, people who work together, a political affiliation, known compatriots of the same target population). [“thick” description].</td>
</tr>
<tr>
<td>2) Adequate description of the setting in which the social community is situated (a minimum of the location of the study within the country (0.5 pt.), in addition to one of the following: economic issues affecting the target population, environmental or health issues affecting the population, a categorization of the setting as conflict/post-conflict/non-conflict, a description of other interventions in the area, the reporting of opinion leaders that hold influence in the social community, or a measure of prevalent behavioral-relational strategies of the social community such as social dominance orientation, authoritarianism or multiculturalism. [“thick” description].</td>
</tr>
<tr>
<td>3) Adequate description of the intervention (0.5 pt.) and data collection (a minimum of the dates the data was collected [0.25 pt.], in addition to who performed the service/s, who collected the data, where the data was collected, what medium was used to collect the data, what medium of communication was used, when the intervention began and when the intervention concluded). [CQ 1, 14, 19, 21, 22].</td>
</tr>
<tr>
<td>4) Adequate description of the population (a minimum of age, gender, country of origin, and one of the following: economic status, educational level, religion, or race). [CQ 16].</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>d. Relevance of the study population and measurement indicators for the review question:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Directly reports on refugees.</td>
</tr>
<tr>
<td>2) Directly reports an urban sample (0.5 pt. if urban sample included, 0.5 pt. if distinctly analyzed for).</td>
</tr>
</tbody>
</table>
In addition, a supplementary evaluative criteria was added to assess ethics for all study types. Studies where the reviewer felt there may be ethical concerns had those concerns listed at the end of the quality review, and highlighted by an asterisk on the reported quality review score.

Results

Search summary and refinement of the inclusion criteria

Despite drawing close to 7,000 peer-reviewed abstracts from bibliographic databases and sixty-six grey-literature sources, all but ninety-eight peer-reviewed and nineteen grey-literature sources were immediately discarded (see Figure 1). In an effort to delineate the published research available to understand interventions relevant to addressing social norms of stigma and discrimination against refugees, a reading of abstracts from the sample years of 1995, 2005, and 2015 was conducted to identify the foremost exclusion issues. Outside of the relatively small number of abstracts rejected due to irrelevant topics such as auditory discrimination, the majority of abstracts were rejected due to referencing stigma and discrimination solely as problems. Although it was heartening to note a rise in attention to stigma, discrimination, and xenophobia, as evidenced by the rise from 125 sample abstracts in 1995 to 821 abstracts for the first ten months of 2015, the selection of less than 2% of the 7,051 initially identified peer-reviewed and grey-literature abstracts for a full-text review indicates a considerable gap remains between the

3) The attitudes of respondents toward the outlier group and/or the expected behavior of participants toward the outlier group are measured.

4) Tests or reports of actual behavior toward the outlier group are collected.

5) Perceived stigma and discrimination and/or experienced stigma and discrimination by the outlier group is measured.

6) Comprehensive constructs of social norms that encompass what the respondents feel other in their social network do, what respondents feel others in their social network think the respondent should do, and what the respondent believes will happen if he/she strays from the social norm are measured (0.25 pt. for each of these constructs, 1 pt. for full construct).
identification of stigma and discrimination as issues, and evaluation of the means to address them.

**Figure 3: Flowchart of the search strategy.**

After the initial full-text review, fifty-eight full-text studies were immediately screened out because the studied group did not meet the inclusion criteria, the intervention was unclear or absent from the discourse, there was no indication of a resource-poor setting, the posttest was
less than one month after endline, the focus was on ART, or the study was a systematic review or repeat. However, the remainder of the sixty-nine potentially eligible full-text studies required some challenging inclusion decisions. None of the remaining sixty-nine studies utilized program designs akin to those for alcohol or smoking reduction, which directly challenged empirical and normative expectations through the use of data and group discussion. Because the focus of the review is on social norms that function at the community level, careful consideration was then given to what study designs would meet the initially specified inclusion criteria for the assessment of change in stigma or discrimination beyond the level of individual attitudes and behaviors. Although a collection of surveyed individuals may be representative of the larger community that they are sampled from, it was determined that a change among distinct individuals directly targeted by the intervention does not necessarily indicate that the social interaction integral to the coalescence and diffusion of social norms has taken place. Therefore, it was determined that study designs such as randomized controlled trials (RCTs) were unlikely likely to be the gold standard for assessing social norms, as they are for assessing program impact in other (particularly medical treatment) interventions. In the case of social norm change, “contamination”, or diffusion, is actually a plus.

Given the diversity of measures and the difficulty inherent in reconciling validity across the studies, it was determined that all available measures would be included in the second full review, with the following caveats. Studies that questioned attitudes, and not behavior, in dominant populations were deemed acceptable, but were downgraded in the quality review under the section on relevance to the study question. Studies with outcome measures focused only upon knowledge were excluded. When the line between knowledge and attitudes was somewhat blurry, it was determined that measures intimating social judgement (i.e., shame/blame) fell
within the attitude spectrum. Studies utilizing samples of stigmatized groups were excluded if the authors did not additionally question anticipated, perceived, or experienced stigma and discrimination, and infer socially normative stigma and discrimination as causal in the question structure (e.g., “in the last 12 months have you confronted or educated people who were stigmatizing or discriminating against you?; agree/disagree “students with HIV should be allowed to attend school”).

**Final article inclusion and literature gaps**

In total, a further forty-one studies were screened out through the second review process, leaving twenty-eight studies for inclusion in the systematic review (see Table 3). In twenty-six of the studies, the authors focused on stigma and discrimination toward PLWHA, while the remaining two studies focused upon former child soldiers or other persons abducted by military groups. Although the initial batch of 127 full-text articles included seventeen articles focused upon disabled populations, all of these articles described individual interventions in resource-rich settings. Of particular concern to the present study, there were no included sources on refugees or immigrants and only one of the included HIV studies was in an immigrant population.
### Table 3: Studies accepted for the systematic review

<table>
<thead>
<tr>
<th>Author and year</th>
<th>Country</th>
<th>Geo.</th>
<th>Group</th>
<th>Interventions</th>
<th>Community ties</th>
<th>Study design</th>
<th>Dates data collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berkley-Patton 2013</td>
<td>USA</td>
<td>U</td>
<td>HIV</td>
<td>POL, I/DIP, CO, DC, S-S/D, BIO</td>
<td>ORG (REL), NET (African-American)</td>
<td>R semi-treated control group design with dependent longitudinal (pretest, midline, posttest) samples that mix direct group (church unit) and indirect community respondents</td>
<td>Pretest, 6, 12 mos.*</td>
</tr>
<tr>
<td>Mall 2013</td>
<td>SA</td>
<td>U</td>
<td>HIV</td>
<td>BIO, CO, DIP</td>
<td>Township</td>
<td>NR posttest-only with independent pretest sample</td>
<td>2004, 2008</td>
</tr>
<tr>
<td>Rice 2012</td>
<td>China</td>
<td>U</td>
<td>HIV</td>
<td>POL, SB-D</td>
<td>Market</td>
<td>RCT untreated control group (market unit) design with dependent (POL) and independent (vendors) longitudinal (pretest, midline, posttest) samples</td>
<td>Pretest, 12, 24 mos.*</td>
</tr>
<tr>
<td>Rios-Ellis 2010</td>
<td>USA</td>
<td>U</td>
<td>HIV, IMM</td>
<td>POL/PE, DIP, SB-S/D</td>
<td>NET (Latino IMM) at laundromats, markets, parties</td>
<td>NR one-group longitudinal (pretest, posttest, posttest) design with dependent samples that mix of direct targeted group (predominant Spanish speakers) and indirect community samples</td>
<td>2008, 2009, 2009</td>
</tr>
<tr>
<td>Meyerson 2005</td>
<td>Botswana</td>
<td>U, R</td>
<td>HIV</td>
<td>PE, SB-D</td>
<td>District</td>
<td>NR post-test only with internal control; having discussed intervention included as exposed</td>
<td>2003</td>
</tr>
<tr>
<td>Pappas 2008</td>
<td>Botswana</td>
<td>U,R</td>
<td>HIV</td>
<td>IDC</td>
<td>National</td>
<td>NR post-test only with internal control; having discussed intervention included as exposed</td>
<td>2003</td>
</tr>
<tr>
<td>Young 2010</td>
<td>SA</td>
<td>U, R</td>
<td>HIV</td>
<td>BIO, CO</td>
<td>Township</td>
<td>RCT (township unit); analysis is posttest-only (intervention areas?) with internal control; stigma measures indicate community norms</td>
<td>?</td>
</tr>
<tr>
<td>Young 2011</td>
<td>Peru</td>
<td>U, R</td>
<td>HIV</td>
<td>POL, SB-S</td>
<td>NET (unemployed heterosexual men, MSM, women)</td>
<td>NR one-group longitudinal (pretest, posttest, posttest) design with dependent samples that mix direct group and indirect community samples</td>
<td>Pretest, 12, 24 mos.*</td>
</tr>
<tr>
<td>HKI 2012</td>
<td>Cambodia</td>
<td>R</td>
<td>HIV</td>
<td>LV-S/D, DC, DIP, CO</td>
<td>Village, ORG (Farm)</td>
<td>NR posttest-only with independent pretest sample</td>
<td>2009, 2011</td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Group</td>
<td>Notes</td>
<td>HIV</td>
<td>PE, SB-D, POL</td>
<td>OC</td>
<td>DC</td>
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<tr>
<td>Kaponda 2011</td>
<td>Malawi</td>
<td>R</td>
<td>HIV</td>
<td>Village</td>
<td>NR delayed control group design with longitudinal (pretest, posttest, posttest) independent samples</td>
<td>Pretest, 6, 18 mos.*</td>
<td></td>
</tr>
<tr>
<td>Kohli 2013</td>
<td>DRC</td>
<td>R</td>
<td>GBV, CS</td>
<td>Village, NET (Family)</td>
<td>Rapid ethnography/case study using 1 interview period sampling stigmatized and dominant groups</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>Nuwaha 2012</td>
<td>Uganda</td>
<td>R</td>
<td>HIV</td>
<td>District</td>
<td>NR posttest-only with independent pretest sample</td>
<td>2004, 2007</td>
<td></td>
</tr>
<tr>
<td>Puett 2014</td>
<td>Zimbabwe</td>
<td>R</td>
<td>HIV</td>
<td>Village, ORG (Farm)</td>
<td>Cost-effectiveness study</td>
<td>2012 for cost data</td>
<td></td>
</tr>
<tr>
<td>Stark 2006</td>
<td>Sierra-Leone</td>
<td>R</td>
<td>CS</td>
<td>Village</td>
<td>Rapid ethnography/grounded theory using 1 interview period sampling the stigmatized group</td>
<td>2005</td>
<td></td>
</tr>
<tr>
<td>Wu 2010</td>
<td>China</td>
<td>R</td>
<td>HIV</td>
<td>Village, ORG (REL), NET (Women)</td>
<td>R alternative-treatment design (village unit) with pretest</td>
<td>2005, ?</td>
<td></td>
</tr>
<tr>
<td>Balfour 2013</td>
<td>SA</td>
<td>?</td>
<td>HIV</td>
<td>ORG (SCHL)</td>
<td>NR posttest-only design with mix of external and internal control in the analysis; knowledge of the intervention appears to be categorized as exposed</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>Boulay 2008</td>
<td>Ghana</td>
<td>?</td>
<td>HIV</td>
<td>National, ORG (REL)</td>
<td>NR pretest posttest design with independent samples and internal control group</td>
<td>2001, 2003</td>
<td></td>
</tr>
<tr>
<td>Gurnani 2011</td>
<td>India</td>
<td>?</td>
<td>HIV</td>
<td>Program and newspaper records reviewed (probably longitudinal, but perhaps retrospective)</td>
<td>2006, 2008 for news^</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jain 2013</td>
<td>Thailand</td>
<td>?</td>
<td>HIV</td>
<td>Village, NET (Market-banking)</td>
<td>NR posttest-only with independent pretest sample</td>
<td>2008, 2010</td>
<td></td>
</tr>
<tr>
<td>Kim 2012</td>
<td>Uganda</td>
<td>?</td>
<td>HIV</td>
<td>Village, NET (HIV), ORG (HE)</td>
<td>Case study using 1 interview period sampling the stigmatized and dominant groups</td>
<td>?</td>
<td></td>
</tr>
<tr>
<td>Li 2014</td>
<td>China</td>
<td>?</td>
<td>HIV</td>
<td>ORG (HE)</td>
<td>RCT matched pair semi-treated control group (hospital unit) with dependent samples, and supplemental analysis at the province level</td>
<td>Pretest, 6, 12 mos.*</td>
<td></td>
</tr>
<tr>
<td>Pulerwitz 2015</td>
<td>Vietnam</td>
<td>?</td>
<td>HIV</td>
<td>ORG (HE)</td>
<td>NR 2-arm pretest posttest design with independent full samples</td>
<td>2007, ?</td>
<td></td>
</tr>
<tr>
<td>Rimal 2008</td>
<td>Malawi</td>
<td>?</td>
<td>HIV</td>
<td>IDC</td>
<td>National</td>
<td>NR posttest-only with independent pretest sample and internal control</td>
<td>2004, 2006</td>
</tr>
</tbody>
</table>

Notes: **Country** USA= United States of America, SA= South Africa, DRC= Democratic People’s Republic of Congo, **Urban/Rural** bold = analysis conducted by geography; **Group** HIV=people living with HIV, CS= former child soldiers or persons abducted to serve military forces, GBV= gender-based violence, IMM= immigrant; **Interventions** IIP=Indirect information-provision, DIP=direct information-provision [I/DIP= both]; SB-S/D= skill-building [for stigmatized or dominant groups], LV-S/D= livelihoods, SU-S/D=subsidies, CO=counseling or support-groups, FM= family mediation, TC= traditional ceremonies, PE=peer education, POL= popular opinion leaders, SP= sports-based; IC= indirect contact, DC= direct contact, CP= I= community participation campaign -infrastructure, CP- C= community participation campaign- communication; BIO= biomedical; OC= organizational change, PL= policy change; **Community** ORG= organization, NET= network, SCHL= school, REL= religious, GVT= government, MSM= men who have sex with men, FSW= female sex worker; **Study design** italics= qualitative, bold= quantitative and qualitative; NR= non-randomized, R= randomized, RCT= randomized control trial; **Dates data collected** *= dates not given, ^= dates given only for one type of data collected.
Given that the focus of most of the included studies as on HIV, geographic representation of the included studies was largely limited to sub-Saharan Africa and East Asia. However, it should be noted that the studies from East Asia were among the most innovative in terms of driving change from the “bottom up”, through the involvement and strengthening of existing networks, and it is likely to the detriment of this systematic review that Chinese-language studies could not be included. Approximately one-quarter of the studies were conducted in urban areas, while the remainder were conducted in rural areas, were conducted in both area types but did not analyze outcome data by geography, or did not give an indication of geography. The principal component of each “intervention package” is listed first in the interventions column of Table 2. Of these interventions, programmatic or advocacy skill building for the dominant or stigmatized group, direct information provision, counseling, and popular-opinion-leader interventions were among the most common, although the sample of interventions was diverse. The community or network types with which study respondents were likely to have interacted were difficult to discern in approximately half of the studies, and are thus listed in Table 2 as the sampling frames from which the respondents were drawn. The most frequent sampling frame was in a small area such as a village or urban township, followed respectively by formal religious, healthcare, or government organizations, and then socials networks such as women’s groups or PLWHA. Six of the studies were qualitative, and a further two studies supplemented quantitative data with qualitative data. Only one study gave reference to program implementation costs or to costs expended by participants in the programs.

