Long-Term effects of hosting refugees on second generation health outcomes: Evidence from Tanzania

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Extended Abstract

The escalation of violent attacks in Burundi, Rwanda (mostly during the 1993-1994 bloodiest period of civil wars), and the DRC led almost 1.3 million people fleeing to find a peaceful shelter in neighboring East African countries, mainly in Tanzania. The country known as the East Africa haven of peace has suddenly been host to almost 500 000 Burundi refugees over the 1993-1994 period. Upon their arrival, the bulk of refugees were concentrated in 13 main refugee camps in North West Tanzania namely in Benaco, Burigi, Chabalisa, Kagenyi, Keza, Lukole A, Lukole B, Kitalli, Mbuba, Musuhura, Mwisa, Omukariko, Rubwera .

In this paper, We study where this sudden and temporary population shock, known as one the largest refugee inflow in modern history have had a long run impact on health outcomes of the second generation of children. The growing but still small literature on the micro-economic impact of refugees on host communities have documented the direct short-term impacts of hosting refugees on consumption and children's wellbeing. If Baez (2008), found that children leaving in host communities are more likely to have worse anthropometric, more infectious disease and higher morbidity outcomes; other studies have reported a positive wealth effects of hosting refugees for rural households living nearby refugee camps. We use the 2015-2016 Tanzania DHS survey data to empirically assess whether almost 20 years later; anthropometric and health outcomes of children whose parents were living in host communities at the time of the Rwanda and Burundi refugee influx in 1993/1994 are positively or negatively affected.

We exploit a geographical variation considering the distance from each household's cluster to the 13 main camps where refugees settle. The age of mothers or fathers at the time of the refugees' influx is used as a time variation. In line with the early childhood development literature; we compare parents that were in-utero to 3, 4 to 7, 8 to 12, 13 to 18, and 19 and above in 1993 to those that were not yet born at the time of the refugee influx.

We find that almost 22 years later, children of parents that were living closer to refugee camps in 1993 have better health anthropometrics (WAZ, WHZ) and weight at birth. Mechanisms include mother and father anthropometrics, parents' socio-economic conditions (education, employment, assets ownership) but also sexual and reproductive health behavior. We find that mothers who were living in clusters closer to the main refugee camps in 1993-1994 are more likely to be employed; have fewer children, cohabit later. Our findings call for developed regions who are still in fear of hosting refugees to open their doors given that the massive and sudden influx of refugees could spark a development push translating into better welfare outcomes of adult boys and girls which carry over to the next generation of children. Our results are robust to a range of falsification tests and sensitivity analysis.

Keywords: Refugees, influx, children, second generation, health, Burundi, Tanzania

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