**Quality review**

In terms of quality, fourteen of the twenty-eight studies scored in the fair range (5-9 points), thirteen of the studies scored in the good range (10-14 points), and one study scored in
the excellent range (15-19 points)(see Table 3). However, it should be noted none of the
included studies were designed to address stigma and discrimination against refugees, and
therefore all studies were censored within the substantial quality review section on relevance.

Very few studies assessed actual behavior or any of the components of social norms. While
several quantitative studies deviated from the usual survey response options phrased as “I
would”, to something like “PLWHA should be punished [by society], such questioning still does
not address the social norms concepts of how the respondent feels others in society act, or how
others would encourage the respondent to act. Most of the qualitative studies in some way
captured the first piece of the social norms construct in documenting what respondents felt others
in their network were feeling or doing toward [formerly] stigmatized group, although there were
often not more than three pertinent references in the whole of each article.
Table 4: Study outcome results, additional information, and quality review grading

<table>
<thead>
<tr>
<th>Author and year</th>
<th>Main results</th>
<th>W (4)</th>
<th>S (6)</th>
<th>C (4)</th>
<th>R (6)</th>
<th>Total (20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Iryani 2011</td>
<td>Pretest cohort control compared to PE intervention/control at 36 mos.: 30% (cohort) to 32% (PE)/ 22% (control) for should treat PLWHA the same, 2.4% (cohort) to 0% (both groups) for kill/whip PLWHA.</td>
<td>2.00</td>
<td>3.75</td>
<td>3.75</td>
<td>2.25</td>
<td>11.75</td>
</tr>
<tr>
<td>Berkley-Patton 2013</td>
<td>No difference between intervention and control groups at any time point. But, 3/5 stigma items began low at pretest (would share pew, trust doctors, fear PLWHA) and scale reliability was questionable.</td>
<td>4.00</td>
<td>4.50</td>
<td>3.75</td>
<td>2.25</td>
<td>14.50</td>
</tr>
<tr>
<td>Mall 2013</td>
<td>Pretest to 48 mos.: stigma scale score (would share meal w/, allow teacher w/, and care at home for PLWHA; keep HIV+ test secret (SA=1? SD=5?) of 3 down to 2. Score ↓ if contact w/PLWHA.</td>
<td>1.25</td>
<td>4.00</td>
<td>2.50</td>
<td>2.00</td>
<td>9.75</td>
</tr>
<tr>
<td>Nyblade 2008</td>
<td>Exposed to ≥3 components compared to ≤1: fear of casual contact ↓ avg. 3-6 points (avg. 55 points both sites). Exposed to all 4 components compared to ≤1: Shame and blame ↓ avg. 3-4 points (avg. 50 points). IMP: acknowledge community fears, cultivate POLs, and use combined approaches.</td>
<td>3.00</td>
<td>4.50</td>
<td>2.75</td>
<td>3.25</td>
<td>13.50</td>
</tr>
<tr>
<td>Rice 2012</td>
<td>Pretest to 24 mos.: stigma scale (should punish, isolate PLWHA; SD=1, SA=5) 4.0 to 3.8, 3.9 to 3.1, and 3.9 to 1.9 for control, vendors, and POLs. IMP: # of people listened to- not # of messages.</td>
<td>4.00</td>
<td>5.25</td>
<td>3.50</td>
<td>2.25</td>
<td>15.00</td>
</tr>
<tr>
<td>Rios-Ellis 2010</td>
<td>Pretest to 6 mos.: 2.7 to 3.4, 2.8 to 3.6, 2.1 to 2.5 for would work w/, hug, share cup w/ PLWHA (SD=1, SA=5); 3.5 to 4.4 HIV test; have a gay friend p&gt;0.05.; no stigma Δ if IMM 17+ yrs.</td>
<td>2.00</td>
<td>4.75</td>
<td>3.00</td>
<td>2.00</td>
<td>11.75</td>
</tr>
<tr>
<td>Campbell 2013</td>
<td>1 quote that DC groups saw some of their stigma reduction plans (grow food for PLWHA, assist caregivers, sermonize that HIV is not a curse from God) implemented by communities. IMP: community conversations engendered networking- more important in urban environments.</td>
<td>2.25</td>
<td>4.25</td>
<td>3.00</td>
<td>3.50</td>
<td>13.00</td>
</tr>
<tr>
<td>French 2015</td>
<td>5-10 quotes. Partners of PLWHA admitted formerly “throwing rocks” and offered more support, child participants who gave stigma PE at their schools felt they changed the perspective of their peers; but the hospital refused to address conspicuous labeling of HIV+ patient files.</td>
<td>2.50</td>
<td>3.00</td>
<td>1.50</td>
<td>2.00</td>
<td>9.00</td>
</tr>
<tr>
<td>Meyerson</td>
<td>Exposed group compared to unexposed: adjusted odds ratios of 1.4, 2.8, and 9.1 for would let children play w/, allow teacher w/, and live with PLWHA. IMP: People in rural areas had ↑ stigma.</td>
<td>1.50</td>
<td>3.75</td>
<td>0.75</td>
<td>1.75</td>
<td>7.75</td>
</tr>
<tr>
<td>Pappas 2008</td>
<td>≤1 yr. listening compared &gt;1 yr.: stigma scale (would share meal w/, allow teacher w/, child play w/, and care at home for PLWHA; SA=1, SD=5) 0.26 point ↓. Attentive and identified with character compared to “neither”: stigma score 0.33 point ↓. IMP: discussion with others had no effect.</td>
<td>1.00</td>
<td>5.25</td>
<td>2.00</td>
<td>1.25</td>
<td>9.50</td>
</tr>
<tr>
<td>Young 2010</td>
<td>Had HIV tests compared to those who had not: Odds ratio of 1.37 of having lowest quartile stigma score on negative attitudes (PLWHA cursed, disgusting, should be punished) and 1.46 for equity (PLWHA should be allowed to work, treated the same); p&gt;0.05 for perceived discrimination.</td>
<td>1.00</td>
<td>4.00</td>
<td>1.50</td>
<td>2.25</td>
<td>8.75</td>
</tr>
<tr>
<td>Young 2011</td>
<td>Pretest, 12, and 24 months: mean stigma scores (should punish, isolate, not be friends w/, tattoo PLWHA; children can be cared for by PLWHA; 0=no stigma, 5=high) were 1.9, 1.5 and 1.3 for the intervention group and 1.8, 1.6, and 1.5 for control. Only Esquineros had ↓ stigma at both posttests.</td>
<td>3.00</td>
<td>3.25</td>
<td>3.50</td>
<td>1.75</td>
<td>11.50</td>
</tr>
<tr>
<td>Boothby 2006</td>
<td>20+ quotes on community acceptance. IMP: support coping skills for trauma, normative milestones, and social responsibility. Educational stipends for CS caused family tensions where siblings ineligible. Obstacles to reintegration stemmed from poverty and an inability to help others when asked for money.</td>
<td>2.25</td>
<td>3.00</td>
<td>3.50</td>
<td>3.50</td>
<td>12.25</td>
</tr>
<tr>
<td>HKI 2012</td>
<td>Dominant group participants pretest to posttest: SD should isolate PLWHA 78% to 88%, SA don’t treat AIDS orphans differently 79% to 92%, SA would shop from PLWHA 80% to 86%. PLWHA participants: student w/HIV should attend school 95% to 99%, feel guilt because have HIV 23% to 34%.</td>
<td>1.00</td>
<td>2.50</td>
<td>2.50</td>
<td>1.75</td>
<td>7.75</td>
</tr>
<tr>
<td>Author</td>
<td>Year</td>
<td>Description</td>
<td>Odds Ratios</td>
<td>Notes</td>
<td></td>
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<tr>
<td>Kaponda</td>
<td>2011</td>
<td>Control compared to intervention at 6 mos.: 1.2 compared to 1.1 “blame for HIV” (1= low stigma, 3=high), acceptance (PLWHA ok in public, to cook a family meal) p&gt;0.05. At 18 mos.: p&gt;0.05 for both.</td>
<td>3.00, 4.00, 2.75, 1.00, 10.75</td>
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<tr>
<td>Kohli 2013</td>
<td>Three quotes of wise men converted to advocates, community acceptance that rape was not the survivor’s fault, and a colloquialism for community members no longer turning their backs.</td>
<td>2.00, 4.50, 2.50, 0.75, 9.75*</td>
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<tr>
<td>Nuwaha 2012</td>
<td>Pretest to 36 mo.: % agree that disclosing HIV status increases respect 40% to 75%, buy vegetables from PLWHA 70% to 82%, and keep status of a family member secret 68% to 57%.</td>
<td>1.00, 4.00, 2.75, 1.00, 8.75</td>
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<tr>
<td>Puett 2014</td>
<td>Societal and institutional costs per household were $1525 and $1426 (total costs included boreholes at $6,000 each, ex-pat staff, and apportioned relevant area programs). 4 quotes on communities esteeming and buying from vegetable growers, and the gardens as building networks.</td>
<td>2.00, 4.00, 2.50, 1.00, 9.50</td>
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<tr>
<td>Stark 2006</td>
<td>4 quotes on community welcome, eating together, and CS small business profits up because bad luck was gone after TC. Power back in the hands of communities, by supporting paraprofessionals, local healers, and ancestors. Gentle touch and celebration with song and new clothes were moving.</td>
<td>2.75, 4.25, 3.50, 2.00, 12.50</td>
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<tr>
<td>Wu 2010</td>
<td>Pretest to posttest: attitude score (items? range? ↓ score= ↑ stigma?) 1.5 to 2.2 and 1.4 to 2.0 for the Buddhist monk and Women’s POL groups. IMP: care and compassion are key tenets of Buddhism, monks didn’t do PE and condom components like women POLs, but had more respect.</td>
<td>3.25, 3.00, 3.75, 0.25, 10.25</td>
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<tr>
<td>Balfour 2013</td>
<td>Exposed compared to unexposed: HIV stigma [agreement w/] scale (authors refer to Kalichman 2005) 27% compared to 33%. IMP: Education + participatory learning most effective.</td>
<td>1.25, 3.75, 3.75, 0.50, 9.25</td>
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<tr>
<td>Boulay 2008</td>
<td>24 mos. compared to pretest: Odds ratios of 1.0 (p&gt;0.05), 1.2, and 1.4 for would keep HIV+ test in family secret [reverse], care at home for, and allow teacher w/HIV. Effect limited to ↓ punitive attitudes toward PLWHA (i.e. no Δ in blame), possibly because compassion was the key message.</td>
<td>2.00, 4.50, 1.75, 1.50, 9.75</td>
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<tr>
<td>Gurnani 2011</td>
<td>GVT order prohibiting discrimination against FSWs seeking GVT services. News reports with quotes from the FSW community ↑ from 89 to 170, and the proportion of negative stories (raids, violence) ↓ from 11% to 4%. The state chief minister spent a night with a family with HIV/AIDS.</td>
<td>0.75, 2.25, 2.50, 1.25, 6.75</td>
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<tr>
<td>Jain 2013</td>
<td>Exposure to ≥3 components compared to ≤1: 3.8 points ↓ on the fear scale (touch saliva or sweat, share meal w/, care for, carry PLWHA; 0=low stigma, 100=high) and 4.1 points ↓ on the shame scale (PLWHA should be ashamed, promiscuous ♀/♂ spread HIV).</td>
<td>2.00, 4.25, 2.50, 1.25, 10.00</td>
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<tr>
<td>Kim 2012</td>
<td>3 quotes on ↑ respect PLWHA as health workers, reducing stigma; facilities offering HIV palliative care ↑ from 42 to all 643, PLWHA offered ART ↑ from 17,000 to 170,000 in one year IMP: ↑ treatment roll-out, PLWHA leadership and networking; no Δ in policy, or public speaking skills of PLWHA.</td>
<td>1.00, 2.50, 1.00, 1.50, 6.00</td>
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<tr>
<td>Li 2014</td>
<td>Intervention province compared to control at 12 mos.: stigma scale (AIDS is a punishment, would not share food w/, not buy food from PLWHA; 8=low stigma, 40=high) 5.36 ↓ for Fujian and 2.20 ↓ for Yunnan. Smaller hospitals, more staff w/prior contact w/ PLWHA had ↓ stigma.</td>
<td>3.00, 5.00, 3.50, 1.25, 12.75</td>
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<tr>
<td>Pulerwitz 2015</td>
<td>Pretest to 24 mos.: Arm 2 (full intervention) 5.8 to 4.6, 7.9 to 6.6, and 30.7% to 6.6% for fear-based stigma (5=low stigma, 15=high), social stigma/judgement; and HIV+ signs on beds.</td>
<td>1.00, 5.25, 3.50, 1.50, 11.25</td>
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<tr>
<td>Rimal 2008</td>
<td>Exposed compared to unexposed: no significant Δ in stigma, except for those exposed that had high self-efficacy to ↓ their number of sexual partners (↑ agency = less need for social distance?).</td>
<td>2.00, 4.50, 1.75, 1.25, 9.50</td>
<td></td>
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</tbody>
</table>

**Notes:** italics= no description of Institutional Review Board approval; *= specific ethical concern; W= weight of evidence, S= soundness of method, C= context for study description, R= Relevance of the study population and measurement indicators for the review question. SA= strongly agree, SD= strongly disagree; PLWHA= people living with HIV/AIDS, IMP= important.
Across the studies, there were a number of common issues. These included the lack of power analysis or express consideration of necessary sample size, poor description of the setting (more so in quantitative studies), absent or incomplete reporting of calendar dates for program implementation and for evaluation, insufficient reporting of limitations, and poor assessment of, or differentiation in, exposure to the multiple intervention components. However, intervention descriptions were generally very good and many quantitative studies included multivariate regression. Although approximately half of the studies did comment on potential ethical concerns, only ten of the twenty-eight studies made reference to Institutional Board Review or other form of formal ethical review. Further, one study was flagged by the reviewer due to interviewing in public spaces, without specifying the level of privacy (Rios-Ellis 2010). A second study, on family and spousal rejection of women who were sexually assaulted by militia, was flagged because the gender amalgam of the interviewers and focus group members, the allocation of subsidies, and the ethics of negotiating the return of women to husbands who may continue to mentally and physically reject them (Kohli 2013), were not well described.

**Lessons for future programming**

A meta-analysis of the included studies is not possible, due to the large variation across the quantitative and qualitative studies in design, intervention components, durations of interventions and follow-up periods, analytical methods, outcome indicators, and scale ranges for those evaluations utilizing them. In addition, a single distillation of effect size would not do justice to the diversity of burgeoning efforts to confront structural stigma and discrimination against vulnerable populations. The summary results of the included studies are given in Table 3. In cases where multiple forms of analysis were conducted, the results from multivariable analysis were extracted, while data from the latter posttest was drawn from studies with
longitudinal designs. Space does not permit inclusion of all outcome indicators utilized in each study, and therefore a representative sample is provided, in addition to what scale ranges could be interpreted from the studies. Across the twenty-eight included studies, approximately half (Mall 2013, Nyblade 2008, Rice 2012, Rios-Ellis 2010, French 2015, Meyerson 2005, Boothby 2006, HKI 2012, Nuwaha 2012, Puett 2014, Stark 2006, Wu 2010, Kim 2012, Li 2014, and Pulerwitz 2015) show a subjectively large enough change in social norms of stigma and discrimination, and generally over longer durations of time, to be interpreted by the reviewer as meaningfully significant.

**Multiple intervention components; Direct contact/engagement:** In nearly all of these studies, multiple intervention components were included in the overall intervention package, indicating that initiatives that broaden the means of communication, support, and involvement are more successful. A second lesson is that nearly all of these interventions included components of direct information provision and/or direct contact with stigmatized groups, which implies that people may pay more attention to the message if the messenger is actively engaging him/her. Further, for interventions that involved contact with the stigmatized group, there were often livelihood components for the stigmatized group, and/or joint projects between stigmatized and dominant group individuals to improve the resources of the both parties, and usually the larger community. The majority of livelihood and joint projects involved farming cooperatives, which is understandable given the agricultural backgrounds of many participants. However, there were also several innovative projects that involved banking cooperatives (Jain 2013) or groups of children, partners, and spiritual advisors of PLWHA that were assisted to implement home-grown collaborations within their communities (French 2015).
**Engagement of respected/influential popular opinion leaders:** The results on interventions conducted through popular opinion leaders and peer educators were more mixed. Several of the most successful interventions focused upon popular opinion leaders, although so too did some of the studies not considered by the reviewer to have demonstrated as-positive results. From the types of popular opinion leaders involved, it seems that the more the popular opinion leaders had been in a position to act on the behalf of those in their community, network, or organization, the greater the effect. For example, the interventions utilizing the more prosperous market sellers, the Buddhist monks at the nucleus of village life, and the most respected (and often senior) hospital staff (Rice 2012, Wu 2010, Li 2014) were more successful than those which relied on people that were simply popular among their friends at the local bar, laundromat, or park (Rios-Ellis 2010, Young 2011). Similarly, the peer-education programs may have been less successful (al-Iryani 2011) because peer-educators were not vested with the same level of authority as teachers or administrators, or may not have been as popular as the assumed by the teachers nominating them.

**Respect local networks and local conceptions of the means for change:** Finally, the positive changes made by programs involving traditional healing ceremonies and eminent popular opinion leaders demonstrated not only the importance of respecting existing local networks and local conceptions of change agents, but also of recognizing the potential for latent capacities to emerge as communities cope with change. Although the types of networks targeted by the more successful programs differed somewhat by geographic context, with rural programs centering on families, neighbors, or elders, and urban programs focused more upon schools, markets, bars, or hair salons, care was taken in those programs to understand local dynamics. It is also noted that systematic support was critical in the support of agents of change, and
particularly for those less able to speak up, as in the case of those with fledging connections in urban areas (Campbell 2013). In the Kim et al. study, incipient networks of PLWHA were organized into leadership clusters, and supported through the buy-in of ministry of health, district health, and clinic officials to counsel community members, manage referrals, and even serve clients at health facilities (Kim 2012). Further, although HIV-related stigma and discrimination were not well evaluated components in the Gurnani et al. study, the study does document change in both government policy and the mass media toward female sex workers, which was engendered not only through the mobilization of FSW networks, but also by sensitization training of, and proactive partnership with, government officials, police, and journalists (Gurnani 2011).

Discussion

The first main conclusion of the review is community-level discrimination could be better determined with standardized indicators and survey methodologies that capture the interactions critical to diffusion and entrenchment of social norms. While researchers have traditionally focused on individual attitudes and behavior, the social context circumscribing the motivations as to why individuals act in a particular way are yet not well measured. Recent work from Voices for Change (V4C) indicates the types of questions that are informing the new Learning Initiative on Norms, Exploitation, and Abuse [of women] (LINEA), and will be models for the study of community-level discrimination against refugees (Barr 2015, Mackie 2015). Survey designs will also need to be constructed so as to be able to capture how messages are diffused socially, which implies measuring outcomes not only among an initial target audience, but also among the physical, and potentially virtual, contacts of the initial target audience. If diffusion is to be captured among social contacts, there will need to be greater emphasis on capturing both intervention exposure type/level and the potentially differing environmental contexts of more
“distal” respondents. Qualitative studies partnered with quantitative studies may help flesh out both social and environmental contexts, while quantitative studies conducted independently that give greater consideration for context could allow for complementary analysis within the emerging field of realist [systematic] reviews (Fearn 2012, Spangaro 2015).

The second main conclusion of the review is that there are specific interventions that may be most successful in impacting upon social norms of discrimination against refugees in resource-poor urban areas, and that prioritization of these interventions is generally supported by the available body of intervention reviews and theory related to discrimination, with some caveats. As found in this systematic review, authors within the peer-reviewed and grey literature on discrimination interventions repeatedly contend that interventions with multiple components are more effective, while the composition of the component mix often includes education, contact with stigmatized groups (Pettigrew 2008, Phelan 2008, Thornicroft 2007), community engagement, and empowering stigmatized individuals to be involved in advocacy and service delivery. Within these intervention components, there may also be some lessons learned from supplemental literature in terms of implementation that add to the conclusions drawn for this review. Education is thought to be more effective when combined with other interventions, when the target group is humanized to the dominant group, when the world view of the dominant group is considered in the messaging, and when modalities of social diffusion of messages are considered (Bos 2008, Spangaro 2015, WHO 2009). Education conducted specifically through mass media will likely garner greater attention as access to television and social media becomes widespread within urban areas of even the most resource-poor settings, and research related to cultivation theory continues to demonstrate the power of such mediums to create and reinforce...
normative worldviews idyllically divorced from reality and unfettered by analytical substantiation (Graves 1999).

Of particular relevance to these mediums is the body of literature on psychological reactance. Studies within this domain essentially argue that attempts to reduce normative discrimination by “calling out” members of a dominant group as discriminatory will often backfire, as feelings of guilt and shame threaten individual self-esteem and autonomy. Further, such confrontation can boil negative stereotypes up to the forefront of consciousness, which can be too jarringly “in the face” of dominant group members, and result in greater apprehension towards, and avoidance of, the target group (Bos 2008, Graves 1999, Miller 2011). Research suggests that audience-specific messages describing decreased discrimination as both normative among social peers and popular opinion leaders, and as a positive choice that has benefits such as greater cooperation with new arrivals, economic returns, and avoidance of legal repercussions, are potentially more effective (Watt 2010).

For interventions involving contact with stigmatized groups, literature complementary to this review indicates that such interventions will be more successful with more frequent and higher quality interactions (Turoy 2013, Read-Hamilton 2015, Bos 2008, Barlow 2012), with the proffering of skill-building activities or financial support available to both dominant and target groups, and with a cooperative goal (Kaufman 2013, Walton 2012). Committed community engagement is posited to improve with the support of a diverse group of leaders (e.g., elders, healers, political leaders)(Li 2009, Mill 2010), with investing the time needed to listen to community concerns and assess community weaknesses and strengths, with supporting communities to reach their own decisions and initiate culturally relevant solutions (Mannell 2014), and with consideration that action on discrimination related to xenophobia could
exacerbate discrimination related to intersecting areas such as income, gender, or religion (Bos 2008, Pulerwitz 2010, Kaufman 2013, Nayar 2014). Finally, with respect to interventions utilizing popular opinion leaders, it is thought to be helpful to identity potential early adopters through a survey or review of relevant literature, which would identify characteristics such as age, gender, having loved ones in the target group that are associated with lower discrimination against refugees or immigrants (Li 2009). Such preparatory work could be used in combination with a social network analysis to better understand how information is diffused within a community, and where within the network potential early adopters may work to influence those they are somehow related to (Mackie 2015).

**Limitations**

There are several limitations to be considered for the interpretation of this systematic review. The first is that some sources may have been missed, given that education and legal databases were not searched, articles in languages such as Mandarin were not included, and the search terms may have been insufficient, particularly given that they were related to exclusion (stigma, discrimination) rather than inclusion (acceptance, tolerance). The second issue is that a single reviewer conducted the search, and quality reviews. Although reliability is limited by the single perspective, it was strengthened to the greatest extent possible through a second review of a large sub-sample of abstracts, a second reading of all full-text articles for potential inclusion, and a second quality review, one month following initial review, of each included article. Of more than 1,500 abstracts from 1995, 2005, and 2015 re-read to verify exclusion from proceeding to full-text review, only five were found that were considered to possibly meet the inclusion criteria, and these were excluded upon review. Contacts at several humanitarian and
development organizations stated no knowledge of sources additional to those found by the reviewer.

In regard to the reviewer interpretation of intervention effectiveness within each study, it should be noted that those studies demonstrating “no [statistical] change” may have been unfairly penalized by the reviewer in comparison to studies that demonstrated a positive change, but were of lesser analytical rigor or transparency. Studies that conducted more thorough regression, parsed out exposure, or gave a semi-intervention (rather than no intervention) to the control group for ethical reasons could have had small effect sizes due simply to methodological reasons, and it is for this reason that details of the methodologies, outcomes, and quality score components for each study are clearly presented to the readers of this review. Finally, exclusion of research on social norms related to areas such gender-based violence or racial discrimination may have limited the set of studies to draw results from. However, given ongoing efforts by UNICEF and partner organizations to document interventions addressing GBV through social norms, and the extensive body of literature on race relations, it was felt that these were prudent limits on the search scope.

**Conclusion**

The growing number of refugees who have temporarily or permanently relocated to urban communities that are resource-poor, and the difficulties evident within many of these communities, necessitates greater attention to supporting successful integration in these contexts. Given that discrimination against refugees is documented to be harmful to all sides, programs which ameliorate community tensions can be a critical component of both humanitarian and development efforts. However, there are few programs that address discrimination against refugees and scant attention to the structural determinants of discrimination. To better inform
programming targeting the social norms constituting the community level of structural discrimination, this paper reviews discrimination studies from fields relevant to refugees, including HIV, mental health, and protection of former child combatants. Although the variability in measurement indicators, quality issues, and differing original purposes of these studies complicates drawing general conclusions with certainty, evidence from the reviewed studies, and complemented by relevant literature and theory, indicates a number of promising avenues for intervention. These include programming with multiple components, information provision that humanized the stigmatized group and directly engages the target audience, contact with stigmatized groups on mutually beneficial projects, involvement of popular opinion leaders with vested authority, and engagement of communities to assess issues and develop culturally meaningful responses. As more studies are conducted specific to urban refugee populations and evolve in their methodologies to capture social norms, it is anticipated that the potential of these program components could be more thoroughly substantiated and financially supported.
References


Chapter 4: Cost-benefit-analysis of an intervention to support agricultural livelihoods and host community acceptance of refugees resettled in resource-poor urban areas of the Northeast United States

Introduction: Trends toward increased displacement, extended durations of displacement, and resettlement of refugees in resource-poor urban areas indicate that comprehensive programming to support urban refugees and their host communities will become ever more critical in the coming years. However, funding and programming to support urban refugees and their host communities is scarce. This is in part because relevant program cost benchmarks needed by country-level officers and international donors to plan and approve budgets for future programming are practically non-existent.

Methodology: A cost-benefit-analysis, utilizing primarily bottom-up cost estimation that was retrospective for 2014 and prospective for 2015, was conducted of a joint refugee and host community livelihood program in two low-income small cities in the Northeast United States.

Results: The economic cost of the program in 2014 from the program perspective, inclusive of donated items and volunteer time valued at minimum wage, was $2,019 per participating grower family, or $337 per single beneficiary in the average 6-member grower family. The average profit from the participant perspective, after accounting for time on the farm valued at minimum wage, return on produce sales for those growing for market, and the value of produce grown for home consumption, was $363 for participants growing for market and $1,080 for participants growing for home consumption only. This is because participants growing for market spent approximately 70% more time, valued at minimum wage, involved with the farm than home-growers, to prepare the produce for market and to sell it. In 2015, the net program costs rose by 3%, due in part to a rise in expense for expanded use of cover crop seed and a doubling in the expense for water due to drought. The costs to participants in 2015
did not change, but calculated profits were affected by a $1/hour increase in minimum wage in 2015 was applied to the economic valuation of participant labor, and by a calculated $0.10 drop in value of a pound of produce from 2014.

**Conclusions:** The estimated unit cost from the program perspective of a “do nothing” scenario of providing similar nutritional benefits through government assistance to a family of six over the same duration as the 18-week livelihood program harvest season was $2,740, which was more expensive than the economic program costs of the studied refugee and host community livelihood program. If potential social benefits, such as reduced stigma and discrimination, could be better captured and monetized, similar programs that work to foster the joint prosperity of refugees and host communities may be shown to be even more advantageous.
Introduction

The burgeoning number of refugees now living in urban areas, often without strong local connections, a warm welcome by host populations, or access to sufficient services, merit greater attention to support for successful urban resettlement. In addition to 40.8 million internally displaced persons and 3.2 million seekers, the figure of 65.3 million forcibly displaced people in 2015 was higher than any recorded before, and represents a 70% increase to 2000 figures (UNHCR 2016). The majority of refugees globally are avoiding or abandoning settlement in camps, with recent data estimating that two-thirds of refugees in developing countries are living independently in urban areas (UNHCR 2016). In high-income countries such as the United States, large cities such as San Diego, Chicago (IL), Dallas (TX), and Atlanta (GA) are expected to take the largest numbers of refugees and asylees, at 2,500-3,500 per city in 2017, although smaller cities, like Buffalo (NY) and Troy (MI) that took in more than 1,000 each, are also significant areas of resettlement proportional to their size (Refugee Processing Center 2017, Singer 2006).

In contrast to popular Western perceptions of refugees flooding high-income countries and usurping a plush lifestyle, there has been a rapid shift in refugee resettlement to resource-poor settings. Approximately 86% of refugees globally are now resettled in low and middle-income countries (LMICs), which have per-capita incomes generally in the range of $2-$5/day (Spiegel 2010, UNHCR 2016). Correspondingly, and in part due to policies that specifically seek to inject “new life” into declining areas, refugees resettled in urban areas of high-income countries often share the commonality of being left trying to gain a foothold from within neighborhoods that are already economically and environmentally challenging (IRC 2009, Marshall 2005, Pantuliano 2012, Singer 2006). Further, refugees can face additional challenges upon resettlement. Of these challenges, stigma and discrimination have been repeatedly cited as
particularly destructive (Chan 2005, Krieger 2014, Katz 2013, Newman 2012, Thomas 2011, Stark, 2015). Without holistic programming that not only assists in meeting immediate survival needs, but which also addresses underlying social forces such as stigma and discrimination, the ability of refugees and their host communities to gainfully grow together will be stunted.

In recognition that the majority of [urban] refugees are caught in a largely barren no-man’s land in terms of support services, there has been a recent spate of appeals to “bridge the humanitarian-development divide” (High Level Panel on Humanitarian Financing 2016, Overseas Development Institute 2016) and develop programs that are suitable and sustainable for protracted refugee situations in urban contexts. However, one of the present limitations for planning such programs is the lack of transparent program cost data (World Humanitarian Summit 2016). As has been seen in the funding neglect of stigma and discrimination programs in the HIV sphere, without greater availability of methodologically sound cost estimates which could be used as benchmarks for country-level program planners and donor organizations, programs recognized as “critical enablers” in the HIV Investment Framework and among the three priority strategic directions in the 2016-2021 Fast Track Strategy have remained largely orphaned in terms of HIV investment (Schwartlander 2011, UNAIDS 2015, UNAIDS 2016). In tandem with recent efforts to develop the HIV-related Human Rights Costing Tool, and to standardize costing methodology and better understand drivers of cost differences in HIV and TB programming through the Global Health Cost Consortium, valuable lessons have been provided which are relevant to evolving efforts to comprehensively and effectively address the global refugee crisis.

The aim of this paper is therefore to document the costs and benefits for a refugee program in the understudied context of resource-poor urban settings, and more specifically, to
document a program that includes intervention components thought to be most effective in ameliorating stigma and discrimination. These include the importance of bottom-up local community ownership, of collective projects that improve community resources and livelihoods, of contact with stigmatized groups, and of framing stigma and discrimination reduction as a social good (Cross 2011a, Collins 2012, Kim 2012, Boothby 2006, Cross 2011b, Katz 2013, Keleher 2008, Low 2013, Newman 2012, Nhamo 2010, Rice 2012, Skran 2012, Walton 2012). Despite the scarcity of refugee programs meeting the majority of these characteristics, one refugee livelihood program was found in a resource-poor urban setting in the US that wished to both better understand, and to herewith transparently share, economic evaluation of their program, in the interest of engendering further support to meet the needs of urban refugees and their host communities.

**Methodology**

**Program description and context**

The studied livelihood program has been operated by a faith-based organization in two peri-urban small cities, adjacent to medium-size cities in the Northeast of the United States, since 2010. The program subsidizes the cost of urban farming to resettled refugee families, many of which have spent more than a decade in refugee camps. Refugee grower-families lease plots ranging in size from 1000-square foot gardens to 3/8 acre (average size: 1/8 acre) and grow a wide variety of vegetables for home consumption. Surplus produce is sold through community-supported agriculture (CSA) shares, in local farmer’s markets, and wholesale to restaurants and grocers. Community members are invited, through articles in the local paper and flyers at affiliated wholesalers, to visit or volunteer at the farm. The farm has also hosts community “meet your grower” pot-lucks, welcomes local families for weekly lessons in gardening, posts
recipes and “meet your grower” profiles to CSA newsletters and social media, and works with local universities and organizations to expand collaborative research in refugee support and sustainable agriculture.

The two peri-urban small cities are similar in demographics, and thus one example is provided here for reference. In 2013, it had an estimated population of 29,000, of which 14% were minorities. Approximately 2,500 refugees arrived between 2001-2013, principally from Bhutan, Burma, Iraq, Moldova, Russia, and Somalia. The area has a mix of lower- and middle-income residents, and an average per capita income of $28,000. The crime rate of 5.68 violent crimes per 1,000 residents, reflected in a rating of 7 out of 100 (100 being the safest) on the national crime index as compared to other cities in the United States, is a serious concern (neighborhoodscout.com 2015a). As in the case of the second peri-urban program site, the medium-sized parent city anchoring the metropolitan area has suffered extensive job losses to a manufacturing sector which had thrived in the 19th and earlier half of the 20th century (neighborhoodscout.com 2015b). For the residents in the Northeastern United States, the trauma of the 2013 Boston Marathon bombings, conducted by brothers whose family had entered the United States on tourist visas, remains painfully acute and continues to affect local dialogue regarding all immigrants.

**Data collection and analysis**

The cost analysis took a societal perspective, comprising the costs and benefits for both the program (service provider) and participants. Data collection was conducted between January 2015 and February 2016. A bottom-up ingredients approach was employed, i.e., a cost was determined for each item utilized by the program and/or by the participants, and those costs were summed into an overall budget. A top-down approach, where an overall budget is known and
component costs are then apportioned, was utilized for overhead costs. Both financial (expenditure paid by the program budget) and economic costs (such as unpaid time on the farm and donated items) were collected. Provider costs were broken into four categories: personnel costs (staff salaries and employment benefits), recurring goods and services (tradable/retail goods such as fertilizer cover crop seed, pest control, and small equipment; non-tradable goods such as marketing and research, and services such as equipment maintenance), capital equipment (vehicles, large farm machinery), and facility overhead (office space, utilities, immediate supervision within the office). An accurate assessment of initial or recurrent training costs could not be obtained, and therefore was excluded. Participant costs were not broken down into distinct budget categories, but included the average 1/8 acre farm plot fee for each site ([Organization blinded] 2015b), the cost for large farm equipment rental, transport cost, participant time working on the farm, and participant time for transportation. Costed benefits to the program included the farm plot fees and 20% of the produce sales earnings, while benefits to the participants included 80% of produce sales and the value of take-home produce. The US Consumer Price Index (CPI) was utilized to assess the inflation rate. However, as the CPI inflation rate for non-medical expenditures, into which the program expenditures fell, was negligible, (0.1%) between the years 2014 and 2015, it was decided not to do an inflation adjustment of 2014 US dollar estimates to 2015 US dollars.

**Sourcing and assumptions**

**Program costs and benefits**

Personnel salaries and employee benefits were drawn from the program budgets and annual reports of both the livelihood program and the parent organization for the year 2014. Estimates for 2015 were generated in collaboration with the program manager based on the 2014
information, as the close-out of the 2015 fiscal year personnel and overhead expenses had not yet taken place at the time of data collection. Personnel involved in the program administration included one full-time manager, one full-time program coordinator, one full-time agriculture marketing specialist, one part-time education coordinator, and per diem staff. Employment benefits covered health insurance, dental insurance, life insurance, unemployment expenses, workman’s compensation, and paid time off, and were applied to full-time staff only. Unpaid volunteer time was estimated at the minimum wage in the state, which was $8.00/hour in 2014 and $9.00/hour in 2015.

All costs for recurring goods and services were based on estimates from program budgets, the program manager, and prices drawn from local agricultural supply stores. City water was used in one site, while water from an existing well was used in the other. The terms of the land rental to the program included large tractor use and maintenance in one site, and rototiller use and maintenance at the other. The capital cost of the van used to transport participants was determined by the Kelly Blue book value of a 2015 Ford e250 van that was purchased used (three years old). An assumption of 10 years of useful life, and a depreciation rate of 3% was utilized for all capital items. Maintenance and repair costs were provided by the program records, and confirmed with autoblog.com for the Ford e250 van. The cost of fuel was not estimated directly for the van, as it was sometimes shared with other programs run by the parent organization, and miles were not individually tallied. However, as described below under participant costs, a proxy was generated from the gas usage of participants self-transporting by car. Program overhead estimates were drawn from the same sources and in the same manner as personnel costs, and include the program portion of the overhead costs at the parent organization, which may be considered separately as an above-service delivery perspective.
Participant costs and benefits

Each grower-family that had a plot of land was considered as one participant. The number of participants was obtained from the livelihood program annual reporting ([Organization blinded] 2015a), and confirmed by the program manager. The program manager indicated that 10 participants selling to market worked on average 20 hours per week on the farm, while the remainder of those growing for market worked approximately 6 hours per week, an estimate confirmed by author observation in the field. Thus an average estimate of 8 hours/week over a 22-week growing season was assumed for participants that grew some or all of their produce for market. Participants growing for home consumption-only worked an average of 5 hours per week on the farm. The duration of the growing season was obtained from the participant farm plot contract, which states that participants must begin preparing their plots for spring planting no later than June 1, and make them ready for winter fallow no later than October 31. To value the time spent by participants working on the plots, minimum wage in the state was applied to the estimated hours of participant farm labor.

Most participants lived within 3 miles of the farm. It was assumed it would take 20 minutes for a round-trip journey by car or van, and that participants visit the farm three times a week. The cost of gasoline at the mid-point of the growing season was $2.71 ([State blinded] Department of Energy 2015) for regular gasoline, while the average fuel efficiency of car in the United States was 24.1 miles per gallon (USEPA 2014). As this cost was nearly equal to the $40 seasonal fee for use of the van, the $40 van fee was used for both van users and self-drivers. For the site without a rototiller available for participants, the cost of a rototiller rental was obtained from Home Depot. A rear-tiller rents for $62/half-day at Home Depot. The program manager also estimated that approximately 50 gallons of gas were used in total for the rental rototiller in
and tractor by all participants. To be on the conservative side, it was estimated that the cost for large machinery rental was $70 per participant per growing season.

In terms of benefits, the number of pounds of produce grown for market was obtained from the parent organization 2014 Annual Report ([Parent organization blinded] 2015), the annual sales of the produce obtained from the program’s 2014 Annual Report ([Organization blinded] 2015a), and the percentage of sales returned to participants obtained from the program manager. The 80% portion of sales redistributed to the participants was averaged across the 62 sellers in 2014 and 50 sellers in 2015 for the purposes of analysis. The program manager also provided an estimate of produce grown by the by the average home consumption-only participant on 1/8 acre. This estimate was validated by comparison against time trends in program produce sales records, and three recent agricultural studies estimating the typical growing capacity of small-scale farm programs in urban and peri-urban areas (Rabin 2012, Vitiello, 2009, Vitiello 2010). Produce grown for home consumption by those selling to market was estimated to be 2/3 that grown by home consumption-only participants.

The value per pound of the produce grown for home consumption was calculated by averaging the retail costs (USDA 2015a) in a typical August week for ten of the most common vegetables grown on the farm. The prices were obtained for both non-organic and organic varieties of the vegetables, and the average price for the 10 vegetables in each categories were multiplied by 0.2 and 0.8 respectively, to reflect that the livelihood program principally grows produce using only bulk-purchased organic fertilizer and soil amendments.

“Do nothing scenario”

The above scenario was compared to a “do nothing case” in which refuges did not participate in the above program but would instead qualify for government subsidies. The “Do
“nothing scenario” assumes a family of six composed of two adult parents, one infant, and three school-age children, with an approximate monthly income\(^2\) of $1,500. Monthly income eligibility thresholds were drawn from official documents for the state and the cities that host the livelihood program ([State blinded] Office of Health and Human Services 2015a, [State blinded] Office of Health and Human Services 2015b, [City blinded] Public Schools 2015). WIC benefits of $39.20 per person/month, SNAP benefits of $925 per family of six/month (minus 30% of net monthly income), and school breakfast and lunch rates of $1 and $2.25 per elementary child/day were obtained from national, state, and city government sources (USDA 2015c, [State blinded] Legal Services 2015, [City blinded] Public Schools 2015). Administrative costs of $1.9 billion for the 9.3 million mother and infant beneficiaries of the WIC program in the state hosting the livelihood program were determined from official government sources. A harvest season providing 18 weeks of fruits and vegetables (4 months, including two months during the school year), and 40 days of school time during the months that participants harvested food were also assumed for comparative duration of exposure to formal nutritional assistance programs.

**Sensitivity analysis**

Sensitivity analysis was performed around cost items for which the authors believed the estimate were less certain, or which had a large impact on total cost. These included the cost of employee benefits, volunteer and participant time working on the farm, donated supplies, sales of produce, and average price per pound of produce harvested for home consumption. A high case was created in which the cost of these items was increased by 20%, and a low case in which costs were decreased by 20%. All costs were given in US dollars for the year 2014.

\(^2\) If one parent worked full-time, 40 hours per week for 4 weeks per month, at $9/hr, he/she would earn approximately $1500.
Results

In 2014, the studied livelihood program served 95 grower-families that were distributed approximately evenly between the two sites, and among whom 10% were members of the host community. The 56,972 lbs. of surplus produce generated by 62 of the participants growing for market garnered $56,240 in sales in 2014, 80% of which was given back to them, at an average of $726 per participant. Participants growing for home-consumption harvested an approximate seasonal total of 1,250 pounds of produce. Because their plots were larger, market growers harvested an average of approximately 1,000 pounds of produce for market, and also grew for home consumption or took home produce seconds from the farmer’s market totaling approximately 835 pounds (i.e., 2/3 that of home-consumption only growers).

In 2015, the total number of participants dropped from 95 to 73 grower-families, mainly because a majority of the recreational host community members that had been temporarily growing alongside refugees returned that year to their original city-subsidized public plots, which had been dormant during city park renovations. However, sales did remain nearly at the same level, at $51,841, as in 2014. In addition, the total number of pounds of produce grown rose by 30% in 2015, and the 1,125 pounds of produce donated to local food banks nearly doubled the amount donated in 2014. This was because the plots of refugee grower-families were generally more productive than those of host community members, because the program had developed a stronger following over time at local farmer’s markets and retail venues, and because there were increases in efficiency due to healthier soil and fewer weeds from the expanded use of cover crops. Participants growing for home-consumption took home approximately 1,500 pounds of produce in 2015, and participants growing for market took home roughly 1,000 pounds. Possibly due to oversupply in the market and a strong dollar, the value of the produce dropped to $1.92 per pound in 2015, from $2.02 in 2014.
Program costs

After accounting for income received by the program in terms of participant plot fees and a return of 20% of produce sales that offset program costs, the net [economic] program cost, including donated time and goods (Business Dictionary 2017), for 2014 was $192,102, and the net program unit cost per participating grower-family was $2,019 (see Tables 1 and 2). However, because each participating grower-family household was made up of approximately six beneficiary family members, and many participants shared the benefits that they gained in working with the program to numerous extended family members beyond their immediate household, the unit could be more appropriately viewed with a per-beneficiary denominator, rather than a per grower-family one. In this case, it is estimated that the net program cost was $337 per beneficiary in 2014. The cost of the program for the service provider did exceed the income received from the 20% of produce sales and the participant plot fees recouped by the service provider, although it should be noted that the livelihood program was not designed to be profitable from the service provider perspective. The net program costs were largely made up of personnel salaries and benefits, which comprised 81% of the total program cost. Unpaid time and donated items made up 10%, and was driven principally by volunteer time at the farm to prepare and distribute community supported agriculture (CSA) shares to community members, and to facilitate community events with farmers.

In 2015, the net program costs rose by 3%, to $197,043. This is in part because of a slightly lower return from produce sales and plot fees than in 2014, a 60% rise in expense for expanded use of cover crop seed, and a doubling in the expense for water due to drought. Volunteer hours on the farm dropped from 1,900 in 2014 to 1,300 in 2015, as the farm continued to become more efficient, although the minimum wage rose from $8/hr. to $9/hr. during the same
time period, and therefore affected economic cost calculations regarding volunteer time.

Community donations providing for small farm equipment, such as buckets and shovels, rose by 63% between 2014 and 2015, from $4,000 to $6,500, which also contributed to a rise in the economic cost. All other cost items remained stable between the two years.
Table 5: Summary of study outcomes

<table>
<thead>
<tr>
<th></th>
<th>2014 (n=95 grower families; 570 beneficiaries)</th>
<th>2015 (n=73 grower-families; 438 beneficiaries)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Financial</td>
<td>Unpaid labor and donated goods</td>
</tr>
<tr>
<td>Total program outlay</td>
<td>$194,761</td>
<td>$19,200</td>
</tr>
<tr>
<td>Revenue from participant plot fees</td>
<td>(+) $10,611</td>
<td>(+) $10,611</td>
</tr>
<tr>
<td>Revenue from produce sales</td>
<td>(+) $11,248</td>
<td>(+) $11,248</td>
</tr>
<tr>
<td>Net program cost</td>
<td>$172,902</td>
<td>$19,200</td>
</tr>
<tr>
<td>Net program cost per participating grower-family</td>
<td>$1,820</td>
<td>$202</td>
</tr>
<tr>
<td>Net program cost per beneficiary</td>
<td>$303</td>
<td>$34</td>
</tr>
<tr>
<td>Net benefit for participants selling to market</td>
<td>(+) $1,947</td>
<td>$1584</td>
</tr>
<tr>
<td>Net benefit for participants growing for home-consumption only</td>
<td>(+) $2,066</td>
<td>$1056</td>
</tr>
</tbody>
</table>

All estimates are in US dollars. Numbers listed in italics are positive profits, while those in normal type are a negative cost (or outlay).
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Apportioned time from parent program director)</td>
<td>$6,370</td>
<td>$6,370</td>
<td>$6,370</td>
<td>$6,370</td>
<td>$6,370</td>
<td></td>
</tr>
<tr>
<td>Full-time staff</td>
<td>$99,882</td>
<td>$99,882</td>
<td>$99,882</td>
<td>$99,882</td>
<td>$99,882</td>
<td></td>
</tr>
<tr>
<td>Part-time and per diem staff</td>
<td>$30,800</td>
<td>$30,800</td>
<td>$30,800</td>
<td>$30,800</td>
<td>$30,800</td>
<td></td>
</tr>
<tr>
<td>Employment benefits</td>
<td></td>
<td>$15,200</td>
<td>$20,188</td>
<td></td>
<td>$11,700</td>
<td></td>
</tr>
<tr>
<td>Volunteer staff</td>
<td>$20,188</td>
<td>$15,200</td>
<td>$20,188</td>
<td>$20,188</td>
<td>$20,188</td>
<td></td>
</tr>
<tr>
<td><strong>Personnel cost total</strong></td>
<td><strong>$157,240</strong></td>
<td><strong>$15,200</strong></td>
<td><strong>$172,440</strong></td>
<td><strong>$157,240</strong></td>
<td><strong>$11,700</strong></td>
<td><strong>$168,940</strong></td>
</tr>
<tr>
<td>Land rental</td>
<td>$3,800</td>
<td>$1,800</td>
<td>$3,800</td>
<td>$1,800</td>
<td>$3,800</td>
<td>$1,800</td>
</tr>
<tr>
<td>Water</td>
<td>$1,800</td>
<td>$1,800</td>
<td>$3,500</td>
<td>$3,500</td>
<td>$1,800</td>
<td></td>
</tr>
<tr>
<td>Mulch</td>
<td>$1,800</td>
<td>$1,800</td>
<td>$1,800</td>
<td>$1,800</td>
<td>$1,800</td>
<td></td>
</tr>
<tr>
<td>Cover crop seed</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$20,188</td>
<td>$20,188</td>
<td>$20,188</td>
<td></td>
</tr>
<tr>
<td>Fertilizer, compost, and soil amendments</td>
<td>$8,000</td>
<td>$8,000</td>
<td>$8,000</td>
<td>$8,000</td>
<td>$8,000</td>
<td></td>
</tr>
<tr>
<td>Pest control</td>
<td>$300</td>
<td>$300</td>
<td>$300</td>
<td>$300</td>
<td>$300</td>
<td></td>
</tr>
<tr>
<td>Small equipment: buckets, shovels, hoses, crates</td>
<td>$1350</td>
<td>$4,000</td>
<td>$6,500</td>
<td>$6,500</td>
<td>$1,350</td>
<td></td>
</tr>
<tr>
<td>Cooler, toilet, and trash services</td>
<td>$750</td>
<td>$1,350</td>
<td>$750</td>
<td>$750</td>
<td>$1,350</td>
<td></td>
</tr>
<tr>
<td>Marketing</td>
<td>$475</td>
<td>$475</td>
<td>$475</td>
<td>$475</td>
<td>$475</td>
<td></td>
</tr>
<tr>
<td><strong>Recurrent goods and services cost total</strong></td>
<td><strong>$19,275</strong></td>
<td><strong>$4,000</strong></td>
<td><strong>$23,275</strong></td>
<td><strong>$21,575</strong></td>
<td><strong>$6,500</strong></td>
<td><strong>$28,075</strong></td>
</tr>
<tr>
<td>Rear-time rototiller</td>
<td>$94</td>
<td>$80</td>
<td>$94</td>
<td>$80</td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td>Ford e250 vehicle</td>
<td>$1,876</td>
<td>$1,675</td>
<td>$1,675</td>
<td>$1,675</td>
<td>$1,675</td>
<td></td>
</tr>
<tr>
<td>Vehicle loan amortization</td>
<td>$75</td>
<td>$75</td>
<td>$75</td>
<td>$75</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td><strong>Capital cost total</strong></td>
<td><strong>$2,045</strong></td>
<td><strong>$0</strong></td>
<td><strong>$2,045</strong></td>
<td><strong>$2,045</strong></td>
<td><strong>$0</strong></td>
<td><strong>$2,045</strong></td>
</tr>
<tr>
<td>(Parent/central office administrative)</td>
<td>$10,200</td>
<td>$10,200</td>
<td>$10,200</td>
<td>$10,200</td>
<td>$10,200</td>
<td></td>
</tr>
<tr>
<td>Insurance: professional liability, property, vehicle</td>
<td>$1,652</td>
<td>$1,652</td>
<td>$1,652</td>
<td>$1,652</td>
<td>$1,652</td>
<td></td>
</tr>
<tr>
<td>Telephone, internet, and computer fees</td>
<td>$1,750</td>
<td>$1,750</td>
<td>$1,750</td>
<td>$1,750</td>
<td>$1,750</td>
<td></td>
</tr>
<tr>
<td>Office supplies</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
<td></td>
</tr>
<tr>
<td>Meeting travel</td>
<td>$1,800</td>
<td>$1,800</td>
<td>$1,800</td>
<td>$1,800</td>
<td>$1,800</td>
<td></td>
</tr>
<tr>
<td>Office rent</td>
<td>$650</td>
<td>$650</td>
<td>$650</td>
<td>$650</td>
<td>$650</td>
<td></td>
</tr>
<tr>
<td><strong>Overhead total</strong></td>
<td><strong>$16,202</strong></td>
<td><strong>$0</strong></td>
<td><strong>$16,202</strong></td>
<td><strong>$16,202</strong></td>
<td><strong>$0</strong></td>
<td><strong>$16,202</strong></td>
</tr>
<tr>
<td><strong>Total program cost</strong></td>
<td><strong>$194,761</strong></td>
<td><strong>$19,200</strong></td>
<td><strong>$213,961</strong></td>
<td><strong>$197,061</strong></td>
<td><strong>$18,200</strong></td>
<td><strong>$215,261</strong></td>
</tr>
<tr>
<td>Subsidized plot fees from participants</td>
<td>(+) $10,611</td>
<td>(+) $10,611</td>
<td>(+) $7,850</td>
<td>(+) $7,850</td>
<td>(+) $10,368</td>
<td></td>
</tr>
<tr>
<td>20% of revenue from produce sales</td>
<td>(+) $11,248</td>
<td>(+) $11,248</td>
<td>(+) $10,368</td>
<td>(+) $10,368</td>
<td>(+) $10,368</td>
<td></td>
</tr>
<tr>
<td><strong>Total net program cost</strong></td>
<td><strong>$172,902</strong></td>
<td><strong>$19,200</strong></td>
<td><strong>$192,102</strong></td>
<td><strong>$18,843</strong></td>
<td><strong>$18,200</strong></td>
<td><strong>$197,043</strong></td>
</tr>
</tbody>
</table>

All estimates are in US dollars. Numbers listed in italics are positive profits, while those in normal type are a negative cost (or outlay).
Participant profits

Subsequent to incorporation of the average return from produce sales to market-selling grower-families, and the value of produce taken home for consumption, the net profit in 2014 from the participant perspective was $363 for market sellers. The profit for home-growers was $1,010 (see Tables 1 and 3). Although market growers took home cash profit, they took home less produce, and worked an average of three hours more per week on their plots than growers for home consumption. Unpaid labor on the farm comprised approximately 70% of participant costs, while seeds and small equipment led the recurrent goods expenses in comprising 6% and 7% respectively of the participant cost. In 2015, the costs to participants did not change, but calculated profits were affected by the aforementioned $1/hour increase in minimum wage that was applied to participant hours on the farm, and the $0.10 drop in value of a pound of produce.
### Table 7: Breakdown in participant costs and benefits

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants selling to market</strong></td>
<td>62</td>
<td>50</td>
</tr>
<tr>
<td><strong>Participants growing for home consumption-only</strong></td>
<td>33</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Financial</th>
<th>Unpaid labor and donated goods</th>
<th>Economic</th>
<th>Financial</th>
<th>Unpaid labor and donated goods</th>
<th>Economic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Farm labor: participants selling to market</td>
<td>$1,408</td>
<td>$1,408</td>
<td>$1,408</td>
<td>$1683</td>
<td>$1683</td>
<td>$1683</td>
</tr>
<tr>
<td>Farm labor: participants growing for home consumption-only</td>
<td>$880</td>
<td>$880</td>
<td>$880</td>
<td>$990</td>
<td>$990</td>
<td>$990</td>
</tr>
<tr>
<td>Farm plot rent</td>
<td>$112</td>
<td>$112</td>
<td>$112</td>
<td>$107</td>
<td>$107</td>
<td>$107</td>
</tr>
<tr>
<td>Seeds and seedlings</td>
<td>$125</td>
<td>$125</td>
<td>$125</td>
<td>$125</td>
<td>$125</td>
<td>$125</td>
</tr>
<tr>
<td>Small equipment: hoops, stakes, twine, gloves</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Large equipment rental, maintenance, and gas</td>
<td>$38</td>
<td>$38</td>
<td>$38</td>
<td>$36</td>
<td>$36</td>
<td>$36</td>
</tr>
<tr>
<td>Transportation time</td>
<td>$176</td>
<td>$176</td>
<td>$176</td>
<td>$198</td>
<td>$198</td>
<td>$198</td>
</tr>
<tr>
<td>Transportation cost</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td><strong>Total cost to participants selling to market</strong></td>
<td><strong>$464</strong></td>
<td><strong>$1,584</strong></td>
<td><strong>$2,048</strong></td>
<td><strong>$458</strong></td>
<td><strong>$1,881</strong></td>
<td><strong>$2,339</strong></td>
</tr>
<tr>
<td>80% return on produce sales</td>
<td>(+) $726</td>
<td>(+) $726</td>
<td>(+) $669</td>
<td>(+) $669</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value of take-home produce</td>
<td>(+) $1,685</td>
<td>(+) $1,685</td>
<td>(+) $1,685</td>
<td>(+) $1,685</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total net profit participants selling to market</strong></td>
<td>(+) $1,947</td>
<td>(+) $363</td>
<td>(+) $1,915</td>
<td>(+) $2126</td>
<td>(+) $245</td>
<td></td>
</tr>
</tbody>
</table>

| **Total cost to participants growing for home consumption-only** | **$464** | **$1,056** | **$1,520** | **$458** | **$1,188** | **$1,646** |
| Value of take-home produce            | (+) $2,530| (+) $2,530   | (+) $2,875 | (+) $2,875| (+) $2,875 | (+) $2,875 |
| **Total net profit participants growing for home consumption only** | (+) $2,066| (+) 1080     | (+) $2,417 | (+) $2,417| (+) $1229  | (+) $1229  |

All estimates are in US dollars. Numbers listed in italics are positive profits, while those in normal type are a negative cost (or outlay).
**Do nothing case**

To put the program cost in the perspective of a “do nothing”, or counterfactual scenario, nutritional assistance programs that pay for fresh fruits and vegetables can readily demonstrate comparability with the produce grown for home consumption by all livelihood program participants. Lawfully present non-citizens below standard income thresholds are eligible for the Women, Infants, and Children (WIC), Supplemental Nutritional Assistance Program (SNAP), and public school breakfast and lunch programs in the studied program state with no waiting period if they are refugees admitted under section 207 of the Immigration and Naturalization Act (INA), victims of trafficking, or asylees under section 208 of the INA (USDA 2015b). For the assumed family of six, with one infant and three school-age children, the average unit (family) cost for nutritional assistance over the 2014 summer harvest season would have been $2,604.

The estimate for supplemental nutritional assistance during the four-month harvest season is for non-organic foods, which are often available in unprocessed form only at some distance from the recipient’s home, in comparison to the primarily organic produce grown through the livelihood program. The estimate also does not reflect the costs of administering the supplemental assistance programs, which for example were $137 per mother/infant dyad under WIC, alone, for the four-month harvest season in 2014. Inclusive of the administrative cost only for WIC, the nutritional assistance unit cost per grower-family was $2,740, in comparison to the $2,022 unit cost per grower-family of the livelihood program.

**Sensitivity analysis**

Program economic costs in 2014 differed little under sensitivity analysis, principally because the bulk of the total cost (personnel) was not seriously altered. Net economic program cost per participant ranged 5% higher or lower as compared to the base case when the employee
benefits, volunteer hours, donated goods, farm hours, and price per pound of take-home produce in the base case were raised [high case] or lowered [low case] by 20%. The category with the greatest change was personnel, which saw employee benefits rise by $4,037 ($42 per participating grower-family) for the high case in comparison to the base case, while donated goods rose by $800 ($8 per participant)(see Table 4).

Table 8a: Sensitivity analysis boundaries

<table>
<thead>
<tr>
<th></th>
<th>Low case (-20%)</th>
<th>Base case</th>
<th>High case (+20%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel benefits</td>
<td>0.8</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Volunteer time</td>
<td>0.8</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Donated supplies</td>
<td>0.8</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Participant time farming</td>
<td>0.8</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Produce sales</td>
<td>0.8</td>
<td>1</td>
<td>1.2</td>
</tr>
<tr>
<td>Value per pound of produce for home consumption</td>
<td>0.8</td>
<td>1</td>
<td>1.2</td>
</tr>
</tbody>
</table>

Table 8b: Sensitivity analysis breakdown

<table>
<thead>
<tr>
<th></th>
<th>Low case (-20%)</th>
<th>Base case</th>
<th>High case (+20%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel benefits</td>
<td>$16,150</td>
<td>$20,188</td>
<td>$24,225</td>
</tr>
<tr>
<td>Volunteer time</td>
<td>$12,160</td>
<td>$15,200</td>
<td>$18,240</td>
</tr>
<tr>
<td>Donated supplies</td>
<td>$3,200</td>
<td>$4,000</td>
<td>$4,800</td>
</tr>
<tr>
<td>Participant time farming (market growers)</td>
<td>$1,126</td>
<td>$1,408</td>
<td>$1,690</td>
</tr>
<tr>
<td>Participant time farming (home consumption only)</td>
<td>$704</td>
<td>$880</td>
<td>$1,056</td>
</tr>
<tr>
<td>Produce sales returned to the livelihood program</td>
<td>$8,998</td>
<td>$11,248</td>
<td>$13,498</td>
</tr>
<tr>
<td>Average produce sales returned to each market grower</td>
<td>$581</td>
<td>$726</td>
<td>$871</td>
</tr>
<tr>
<td>Value per pound of produce</td>
<td>$1.62</td>
<td>$2.02</td>
<td>$2.43</td>
</tr>
<tr>
<td>Total value of 1250 lbs. of produce for home consumption</td>
<td>$2,024.00</td>
<td>$2,530.00</td>
<td>$3,036.00</td>
</tr>
</tbody>
</table>

Table 8c: Sensitivity analysis summary outcomes

<table>
<thead>
<tr>
<th></th>
<th>Low case</th>
<th>Base Case</th>
<th>High case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net program unit cost per participant</td>
<td>$1,662</td>
<td>$2,019</td>
<td>$1,763</td>
</tr>
<tr>
<td>Net program unit cost per beneficiary</td>
<td>$277</td>
<td>$336.51</td>
<td>$293.81</td>
</tr>
<tr>
<td>Net profit to participants selling to market</td>
<td>$7</td>
<td>(+) $363</td>
<td>(+) $732</td>
</tr>
<tr>
<td>Net profit to participants growing for home consumption-only</td>
<td>(+) $680</td>
<td>(+) $1,010</td>
<td>(+) $1,340</td>
</tr>
</tbody>
</table>

All estimates are in US dollars. Numbers listed in italics are positive profits, while those in normal type are a negative cost (or outlay).
Discussion

The studied livelihood program supported refugees in resilience and transitions to positions of economic independence, and supported host communities through the development of formerly unproductive land, greater access to organic produce, and opportunities for shared learning experiences with refugees. Program staff conducted repeated consultation with concerned refugee and host community members, linked participants to host community and government support mechanisms, develop relationships with restaurants and grocers for produce sales, and built upon commonly identified needs and skills (Wessells, 2014, Boothby 2006). Therefore, the majority of program costs were for personnel, which also aligns with available cost distributions in the health field for [principally HIV] programs that were intensive in terms of participant counseling, training, and/or the facilitation of community empowerment (Aliyu 2012, Jan 2012).

The cost of conducting a similar livelihood program in urban areas of a developing country, such as Uganda, may be significantly less (mainly due to much lower salary and thus program administration costs). However, without comparable cost studies in refugee support, it is difficult to make a confident estimation. The principal recurrent cost that may be an issue in urban areas of LMICs is water. Piped water can be scarce in refugee resettlement areas, and existing wells are a documented flashpoint of tensions between urban refugees and host populations (Gourlay 2012, Stark 2015, UNHCRb 2014), although the authors of a refugee livelihood study in Zimbabwe reported that access to improved water sources was a principal factor in reducing negative attitudes of host community members towards the stigmatized group (Gourlay 2012, Puett 2014).

Economic measurement of the social benefits of a program similar to that studied here remains a novel and challenging area. Without standardized methods to monetize social
benefits, the estimated benefits as calculated from produce value and sales, are likely marked underestimates of the full program benefits. The studied program did conduct an informal survey in 2013 of 46 participants, in which 78% of respondents reported that the opportunity to meet new [host community] people was among their principal reasons for participation in the livelihood program, and 93% of reported feeling more comfortable in their new country since participating. Qualitative responses included that “we have been able to mingle people of different culture and have made permanent friendships; we are happy that we were able to sell crops and have a staple source of food for ourselves.” However, as is the case with many surveys tailored to the specific context and programmatic needs, the utilized survey measures relevant to stigma and discrimination do not directly compare with any of the diverse measures evaluating change in [individual or socially normative] attitudes and behavior that currently exist.

Further, translation of measures of stigma and discrimination at the individual or societal level that involve beliefs or attitudes, to an economic valuation, first requires an intermediary measure. For comparability purposes, intermediary measures that have been previously utilized within the health or social protection communities for cost-benefit analysis may be most useful. In discussion with the livelihood program for the planning of future surveys, three potential measures were proposed. These include changes in physical or mental health status that could feed into cost-effectiveness analysis using disability-adjusted life years (DALYs), changes in delinquency/drop-out rates that could be utilized in tandem with the UNESCO estimate that one additional year of schooling increases an individual’s earnings by up to 10% (UNESCO 2011), or changes in reported rates of school bullying against refugees where the apportioned salary time from school staff in addressing the situation could be calculated.
Although the parent city and the peri-urban town have similar economic levels and crime rates, they have taken strikingly different approaches to refugee acceptance. The peri-urban city has annually taken in an average of 9.2 refugees per 1000 residents and was recognized by representatives of the US State Department in February 2015 as “an exemplary example of American outreach to refugees (Steele 2015)”, as compared to 0.9 refugees per 1000 residents of the parent city the State Department for a moratorium on resettling refugees (Saulmon 2014, [Newspaper blinded] 2014). The school system of the peri-urban town has adapted to a student body encompassing 34 different languages, while the academic performances of multiple schools in have climbed to compete as among the best in the state for schools of comparable size and economic level. Studies like that by Ottiviano and Perri have shown greater economic productivity over multiple decades in cities where the share of foreign-born residents increased (Ottoviano 2006), and it would be interesting to better understand the impact specifically of refugees that are comprehensively supported within their adopted communities.

Limitations

There are a number of limitations for this study, foremost of which was the inability to collect comprehensive quantitative evaluation data on program effectiveness that could have enabled the inclusion and monetization of social program benefits, even if standardized measures of stigma and discrimination impacts and outcomes could have been determined. This was due to the lack of program baseline data, the numerous languages and cultures to which a well-designed survey would need to be sensitive, and a maximum intervention sample size of approximately 100 families that was insufficient to detect small effect sizes for indicators such perceived community acceptance. An additional limitation is that the supervision costs for the level above the program director were not specifically collected, although the majority of that
cost is assumed to be included in overhead expenditure drawn from the parent program budget. Participant costs, such as unsanctioned non-organic fertilizer supplements, possible childcare expenses during time at the farm, and time committed to winter training workshops were not collected from the refugees. Also, the number of beneficiaries was difficult to estimate, as household sizes inclusive of extended family members were routinely in flux, and some participants were members of the same extended family, and therefore were not necessarily growing for separate households.

Finally, the average number of hours participants worked on the farm per week was challenging to capture. Individual time varied widely according to the types of crops planted, plot preparation, fertilizer and amendments added by the participant, watering methods and rainfall, and the size of the plot. However, grey literature publications lends confidence that the estimates provided by the program manager and obtained through field observation are reasonable (Hendrickson 2005, National Gardening Association 2009). It should additionally be noted that it is unclear if minimum wage is a good measure of the economic cost for participant labor on the farm. Refugees may work legally with an approved i-94 card and the submission of an I-765 Application for Employment Authorization (USCIS 2015). However, due to post-traumatic stress, language barriers, and a lack of work experience relevant to the local labor market, refugee participants may be unable to readily secure employment at minimum wage or higher.

**Conclusion**

The studied livelihood program is an example of a program that empowers refugees not only through economic strengthening and self-sufficiency, but also through gains in agricultural and marketing experience, and connections to host community members, businesses, and
educational institutions. The economic program cost per participating grower-family family was significantly lower than the comparable sum of government nutritional assistance that a family is eligible to receive, and consideration of the unit as one of the average six beneficiary grower-family members significantly lowers the program unit cost. Therefore, the economic cost to the livelihood program per beneficiary, which engenders self-sufficiency among the participating refugees, may be considered a relative bargain that could potentially reduce dependency upon government nutrition assistance programs. The potential to capture additional program benefits such as improved health outcomes, greater school participation, higher self-esteem, and improved community acceptance of refugees exists, and such research will be vital to advancing the case for funding to comprehensively support the prosperity of urban refugees and host communities.
References


8. [City blinded] Public Schools. 2015. Free and reduced price school meal application.


32. [Newspaper blinded]. 2014. [City blinded]’s mayor stigmatizes refugees.


55. [State blinded] Legal Services. 2015. Important state privacy and confidentiality protections for low income immigrants and citizens served by community-food programs.


64. United States Department of Agriculture. 2015c. WIC program: average monthly benefits per person. Available at: http://www.fns.usda.gov/pd/wic-program


Chapter 5: Conclusion

The growing size of the refugee population, and continued distribution to low-income urban areas ill-equipped to manage the influx, is cause for concern. The escalating damage from climate change that can presage conflicts, the recurring and extended nature of conflicts, and the targeting of civilians have made for an increasing trend in the number of forcibly displaced persons (Gates 2016, Marshall 2014, Herring 2015, CRED 2016). Estimates of 16 million refugees (under the UNHCR mandate), 3 million asylum seekers, and 41 million internally displaced persons in 2015 are the highest recorded since World War II (UNHCR 2016). In contrast to decades past, and the expectations of people globally who are unfamiliar with refugee situations, the overwhelming majority of refugees are no longer sequestered in camps and isolated settings. They are living in cities, primarily in the Middle East and Eastern Africa, but also in Turkey, Pakistan, Europe, the Nordic countries, and North America (UNHCR 2016). These cities share the commonality of being resource-poor, given that most are in developing countries, and that those in high-income countries are often areas in need of “renewal” (Singer 2006, Refugee Processing Center 2017). Refugees and host community residents can then find themselves competing for survival on city margins and in townships, where housing, education and health systems, emergency services, and environmental support are unsound. Such is a situation ripe for discord, with implications for the destabilization of countries that have been among the democratic and/or economic bulwarks of their regions. With better dispersion of refugees and management of inflows, understanding of the needs of refugees and host community members, and appropriate support of refugees and their host communities, cities where refugees resettle have been shown to thrive. It is therefore critical that these processes be better understood, and that financial and programmatic support are secured.
Dissertation origins

This dissertation grew out of previous work with a qualitative dataset gathered from Somali and Congolese refugees in Kampala Uganda. In the original Stark et al. qualitative analysis assessing the survival, resilience, and protection needs of refugees in urban areas, the issue of pervasive stigma and discrimination emerged as a central concern (Stark 2015). Discrimination can be considered as a problematic behavioral manifestation of stigma, which is essentially the labeling by one group by another as differentially inferior, and which can also manifest as problematic knowledge (ignorance) and/or problematic attitudes. These manifestations are channeled into designated groupings of anticipated, perceived, experienced, and internalized stigma and discrimination (Nayar 2014, Stangl 2013, STRIVE 2012). Such manifestations then lead to the recognized outcomes in stigmatized groups such as avoidance of HIV testing among women who may be cast from their homes, fear of retribution for bringing grievances to the attention of authorities, and acquiescence to job “opportunities” that are exploitative and dangerous (Chan 2005, Krieger 2014, Katz 2013, Newman 2012, Thomas 2011). Resulting impacts then include greater physical and mental morbidity, higher rates of out-of-school children, and deepening poverty (Almeida 2011, Ellis 2010, Guerrero 2010, Motti 2008, Stark 2015). These definitions and delineated manifestations of stigma and discrimination are in line with the current thinking of the World Health Organization, UNICEF, and the STRIVE consortium on structural HIV stigma, while the postulated framework of stigma and discrimination is featuring prominently in recent literature to assess stigma and discrimination in the areas of HIV and child health (Nayar 2014, Stangl 2013, Stangl 2012). Although other frameworks have been developed in the past, this one may be particularly useful for comprehensively addressing stigma and discrimination, as it situates stigma and discrimination within processes at both the individual and structural levels (i.e., organizational, political/policy,
and community). Given the insufficient knowledge base on structural stigma and discrimination (Biradalovu 2012, Brown, Chan 2005, Collins 2012, Derluyn 2011, Gartrell 2013), the broad nature of structural stigma and discrimination, and the availability of a refugee dataset that could potentially speak to structural stigma and discrimination, research in this dissertation was focused on the structural level of the community.

Through the process of the original analysis of the qualitative dataset gathered from Somali and Congolese refugees in Kampala Uganda and study publication, several questions emerged in the minds of the authors and reviewers. These essentially asked, now that you have identified that stigma and discrimination are major problems for refugees, can you identify why are stigma and discrimination occurring and what could be done to address it? Extensive experience in both advocacy and at a donor organization has demonstrated that “what” should actually be unpacked as two questions regarding what types of programs are most successful, and how much they cost. Therefore, each question of why, what, and how much formed the basis for the research and writing of one of the principal chapters in the dissertation.

**Conclusions: qualitative analysis to determine drivers of structural stigma and discrimination**

The research process for the first paper (Chapter 2) took a new look at the refugee dataset from Kampala, and concluded that it could be utilized to better understand the drivers of structural stigma and discrimination at the community level. To note, the dataset did include 40 key informant interviews with primarily Ugandan respondents from schools, NGOs, and public services such as the police department. These interviews could have been utilized to better understand the host perspective, but were unfortunately not able to be included for this dissertation due to issues with quality and relevance. While the more than 200 refugee discussion groups and interviews were conducted by a small set of research assistants (5
Congolese and 2 Somali), that helped with consistency across the focus group and interview transcripts, the 40 key informant interviews were conducted by 8 different interviewers, with apparently different interview styles. Further, a number of the transcripts were limited to 5-10 questions/responses, and many were quite difficult to interpret because the subject of conversation changed rapidly and there was no follow-up to statements that were unclear. Translation of these interviews also seemed more problematic than in the refugee transcripts, and there was less of a focus upon refugees that could be of relevance to the research question. For example, the key informant interviews would generally start with a question about everyone in the community, such as “what are the main sources of harms in schools”, and then responses would include such things as broken railings, that boys are more daring and climb trees, and that the school syllabus covers communicable and non-communicable disease.

In contrast, the 51 focus groups discussions and 175 individual interviews with refugees were of higher quality and were more relevant to the research question. These transcripts yielded a plethora of detailed information describing the behavior of host neighbors in day-to-day interactions, quoting the recalled words of host neighbors, and interpreting why refugees were mistreated. Respondents were also open about the challenges their presence and needs may have brought for the host population. Their responses centered around three principal themes describing structural stigma and discrimination and the community level: safeguarding body and property, defending status, and perpetuating exploitation.

In reference to the first theme, safeguarding body and property, refugees described being labeled as Al-Shabaab, dirty, and as beggars and thieves. Underpinning these labels was the fear of terrorist attacks committed by the same Somali compatriots that the refugees had fled from, fear of contagion in an environment where medical care is limited, and fear of losses in food and
property where survival is dependent upon maintaining such supplies. Within the second theme, refugees told of having their shoes or other personal items stolen, and presumptions that they had gold, access to assistance unavailable to the host population, and opportunities to go back home or to camps where “there is everything”. Although these presumptions were false, with the exception that a small number of refugees were able to access some form of assistance, they served to generate feelings of resentment and lower status in a host population bounded by hardship. Finally, the extent of sexual, labor, and marketplace exploitation that refugees were subjected to indicated that these practices were not limited to a small number of perpetrators.

For a practice to become normative in a community, the perpetrators must believe that others are doing the same thing, that others know and approve of what they are doing, and that there will not be legal [enforced] punishment. This paper argues that particularly when exploitation goes so far against common decency, as in the case of the worst forms of child labor, it must have the handmaiden of stigma and discrimination to allow for decent people to forfeit censure of the exploitation.

The three principal themes related to drivers of stigma and discrimination that were drawn from the refugee transcripts align closely with those described by Phelan et al. as keeping people out, keeping people in, and keeping people down. However, there are several important differences, which are important for programming. The first is that while Phelan et al, and numerous prior theorists, take mainly a disease-centered approach to “keeping people out”, the refugee transcripts highlighted that host communities are afraid of terrorism as well. The seeming randomness of terrorist attacks, and the amplification of fear by the continual replay on media channels such as television and phones, suffice to make terrorism a far greater perceived
than actual threat in many locations. Yet, perceived or actual, it is important to note that terrorism stands large in the minds of host community members.

A second point is that “keeping people out” is also related to fear of economic losses that would impact upon survival. Such as property or food. While the refugee transcripts indicated an initial welcome by some home community members, in a number of cases this relationship was described as eventually strained, as refugees would continue to lean on their neighbors for things like feeding and watching their children. Refugees lamented that they could not feed their children and that they had to leave home for many hours to try to make a living, and felt shame that they could not reciprocate the small kindnesses that their neighbors provided until they grew “tired” of the refugees. This dynamic demonstrates well how relations between hosts and neighbors are not static, but evolve over a series of interactions, the quality of which impacts upon how refugees are viewed and treated. Refugees who are maltreated may not be able to access education or employment and may fall further into poverty, and then they lean more again on their neighbors out of necessity. It also demonstrates the real struggles that host communities have in coping with large populations of refugees, a situation that necessitates attention and support in tandem with that given to refugees.

Finally, an important point that was drawn out from the refugee transcripts was that discrimination did not seem to be as much related to the concept of dominion espoused by Phelan et al. in “keeping people down”, but rather more to the concept of fairness. Although both concepts are forms of power, the former is related to power over someone else, while the latter is related to the power of one’s own self to achieve autonomy and equality. The refugee respondents reported that they were censored for being thought to have more, whether it was small personal items, or more often, opportunities to emigrate to a third country or return to their
countries of origin. Some of the instances could be interpreted as petty acts of trying to have dominion, or power over, refugees. Such as police officers rejecting rape claims, or the occasional teacher that rejected a high achieving student as competing with locals. However, the context of the comments illustrates that there’s more than just putting refugees down. That could be done by simply calling names or labeling refugees as bad because of their race or religion. But, many of these cases seemed tied to some opportunity that refugees were thought to have. “Insecurity” in relation to the rape cases, and that refugees “would just leave/go back” anyway for education. In combination with the possible affront to status of perceiving to have less in some way than a newcomer that is commonly called a beggar, this point is important for the approaches that may be taken to confronting stigma and discrimination against refugees in resource-poor urban settings. If perpetrators see themselves as victims defending their independence and pride, a tactic that focuses on shame and blame, as would be the case with confronting “dominion/power over”, is likely to fail.

Conclusions: systematic review to better understand what works in stigma and discrimination programming

The question of what may work to ameliorate structural stigma and discrimination against refugees is an open one, and challenging to definitively answer. There are no studies that address stigma and discrimination interventions in reference specifically to refugees, perhaps because refugees have been traditionally thought of as restricted to camp-based settings, and largely isolated from interaction with the national population. Undoubtedly, there will be more literature on interventions to lessen the tense situation in Europe that will be forthcoming. However, at the time of data collection for systematic review for this dissertation, the body of health and social protection literature on stigma and discrimination programming largely centered on HIV/AIDS, mental health, disfiguring diseases such as leprosy, and immigrants.
While studies and systematic reviews of this literature are helpful in identifying commonalities among intervention programs that were deemed successful by the authors, there are a number of caveats within this literature that extend beyond the less concerning issue of generalizability to refugee populations.

The main caveat is that the body of literature on stigma and discrimination programs within spheres such as HIV, mental health, and disfiguring disease largely focuses on individuals, and utilizes study designs and outcome measures that limit observation to intra-personal and inter-personal stigma and discrimination. Attention to alleviating the structural drivers of stigma and discrimination at the organizational, community, and policy levels is much less common. Evidence of interventions to address discrimination at intra- and particularly at inter-personal levels is also weakened by the lack of standardization in measurement indicators, insufficient use of control groups and exposure levels within intervention groups, by brief follow-up periods, and by the dearth of qualitative research that could serve to explain why respondents do or don’t respond to specific interventions. Thus, although studies focusing at the individual level do generally show that interventions with multiple components, those that empower stigmatized individuals to become advocates, and those that foster contact with stigmatized groups are more successful, such studies are reflective specifically of impact at the individual level, and must be taken with a grain of salt due to quality issues.

The second paper in this dissertation (Chapter 3) therefore sought to review studies that utilize study designs/and or survey indicators that enable a view of impact at the community level. Because there are few studies that are explicitly described by the authors as confronting structural stigma and discrimination, and none that are specific to refugees, an innovative approach was taken to better understand what may work most effectively on stigma and
discrimination against refugees at the community-level. There were three main ways in which the search was tailored to this purpose. First, the target populations utilized in the keyword search were expanded beyond refugees, to similarly vulnerable populations, such as immigrants, PLWHA, and the mentally ill, other disabled populations, orphans, and former child combatants. The search was then limited in several ways. It was confined to resource poor settings, either in developing countries or in poor areas of high-income countries. It was also restricted to study designs that allowed for measurement of diffusion to persons other than the original target audience (unless the sample was the full community), through such means as the utilization of independent samples at different time measurements, or dependent samples where respondents indicated drawing their information or beliefs from someone who had participated in the intervention. To ensure quality, several additional restrictions were made, including excluding post-test only designs without a control or comparison group, restricting inclusion to studies where one or more measurements were made at least one month after the conclusion of the intervention, and retaining only full-length research papers or reports. In addition, a thorough quality review template was developed to review each article (whether quantitative or qualitative) on the basis of the weight of evidence, the soundness of method, the context for study interpretation, and the relevance of the study population and indicators to the review question.

Subsequent to a multi-stage review process that screened through seven thousand initial abstracts, twenty-six peer review and two grey literature papers were accepted. Twenty-six of these studies were concerning PLWHA, and two were involving stigma and discrimination against returning child soldiers. There were no studies that passed screening which involved immigrants or refugees. The large majority of accepted studies were in sub-Saharan Africa and
East Asia, and approximately three-quarters of the studies were in rural areas or an unknown setting. Therefore, although all accepted studies were in resource-poor settings, there were no studies specific to urban refugees, and inferences must be generalized from other vulnerable populations that are not an exact match. The included studies involved primarily quantitative research, although several were qualitative in nature or included a mix of both quantitative and qualitative research. About half of the studies scored in the fair range for quality, while another half scored in the good range, and one study score in the excellent range. Among the four quality categories, studies were censored the most for relevance, given the aforementioned lack of studies focusing upon refugees, and the general absence of measurement of behavior or any of the components of social norms in the quantitative studies. Thus, while measured changes in stigma and discrimination could be inferred as occurring at the structural level of the community, due to the study design, measurement specifically of change according to defined social norms constructs was lacking. Those study designs that were most useful for this research question were qualitative studies that allowed for in-depth understanding of community dynamics, [quantitative] repeated cross-sections of independent samples, and [quantitative] studies that measured exposure and sampled beyond the initial targets of the intervention (e.g., surveying respondents who had indirectly gotten the intervention from a neighbor or friend that was initially exposed). As predicted prior to screening of full-text articles, no randomized controlled trials (RCTs) were included in this systematic review, as change was measured in specific individuals over time and diffusion of the intervention beyond the initially targeted individuals was guarded against in the RCTs.

Although a meta-analysis of effect is not possible, due to heterogeneity in indicators, scales, and effect measurement across the quantitative and qualitative studies, there were a
number of commonalities across the reviewed studies that showed an interpreted meaningful change in stigma and discrimination. These commonalities included 1) the utilization of multiple intervention components; 2) direct information provision (e.g., lecture, role-play, other active engagement) or direct contact with stigmatized groups; 3) cooperative work between community members and stigmatized groups to better livelihoods; 4) popular opinion leaders who have authority to make change, and 5) traditional ceremonies valued by the communities for cleansing and healing. Studies inclusive of high-income settings that measured changes at the individual level for stigma and discrimination largely agree with these conclusions, particularly that includes education, community engagement and empowerment of stigmatized individuals to advocate on behalf of their group are key program components (Pettigrew 2008, Phelan 2008, Thornicroft 2007).

Finally, it is quite interesting to note that many of the more successful studies in the systematic review of stigma and discrimination programs targeted two of the drivers identified in the preceding qualitative review based on the Kampala dataset with urban refugees (Chapter 2): safeguarding body (and property) and defending status. Those studies that provided direct information or direct contact addressed threats to the body. For example, they educated that PLWHA could only transmit the disease through unprotected sex or transfer of blood, and direct contact through radio call-in with PWHA humanized PLWHA to the general population and allowed the general population to ask questions about which they were concerned. The traditional cleansing ceremonies worked in a similar way, demonstrating that the returning child soldiers had been spiritually purified after having possibly committed atrocities, and thus could not threaten to contaminate the spiritual health of others in the village. The livelihood programs such as cooperative banking or farming both worked on the concept of “defending status”, as the
programs broke down defenses by not being for the stigmatized groups alone, and improved status for all those who earned income or grew produce for the village. Further, such programs did not seek to berate perpetrators of stigma and discrimination, but rather drew them in as partners in making change for the better. In terms of exploitation, there was only one intervention (Gurnani 2011) concerning sex workers that dealt with it directly, by a government order prohibiting discrimination against sex workers seeking government services, and by work with the media and police. Outcome indicators are more challenging in this study, as it is difficult to quantify, for example, the significance of a rising number of quotes in news stories that featured the perspective of sex workers. It is possible that more studies do exist on interventions to reduce stigma and discrimination against vulnerable groups so that they can’t continue to be exploited, particularly given that journals in the legal domain were not included in the search for the systematic review. In the future, it would benefit the public health community to work jointly with the legal community to develop evaluation measures and study designs of appropriate timeframes for interventions that begin as a change in law or policy.

**Conclusions: cost-benefit-analysis of a livelihood program to reduce stigma and discrimination against urban refugees**

The third research study of the dissertation (Chapter 4), sought to better understand what the costs may be for an intervention to counter stigma and discrimination against urban refugees in a resource-poor urban setting. Without cost data to utilize as a benchmark for grant applications or decision-making, many donors are resistant to releasing funds. Although no programs could be found in a developing country to study from an economic perspective, there was one in a resource-poor urban area in the northeast United States that was working with refugees on an agrarian livelihood program, and which was amenable to further study of their program. This program met a number of the criteria for success, as drawn from the systematic
review. These included contact with the stigmatized group, a shared livelihood program that included community members, direct information provision, and empowerment of the stigmatized group. However, it should be noted that the effectiveness of this program for reducing stigma and discrimination within the community could not be ascertained for the dissertation, due to the limited timeframe for the dissertation, the small sample size within the program, and the cost of translating a survey into more than ten languages spoken by program participants. A survey had been conducted by the program prior to this research, which showed in several questions that refugee participants felt more comfortable and accepted in their community. However, the survey was informal, and therefore can’t be considered as a rigorous documentation of change.

The unit cost per grower-family, net of produce sales, was $2019 in 2014. On the assumption that each grower-family included six family members, the unit cost per beneficiary was $337. The cost given was an economic one, which means that both the expenses to the program, and donated labor and goods, were factored into the cost estimate. Donated labor and goods made up approximately 10% of the cost, and thus if one were to look only at the financial costs for the program, or what was actually paid out (inclusive of the annualization of capital goods across years), the cost would be 10% lower. The cost of the program rose by 3% in 2015, largely due to expanded use of cover crop seed and for larger amounts of water to counter the effect of a seasonal drought. This cost did not vary significantly in sensitivity analysis that varied employee benefits, volunteer hours, donated goods, farm hours, and price per pound of take-home produce by 20% from the base case. As compared to a counterfactual “do nothing” scenario of providing nutritional assistance only through government sources (WIC, SNAP, and school breakfast/lunch), the cost of the program per grower-family was approximately $700 less
than the counterfactual. Further, if the social benefits of the program, such as a lower stigma and discrimination and higher school attendance among the refugees, could have been captured and monetized, the differential with the counterfactual would likely have been significantly greater.

The benefits to the participants in terms of income and goods (produce) were $363 for market sellers and $1,010 in 2014 for those who grew produce from home consumption only. The market sellers had a lower “profit” because they took home less produce, and because they spent more time on the farm. These hours were valued at the local minimum wage and subtracted from sales and the value of take-home produce ($2.02/lb in 2014). Calculated profits were slightly lower in 2015 for market-sellers because the value of their labor in minimum wage changed by $1/hour, and the cost of a pound of produce dropped by $0.10/lb in 2015. However, the farm was more productive in 2015, and therefore participants took home more produce for home consumption, and home-growers had a benefit of over $1200 above the cost of their inputs into the program in 2015. Particularly given that most participants did not need to invest a large amount of time per week on the farm, the value of produce was a good return on the financial (plot fee, seeds) and labor investment.

The costs of the livelihood program were low in comparison to the counterfactual case in the United States, and the benefits to the participants in sales and produce were significant. However, it is not clear how these costs would translate to an urban setting hosting refugees in a developing country. The labor costs for national workers in developing countries (as compared to international staff), which formed the majority of cost in this livelihood program, are much less expensive. For example, the salary of a mid-level nurse in the areas of United States where the livelihood program took place, is approximately US $70,000 annually, or nearly fifty times more expensive than that of a mid-level nurse in Uganda who is paid approximately US $1,500.
If the unit cost of the livelihood program per grower family and per beneficiary were divided by fifty, the unit costs would be about $40 and $7, respectively. Other inputs such as seeds and mechanical equipment would also be less expensive in a developing country. It should be noted though, that access to land and water may be prohibitive, particularly if wells would need to be dug. Urban gardens have been possible in the United States on small parcels of land, and small plots can be found throughout Africa in corners of urban areas such as the traffic medians that border sidewalks, or in areas bordering municipal buildings. However, gaining access to parcels of land in densely populated tenements will require buy-in from the community, and potentially also the purchase of land that is already occupied.

**Tying the pieces together**

In conclusion, the three analyses presented here provide support for the following approaches going forward 1) the utilization of multiple intervention components; 2) direct information provision (e.g., lecture, role-play, other active engagement) or direct contact with stigmatized groups; 3) cooperative work between community members and stigmatized groups to better livelihoods; 4) popular opinion leaders who have authority to make change, and 5) traditional ceremonies valued by the communities for cleansing and healing. These interventions were identified as most successful in the systematic review, and address the drivers of structural stigma and discrimination identified in the qualitative study: safeguarding body and property, defending status, and perpetuating exploitation. Livelihood programs are of particularly promising, because they encompass all of the aforementioned approaches and can be expected to target well the drivers of structural stigma and discrimination. The agricultural livelihood program studied through the cost-benefit-analysis included intervention components spanning from the growing of produce, to the marketing and sale of that produce. Contact with host
community members and cooperative work was facilitated through allowing for community members to also grow crops in adjacent plots, through gardening lessons and cooperation with local educational institutions, and through a newsletter, community-supported agriculture (CSA) pick-up, and the sharing of recipes and prepared food. Local popular-opinion leaders, such as women heading the volunteer organizations at local religious institutions and the owners/chefs of popular restaurants, were engaged to both advertise the quality of the farm produce and to invite community members to engage with the livelihood program and its participating members. Finally, although traditional ceremonies were not conducted in the same manner as those reviewed for returning child soldiers, the livelihood program took care to respect the traditions of both the refugees and the local community members. The livelihood program was specifically an agricultural one to allow the refugees to work in an occupation that was familiar, including growing crops from their homelands, while the pot-luck dinners with community members were a form of welcome common to the traditions of both refugees and hosts.

Elements respecting the drivers of structural stigma and discrimination can also be seen within the studied livelihood program. Positive contact with the stigmatized group is thought to reduce the threat to body and property (Barlow 2012, Turoy-Smith 2013), as community members can better see refugees as people and can more readily challenge preconceived notions. When meeting a Nepali woman with a baby strapped to her back, working to grow vegetables that show up on the community member’s plate with better taste and in more varieties than what was available before, it is likely that thoughts of terrorism or economic threat are attenuated. The concept of “fairness”, which is bound up with the concept of “defending status”, was well addressed, as all community members were invited to participate in the livelihood program alongside the refugee participants, with full access to all of the program components. Thus,
refugees were not receiving a benefit that was not also available to the community members. There was also a component of reciprocity, whereby refugees supported by the program gave back to the community by improving land that had previously been derelict, by growing fresh produce for sale that was unparalleled in quality, and by teaching more effective techniques for urban agriculture.

Self-worth could be addressed through community members leaning new agricultural and marketing skills, or simply by feeling good about supporting those in need. Community members who bought produce through the CSA were given tote-bags showing their support for the farm, many of which could then be visible around town. In more than one instance the dissertation author heard from these community members about how happy they were to pay for the CSA and show off their bag, because of the refugee friends they had made at the farm and the quality of the produce. These community members could not say who had the better end of the bargain, themselves or the refugee participants. In terms of addressing the perpetuation of exploitation, although the program did not involve legal change, it did allow for refugees to be more self-sufficient and therefore less vulnerable to exploitation. Following the 2016 presidential election, and a brief rise in school bullying against immigrants in the town hosting the livelihood program, the school superintendent and each school principal sent out phone messages to all students and their families. These messages stated, in no uncertain terms, that all families, no matter their country of origin or duration of residency, were welcome in the schools system and that negatively targeting immigrants to try to gain social status among peers would not be tolerated. It is not clear to what extent school leaders and their students were involved in the livelihood program, given anonymity in the participant list, and the lack of a survey of host community members that might have identified exposure in forums such as churches and
restaurants. However, the rapidity and the effectiveness of the response, as noted from a subsequent phone call stating that the bullying issue had been resolved, demonstrate the promise for involving popular-opinion leaders across sectors that have the ability to shape, and enforce, policy preventing exploitation.

Investment in addressing structural stigma and discrimination against refugees in resource-poor urban areas is both needed, and possible. The large population of refugees residing in resource-poor urban areas is likely to grow, and tensions in a number of settings are now documented (Mercy Corps 2012, REACH 2014, Stark 2015). Without interventions to adequately address such tensions, both the protection needs of refugee populations and the stability of hosting countries could be affected. This dissertation identified drivers of structural stigma and discrimination, at the community level, which could be targeted through future interventions. The designs of potentially successful programs have also been identified though systematic review, and one such design involving an agricultural livelihood program in a resource-poor urban area was costed. The unit cost per participating family was significantly lower than government services that provide nutritional support, but did not include components of working with the community to reduce stigma and discrimination. Thus, the studied program provided more services for a lower cost. In addition, it empowered stigmatized refugees to advocate for and support themselves, and engendered goodwill in the community for improving upon a neglected piece of land and providing fresh produce. Further research is needed to better measure the social and financial dividends of programs to address structural stigma and discrimination, particularly against urban refugees. Such research can only come in tandem with further investment, the imperative and potential of which are compellingly clear.
References


